

TITLE	Drug and Alcohol Recovery Service
FOR CONSIDERATION BY	The Executive on 29 September 2016
WARD	None specific
DIRECTOR	Judith Ramsden, Director of Children's Services and Stuart Rowbotham, Director of Health and Wellbeing
LEAD MEMBER	Charlotte Haitham-Taylor, Executive Member for Children's Services and Julian McGhee-Sumner, Executive Member for Health and Wellbeing

OUTCOME / BENEFITS TO THE COMMUNITY

During quarter 4 of 2015/16 there were 328 adults and 44 children and young people accessing our drug and alcohol service. Without this service adults and young people would not receive the support they need, this in turn would lead to a breakdown of families, increased crime rates, poor school performance and increased reliance and intervention from social care and statutory services in the Borough.

The substance misuse service will enable residents to recover in the community, reduce the harms associated with substance misuse, protect children and families from potentially problematic/dangerous situations associated with substance misuse and help residents recover to a healthy lifestyle.

RECOMMENDATION

The Executive is recommended:

- 1) to sign off the re-procurement of substance misuse services for Wokingham Borough;
- 2) to agree option two as it offers the most efficient use of officer time and financial resources.

SUMMARY OF REPORT

The report offers information on the substance misuse service, how it fits in with the council's principles, how the current service works and the aims and objectives of the service for 2017/18 onwards. The report goes on to provide information regarding the current need and demographic accessing the services and a breakdown of the options for re-procurement.

The re-procurement potentially offers a 5% saving on the current cost of the service for 2017/18 and this cost will be maintained in 2018/19. Wokingham Borough Council then has the opportunity to extend the contract if necessary or enter another re-procurement exercise.

Background

In accordance with the Procurement and Contracts Rules and Procedures (PCRP) (see section 3.1.1): a formal business case is required for any procurement with a total value above £50,000. The level of approval required for the Business Case depends on the type of procurement and total ascertainable value of the contract, as indicated in the table below: -

1. Level of Approval

State “YES” in the applicable box at either Level 1 or Level 2:

Type of Procurement	Level 1 –		Level 2 –	
	Head of Service & Director Approval	“Yes”	Executive Approval	“Yes”
Goods and Services	£50k – £500k		> £500k	
Schedule 3 Services	£50k – £589k		> £589k	YES
Works	£50k – £4,104k		> £4,104k	

2. Project Information

Project / Contract Title	Drug and Alcohol Recovery Service
Project / Contract Description	Commissioning and procurement of a community based support and recovery service for residents of Wokingham Borough living with substance misuse issues.
Expected Start Date & Duration (months)	Start: 1 st April 2017 Duration: 2 years
Any Extension/s Allowed (months) (E.g.: 1 x 24m / 1 x 12m + 1 x 12m)	1 x 12m + 1 x 12m + 1 x 12m
Total Ascertainable Value	£510,000 per annum Total £2,550,000
Type of Procurement (Goods [<i>supplies</i>], Services, Sch3 or Works)	Schedule 3
Procurement Procedure	Open procedure
If not an Open or Restricted procedure, has it been approved by Procurement? (state “Yes”, “No” or “Not Applicable”)	Not Applicable
Budget Available	£2,550,000 (<i>5 years if use all extensions</i>)
Source of Funding (revenue or capital or mixed)	Public Health Budget
Any specific comments or notes associated with the budget	Mechanisms will be put into place within the contract to allow for unstable budgets

3. Project Justification

Link to Service or Corporate Objectives:

The service fits within the principles from the Wokingham Borough Council's vision of looking after vulnerable people and improving health, wellbeing and quality of life for the residents of Wokingham Borough. Drugs and Alcohol Strategy Group is a subgroup of our multi-agency Community Safety Partnership and thus is sat within a wider community placement. It fits with the current Health & Wellbeing Strategy (2014-2017) as part of prevention under 'promoting good health throughout life' theme. In 2014 – 2015 alcohol-specific condition admissions to hospital were 1270 per 100,000 within Wokingham (PHE, Fingertips). Reducing preventable admissions is a priority in the Better Care Fund and fits with the Clinical Commissioning Group's work on alcohol related admissions. The service also fulfils 'economic and prosperous place to live and work' element of the WBC vision through the work placements and work rehabilitation for adults. Within the borough there is multi-agency acknowledgement of the close interlinks between domestic abuse, substance misuse and mental health. This substance misuse service will have close links across other service providers in these areas to ensure that the service users are have holistic treatment and all issues are treated in a complimentary manner, rather than in isolation, to ensure a complete recovery. Alcohol usage, especially within adults, in the Borough is one of our hidden challenges and fits with the unmet need sighted within prevention strategy, 2015. Hidden usage can be a characteristic of a generally affluent population with high pressure jobs leading to increased stress and drinking at home.

The majority of the service users are adults. This business case is well placed within our children's priorities as well as adults thus fitting with a life-course approach to future commissioning. Further to the council's principles the drug and alcohol service will deliver and contribute to the council's early help and innovation strategy, helping young people at the earliest opportunity limiting the impact of the substance misuse on their health and future life and opportunities, preventing escalation into statutory services, furthermore it also helps to protect children within a family where substance misuse may be an issue. Substance misuse is an aspect within the troubled families programme and so will link closely to this work stream. It is known that adverse childhood experiences such as growing up in a house with substance misuse increases the child's chances of developing health-harming behaviours (Bellis et al. 2014) such as high-risk drinking as well as them being more likely to perform poorly in school and being involved in crime. By having a substance misuse service in the community it will help to support both young people and adults with their own substance misuse issues, helping to reduce the risks of adverse childhood experiences, which in turn contribute to protecting the future of the children and adults.

Bellis MA, Hughes K, Leckenby N, Perkins C and Lowey H. 2014a. 'National Household Survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England'. *BMC Medicine* 12:72.

Project Specific Objectives, Appraisal of Options and Project Timetable:

The service aims to support people with substance misuse issues in the community, it will help residents to maintain a normal lifestyle and protect their family and friends around them from any further harm associated with substance misuse.

The support is available to any adult or child that resides in Wokingham Borough who have an alcohol or drug support need. A waiting list will be put in place if required,

however referrals from the youth offending service, criminal justice system and children who are in care (CIC) are exempt from any possible waiting list and given priority.

The support provided will be open ended, however will be focused on harm-reduction and recovery/abstinence.

Current Service:

Wokingham Borough Council (WBC) currently commissions a drug and alcohol support provider for both adults and children in the Borough with the main aim of providing an integrated recovery focused support service that increases the participation of drug and/or alcohol users in treatment. Wokingham Borough Council also commissions a prescribing service that aims to increase the participation of drug and/or alcohol users in treatments and helps in the journey towards recovery.

The current service was commissioned following the de-commissioning of the previous provider after concerns were raised regarding the quality of their safeguarding practice.

The service is provided at a property owned by the current provider on Station road in the centre of Wokingham Town.

The contract for the current service will expire on the 31st of March 2017 and provides no opportunity to extend the service further; therefore a new service needs to be commissioned from the 1st of April 2017.

The current cost of the service is £554,432 per annum and the funding is currently provided from Public Health and the Youth Offending Service.

Table 1 displays the numbers of referrals accepted onto the caseload and the numbers on the caseload between April 2015 and March 2016.

Table 1 - numbers of referrals accepted onto the caseload and the numbers on the caseload between April 2015 and March 2016

	Service	ALCOHOL	OPIATE	NON-OPIATE
No. of referrals accepted onto caseload:	Adults (Structured only – Tier 3)	121	54	37
	Young people	5	1	23
No. of people on caseload:	Adults (Structured only – Tier 3)	176	139	64
	Young people	5	1	43

Explanation of tiers;

Tier 1: information and advice, screening and referral to specialist drug treatment services, provided by non-drug specialists (e.g. primary care)

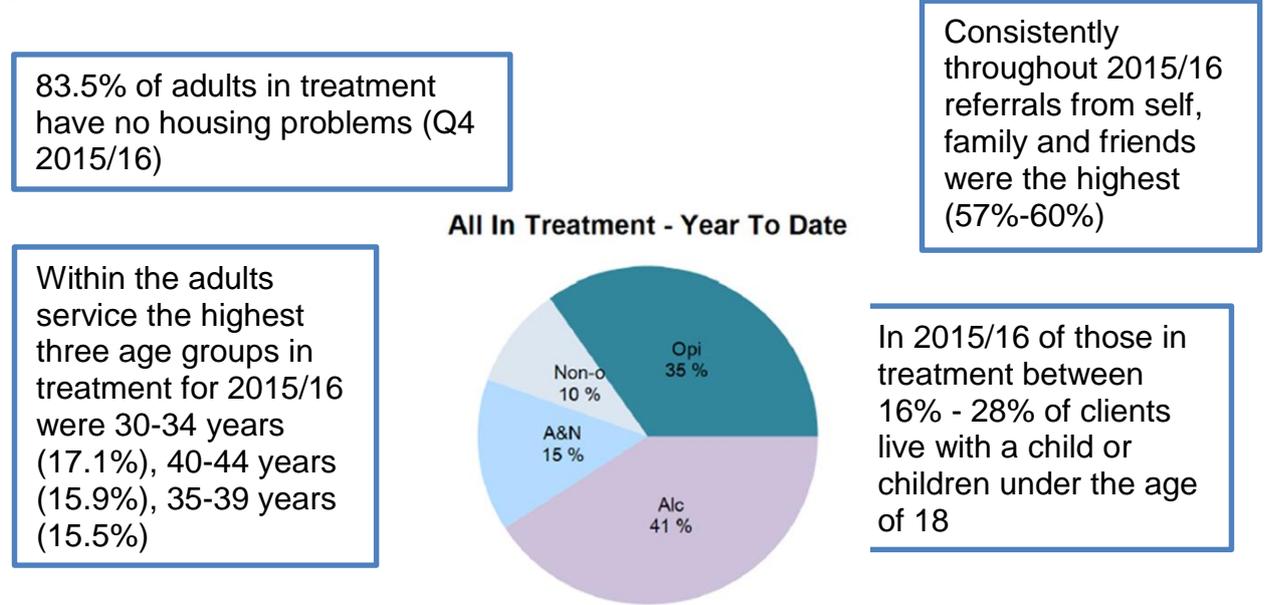
b) Tier 2: information and advice by specialist drug services, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction services (such as needle exchange) and aftercare

c) Tier 3: community-based drug assessment and structured treatment (including community prescribing, psychosocial interventions, and day programmes)

d) Tier 4: residential treatment, such as NHS inpatient units and voluntary sector rehabs
 Figures one and two demonstrate the service users known to the current provider.
 Adults: demonstrating a high proportion of successful substance abusers holding down, jobs, families and homes.

The information below demonstrates the service users known to the current provider.

Adults: demonstrating a high proportion of successful substance abusers holding down, jobs, families and homes.



	%	(n)	National average (%)
Opiate clients working ≥ 10 days in last 28 at exit	40	10/25	24
Non-opiate clients working ≥ 10 days in last 28 at exit	48.3	14/29	33.5

Children and Young People: majority are living at home and attending school.

In Q4 2015/16
 8% were vulnerable due to domestic abuse
 30% were vulnerable due to a mental health problem
 57% were vulnerable due to anti-social behaviours/criminal acts

The majority of young people are in mainstream school (71%), and are living at home with a parent or other relatives (91%)

In 2014/15 there were 49 CYP in the service

Q4 in 2015/16
 90% cited Cannabis
 51% Alcohol
 15% Amphetamines (category includes MCAT)
 5% Cocaine

Within the young people's service 80% of the young people in treatment are male, with cannabis (89%) being the main substance issue, followed by alcohol (51%)

Proposal:

The Business goals and objectives are;

- To deliver an outcomes focused service to reduce the impacts to health, family breakdown and the social and economic impact of substance misuse
- To promote recovery from drug and alcohol use to enable residents to lead a healthy and productive life, and mitigate the negative consequences on individuals, families and communities
- To deliver a service that is reactive and supports and evolves with the fluctuating needs and trends in the Borough
- To deliver a service that tackles substance misuse issues in a holistic manner and works effectively with all partners in particular the domestic abuse and mental health services in Wokingham and ensures children are safeguarded
- To deliver a service that is available for all adults and young people in Wokingham Borough
- To support recovery from substance misuse and ensure that service users have access to employment, education and housing, and ensure that they are supported to become fulfilled contributing members of society
- To deliver an effective value for money service that is based on assessment of local need, best practice, national guidance and local public health and data where it exists
- To offer training and information to schools, services, partners and the voluntary sector to ensure all are confident in the referral routes to the support and treatment available in Wokingham.

There are two options proposed for consideration;

- Option 1 - Commission as a single local authority for an operational service that is exclusive to Wokingham Borough. This is our current model and thus would mean no change from our current arrangement.
- Option 2 - Commission as a single local authority for an operation and demand led service (needle exchange, supervised consumption and shared care) that is exclusive to Wokingham Borough

It is proposed that when re-commissioning Wokingham Borough council extend the length of its previous contracts for DAAT services to a 2+1+1+1 contract. It is understood that budget constraints and uncertainties exist; this will be addressed in the contract with 3 month clauses to allow for both budget changes and a change in priority or identified need within the Borough.

Option 1:

To commission the substance misuse operational service out in the community but maintain the management of the demand led services (needle exchange, supervised consumption and shared care) in-house. This is the current model of operation within the substance misuse services.

Benefits	Risks	Cost-Benefits
With a longer contract we will be opening up the opportunity for a more competitive price as well as increasing the	As the council undergoes restructuring, teams and officers time is becoming increasingly pressured, and the administration of	With a longer contract we would be able to drive a more competitive price. This option offers a

<p>emotional investment of the provider.</p> <p>With the 2+1+1+1 contract Wokingham Borough Council are only fully committing budget for two years, with the option to terminate the contract at the end of that period and look at options to co-commission.</p>	<p>invoices isn't the most effective use of time.</p> <p>As the cost of the demand led services fluctuates according to the number of people using the needle exchange programme, supervised consumption scheme and the number of people on substitute medication there would be risks in terms of an overspend on the DAAT held budget.</p> <p>The scope of the contract and specification could mean that an organisation would not be interested in submitting a tender.</p> <p>There is a risk in commissioning one provider to deliver or subcontract all services in respect of the impact of the organisation ceasing to trade.</p>	<p>potential saving of 5% on the current core contract price over the two years and optional 3x 1 year extensions.</p>
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Option 2:

To commission a provider to manage all operational and demand led services (needle exchange and supervised consumption) for Wokingham Borough. This model is being operated across Thames Valley with success and a neighbouring Borough is also entering down this route.

Benefits	Risks	Cost-Benefits
<p>The DAAT budget would become more stable. We would reduce the risks of becoming over/under spent on the DAAT budget due to fluctuating demand led activity.</p> <p>Choosing this option could also drive up performance as any direct benefits achieved due to people reducing their substitute prescribing and moving off</p>	<p>There is a risk that the contract value could lead to a reduction in some services if there is an increase in more complex cases being referred in.</p> <p>The scope of the contract and specification could mean that an organisation would not be interested in submitting a tender.</p> <p>There is a risk in</p>	<p>With a longer contract we would be able to drive a more competitive price.</p> <p>There is a potential to make a saving on the demand led services if the need is higher than estimated.</p> <p>The risk of demand led services no longer would sit within the DAAT budget.</p>

<p>of supervised consumption would be to the benefit of the provider.</p> <p>The DAAT team within Wokingham Borough Council would become strategic. There would be a shift away from process management into contract management. The reduction in administration tasks could lead to more resources dedicated to effective contract management.</p> <p>With a longer contract we will be opening up the opportunity for a more competitive price as well as increasing the emotional investment of the provider.</p> <p>Regular performance monitoring would allow the commissioner to highlight any underperformance as well as being in a position to ensure that the contract value reflects the level of activity. Including a clause in the contract around regular financial reviews could mean that savings could be made if the treatment population reduced significantly.</p> <p>With the 2+1+1+1 contract Wokingham Borough Council are only fully committing budget for two years, with the option to terminate the contract at the end of that period and look at options to co-commission.</p>	<p>commissioning one provider to deliver or subcontract all services in respect of the impact of the organisation ceasing to trade.</p>	
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Timetable:

Date	Procedures
29 th September	Sign off by Exec
30 th September/1 st October	Publish OJEU/Advert/Spec
15 th November	Tender Submission deadline
16 th November	Tender Opening
18 th November	Tender Evaluation Briefing
21 st -25 th November	Evaluation Dates
30 rd November	Consensus Evaluation Scoring Meeting
6 th December	Presentation Date
9 th December 2016	Contract award internal approval
9 th - 19 th December 2016	Standstill period
20 th December 2016	Contract Award

Cost Benefit Analysis:

On review of the Public Health England Spend and Outcomes Tool (SPOT) in figure 1 Wokingham Borough sits within the upper left hand quadrant that indicates Wokingham is in the lower spend – better outcome. Caution needs to be exercised when reviewing this data as the public health score is from 2014/15 and the treatment data is from 2013/14.

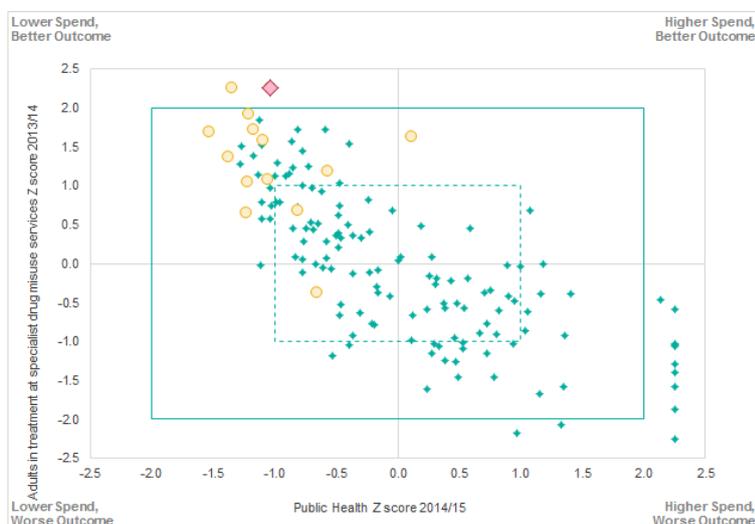


Figure 1 - Spent and outcomes Tool for specialist drug misuse services

By supporting adults and young people experiencing substance misuse issues to move toward recovery there will be financial benefits to the council, it will lead to safer home environments for everyone within the family of those affected by substance misuse problems.

Without this service children living in these environments are likely to need statutory intervention and support, safeguarding and possible removal from the home. In addition to this it may lead to an increase in violence in the home and community as well as increased crime rates.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	0	Yes	Revenue
Next Financial Year (Year 2)	(potential for estimated £20,000)	Yes	Revenue
Following Financial Year (Year 3)	(potential for estimated £20,000)	Yes	Revenue

Other financial information relevant to the Recommendation/Decision

None

Cross-Council Implications

This would impact the Public Health budget and would commit Public Health to funding this until 2018/19.

List of Background Papers

None

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