

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Public Health
Date:	21 March 2014
Title:	Inpatient Substance Misuse Service
Reference:	5531
Report From:	Director of Public Health

Contact name: Dr Christine Jackson, Deputy Director of Public Health and Jeremy Down, DAAT Commissioner for drugs and alcohol

Tel: 02380 383330
02380 832157

Email: christine.jackson2@hants.gov.uk
Jeremy.down@hants.gov.uk

1. Executive Summary

- 1.1. Public Health responsibilities including contracts transitioned into Hampshire County Council (the County Council) from Hampshire Primary Care Trust, a National Health Service commissioner (NHS) with effect from 1 April 2013.
- 1.2. Commissioning responsibilities which transferred to local authority Public Health departments under the Health & Social Care Act 2012 reforms included those for drug and alcohol treatment services (identified locally in Public Health service category D: Substance Misuse (Drugs and Alcohol).
- 1.3. Interim arrangements put in place from April 2013 to ensure the continuity of provision and to facilitate the smooth transition of commissioning functions allowed for the commissioning of in-patient drug and alcohol detoxification services at Solent NHS Trust's (hereafter referred to as "Solent") to be incorporated in the Portsmouth CCG-led area-wide contracting arrangements with Solent NHS Trust for a period of 12-months.
- 1.4. It was anticipated that from 1 April 2014 onwards the County Council would implement its own direct contracting arrangements for in-patient drug and alcohol detoxification services. This would allow the commissioning of this service to take place as part of the strategic re-procurement of an overall integrated treatment system in line with the National Drug Strategy 2010, the emerging Hampshire Substance Misuse Strategy and the County Council's category management approach to commissioning.
- 1.5. The securing of in-patient drug and alcohol detoxification services from Solent at currently contracted levels for a period of 12 months will allow the evaluation of in-patient treatment models to ensure that future procurements are the best use of resources to optimise outcomes for the residents of Hampshire. It will also allow for the re-phasing of the procurement process in

line with the proposed recommissioning of the specialist drug and alcohol treatment system in 2014-15 and brings it in line with the County Council's category management approach to commissioning.

- 1.6 This report requests Single Tender Approval to secure the provision of Hampshire-wide in-patient drug and alcohol detoxification services at Solent at currently contracted levels for a period of 12 months pending the proposed recommissioning of the combined specialist drug and alcohol treatment services for community and in-patient services in 2014-15.
- 1.7 A further report will be brought to the Executive Member for the subsequent proposed recommissioning of the combined specialist drug and alcohol treatment community and in-patient services.

2. Background

- 2.1 The new Public Health responsibilities identified in the Health & Social care Act 2012 included the commissioning of drug and alcohol treatment services.
- 2.2 The commissioning of in-patient drug and alcohol treatment services was previously executed as part of the business delivery of the Hampshire PCT Annual Operating Plan to achieve identified in-year outputs and outcomes.
- 2.3 Temporary arrangements were put in place to secure the in-patient drug and alcohol treatment service beyond 31 March 2013 under a delegated power from Hampshire County Council Cabinet dated 25 March 2013 to ensure all services continued uninterrupted by the transition to 31 March 2014. The current contracting arrangements for community-based drug and alcohol treatment services expire on 31 March 2015.
- 2.4 This report sets out the planned approach to moving these transitional arrangements into mainstream council business processes and to enable development of the market.

3. Opportunities for improved outcomes and efficiencies

- 3.1 Aligning the re-procurement of both community and in-patient services would provide the opportunity to re-procurement services on an integrated whole system basis thereby optimising the County Council's ability to in discharge its duty to ensure best value, maintain and improve quality standards, develop service delivery and innovate. The request for Single Tender Approval facilitates this approach.
- 3.2 In 2011 and 2012 NHS Hampshire undertook a partial review of its commissioning in-patient services. This identified the scope for cost savings through the re-apportionment of capital charges and through the further development of community-based detoxification provision. Whilst a recurrent reduction in the contribution of capital charges to service overheads was secured the re-balancing of detoxification activity between community and in-patient provision was not pursued by NHS Hampshire at that time. Further market development and the strategic refocusing of community resources is required to progress this development.

- 3.3 The opportunity to aggregate services into lots will enable a more flexible approach and is expected to result in reduced procurement costs for the County Council, for current providers and also lever new potential bidders. Increased economies of scale and leverage will contribute to managing service costs and improve service outcomes. This is consistent with the County Council 'category management' approach to procurement.
- 3.4 The alignment of contract end dates is critical for the success of a strategic and aggregated services procurement plan. The request for Single Tender Approval is an important part of this overall plan in providing a suitable platform to maximise the benefits outlined here and provide sufficient time to undertake full evaluations of this service ensuring that:
- (a) the required amount of planning, preparation, consultation and decision making is undertaken to help ensure all procurement activity is in line with best practice
 - (b) sufficient time is allowed to engage with potential providers to undertake soft market testing to understand today's and future market places tailoring our procurements to bring about innovative solutions embracing new technologies and maximise the wellbeing of residents in Hampshire
 - (c) service specifications are fit for purpose and remain or are developed to be fit for purpose throughout the contractual terms
 - (d) procurement timelines are fit for purpose and provide adequate time for quality responses and are not solely based on the minimum statutory requirements
 - (e) include a service user focus and engagement.
- 3.5 The overall aim of this approach is to allow time and scope for all drug and alcohol treatment services to be fully evaluated as part of an integrated whole system, to enable greater engagement with the market and service users and achieve efficiencies through application of the category management approach and aggregation of services by lots where this is feasible.

4. Drug and Alcohol Misuse Services (Substance Misuse category D)

- 4.1 This report relates to the inpatient drug and alcohol detoxification service delivered by Solent. However, this needs to be considered alongside the community-based specialist drugs and alcohol treatment services, currently known as the Hampshire Operational Model for Effective Recovery (hereafter referred to as "HOMER"), which are commissioned by the Hampshire Drug Action Team (DAAT), as part of the public health responsibilities and resourced by the public health grant. These are currently included in the Adult Services forward plan.
- 4.2 The Public Health functions and commissioned services are focused to deliver against outcomes as set out in the Public Health Outcomes Framework. Public Health England have stated that an effective substance Misuse treatment system supports the Public Health Outcomes Framework (PHOF) vision, "*To improve and protect the nation's health and wellbeing, and improve*

the health of the poorest fastest.” and impacts directly on both of the PHOF outcomes:

- Outcome 1: Increased life expectancy
- Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities

4.3 The Public Health Outcomes Framework includes three substance misuse specific outcome performance indicators against which the County Council’s performance is monitored:

- PHOF 2.15 – Successful completion of drug treatment
- PHOF 2.16 - People entering prison with substance dependence issues who are previously not known to community treatment Performance against the following three indicators is directly contributed to by substance misuse treatment service
- PHOF 2.18 - Alcohol related admissions to hospital

Public Health England advise that substance misuse treatment makes a significant contribution, either directly or indirectly, to a further 31 Public Health outcome performance indicators.

4.4 The National Drug Strategy (HM Govt, 2010) establishes recovery from both drug and alcohol dependency as a key aim, *“We will create a recovery system that focuses not only on getting people into treatment ... but getting them into full recovery and off drugs and alcohol for good.”*

The provision of clinically-led, medically assisted detoxification programmes is essential in supporting drug or alcohol depend clients to achieve this goal.

4.5 “Drug misuse and dependence: UK guidelines on clinical management” (DH, 2007) notes that whilst community-based detoxification programmes, such as delivered by the HOMER service, should be the norm there remains a requirement for inpatient programmes to support those with more complex needs:

“Staff should routinely offer a community-based programme to all service users considering opioid detoxification. Exceptions to this may include service users who:

- *have not benefitted from previous formal community-based detoxification*
- *need medical and nursing care because of significant co-morbid physical or mental health problems*
- *require complex poly-drug detoxification, for example concurrent detoxification from alcohol or benzodiazepines*
- *are experiencing significant social problems that will limit the benefit of community-based detoxification.”*

- 4.6 Of existing local in-patient treatment providers, Solent is considered currently best-placed to provide appropriate management of clients presenting with this range of complex needs having on-site access to consultant-led substance misuse and mental health provision; prescribing and dispensing services and RMN and RGN nursing care. Additionally, the unit has well established joint care planning and management procedures in place with the HOMER service and has a strong relationship with Rebound – a peer-led voluntary organisation supporting substance misuse carers.

Single Tender Approval

- 4.7 Approval is sought to put in place contracts by Single Tender Approval up to 31 March 2015 with a value of up to £1,210,000.
- 4.8 The Single Tender Approvals will allow sufficient time to evaluate the existing service within the overall commissioning of drug and alcohol detoxification services in Hampshire and as part of a whole system review of local substance misuse treatment provision.
- 4.9 Further, the contract end date needs to be aligned within this category in order that future contracts can be tendered as several lots within one single substance misuse tender and provide the County Council scope to stimulate and test the market for these relatively new services.

Full Tender Approval

- 4.10 A further report will be brought forward to the Executive Member seeking approval to procure by tender this service with intention for services to commence by 1 April 2015.

5. Legal Implications

- 5.1 Council Standing Orders and procurement regulations govern the procurement of services. A request for a Single Tender Approval is a request to waive the Council's Standing Orders and depart from usual practice. As such it may only be used in exceptional circumstances with appropriate approval.
- 5.2 In exercising its functions an authority must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6. Financial Implications

- 6.1 The maximum value of the approval sought for 12 months is up to £1,210,000.
- 6.2 This amount has been identified within the DAAT budget for this period. There is no additional risk to other HCC funding streams.

7. Equality Impact Assessment

- 7.1 The transfer of relevant Public Health functions and services to the County Council has been assessed and has not highlighted significant impacts.
- 7.2 The Single Tender Approval will allow for the continuity of existing provision and, as such, should have no significant impacts.
- 7.3 Services for clients with highly complex physical, learning disability or mental health presentations or for clients requiring parent and child facilities which sit outside of the existing Solent service specification will continue to be commissioned from appropriate specialist providers as required. This approach ensures that clients have access to the most appropriate specialist provision whilst ensuring best value for the County Council.
- 7.4 Failure to secure in-patient services on a contracted basis from April 2014 will require all provision to be commissioned on an ad hoc case-by-case basis. This situation may have an adverse impact upon equality as commissioners would be unable to ensure equity of access or provision.
- 7.5 A more detailed Equality Impact Assessment will be undertaken on recommissioning of the specialist drug and alcohol treatment system. It must be noted that every aspect of Council business led by public health considers the opportunities to reduce inequalities.

8. Recommendations

That the Executive Member for Adult Social Care and Public Health give:

- 8.1 Approval for the award of a 12-month contract by Single Tender Approval for the provision of in-patient drug and alcohol treatment services from Solent NHS Trust with a value up to £1,210,000.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	Yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	Yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	Yes
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Public Health Budget 2013/14 report to Cabinet	4746	25 March 2013
Public Health Budget report to Cabinet	5020	22 July 2013
Direct links to specific legislation or Government Directives		
		<u>Date</u>
The Health and Social Care Act 2012		2012
“Drug Strategy 2010. Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life” (HM Govt, 2010)		2010
“Drug misuse and Dependence: UK guidelines on clinical management” (DH, 2007)		2007
“Improving outcomes and supporting transparency Part 2: Summary technical specifications of public health indicators” (DH, 2012)		2012

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1 The transfer of the relevant Public Health functions and services into the County Council has been assessed and has not highlighted significant impacts.
- 1.2 The requested Single Tender Approval provides for the continuation of the existing service provision for a period of 12-months. There is no direct impact as a result of this plan.
- 1.3 A more detailed Equality Impact Assessment will be undertaken on the planned future full tender inline with procurement timescales.
- 1.4 It must be noted that every aspect of Council business led by Public Health considers the opportunities to reduce inequalities.

2. Impact on Crime and Disorder:

- 2.1. There is a clearly evidenced link between substance misuse and crime and disorder. Consequently, the delivery of effective recovery-orientated substance misuse interventions which remove people from drug or alcohol dependency significantly reduce the risk of re-offending.
- 2.2. By definition, interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and health outcomes.

3. Climate Change:

- 3.1. This service will have negligible impact upon climate change. However, ensuring continued access within the wider-Hampshire area will minimise potential need for out-of-area specialist placements, thereby negating the potential for increased road transport.
- 3.2 Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.