

Decision Pathway – Report



PURPOSE: Key decision

MEETING: Cabinet

DATE: 25 February 2021

TITLE	Contract extension for Substance misuse services		
Ward(s)	All		
Author: Paul Moores	Job title: Commissioning Manager Substance Misuse Services		
Cabinet lead: Cllr Asher Craig	Executive Director lead: Jacqui Jensen		
Proposal origin: <i>BCC Staff</i>			
Decision maker: Mayor Decision forum: <i>Cabinet</i>			
<p>Purpose of Report: The following contracts were approved at the Health and Wellbeing Board in June 2017. They were procured on 1st Feb 2018 for 5 years until 1st February 2023 with provision for a 2-year extension. We are asking for permission to invoke the 2 year extension, so the contacts end on 1st February 2025. The contracts are:</p> <ol style="list-style-type: none"> 1. BDP - Early Engagement and Intervention; Substance Misuse Liaison and BBV testing; £3,247,198 per annum 2. DHI – Family and Carers; Community Recovery Service; £1,726,582 per annum 3. AWP – Complex Needs specialist advisory service; £311,326 per annum 4. Various – Residential Rehab Framework; budget of £680,000 per annum 5. Cyber Media – Case management system (this ends in March 2023); £33,234 per annum <p>Reasons for Requesting the Two-Year Extension:</p> <ol style="list-style-type: none"> 1. The services are working together in partnership, pathways are established and navigable for service users, professionals, referrers and other stakeholders. 2. There is a risk that recommissioning services could negatively impact on service users. 3. The decommissioning of established services can be destabilising for workforces who are involved in a TUPE process. 4. Current contracts are with local services who are based in this region. 5. BCC has recently been awarded a grant from PHE to increase capacity for engagement with people who need support with their substance misuse including access to housing, treatment etc. This will require the current infrastructure of services to be in place to meet the increased demand. 6. The agreement at this stage to the 2-year extension will enable a greater ability on the part of providers to offer stability to staff. 7. Commitment to the extension will enable analysis of where services are best placed and integrated to inform future commissioning, particularly as the drug and alcohol strategy is currently out for consultation. 			

8. Reduce costs at both commissioner and provider level associated with procurement processes.
9. Avoid the service development void experienced during procurement as both provider and commissioner attention is focussed on development not procurement.
10. stability both for service users and for staff thereby enabling the delivery of a high-quality solution for a longer period
11. Negate the need to hold back funding for re-tendering within a relatively short period of time
12. Opportunity for commissioners to build longer and more lasting relationships with providers thereby increasing chances of on-going high performance; better relationships often lead to fewer incidents and or issues of poor performance. In addition, a greater shared understanding of service models and requirements will enable us to both look for areas of consolidation across existing services as well as the potential addition of new service offerings to deal with fluctuating demand and costs more flexibly knowing we have a longer period over which to absorb the variances

Key risks and consequences of not extending the contract will be:

1. There have been significant challenges with this contract and our providers are committed to working with commissioners to do everything possible to meet these and deliver a high-quality service particularly in relation to learning from Covid19
2. Knowing that there is a potential for a longer-term partnership would enable providers to manage risk and enable us to deal with fluctuating demand and costs more flexibly.
3. Covid 19 will limit the opportunities to properly undertake a procurement process both in terms of staff time in BCC and for the providers in developing bids. The opportunities for consultation are also reduced which jeopardises the number of providers who can engage in a procurement process.

Evidence Base:

Evidence shows that alcohol and drug treatment is effective in helping people to recover and also that it provides good value for money. Evidence on the cost benefits of drug treatment is drawn together by PHE (2017) and it suggests that every £1 spent on drug treatment results in a £2.50 benefit to society in terms of further health costs and criminal activity. PHE (2016) also reports that specialist alcohol treatment shows favourable returns on investment. Williams et al (2017) suggest that every £1 spent on psychosocial treatment for alcohol dependence results in a £5.00 benefit to society.

Bristol has one of the highest levels of problem substance use among comparative cities across England. There are approximately 2000 people accessing Bristol’s commissioned drug and alcohol services, with over 1900 of those on opioid substitute therapy (OST). The estimated prevalence of those who use heroin and crack cocaine in Bristol was between 4066 and 5870 (PHE 2016/17). There are a significant number of admissions to both the BRI and Southmead hospitals, due to either primary or secondary conditions brought on by alcohol and drug use. Drug and alcohol use have a particular impact on the criminal justice system, with drug dealing, acquisitive crime, domestic violence, and exploitation all linked to problematic substance use. Problematic substance use is known to have a greater impact on those from areas of high deprivation and other marginalised communities such as rough sleepers. Alcohol and drug treatment is effective in helping people to recover and also that it provides good value for money. on investment. There is also evidence to show that better access to alcohol and drug treatment is associated with improved housing outcomes.

Cabinet Member / Officer Recommendations

That Cabinet, in consultation with the Cabinet Member for Communities, Equality and Public Health:

1. Approve the extension of the contract for two years until 1st February 2025 at a cost of £5,998,340 per annum.

Corporate Strategy alignment: The substance misuse services contribute to reducing inequalities in health, reducing homelessness and improving health and wellbeing.

City Benefits:

The services contribute towards

1. Reducing harm from alcohol and substance misuse by reducing hospital admission and substance misuse related deaths.
2. Making communities safer by ensuring the numbers of people rough sleeping and in temporary accommodation is reduced
3. Reducing inequalities in health by promoting physical and mental health and ensuring access to health care
4. Reduction in anti-social behaviour.

Consultation Details: Significant consultation was undertaken when the contract was developed and tendered pre 2017. The drug and alcohol strategy for Bristol is currently out for consultation and will be presented to cabinet in March. This will provide useful feedback about current service provision and perceived gaps. Feedback from current users of commissioned services is regularly collected and presented to commissioners and service provision adapted accordingly where feasible within current budgets.

Background Documents:

PHE (2017) An evidence review of the outcomes that can be expected of drug misuse treatment in England <https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes>

PHE (2016) *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review.* <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

Williams, R., Alexander, G., Armstrong, I., Baker, A., Neeraj, B., Camps-Walsh, G et al. (2017). Disease burden and costs from excess alcohol consumption, obesity, and viral hepatitis: fourth report of the Lancet Standing Commission on Liver Disease in the UK. *The Lancet*, Nov 29, 2017 pp.1097-1107.

JSNA Substance misuse <https://www.bristol.gov.uk/documents/20182/3849453/JSNA+2019+-+Substance+misuse+%28updated+Dec+2019%29.pdf/8afda7b5-160c-e0d3-f68f-9407ea21f9f8>

JSNA Alcohol misuse <https://www.bristol.gov.uk/documents/20182/3849453/JSNA+2019+-+Alcohol+%28Updated+Sep+19%29.pdf/5a1e98b0-7314-9af8-7a3a-dded750bcacc>

Revenue Cost	£5,998,340 per annum	Source of Revenue Funding	Public Health Grant
Capital Cost	£	Source of Capital Funding	<i>e.g. grant/prudential borrowing etc.</i>
One off cost <input type="checkbox"/>	Ongoing cost <input type="checkbox"/>	Saving Proposal <input type="checkbox"/>	Income generation proposal <input type="checkbox"/>

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

1. Finance Advice: This report seeks a 2 year contract extension for a number of substance misuse contracts as outlined in the report at a cost c£6m per annum. This can be funded from within existing resources.		
Finance Business Partner: Denise Hunt, Finance Business Partner 19 th January 2021		
2. Legal Advice: The extension is provided for within the terms of the current contract. Legal Services will advise and assist in relation to the contractual arrangements for the extension.		
Legal Team Leader: Husinara Jones, Team Leader/Solicitor, 14 January 2021		
3. Implications on IT: No anticipated impact on IT Services		
IT Team Leader: Simon Oliver, Director, Digital Transformation 14 January 2021		
4. HR Advice: The report is seeking approval for the extension of the contract for Substance misuse services for two years until 1 st February 2025, this does not represent any direct HR implications for Bristol City Council employees.		
HR Partner: Lorna Laing 21/01/21		
EDM Sign-off	Alison Hurley	13/01/21
Cabinet Member sign-off	Cllr Asher Craig	15/01/21
For Key Decisions - Mayor's Office sign-off	Mayor's Office	27/01/21

Appendix A – Further essential background / detail on the proposal	NO
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	NO
Appendix F – Eco-impact screening/ impact assessment of proposal	NO
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Exempt Information	NO
Appendix J – HR advice	NO
Appendix K – ICT	NO
Appendix L – Procurement	NO