

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title: Tender of Specialist Structured Day provision	
Report of the Corporate Director of Adult & Community Services	
PART - EXEMPT	For Decision
Wards Affected: ALL	Key Decision: Yes
Report Author: Saleena Ankle Strategic Commissioning Manager	Contact Details: Tel: 0208 227 5646 Email: saleena.ankle@lbbd.gov.uk
Sponsor: Anne Bristow, Corporate Director of Adult & Community Services	
Summary: <p>The Local Authority currently has a contract for a Structured Day programme for adults with substance misuse problems. (Primarily Drugs as there is a separate contract for alcohol support). This contract is £350,000 per annum in value and is due to end on 31 March 2014 and officers recommend that it is retendered to ensure continuity of support for those who require it. The service offers residents of Barking and Dagenham who are problematic substance misuser's and their concerned others a range of drug treatment services and interventions, this also includes structured programmes for those on Drug Rehabilitation Requirement (DRR). The service outcomes in the current specification are to reduce the harm caused by substance misuse to individuals and communities in Barking and Dagenham and to help people move away from problematic drug use.</p> <p>A key focus within the Joint Health and Wellbeing strategy 2012 – 2015 is the 'prevention of problems occurring'. This focus applies in reducing and preventing where possible substance misuse related harms within the borough. It is essential that a partnership approach is taken in addressing the needs of the boroughs substance misuse problems.</p> <p>Members of the Health and Wellbeing Board are asked to consider the recommendations set out in the report to approve the retendering of a structured day services for substance misuse.</p>	
Recommendation(s)	
(i) Approve the procurement of Structured Day provision, on the terms detailed in the report; and	
(ii) Delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Corporate Director of Finance and Resources, LBBd to award the contract to the successful contractor upon conclusion of the	

procurement process.

Reason(s)

To respond to local borough needs and to ensure that residents continue to access a substance misuse treatment system that reflects models of good practice and offers a range of interventions for those with substance misuse needs and concerned others.

In addition to assist the Council and partners to deliver the priorities within the Health & Wellbeing Strategy:

- To reduce health inequalities.
- To promote choice, control and independence.
- To improve the quality and delivery of services provided by all partner agencies.

1 Introduction & Background

- 1.1 Substance misuse is defined by the National Institute for Health and Clinical Excellence (NICE), as intoxication by, or regular excessive consumption of and/or dependence on psychoactive substances, leading to social, psychological, physical or legal problems. This definition relates to both legal and illegal substances.
- 1.2 Problematic drug users or OCU¹ are estimated to account for 99% of the costs to communities from drug misuse. These costs include drug related crime, health service use, drug related deaths, societal costs and the cost on social care. The estimated cost to society was £44,231 per problematic drug user per year in 2003/4 and it will have risen significantly since then.² It is estimated that about one in five (20% equating to 26,646 people) of the adult population of Barking and Dagenham are hazardous alcohol drinkers, with nearly 6,000 of them drinking sufficient amounts to be harmful to health. Around 20% of adults are binge drinkers and six wards have been identified as binge drinking hotspot areas. Barking and Dagenham is ranked the 12th worst borough in London for binge drinking.³
- 1.3 2012 Strategic assessment scanning analysis continues to suggest that substance misuse is an underlying driver of offending. It recommends that pathways to treatment should also remain a focus for the Community Safety Partnership. In addition it identified that there is significant attrition between the point where a drug using offender is identified in custody and the point of engagement with structured drug treatment services.
- 1.4 In terms of local public attitudes, almost half of all respondents to the 2011 Residents' Survey (46%)⁴, felt that drug use or drug dealing is a very or fairly big problem in the area and therefore local borough response to continue supporting local treatment services is paramount if this public attitude is to be addressed and reduced.
- 1.5 Drug misusers may have a range of health and social care problems, which may or may not be associated with drug misuse. Although drug misuse exists in most areas in the UK, it is more prevalent in areas characterised by social deprivation, which in turn is associated with poorer health. As adults in Barking & Dagenham, as well as suffering ill health, they are more likely to be unemployed or homeless, to be offenders, to abuse drugs and alcohol⁵. Locally with known deprivation levels in the borough and potential impact of Welfare reforms this suggests that prevalence of drug use and related harms may increase and must remain a priority to ensure that services are easily accessible for those residents with substance misuse related needs.

¹ Opiate and Crack Users

² LBBD JSNA 2012

³ Director of Public Health Annual Report 2012

⁴ Strategic Assessment 2012 CSP

⁵ Director of Public Health Annual Report 2012

- 1.6 Locally the two main groups to target and get into treatment have been Alcohol and cannabis users. There is already in place a new Community Alcohol service for adults which was awarded in June 2013 and a specialist young people's service Subwize which was awarded in February 2013. The new contract will specify working with cannabis users as well as class A drug users.
- 1.7 The number of individuals accessing the Day Programme was 235 in effective treatment for 2012/13. There have been noticeable changes in crack and cannabis use. In 2004/05 15% of clients accessing the Day Programme were cannabis clients this has doubled and is now almost 30%.⁶
- 1.8 At the end of September 2012 compared to the same point of 2011 there has been a 13% reduction in heroin users accessing the treatment service however the number of crack users coming into Horizon has increased by 36% from the previous year (Source: POPPIE). Performance in 2012/13 shows that there is a shift towards crack use with 25% of our problematic drugs users now using crack.
- 1.9 In the 2012/13 financial year the Day Programme in Barking and Dagenham had 93 individuals successfully completing treatment at a rate of 69.4%. Comparing this to the surrounding boroughs Barking and Dagenham have the second highest successful completion rate.
- 1.10 Representations for individuals who completed treatment between the 1st of April 2012 and the 30th of September 2012 in Barking and Dagenham are slightly higher than the surrounding boroughs. The numbers are however low with 6 representing in Barking and Dagenham compared with 5 in Newham and Redbridge and 3 in Havering.
- 1.11 The key priorities from the National Drug Strategy are as follows:

Reducing demand – ensuring that fewer people take drugs by providing **relevant up to date** substance misuse education and information and those that do take drugs, have the most appropriate interventions to recover.

Restricting supply – targeting drug dealing, making it difficult for those individuals to supply drugs within the borough.

Building recovery in communities – ensuring that drug services have the capacity to provide relevant treatment interventions and work with service users to achieve recovery. Those that leave treatment will have appropriate aftercare in place that focuses on re-integration into the community.

⁶ 2013 Structured Day programme Needs assessment Substance Misuse Strategy Team 2013/14

1.12 A local drug Strategy is currently being drafted to address these main areas locally which will include a clear action plan.

2 Proposal & issues

2.1 The Structured Day programme service contract will expire on the 31 March 2014. It is proposed that a new contract including a revised model of service will be tendered and procured which will continue to provide structured specialist substance misuse Structured Day provision and Aftercare services, to commence on the 1 April 2014. The service will support local people to make lifestyle choices at an individual level which will positively improve the quality and length of their life and overall increase the health of the population.

2.2 The emerging population growth and diversity within the borough will place future demands on the service to meet residents' needs who will be from various international ethnicities and religions. Therefore it is crucial to ensure that future service provision will aim to increase the number of residents engaged in services from non White British backgrounds; making the service more reflective of the wider population. This will be included as a reporting requirement in the new service.

2.3 The procurement of this service will achieve improved outcomes for residents focusing on reducing substance misuse related harm in line with the Public Health Outcomes Framework and the Barking and Dagenham Health and Wellbeing and forthcoming Drug Strategy.

2.4 Since 1 April 2013, Public Health has been led by Local Authorities using the ring fenced Public Health Grant to improve health and tackle inequalities in their local area in line with the Public Health Outcomes Framework. This includes alcohol and drug misuse treatment and recovery services.

2.5 Officers are currently drafting the Structured Day service tender specification based on local needs analysis, equality impact assessment and evidence based interventions and best practice models provided by NICE, Drug misuse and dependence: UK guidelines on clinical management.

2.6 The proposed service redesign will have a strengthened focus on targeting and engaging those that have entered into treatment via the criminal justice system as evidence suggests that this group although often start treatment do not always exit treatment in a planned way and therefore the service needs to be response to this groups need to engage meaningfully in a more innovative model.

2.7 It is recognised in order to support families and parents it is vital that there is a responsive treatment system to which will contribute to the boroughs response to reduce harm within the families. The young people's service has a specialist function to support young people in transition from young people's treatment services into adult treatment and also supporting children and young people affected by parental use. To date there are good reported outcomes from this work and will remain

integral to the treatment system to respond to both young people and adult substance misuse needs.

- 2.8 The current service is largely building based however the proposal in the new service design is to increase delivery within the community, this will enable service users and concerned other improved accessibility in non stigmatised settings across all localities within the borough. This will also open up opportunities to further utilise Children's centres that could support service users with childcare needs and offer additional parental support.
- 2.9 Although the plan is to increase community delivery the view is to also maintain a service hub which will enhance opportunities to develop aftercare programmes and packages to enable recovery. The vision is this extended provision will support the recovery agenda across the whole adult treatment system. Potentially the model will include wrap around services not just at the point of exit but when a care plan is complete and they then enter planned after care package. This will enable service users to continue to receive support and access services after their care plan is complete and potentially reduce numbers representing back to treatment.
- 2.10 The aftercare function will focus on improving service users Education, Training & Employment status. There needs to be recognition that often service users although they may wish to be employment or education many still require practical support to prepare them to be come 'job ready'. The new specification will include specific targets and outcomes to measure steps to improve education, training and employment (ETE) status and will be monitored via contract monitoring which includes file audits and unannounced visits.
- 2.11 The aftercare provision model should offer a 'community bridge builder' function as widely used in mental health settings that enable service users to reengage back into mainstream settings and increase opportunities for ETE further strengthening their recovery journey.

3 Procurement process

- 3.1 This contract falls under the EU procurement category of health and social care and will be procured under Part B of the EU procurement process and in line with the Council's Contract Rules. Adult commissioning will work in collaboration with Elevate to identify areas for joint work on the procurement arrangements. The contract will be advertised on the LBD external website on the Current Tenders page:

<http://www.lbbd.gov.uk/BUSINESS/CURRENTTENDERS/Pages/Tenders.aspx>

and the Contracts Finder website: <http://www.contractsfinder.businesslink.gov.uk>.

4 Tender Evaluation

- 4.1 The evaluation of tender submissions will be based on a quality: cost matrix of 70:30. The contract will be awarded on the basis of the most economically advantageous tender (MEAT) criteria.
- 4.2 Prospective tender candidates will be advised of any weightings to be applied to any of the criteria or sub-criteria beforehand. This will enable a fair and transparent approach to be taken. Prior to award of the contract an evaluation of the price will be carried out to ensure that provider organisations tendering for the contract provide value for money and fair and competitive prices that are consistent with the service specification and the services required to be delivered.
- 4.3 In addition tenders will be designed to ensure compliance with grant funding conditions from all agencies and the Public Health England and local Health and Wellbeing Outcomes Framework.

4.4 Tender Timetable

Outline tender timetable for the Structured Day programme service (all dates are provisional and subject to change).

Action	Date
Health & Wellbeing Board approval	September 2013
Advertise	October 2013
Contract Award	January 2014

- 4.5 Contracts will be awarded to the successful provider for a period of three and half years with an option to extend for a further period of up to 18 months dependent upon satisfactory performance and availability of funding.

Consultation

- 4.6 There is a commitment to working with all members of LBBDD diverse communities and understanding the prevalence and impacts of substance misuse on specific groups. We will use a range of communication approaches to ensure all groups are offered equal access to drug treatment services. This will be carried out through the commissioning cycle process and include service user involvement. Consultation with service users through contract monitoring reported that residents would like structured day programmes to be more diverse and innovative and responsive to the needs of women, offenders, and family and carers. Consultation also includes input from professionals including health which will feed into the development of the new service specification
- 4.7 An annual service review and needs analysis has been carried out on structured day service treatment and provision that will feed into the procurement of the new service.

The review and needs analysis has shown demand for substance misuse treatment and services. Through the analysis of data and the annual review it is known that there has been good work done in engaging with the white male population. Areas that need improvement are engaging with none white groups and groups that have disabilities and women. Further consultation with service users is planned with those currently not accessing structured day provision to improve engagement levels, this information will also feed into the new service specification and inform targets and outcomes.

5 Safeguarding Vulnerable Adults and Children

- 5.1 Robust safeguarding policies and procedures will be evidenced as part of the procurement process including compliance with local safeguarding procedures. The Structured Day programme service is a specialist service that is an integral element of the local suite of services available to residents and connects strongly with the priorities within the Health and Wellbeing Strategy and the work of the Barking & Dagenham Adults Safeguarding Team, as well as the corporate priorities of the council as listed within the policy house. There are robust referral pathways between substance misuse services and the local adults safeguarding team and social services. All staff in adult substance misuse treatment services are qualified to recognise child protection issues. Whilst staff have a duty to respect and protect the confidentiality of service users which is both professional and a legal responsibility; complete confidentiality cannot be guaranteed. There may be cases when it is lawful to break confidence, there are situations that might arise where confidential information may need to be shared; for example in an emergency where there is a risk to the client or others.
- 5.2 All commissioned voluntary and statutory sector organisations must have their own safeguarding and child protection policies in place. Evidence of these is gathered at tender stage and then through contract monitoring and auditing processes. Case files are audited by commissioners to ensure best practice is routinely undertaken.
- 5.3 All agencies commissioned to work with adults and young people are aware of LBBB safeguarding procedures and must adhere to incident reporting as part of their contractual obligations. In addition all treatment system providers are required to be section 11 compliant.

6 Mandatory Implications

6.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) highlights the lifestyles that will cause problems for population health both now and in the future. Alcohol use has been identified in the JSNA as a significant problem contributing to emergency hospital admissions, domestic violence as well as overall poor mental and physical health.

6.2 Health & Wellbeing Strategy

The Health and Wellbeing Strategy has 4 key themes:

- Prevention
- Protection
- Improvement
- Personalisation

Under the theme of prevention, one of the key actions is increase the number of people with problematic drug and/or alcohol use accessing support services through improving referral pathways, raising awareness of services and improving quality and retention of service users.

The specialist structured day provision should have positive implications for the reduction of alcohol-related hospital admissions and increase numbers in structured drug and alcohol treatment services which are key success measures in the Health and Wellbeing Strategy.

6.3 Integration

It is understood that the substance misuse is a cross cutting need across health social care and crime. The proposed new service will part of a larger treatment system which includes necessary partnership working and specialist input from GP's, Probation, Social workers Specialist Drugs workers and the local Voluntary sector. The new service specification will include more outcome focused targets, which will also include specific health outcomes in addition to rehabilitation and community safety.

(Implications completed by: Saleena Ankle Strategic Commissioning Manager)

6.4 Financial Implications

Details of confirmed funding are contained in a confidential supplementary paper provided to Board Members for consideration during 'Private Business'.

6.5 Legal Implications

- 6.5.1 This report is seeking the Health and Wellbeing Board's permission to tender the service contract for a structured drug misuse programme which is designed to address the health care and social needs of drug users.
- 6.5.2 The particular service to be procured in this report is classified as a Part B service under the Public Contract Regulations 2006 (as amended) (the "Regulations") and therefore not subject to the full tendering requirements of the Regulations. However in conducting the procurement, the Council still has a legal obligation to comply with the relevant provisions of the Council's Contract Rules and with the EU Treaty principles of equal treatment of bidders, non-discrimination and transparency in procuring the contracts.
- 6.5.3 The report sets out in paragraph 4.4 the tender timetable for the procurement of this service. The contract is to be advertised in October with a view to appointing the successful bidder and awarding the contract in January 2014. The EU Treaty

principles noted above generally encourage the advertisement of contracts in a manner that would allow any providers likely to be interested in bidding for the contracts to identify the opportunity and bid for the contracts, should they wish to do so. This report states that the Council's website and the Contracts Finder website will be utilised for advertising to potential bidders.

- 6.5.4 In keeping with the Regulations this report stipulates the selection criteria to be applied in assessing the tenders. As noted in the report this will be on a quality:cost ratio of 70:30, while the contract will be awarded to the tenderer that submits the most economically advantageous tender (MEAT). Officers will need to ensure that they also establish and publish to bidders any sub-criteria and weightings against which the Quality element of bids will be evaluated.
- 6.5.5 In deciding whether or not to approve the proposed procurement of the contract, the Health and Wellbeing Board must satisfy itself that the procurement will represent value for money for the Council.
- 6.5.6 Contract Rule 13.3 provides delegated authority to the commissioning Corporate Director, in consultation with the Section 151 Officer, to approve the award of a contract upon conclusion of a duly conducted procurement exercise, in the absence of direction to the contrary from Cabinet/ the Health and Wellbeing Board.
- 6.5.7 The Legal Practice confirms that there are no legal reasons preventing the Health and Wellbeing Board from approving the recommendations of this report.

(Implications completed by: Eldred Taylor-Camara, Legal Group Manager)

7 Non-Mandatory Implications

8 Staffing Implications

- 9.1 There are no TUPE implications for LBBD staff; however, there are potential contractor to contractor TUPE implications

9 List of appendices:

None