

# Health & Wellbeing Board

19<sup>th</sup> October 2016



**Report Title:** Re-commissioning of Substance Misuse Treatment Services (ROADS)

**Ward:** City Wide

**Strategic Director:** Alison Comley

**Report Author:** Peter Anderson, Safer Bristol Manager

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## **Purpose of the report:**

Substance misuse services in Bristol provide a wide range of treatment and support for people who use drugs and alcohol. A commissioning and procurement process is required to replace the current contracts by October 2017 to continue to deliver this support.

This report will provide the Mayor with the relevant information to make a decision to commence planning the tender process.

## **Recommendation for the Mayor's approval:**

- 1.** To agree on behalf of Bristol City Council to the re-commissioning of substance misuse services.
- 2.** To agree on behalf of Bristol City Council to the multi-agency Substance Misuse Joint Commissioning Group managing the commissioning process and developing the Commissioning Plan, reporting back through the Health and Wellbeing Board and the Safer Bristol Partnership.
- 3.** To note that a further report will be brought to the Board for the Mayor to consider recommendations with regard to funding and the tender process.



## The proposal:

1. Substance misuse services in Bristol currently provide a wide range of treatment and support under the Recovery Orientated Alcohol and Drugs Service (ROADS) banner. This treatment system has been commissioned by the Substance Misuse Team (SMT) in line with the current National Drug Strategy (2010) and other key guidance from Public Health England (e.g. Medications In Recovery, NICE Guidelines etc.). These contracts were commissioned in November 2013 until March 2016 with the option of a further 2 years. An 18 month extension has been agreed with the current providers and these are now due to expire in September 2017.
2. Given the financial challenges (e.g. reducing national Public Health Grant) combined with shifting profiles (e.g. an increasing number of alcohol users accessing treatment, ageing drug users with complex physical health needs) a new commissioning strategy and contracts are required to future plan service delivery.
3. Key drivers for this project include the National Modern Crime Prevention Strategy 2016 which reflects the Government's focus on the role of treatment in reducing acquisitive crime. It has been indicated that a new National Drug Strategy is to be published over the coming months that will inform the development of the Commissioning Strategy for this project. At a local level, Bristol City Council is developing a new Alcohol Strategy which addresses the need to develop treatment services for those that are alcohol dependent.
4. The scope of this re-commissioning process will provide services to Bristol citizens aged 18 years plus (treatment services for under 18s are commissioned through Public Health & Safer Bristol). The contracts will be commissioned to work with drug and/or alcohol users. A range of delivery options including community, inpatient and residential settings will need to be considered to meet these needs in the Commissioning Strategy. This commissioning cycle will also include substance misuse related contracts that were previously commissioned by Public Health (e.g. Primary Care and Pharmacy services).
5. Given that substance misuse impacts on a number of different areas of an individual's life, it is recognised the need for joint working and co-commissioning of new contracts where possible to address multiple needs of clients with this project. These areas include, but are not limited to, mental health, criminal justice, preventing homelessness, safeguarding and employment, training & education.
6. The commissioning process will follow the agreed commissioning framework for Bristol City Council (Enabling Commissioning Framework) to commission and procure these new contracts and are now coming to the end of the 'Analyse' stage. During this stage a comprehensive Needs Assessment (<https://www.bristol.gov.uk/documents/20182/33003/Final+Report+Substance+Misuse+Needs+Assessment.pdf/59068c70-6504-4831-b8ab-68b6916c6dbd>) was completed to ascertain levels of need around substance misuse in Bristol. The information and recommendations from this document are being used to shape the Commissioning Strategy that is currently being developed.

7. Whilst there is a need to re-define primary care providers' involvement in meeting the needs of drug and alcohol users, the recommendation is that primary care providers are not part of the formal procurement process. Once the treatment system has been developed and there is a clear view of funding for primary care, primary care providers will be approached to define what exactly their role will be and will develop contracts accordingly. This is similar to the process that has taken place for the recent sexual health commissioning and has been approved by the Council's Procurement Team.
8. The Substance Misuse Joint Commissioning Group is currently working with VOSCUR and BCC Procurement to explore commissioning options relating to the use of competitive dialogue, grants and contracts. The length of agreements and contracts are being discussed also including a five year term including the appropriate break clauses.
9. If possible, the newly commissioned contracts will ensure that Social Value is considered. Providers bidding for these contracts will need to demonstrate how they have considered economic, social and environmental benefits in addition to the core outcomes of the contract.
10. These contracts will be funded through a pooled budget that consists of the Public Health England grant, Adult Health & Social Care funding and BCC revenue funding.

## **Consultation and scrutiny input:**

### **a. Internal consultation:**

The Substance Misuse Team has complied with the Bristol City Council decision making pathway process. The initial plans for the project have been presented to Bristol City Council's SLT, People and Neighbourhoods DLTs & Public Health's DMT. In addition, the Safer Bristol Executive has been provided with a commissioning update. Positive feedback has been received further to these sessions and is being inputted in to the Commissioning Strategy.

Overall these Boards supported the initial proposals and supported the need to strategically align with some of the wider agendas in Bristol City Council through joint working and co-commissioning.

Scrutiny input will be sought following this report to the Health & Wellbeing Board.

### **b. External consultation:**

A series of stakeholder engagement events took place during September and October 2016 in the North, East and South Bristol. These events were designed to engage professionals (e.g. both current and potential providers/referrers), service users and members of the public on the recommendations from the Substance Misuse Needs Assessment and feed in to the development of the new treatment system model in the Commissioning Strategy.

Following the publication of the Commissioning Strategy in December, a formal 12-week consultation, required by commissioning and procurement regulations when tendering for services, will take place to further refine the contracts outlined in the Commissioning Strategy that will go out to tender in 2017.

Initial plans for the project have also been presented to the Clinical Commissioning Group whilst input has been sought from VOSCUR and relevant Unions to support the process.

### Other options considered:

### No alternative option

EU Procurement regulations stipulate that certain contracts are regularly put out to tender. Given that the current contracts will expire shortly there is now a need for these to be put out to the market again.

Furthermore uncertainties regarding current and future funding levels would have meant that we may have not be able to vary the current contracts due to this changes being potentially above the 10% threshold of the overall contract value. Again procurement regulations stipulate that any changes above this value need to be put out for tender.

### Risk management / assessment:

<b>FIGURE 1</b>							
<b>The risks associated with the implementation of the (subject) decision :</b>							
No.	RISK  Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES  Mitigation (i.e. controls) and Evaluation (i.e. effectiveness of mitigation).	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	Overall funding envelope for the substance misuse contracts are currently still be confirmed due to reductions in PHE Grant and BCC funding. The level of overall funding will determine the range and capacity of services that can be commissioned	High	High	Confirmation of funding to be sought as soon as possible to allow model design work for the Commissioning Strategy.	Medium	Medium	Kath Williams
2	Risk of delays to the commissioning process when key decisions are required in relation to the overall governance of the project	High	Low	Will need to consider delaying contract start date if overall governance for the project does not sit with the Substance Misuse Joint Commissioning Group due to the less frequency nature of alternative boards.	High	Low	Pete Anderson
3	Success of the	Medium	High	Contact local	Low	High	Kath Williams

	recommissioning strategy will be linked to access to services for clients that are not within the commissioning remit of the Substance Misuse Team e.g. welfare reforms, jobs and training, mental health services. If service users are unable to have their needs met in these areas they may not access/benefit from substance misuse treatment			commissioners to explore co-commissioning opportunities to ensure that strategic objectives are aligned.			
4	Risk that local VCS providers will be excluded from the bidding process due to the financial implications imposed by BCC procurement. Particularly where the incumbent providers are concerned due to their funding streams being reliant on BCC already.	High	Medium	Ensure clarification from BCC Finance on the financial regulations and share with stakeholders. Consider these implications in the overall design of the treatment system model in the Commissioning Strategy to consult on. Engage with VOSCUR throughout the process.	High	Medium	Kath Williams

**The risks associated with not implementing the (*subject*) decision:**

A decision is required by the Health & Wellbeing Board to proceed with the re-commissioning due to procurement regulations. Please see “Other sections considered” on page 4 of this report.

**Public sector equality duties:**

Before making a decision, section 149 of the Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

- i) eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
- ii) advance equality of opportunity between persons who share a relevant protected characteristic and those do not share it. This involves having due regard, in particular, to the need to:
  - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic.
  - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
  - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

**iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to tackle prejudice and promote understanding.**

Following an initial EqIA Screening Tool in the 'Analyse' phase of the commissioning cycle it was recognised that a full EqIA would be required to be completed as part of this project. This is currently being developed alongside the Substance Misuse Commissioning Strategy and will be published in December 2016 for consultation with stakeholders.

This EqIA will need to address how both equality of access and equality of outcomes will be considered for all protected characteristic groups in the Commissioning Strategy and delivered in the new contracts.

### **Eco impact assessment**

Non applicable to this project.

### **Resource and legal implications:**

#### **Finance**

The current services included in the scope cost £11,140,806 per annum. The Joint Commissioning Group is working closely with the relevant DLTs to understand and agree the funding level available for substance misuse treatment service.

#### **a. Financial (revenue) implications:**

See above

Advice given by Pauline Batchelor Management Accountant, People  
Robin Poole, Finance Business Partner, Neighbourhoods

Date 05/10/16

#### **b. Financial (capital) implications:**

Non applicable to this project.

### **Comments from the Corporate Capital Programme Board:**

Non applicable to this project.

**c. Legal implications:**

Whenever the Council procures services where the value is over certain thresholds, the services must be procured in compliance with the Public Contracts Regulations 2015. The value of these services will be over the threshold, so when the tender process for these services is carried out, it must comply with these regulations.

**Advice given by** Sinead Willis, Contracts and Procurement Solicitor  
**Date** 11/10/16

**d. Land / property implications**

Non applicable to this project.

**e. Human resources implications:**

Non applicable to this project. Services are delivered by third parties.

**Appendices:****Appendix 1 – Abridged Commissioning Timeline:**

This is the current commissioning provisional timeline:

- Publish draft needs assessment and opportunities for stakeholder engagement: July 2016 to September 2016
- Publish draft Commissioning Strategy: December 2016
- Formal consultation of Commissioning Strategy: December 2016 to February 2017
- Provider tender events: April 2017
- Invitation to tender: May 2017
- Award contract: August 2017
- Contract start date: October 2017