

**DRUG AND ALCOHOL INPATIENT DETOX BEDS CONTRACT-EXEMPTION**

*To:* **Adults Committee**

*Meeting Date:* **12 January 2016**

*From:* **Adrian Loades, Executive Director: Children, Families and Adults Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **For key decision: 2016/15                      Key Decision: Yes**

*Purpose:* **To update the adult committee on the current position regarding the commissioning of the Countywide Drug and Alcohol Inpatient Detoxification Service in Cambridgeshire.**

*Recommendation:* **The Committee is recommended to approve a contract exemption from a formal tendering process for an additional two years (1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2019).**

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## **1.0 BACKGROUND**

- 1.1 The Countywide Inpatient Detoxification Service is an essential element of the specialist treatment system, providing medically assisted interventions to individuals who are dependent on drugs and/or alcohol.
- 1.2 The Countywide Inpatient Detoxification Service is currently provided by Cambridgeshire and Peterborough Foundation Trust (CPFT). Cambridgeshire County Council (led by the Drug and Alcohol Action Team (DAAT)) have procured the use of 3 beds, based on an acute mental health ward on the Fulbourn Site in Cambridge (Mulberry Ward), for the sole purpose of inpatient medically assisted withdrawal from drugs and/or alcohol. The contract includes a 24 hour package of clinical care and oversight from a specialist consultant in substance misuse psychiatry.
- 1.3 Inpatient drug and alcohol detoxification involves a short episode (usually up to two weeks) of hospital based medical treatment and takes the form of assisted withdrawal from alcohol and/or illegal and substitute medication. Inpatient detox is considered as an option for those individuals who are particularly vulnerable and/or have a history of physical/psychiatric co-morbidities. This is determined through a comprehensive clinical assessment.
- 1.4 The contract was transferred to the Local Authority as part of the Public Health transfer arrangements in 2013. The contract is managed by the Drug and Alcohol Action Team (DAAT), who received an exemption on the contract from 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2016 to ensure the clinical continuity of the Inpatient Detoxification Service under the local authority.
- 1.5 Due to the timing restrictions in fitting this item into the committee meeting structure, an additional one year exemption 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017 was granted by the Executive Director, Children, Families & Adults with a view that that the Adults Committee would make a decision on a further two year exemption sought for 2017-19.

## **2.0 MAIN ISSUES**

- 2.1 In preparation for a potential re-tendering exercise, research has been conducted across the region to identify similar service provision and associated costings. We identified a variety of detox providers across the country including private 'out of county' rehabilitation settings. It is important to note that not all private rehabilitation settings provide 24 hour clinical care or have the same level of specialism. This research wasn't able to identify any other service in the region that provides the same level of inpatient clinical structure within the current financial arrangements and contract sum (£159k per annum).
- 2.2 In general terms, neighbouring local authorities have differing budgets and associated provisions for inpatient detoxification services and most arrangements appear to be historical in nature. A number of local authorities that we spoke to reported difficulties in procuring local inpatient detox beds and as a consequence some have had to adopt a 'spot purchasing' arrangement, which causes challenges from clinical, operational and financial

perspectives. Additionally, we have to be mindful about the implications of transporting acutely unwell individuals outside of the county for detoxification services, both in terms of patient safety, costs, quality of care and logistical travel arrangements.

- 2.3 Based on the review of available options a second exemption was considered to be a favoured option. Advice was sought from the LGSS Procurement team on options to seek an extension of the contract. Following recommendations and to comply with procurement guidelines, the DAAT issued a VEAT notice (Voluntary Ex Ante Transparency Notice) on 26<sup>th</sup> May 2015 to justify the award of a contract without prior publication of a contract notice in the Official Journal of the European Union (OJEU). This notice was live for ten days and did not receive any market challenge. Due to the cumulative contract value (over £500k threshold) the DAAT was advised that the request for a further contract extension would need to be presented to committee.
- 2.4 The current providers have demonstrated flexibility in terms of partnership working to achieve positive outcomes and to keep waiting lists under control. Additionally the service structure has been reviewed jointly to allow for the flexibility and provision of shorter alcohol detox programmes thereby increasing throughput on the beds. The additional resourcing requirements have been absorbed by the current provider. In terms of outcomes, during 2014/15 the number of successful detox completions averaged 94% (80 out of 85 clients).
- 2.5 CPFT demonstrate clinical continuity throughout the service and the clinician oversight is aligned closely with Addenbrookes hospital and specialist community treatment providers. CPFT have actively worked with Inclusion (countywide community treatment provider) to increase service user involvement in detox preparation and aftercare support. Feedback from service users about the service is very positive.

### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

- 3.1.1 There are no significant implications for this priority.

#### **3.2 Helping people live healthy and independent lives**

- 3.2.1 The following bullet points sets out the details of implications identified by officers:

- The inpatient detox provision supports individuals with complex issues to be free from physical dependence on substances.
- The service forms an essential element of the 'recovery' process enabling individuals to make positive choices around integration, health and wellbeing and promotion of independence.
- The service enables individuals to be less dependent on specialist services and provides stability for families and communities.

#### **3.3 Supporting and protecting vulnerable people**

- 3.3.1 The following bullet points sets out the details of implications identified by

officers:

- The inpatient detox beds provide essential clinical intervention to those more complex and vulnerable individuals that are not assessed as appropriate for community assisted withdrawal such as those with complex mental health difficulties, high levels of dependency and those individuals with physical complications/poor health.
- Some vulnerable groups are deemed to be a lower threshold for inpatient detox services such as the homeless and older people.

## **4.0 SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

4.1.1 The following bullet points set out details of significant implications identified by officers:

- If we change our existing arrangements, we risk the level and quality of service we currently receive for the current budget sum.
- We run the risk of 'spot purchase' arrangements which are more resource intensive to organise and oversee in terms of monitoring quality clinical standards and are likely to be more expensive per placement.

### **4.2 Statutory, Risk and Legal Implications**

4.2.1 The following bullet points set out details of significant implications identified by officers:

- The inpatient detoxification service forms part of the comprehensive health service.
- If there was no 'inpatient detox' provision available this would have an impact on the health and wellbeing of vulnerable individuals and would put significant increased pressure on other specialist services such as adult social care, criminal justice system and acute hospital admissions.

### **4.3 Equality and Diversity Implications**

4.3.1 The following bullet points set out details of significant implications identified by officers:

- The current countywide arrangements have due regard to the Council's equalities duties under the equality act 2010.
- If we were unable to provide an inpatient detoxification service within county then this could significantly impact on the numbers able to access treatment (reduced funding available) and the ability for some to be able to travel to access treatment due to physical and/or mental health difficulties or family/carers commitments.

### **4.4 Engagement and Consultation Implications**

4.4.1 The following bullet points set out details of significant implications identified by officers:

- The countywide service user engagement service 'SUNNetwork' currently visits patients in the detox beds on a weekly basis to gather feedback and views on the service which are fed back to the provider (CPFT) and local commissioners.
- If the provision was 'out of county', service user feedback would not be face to face, as active nor as consistent and the level of response from

commissioners could be compromised.

#### **4.5 Localism and Local Member Involvement**

4.5.1 There are no significant implications for this priority

#### **4.6 Public Health Implications**

4.6.1 The following bullet points set out details of significant implications identified by officers:

- The current provision is funded through the Public Health Grant
- If the service is lost or compromised then this would potentially have a significant impact on the health and wellbeing of vulnerable Cambridgeshire residents.

<b>Source Documents</b>	<b>Location</b>
Copy of the VEAT Notice (Issued may 2015)	Babbage House, Second Floor (DAAT Team), Castle Hill, Cambridge.