

Decision Pathway

MEETING: Cabinet **DATE:** 03 April 2018

TITLE	Substance Misuse Re-commissioning -Complex Needs element		
Ward(s)	City - Wide		
Author: Katherine Williams	Job title: Contracts and Commissioning Manager		
Cabinet lead: Cllr. Asher Craig	Executive Director lead: Alison Comley		
Proposal origin: <i>BCC Staff</i>			
Decision maker: Cabinet Member Decision forum: <i>Cabinet</i>			
<p>Purpose of Report: Following approval from the Health & Wellbeing Board, BCC's Substance Misuse Team conducted a commissioning process in 2017 to provide a range of substance misuse treatment provision in Bristol under the ROADS (Recovery Orientated Alcohol & Drugs Service) banner. The new ROADS treatment model consists of five lots which were put out for competitive tender. Four of the five lots were commissioned through this process and went live on the 1st February 2018, however no bids were received for the 'Complex Needs' lot (contract value of £1.12 million per annum) of the treatment system. The functions outlined in the 'Complex Needs' lot are critical to the delivery of the overall treatment system as this element provides support to the most complex clients.</p> <p>A four month contract extension has been subsequently agreed with the specialist treatment provider from the 'old' treatment system to ensure continuity of service provision of the Complex Needs functions in the newly commissioned treatment system in the short term. This extension has also enabled the Substance Misuse Team to scope their options for addressing this gap. This report outlines the proposal for addressing this gap in service provision in the long term.</p> <p>A key decision is sought as: a) the treatment model that was originally approved by the H&WBB has changed in response to the complex needs lot; and b) the proposed solution seeks to invest more in commissioned services than the original approved commissioning budget.</p>			
<p>Evidence Base: Data provided by Public Health England highlighted that Bristol had the largest proportion of high complexity clients in substance misuse treatment out of all of the core cities in England. Treating people with high and multiple complexities (e.g. injecting drug users, risk of homelessness, severe and enduring mental health needs etc.) requires more intensive support and there is a need for interventions to be delivered. The functions of the Complex Needs lot were designed to address this need, which included offering specialist prescribing, facilitating access to inpatient detoxes and residential rehab, and providing consultant led specialist advisory support across both ROADS and primary care. Given the high levels of complexities presenting to treatment, the rest of the ROADS treatment system would not have the capacity to operate without these functions being delivered. Bristol is very fortunate that a significant number of clients are seen within primary care but GPs have stated that without the advisory function and the specialist treatment that the complex needs services provides their role would be jeopardised.</p> <p>Following the absence of any bids being received for the Complex Needs lot, the Substance Misuse Team consulted with a range of stakeholders to understand the reasons for this and consider how this gap in service provision could be addressed going forward. Feedback from potential providers indicated that if the system hadn't been separated out into lots they would have bid for the entire system (however this approach would have precluded local organisations from bidding due to the financial restrictions of a procurement process). Given the current staffing provision, the potential TUPE implications were also considered a barrier. The current provider stated that there</p>			

wasn't sufficient funding to deliver the Complex Needs service as specified.

Following the stakeholder consultation, the recommendation is to integrate the majority of the Complex Needs functions across the new ROADS lots where they align with the contract's main functions (See Appendix A for further information) instead of putting out the Complex Needs lot to tender again and risking not receiving any bids once again. This option was presented to the Substance Misuse Joint Commissioning Group which supported this approach. A number of initial discussions have subsequently taken place with the providers of the new ROADS contracts (BDP & DHI) and the outgoing provider of Complex Needs functions (AWP) to determine whether this option was viable. Both BDP and DHI have been receptive to delivering elements of the Complex Needs functions, provided that agreement can be reached with the outgoing provider regarding service delivery options (e.g. sub-contracting arrangements or staff transferring to the organisation).

In order to enable the ROADS providers to deliver elements of the Complex Needs functions the following contract variations are proposed:

1. Substance Misuse Liaison (BDP) from £1,372,474 to £2,033,382 per annum (Variation of 48%)
2. Early Engagement Intervention (BDP) from £972,899 to £1,222,899 per annum (Variation of 26%)
3. Community Recovery Service (DHI) from 1,448,706 to £1,616,706 per annum (Variation of 12%)

Not all of the elements of the Complex Needs lot are able to be subsumed into these lots due to clinical governance requirements (e.g. employing a consultant psychiatrist, a psychologist and prescribers). The proposal is therefore to make a direct award to Avon & Wiltshire Partnership Trust (AWP) to deliver the elements that cannot be incorporated:

4. Specialist Advisory (AWP) £325,720 per annum (Proposed contract length of 5 years +2 +2 to bring in line with ROADS contracts).

The original contract value for the complex needs lot was £1.12million per annum. The proposed solution requires an additional investment of £284,628 per annum, which totals an additional £1,423,140 over a 5 year contract.

The Substance Misuse Team is confident that this approach is the most effective solution to address the needs of the most complex clients across the substance misuse treatment system. Alternative approaches would include: a) going back out to tender on the specialist advisory service only which we do not believe there is a wider market of providers to deliver; or b) starting a new commissioning process with one single contract and give notice to the recently awarded contracts which would be disruptive and would damage BCC's reputation.

Recommendations:

1. That the contract variations are approved to enable some of the complex needs functions to be integrated into existing ROADS (Recovery Orientated Alcohol & Drugs Service) contracts held with both Bristol Drugs Project and Developing Health and Independence.
2. That a direct award is made to AWP (Avon & Wiltshire Partnership Trust) for the Specialist Advisory functions.

Corporate Strategy alignment:

This proposal will support some of the most vulnerable adults in the city who are affected by substance misuse. This therefore aligns with the 'Empowering and Caring' theme of the Corporate Strategy. Furthermore individuals affected by substance misuse experience multiple barriers to addressing both their physical and mental health. This proposal therefore aligns with the 'Wellbeing' theme of the Corporate Strategy.

City Benefits: This provision will support the most vulnerable citizens in accessing health interventions to support their health and wellbeing needs. The Local Authority is responsible for commissioning drug and alcohol treatment services and is measured by Public Health England on the achievement of the following national Public Health

Outcomes Framework indicators:

- 2.15i,ii - Successful completion of drug treatment (opiate users and non-opiate users)
- 2.15iii - Successful completion of alcohol treatment
- 2.15iv - Deaths from drug misuse

During the consultation period, the potential for the proposed model to adversely impact on people with protected characteristics has been considered. The newly commissioned treatment system will work with BCC to demonstrate how equalities groups are supported both as service users and within the workforce.

Consultation Details: A formal 12 week consultation was held on the proposals outlined in the Commissioning Strategy in 2017. In light of receiving no bids for the Complex Needs lot, further consultations have taken place with a range of relevant stakeholders to inform the plans that are outlined in this proposal. This proposal has been supported by the Substance Misuse Joint Commissioning Group and is being presented to the Safer Bristol Executive on 26th Feb.

Revenue Cost	£ £284,628 (pooled – see source of funding)	Source of Revenue Funding	10339 Pooled Substance Misuse Treatment Contract budget which includes Public Health Grant
Capital Cost	£	Source of Capital Funding	
One off cost <input type="checkbox"/> Ongoing cost <input checked="" type="checkbox"/>		Saving Proposal <input type="checkbox"/> Income generation proposal <input type="checkbox"/>	

Required information to be completed by Financial/Legal/ICT/ HR partners:

Finance Advice:

This report proposes the disaggregation of the Substance Misuse Treatment Service’s ‘Complex Needs’ lot which it has previously not been possible to commission as a whole.

The impact of disaggregating this lot is estimated to be an incremental £285k p.a. The component contracts will be for 5 years and the financial impact across those 5 years will equate to £1.4m in total thereby requiring a key decision.

It is confirmed that this incremental cost will be fully funded from the pooled budget created for the recommissioning of Substance Misuse services, funded by contributions from the General Fund, Public Health, CRC Partnership Funding and neighbouring local authorities and administered by the Substance Misuse Joint Commissioning Group.

There will be no consequent financial impact to the 18/19-22/23 budget.

Finance Business Partner: Jemma Prince – Finance Business Partner – 27/2/18

2. Legal Advice: Modification of a contract during its term is permissible provided that: the need for modification wasn’t foreseeable to a reasonably diligent contracting authority; the modification doesn’t change the overall nature of the contract; and, any price increase doesn’t exceed 50% of the value of the original contract (Reg.72(1)(c) Public Contracts Regulations 2015). These criteria appear to be met in relation to the variations proposed in this report. The direct award of the Special Advisory service may be permissible on the basis of either public-to-public horizontal co-operation (Reg.12(7)) or a direct award following no bids having been received (Reg.32(2)(a)).

Legal Team Leader: Eric Andrews Team Leader, Legal Services – 15/3/18

3. Implications on ICT: N/A

4. HR Advice: N/A

EDM Sign-off	n/a	n/a
Cabinet Member sign-off	Cllr Asher Craig	1 st March 2018
SPB Sign-off	SPB	1 st March 2018
For Key Decisions - Mayor’s Office sign-off	Mayor	5 th March 2018

Appendix A – Further essential background / detail on the proposal	YES
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal	YES
Appendix F – Eco-impact screening/ impact assessment of proposal	NO
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Combined Background papers	Substance Misuse Commissioning Strategy
Appendix J – Exempt Information	NO
Appendix K – HR advice	NO
Appendix L – ICT	NO

Appendix A – Further essential background / detail on the proposal

The table sets out the disaggregated complex needs functions, associated costs and proposed commissioning approach for each component:

Complex Needs Key Components	Brief description	Proposed ROADS contract for key component to be disaggregated to	Proposed associated costs per annum (Subject to minor change)	Commissioning Approach
Specialist Prescribing	OST/Alcohol Detox prescribing and 1:1 support for the most complex clients in the treatment system (approximately 300 clients per year)	Substance Misuse Liaison (SML)	£660,908	Contract variation to the SML contract for AWP to deliver this as a sub-contractor.
Rapid Prescribing & Homeless Health Prescribing	OST prescribing to prison leavers and complex clients who are not prescribed in primary care (e.g. hospital discharges without GPs). Provision to deliver OST in partnership with the Homeless Health Service.	Early Engagement & Intervention (EEI)	£250,000	Contract variation to the EEI contract for Brisdoc to deliver this as a sub-contractor to BDP.
Transitions	Working with young adults requiring ongoing substance misuse treatment in ROADS.	Community Recovery Service (CRS)	£42,000	Contract variation to the CRS for DHI to deliver this element.
Facilitating Access to Res Rehab	The care coordination of clients wishing to access residential rehab treatment.	Community Recovery Service (CRS)	£84,000	Contract variation to the CRS for DHI to deliver this element.
Specialist Psychosocial Interventions	Deliver specialist psychosocial interventions that focus on both low level mental health needs and trauma based mental health interventions in relation to substance misuse	Community Recovery Service (CRS)	£42,000	Contract variation to the CRS for DHI to deliver this element.
Specialist Advisory	Specialist input in to the ROADS system from a consultant psychiatrist, psychologist and social worker.	Specialist Advisory (new contract)	£325,720	Direct award to AWP. Commissioning approach justified given the clinical expertise required for this contract.
Specialist Social Work	To provide support to the Maternity Drug Service and support	N/A As proposal is to cease funding for BCC social work provision.	N/A	De-commission BCC social work funding. Incorporate some of

	the ROADS system on relevant safeguarding issues.	Specialist Advisory will provide an element of Social work provision.		these functions in to the specialist advisory contract.
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If the decision is taken to proceed with this option changes to the new ROADS contract values will be as follows:

Contract	Current contract value (per annum)	Proposed new contract value (per annum)	% variation to contract value
EEl	£972,899	£1,222,899	26%
SML	£1,372,474	£2,033,382	48%
CRS	£1,448,706	£1,616,706	12%
Complex Needs	£1,120,000	£0 as functions disaggregated.	N/A
Specialist Advisory	N/A as new contract	£325,720	N/A
Family & Carers	£80,000	No change	N/A

Total original amount of contracts in competitive tenders: £4,994,079

Total amount of contracts following disaggregation of Complex Needs: £5,278,707 (incl AWP direct award)

Additional funding required from original competitive tender: £284,628 per annum which totals an additional £1,423,140 over a 5 year contract.

If this approach is not approved by the JCG, or deemed feasible by the providers, alternative options for delivering the Complex Needs functions include:

Options	Risks
1) Make significant changes to the Complex Needs contract (e.g. increase in contract value and/or make changes to the service specification). Re commission just the Complex Needs contract during the 4 month extension period agreed with AWP for the specialist element.	<ul style="list-style-type: none"> -Risk that no further funds are available -Risk that we go through a new commissioning process and still not receive any bids through this process. -Risk that the commissioning process takes longer than 4 months requiring BCC to extend the specialist treatment for a longer period which will have financial implications on the rest of the system.
2) Re-commission the whole system which may/may not include a distinct Complex Needs service and could alter funding for all the lots.	<ul style="list-style-type: none"> -Risk of de-stabilising the whole system impacting on service delivery to clients. -Risk of legal challenges from the current successful providers in the last round of commissioning.