

**CAMBRIDGESHIRE ADULT DRUG AND ALCOHOL TREATMENT SERVICES  
PROCUREMENT**

*To:* **Health Committee**

*Meeting Date:* **March 15<sup>th</sup> 2018**

*From:* **Director of Public Health**

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

*Forward Plan ref:* **2018/009** *Key decision:* **Yes**

*Purpose:* The purpose of this paper is to ensure that arrangements are in place to award the contract for the Cambridgeshire Adult Drug and Alcohol Treatment Services.

The paper also summarises the procurement and the results of the consultation that was part of the tender process.

*Recommendation:* The Health Committee is asked to approve the following

- 1) Authorise the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee, to formally award the contract subject to compliance with all required legal processes
- 2) Authorise the Director of Law, Property & Governance to approve and complete the necessary contract documentation.

<b><i>Officer Contact:</i></b>		<b><i>Chair Contact:</i></b>	
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**1. BACKGROUND**

- 1.1 In September 2017 the Health Committee gave its approval for the Cambridgeshire and Peterborough Public Health Joint Commissioning Unit (JCU) to undertake a competitive tender for the Cambridgeshire Adult Drug and Alcohol Treatment Services. It was also approved by the Cambridgeshire and Peterborough Joint Commissioning Board. See Appendix 1 for the original paper that provides background information.
- 1.2 Adult drug and alcohol specialist treatment (for those aged 18 years and over) provision across Cambridgeshire falls under two separate contracts provided by the same organisation, namely South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT). Although there are two separate contracts the two services have operationally become increasingly integrated, driven in part by the need to realise savings due to a reduction in the Public Health grant. Locally the services are referred to as 'Inclusion'.
- 1.3 The contracts were let at different times due to historical funding arrangements that reflect the transfer of commissioning responsibilities from the NHS to Local Authorities. Drug and alcohol prevention and treatment services are included in local authority public health commissioning categories that fall under the Public Health grant. The services are not specifically mandated, as mandated services are generally those which central government wants to be delivered in a standard way across the country. However, the public health grant conditions include the following statement: A local authority must, in using the grant, "...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services..." Appendix 2 indicates the Public Health Outcome Framework indicators that relate to Adult Drug and Alcohol Treatment Services.
- 1.4 The Drug Treatment Contract commenced on 1<sup>st</sup> April 2012 and the Alcohol Treatment Contract on 1<sup>st</sup> April 2014. They have both now been aligned in terms of end dates and are due to terminate on the 30<sup>th</sup> September 2018.

## **2. MAIN ISSUES**

- 2.1 The paper approved by the Health Committee in September 2017 described the cost of drug and alcohol misuse along with the evidence base for drug and alcohol treatment services that are effective and cost saving for the system in particular the criminal justice system, the NHS and social care.
- 2.2 Only the Cambridgeshire Adult Drug and Alcohol specialist treatment contracts are in scope for this procurement. This includes Tier 4 services. The Peterborough treatment contracts were let last year and its new integrated treatment service commenced on the 1<sup>st</sup> April 2016 and are not in scope for the tender. Although the treatment contracts across both Peterborough and Cambridgeshire are not currently coterminous, it is envisaged that going forward break clauses in the new contract will be aligned with Peterborough's contract to provide future options for integration across both geographical areas.

The Children and Young People's Service, (0-19 year olds) CASUS provided by Cambridgeshire and Peterborough Foundation Trust is also not in scope for the tender. This reflects in part that the contract end date does not align with those of the adult services but also the need to look at transformational service models that would enable increased integration with other young people's services.

- 2.3 The re-tendering of the Adult Drug and Alcohol treatment system in Cambridgeshire will provide the opportunity for transformational change that will more effectively address the emerging needs found in the recent Cambridgeshire Drugs and Alcohol Joint Strategic Needs Assessment and National Drugs Strategy. This includes the changing demographic of service users who have different needs, recovery, and the particular requirements of vulnerable groups. The aim is to secure evidence based, better value services, which have the following deliverables.
- An integrated specialist drug and alcohol treatment system across Cambridgeshire.
  - Increased alignment and integration with related services to ensure that the complex needs (most notably poor mental and physical health, homelessness, unemployment) of service users are effectively addressed with treatment and recovery outcomes achieved.
  - Robust recovery focused treatment approaches.
  - A long-term condition treatment model, which decreases demand for acute treatment services and ensures that needs are appropriately addressed.
  - Early intervention and harm reduction interventions.
- 2.4 A comprehensive consultation was undertaken as part of the tender process. This included a service user survey, general survey (online), GP survey, strategic one to one consultations and stakeholder engagement events. Overall there was a substantial level of positive comments about the Service. The recovery work of the current treatment model was especially well supported across all the consultations and surveys. The interventions, access, outreach services, volunteer and staff commitment were also especially valued.

The Service Specification indicates that it has responded to the results of the consultation and bidders have been asked to demonstrate how they would adopt innovative approaches to address the issues and challenges found in the Service Specification. The new Provider will be required to work with the commissioners to address these challenges and to develop the Service.

A number of issues were raised that in part reflected issues raised in other needs assessments. The following indicates the main concerns and suggestions identified in the Consultation along with a summary of the requirements in the Service Specification to address the.

### **Access and Pathways**

- There were good reports of access but a proportion of responses highlighted ineffective or confusing pathways to treatment and a perceived lack of out of office hours opening, especially in relation to mental health and the criminal justice pathways. In rural areas, issues were magnified by a lack of equitable provision. Consequently in some cases services were not being accessed by those in need.
- Extending opportunities for co-located working was considered desirable by a range of professionals for securing clear effective pathways between different organisations, especially drug and alcohol service pathways with primary care and criminal justice agencies.
- There was a strong call that joint working between drug and alcohol services and mental health services needs to be improved if outcomes for service users who have

co-occurring conditions are to be improved.

- Consultation responses also included a request to improve the data relating to offenders which would help inform the development of more effective pathways and opportunities to respond to need.
- The new Service Specification requires the Provider to establish collaborative partnerships to strengthen and develop existing inter-agency pathways and working which would include co-location and increased outreach work. This includes health, social care, housing and employment services. There are particular requirements to improve access to services and outcomes for those with co-occurring drug and alcohol misuse and mental health conditions and those in the criminal justice system.
- In terms of mental health, support and promotion will be an implicit part of substance misuse treatment, and will be integral to the new treatment system. The following developments will focus upon addressing the very common co-occurring mental health and drug and alcohol misuse.
  - *Psychologist led, trauma informed provision:* A psychologist led service will transform delivery, reflecting the changing landscape of complexity, need and numbers presenting with co-occurring mild to moderate mental health conditions.
  - *Enhanced and improved psychosocial interventions:* This will result in the provision of a wide range of evidence based psychological and psychosocial interventions, structured according to need, with robust clinical pathways linking more severe co-occurrence with specialist mental health services.
  - *Upskilled workforce:* The impact of trauma on substance misusing behaviours will be fully understood throughout the Service, with the entire workforce trained in this way of working.

### **Primary Care Support**

- The vast majority of GPs and other clinicians reported that they would not want to be involved in a shared care model of drug and alcohol treatment due to the complexity of clients, time required and lack of expertise.
- There was an interest in increasing GP engagement in delivering shared care with the drug and alcohol services but it was thought that this would require training and ongoing support. 'Stable users' and 'alcohol users' in particular were seen as appropriate for treatment in primary care.
- Responses supported existing evidence that there has been an increase in the misuse and dependence on prescription drugs and/or over the counter drugs. These cases are currently presenting to primary care, and clarity is needed regarding the treatment pathway for patients dependent on prescription medication.
- In addition community pharmacy staff, other professionals and service users expressed a view that pharmacies are able to deliver a wider range of interventions for example identification and brief advice alongside supervised consumption and needle exchange.
- There is a strong focus in the Service Specification that the Provider will develop its

communication and relationships with primary care ensuring that the wider health needs of clients in treatment can be effectively met and the prescribing issues jointly addressed. In addition, GP Federations will provide potential for new opportunities for supporting GPs in the development of drug and alcohol specialisms. There is also room for innovative ways to engage with Prism, the new primary care mental health service alongside providing training, mentoring and information to GPs to increase their confidence and expertise to care for substance misusing patients.

### **Older People**

- Respondents reported a concern with an increasing number of older people accessing drug and alcohol services who reported that they did not 'fit' in a service that was designed for a much younger cohort.
- This is acknowledged in the Service Specification along with an understanding that this cohort often has a range of other health conditions, especially if they are long term drug users. This is another driver for closer working with primary care.

### **Increased Misuse of Alcohol**

- There was a concern with the high number of alcohol specific and related episodes, especially in Cambridge City and Fenland. Intervening with effective advice and pathways to treatment was seen as important.
- The current Hospital Alcohol Liaison post at Cambridge University Hospitals will be maintained as it is a well evidence based intervention.

### **Recovery Focus**

- Many respondents welcomed the recovery focus in the new service proposals but, a number of both service users and professionals stressed that this was not possible or desired by all substance misusers and meant that inappropriate aims of abstinence were set when harm reduction needed to be the goal. Service users expressed a strong demand for more group work, counselling and recovery and post recovery activities.
- The approach found in the new Service Specification adopts a flexible approach to recovery to ensure that different needs are addressed. Key elements are as follows.
  - Those with lower levels of substance misuse who do not need structured treatment. This group may have received identification and brief interventions previously and want to engage with recovery activities to reach their own recovery goals.
  - Those who have reached stability in treatment and are motivated to work towards personal recovery goals.
  - Those who have successfully completed treatment and wish to utilise recovery support to reach their recovery goals.
  - Those who require support following a lapse or relapse but do not need to return to structured treatment.

### **Wider Partnership Developments**

In addition to the Service Specification the Drugs and Alcohol Delivery Board is facilitating and leading work with partner agencies that will support the development of collaborative working and more integrated pathways between the related services.

- 2.5 The contract is valued at £17,308,275 over three and half years, with an option of extending by one year plus one year. This would bring the total value for five and half years to £26,965,036. The contract award is scheduled for June 2018 with a start date of 1<sup>st</sup> October 2018.

Table 1 indicates the annual contract value over the lifetime of the contract. The first year is for six months, then it runs in line with each financial year. The annual value decreases reflecting the required savings.

**Table 1: Adult Drugs and Alcohol Treatment Service Tender 2018**

	<b>Year 1 (6 months) Oct. 2018 - March 2019</b>	<b>Year 2 2019/20</b>	<b>Year 3 2020/21</b>	<b>Year 4 2021/22</b>	<b>Year 5 2022/23</b>	<b>Year 6 2023/24</b>
					<b>Optional extension</b>	<b>Optional extension</b>
<b>Tender Price</b>	£2,569,982	£5,018,244	£4,891,668	£4,828,380	£4,828,380	£4,828,380
<b>Total</b>				<b>£17,308,275</b> (Contract Term)		<b>£26,965,036</b> (including extension period)

- 2.6 In order to comply with appropriate governance under the Committee structure, the Health Committee is asked to authorise the Director of Public Health, in consultation with the Chair and Vice-Chair of the Committee, to formally award the contract, subject to compliance with all required legal processes, and to authorise the Director of Law, Property and Governance to approve and complete the necessary contract documentation.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

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

The report above sets out the implications for this priority in paragraphs 2.1

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

The report sets out the implications for this priority in paragraphs **2.3 and 2.4**

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

The report sets out the implications for this priority in paragraph **2.3.and 2.4**

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

The report above sets out details of significant implications in **22.5**

### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

The report above sets out details of significant implications in **1.2, 1.3, 1.4 and 2.6**

The procurement has been approved by the Cambridgeshire and Peterborough Joint Commissioning Board. It has not been reviewed by the Commercial Board

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

The report above sets out details of significant implications in **1.3**

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

- Failure to provide effective drug and alcohol treatment services will result in significant poor health and social outcomes for those affected.
- Patterns of alcohol and drug use have changed in recent years and different types of interventions and services are required if treatment and management of all associated needs are to be effective.

### **4.4 Equality and Diversity Implications**

The report above sets out details of significant implications in **2.2 and 2.3**

### **4.5 Engagement and Communications Implications**

The report above sets out details of significant implications in **2.4**

### **4.6 Localism and Local Member Involvement**

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

- Members are being asked to approve the request for delegating authority to the Director of Public Health, in consultation with the Chair and Vice-Chair of the Committee, to formally award the contract, subject to compliance with all required

legal processes, and to authorise the Director of Law, Property and Governance to approve and complete the necessary contract documentation.

#### 4.7 Public Health Implications

The report above sets out details of significant implications in **2.1 and 2.3**,

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Clare Andrews
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Paul White
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Liz Robin
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes or No Name of Officer:
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Liz Robin
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Liz Robin

Please include the table at the end of your report so that the Chief Executive/Executive Directors/Directors clearing the reports and the public are aware that you have cleared each implication with the relevant Team.

#### **SOURCE DOCUMENTS GUIDANCE**

It is a legal requirement for the following box to be completed by the report author.

<b>Source Documents</b>	<b>Location</b>
<b>Cambridgeshire Drugs and Alcohol Joint Strategic Needs Assessment</b>	<a href="http://www.cambridgeshireinsight.org.uk/jsna">http://www.cambridgeshireinsight.org.uk/jsna</a>
<b>National Drugs Strategy 2017, Home Office</b>	<a href="https://www.gov.uk/government/publications/drug-strategy-2017">https://www.gov.uk/government/publications/drug-strategy-2017</a>



