

Committee Name and Date of Committee Meeting

Cabinet – 22 November 2021

Report Title

Public Health Proposals for Recommissioning Rotherham's Alcohol and Drugs Service

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

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Ward(s) Affected

Borough-Wide

Report Summary

This report requests that the Alcohol and Drugs service is recommissioned on an 'all age' model and mobilised with a contract start date of 1st April 2023. Key changes to the service model are set out within this report for approval.

Recommendations

1. That Cabinet agree the recommissioning of an 'all age' Alcohol and Drug Service. The key change to the service model is approved, which is the move to a specialist pathway covering all ages and procured from one lead provider. This is to enable seamless transition between the services and to enhance the offer for younger service users. Within one pathway, there will be an expectation of separate service offers for young people, alcohol misuse prevention and treatment, drug treatment and recovery from all substance misuse.
2. That there is recognition that this will take place on the outlined timetable subject to any major update from the forthcoming White Paper - Integration and

Innovation: Working together to improve health and social care for all; specifically, in relation the proposals regarding supplier selection.

List of Appendices Included

Appendix 1: Part A Equality Impact assessment for services
Appendix 2: Part B Equality Analysis form
Appendix 3: LGA briefing about drugs and alcohol treatment
Appendix 4: Dame Carol Black - Review of drugs part two
Appendix 5: Carbon Impact Assessment

Background Papers

N/A

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

Yes

Exempt from the Press and Public

No

Public Health Proposals for Recommissioning Rotherham's Alcohol and Drugs Service

1. Background

- 1.1 The Local Authority is responsible for the commissioning of alcohol and drugs services for the Rotherham Borough as described in the 2012 Health and Social Care Act. The service contributes to a wide range of Public Health outcomes including increasing the number of drug and alcohol treatment episode completions, reducing drug related deaths, reducing reoffending and reducing homelessness. The recommissioning is to ensure continuous service provision.
- 1.2 Currently there are two services; one meets the needs of the adult population in Rotherham, whilst an additional service 'DIVERT' supports the needs of children and young people (up to the age of 18) with substance misuse, support, and advice. Change Grow Live (CGL) were awarded both service contracts in separate tender exercises.
- 1.3 Rotherham's adult drug and alcohol service currently provides active substance misuse support to 1284 Rotherham residents. Based on average monthly referrals and previous years the service is expected to support approximately 2000 service users annually. The service offers a range of evidence-based interventions, harm reduction advice and support which includes a needle and syringe exchange scheme, naloxone provision (a lifesaving medication which can temporarily reverse the effects of an overdose) and substitute medication. The service works closely with criminal justice partners and substance misuse offenders. This work supports reducing drug related crime, ensuring positive results are seen across the community.
- 1.4 The recovery aspect of the service supports people to maintain recovery in the community, and includes structured day programmes, evidence-based interventions, support with education, employment, and housing.
- 1.5 The children and young person's service currently provide advice and education to under 18's and professionals with prevention at the core. Whilst referral numbers to this service remain low with an average of 100 referrals per year, it is important to recognise that the service goes out into the community to offer advice and education with an aim to prevent substance misuse from happening in the first instance. Throughout 2020-2021 the service held 30 training sessions, training 370 professionals across Rotherham. The sessions covered current local trends, harms associated with substance misuse, screening tools, prevention and difficult conversations surrounding drug use and signposting.
- 1.6 Where substance misuse becomes an issue for someone under 18 a full care plan and evidence-based interventions will be provided. In rare instances where under 18's become addicted and requires substitute medication a pathway is in place with the support from the adults service prescribing team to ensure that the correct support is given.

1.7 The adult service was tendered in April 2018 as two lots: one for treatment and one for recovery; both were awarded to CGL and expire on the 31st March 2023 with no further extensions available. The children and young person's service was tendered in November 2018, and expires in November 2021. The Council has engaged CGL for a stand-alone 16-month contract in order to align with the planned recommissioning of the adult's drugs and alcohol service which expires on 31st March 2023.

2. Key Issues

2.1 The current contracts with CGL will expire on the 31st March 2023, and there are no further options to extend. Recommissioning will ensure continuous service provision and timescales accommodate the opportunity to shape and specify a new service allowing for a collaborative commissioning exercise to take place which includes a full consultation plan and market engagement with potential providers.

2.2 Within the forthcoming 'Working together to improve health and social care for all' White Paper there are a number of proposed changes, including removing competition as an organising principle in NHS clinical care. The changes are material to local government where they are the commissioners of Public Health services (the procurement of non-clinical services is unaffected by the proposals). The changes seek to reduce unnecessary bureaucracy and give Commissioners more discretion over when to use procurement processes.

2.3 Specifically, the proposal is to remove the commissioning of NHS and Public Health services from the scope of the Public Contracts Regulations 2015, to be replaced by a bespoke [NHS provider selection regime](#) and a new duty on commissioners to act in the best interests of patients, taxpayers, and their local populations.

2.4 As the Bill progresses through its parliamentary processes, it is difficult to be certain about the final form of legislative changes and when they will become law. However, it seems likely that this may coincide with the proposed timelines for this tender process. Any updates/timescales for implementation will need to be considered as part of these options to inform our decisions.

2.5 The proposal for a new contract is to recommission for a period of 5 years with annual extension options after that, on a year-by-year basis, for up to a further 5 years, making the total potential contract length 10 years. This will provide greater stability to the market and acknowledges that this type of service needs sufficient time to embed and deliver. The extensions will only be utilised if performance is strong and there is evidence of continuous improvement.

2.6 There is strong potential that as a result of the Dame Carol Black review (Appendix4), and as part of post COVID NHS recovery, additional grant funding will be available over the coming years to support the alcohol and drug agenda. This will be acknowledged in the tender documentation to allow for potential service expansion in the contract term.

3. Options considered and recommended proposal

- 3.1 Recommissioning timescales accommodate the opportunity to evaluate the current service. A collaborative commissioning exercise is taking place to ensure that the new service model meets the needs of existing and future service users.
- 3.2 A number of commissioning options have been considered including competitive tender. The proposed reforms to provider selection for NHS services will form part of this consideration if implemented prior to publication of the alcohol and drug service tender. Once a commissioning option has been selected an Officer Decision in consultation with the Portfolio holder will detail the recommissioning approach. The market engagement event held on the 7th September 2021 indicated high levels of market interest and engagement.
- 3.3 The previous tender published the pathway as two lots (Treatment and Recovery) following feedback from the market and the consultation that potential providers specialised in one or the other. The tender process demonstrated that providers could deliver both and the market has developed further since that time, hence one provider being sought for the entire pathway.
- 3.4 Options regarding an all-age service model have been considered. Within the service model there will be a specialised pathway which will ensure that the separate needs for children and young people and adults are both met. The specification will clearly set out the aims and objectives for children and young people, reflecting best practice with a pathway that considers the needs of young people under 25, adults in treatment and adults in recovery, and will have separate alcohol and drugs offers. An 'all-age' service is being proposed as it will provide a universal offer for the residents of Rotherham whilst also catering to the different needs of people who use the service. The added benefits of having a single provider for all areas is the flexibility of staffing across different needs and consistency when service users transition from the young persons to an adult's plan of care and similarly between adult's treatment and recovery. This model has worked effectively in the current service that has no 'gap' between different elements of the service.
- 3.5 As part of the commissioning process a health needs assessment has been undertaken. This identified that alcohol misuse is an issue across the borough both for uptake of services, treatment, and prevention. 30% of adult Rotherham residents drink over the recommended limit of 14 units per week, this is compared to 26% nationally.
- 3.6 Considering the need and the current gaps in relation to alcohol misuse in Rotherham, the alcohol pathways will be reviewed and developed as part of the new specification, and the new service model will be outcome focused on supporting more people with alcohol misuse problems.
- 3.7 The recently published 'Dame Carol Black Review of drugs part two' (Appendix 4) focuses on drug prevention, treatment and recovery. The review's recommendations seek to improve the whole system, underpinned by additional investment. The emerging findings from this review have been

considered as part of the service model redesign and will include an emphasis on multi-agency working, joint pathway development and an element of education and training to be delivered by the alcohol and drug provider to relevant stakeholders such as housing, mental health services and social care teams.

- 3.8 Following the Dame Carol Black review there is an expectation that changes to best practice will be published in line with the review's recommendations. As such, the current needs assessment will be a live document to assess how local needs and the service offer will align with any future changes.
- 3.9 The Local Government Association (LGA) have partnered with Public Health England (PHE) following the review to raise awareness about drug and alcohol related harms by providing an introduction to treatment and recovery services. This document included as Appendix 3 gives background on and highlights the importance of having an alcohol and drugs service and demonstrates how investing in treatment and recovery for substance misuse generates a return on social investment long term.
- 3.10 The budget for out of area specialised residential rehabilitation currently sits within the Public Health budget. No clients have successfully completed a rehabilitation placement since before the Pandemic. This is less reflective of local need than of the complex process that must be followed. Following a review and consultation with the market, it is proposed to include this element in the new service pathway to make it simpler for the new service to place clients in rehab when needed, rather than apply for this funding. The current model creates delay and is difficult to coordinate with detoxification episodes. The current budget is £63,000 and this amount will transfer to the provider as part of the budget with a risk strategy in the tender to ensure it remains for that purpose.
- 3.11 The Public Health Strengths, Problems, Opportunities, Threats SPOT tool (2018 data) has been used to compare spend and outcomes on alcohol and drugs. The tool indicates that in 2018 Rotherham was the lowest spender with a Public Health Grant for drugs and alcohol of £12.56 per head of population in comparison to similar local authorities (CIPFA nearest neighbours). The average spend per head across the CIPFA nearest neighbours was £13.54.
- 3.12 The current service is based at Carnson House, 1 Moorgate Road, Rotherham, S60 2EN. This building is owned by CGL and was purchased as part of their takeover of Lifeline and their assets and liabilities. The purchase of the building and refurbishment for the purpose of being a drugs recovery hub was funded by Public Health England in 2015. Since this time a separate treatment area has been added to the building. The current provider has agreed to lease the building for £35,000 per annum should they be unsuccessful in retaining the service. As moving a service of this type can be problematic in terms of public perception it is proposed to make the delivery from the current site an essential part of the service model.

4. Consultation on proposal

- 4.1 A stakeholder project group has been established with internal partners to ensure the new specification meets the needs of the whole Council.
- 4.2 An internal and public consultation has taken place which sought the views of people who use the alcohol and drug service, employees of the service, GP's and Pharmacists and other stakeholders and professionals. The consultation was delivered through various forums including 1-1 interviews, focus groups and questionnaires. The information from the consultation continues to drive the development of the service model and specification.
- 4.3 Results from the consultation have informed the service model changes as described in the above section. Key themes from the consultation include the need for a focus on alcohol misuse, the need for multi-agency working and stakeholder and professional training to support a wrap-around care approach and that the current residential rehab pathway needs reviewing in line with local needs.
- 4.4 A market engagement event targeted conversation around the proposed changes to the service. 17 service providers were represented at the event on the 7 September 2021. The market expressed that an all-age service under one lot will be a positive move and would support with wider issues such as intergenerational substance misuse, ensuring a family focussed approach. Despite the complexities of arranging housing benefit for the placement's providers were supportive of the move to include residential rehabilitation in the model.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The recommissioning route will be selected early next year. The newly recommissioned service will go live from 1st April 2023.
- 5.2 The mobilisation period projected between award and contract commencement is approximately six months. This allows contingency time if needed; plus, an appropriate amount of time for the service to mobilise if the award is made to a new provider, which will require the transfer of patient records. This takes considerable time as patient consent must be obtained and records transferred on the agreed patient management system.

6. Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)

- 6.1 The combined budget for the children's and adults service is £3.160m. If residential rehabilitation is included the maximum value of the contract is £3.223m which over 10 years is £32.2m (excluding inflation).
- 6.2 The key procurement implications are noted in the main body of this report. The landscape of procurement is subject to potential reform, particularly in relation to NHS services. The recommissioning of these services must be

undertaken in accordance with the most relevant legislation at the time, whether that be the Public Contracts Regulations 2015, or legislation that results from the Integration and Innovation: Working together to improve health and social care for all White Paper as well as the Council's own Financial and Procurement Procedure Rules.

7. Legal Advice and Implications (to be written by Legal Officer on behalf of Assistant Director Legal Services)

7.1 Given the proposed contract value, the Council must comply with the Public Contracts Regulations 2015 in relation to this procurement. This procurement appears to fall within the 'light at regime' under Schedule 3 of those regulations, giving the Council considerable flexibility regarding the design of the procurement exercise.

7.2 Officers have been working with legal services for the preparation of appropriate contract documentation.

8. Human Resources Advice and Implications

8.1 There are no HR implications in relation to the contract. However, Transfer of Undertakings (Protection of Employment) (TUPE) may apply should the contract be awarded to a new supplier and potential providers will be required to declare their commitment to adhering to employment legislation regarding the TUPE regulations.

9. Implications for Children and Young People and Vulnerable Adults

9.1 This has been a collaborative commissioning exercise with service model views sought from various stakeholders including children's and young people's services, safeguarding, adult care and housing.

9.2 The revised service specification will ensure that the children and young person's element of the service will be clearly defined within the service model as a separate service area, tailored to the needs of children and young people with a focus on education, advice and prevention.

9.3 The service model will continue to obtain a full assessment and personalised care plan for every person who enters the service. Within the care plan the age and vulnerabilities of people using the service will be considered and suitable stakeholders will be involved with the care plan following appropriate consent.

9.4 Effective mobilisation of this new service and continuity of care is critical for all aspects of the health and safeguarding of people who use the alcohol and drug service in Rotherham. A risk register has been developed which is reviewed monthly by the project board.

10. Equalities and Human Rights Advice and Implications

10.1 This is a universal service for anyone who experiences substance misuse problems in Rotherham. It is known that poor physical and mental health is

disproportionately experienced by some of the most vulnerable members of our local communities and the recommissioned service will aim to address inequality in health as a general principle, and to prioritise certain target groups.

10.2 It will be key to ensure that the specification for the recommissioned service clearly sets out the above requirements to ensure equal access and outcomes across all of Rotherham's communities whilst ensuring that no protected equalities group is being unintentionally disadvantaged or excluded.

10.3 An equalities impact assessment has been completed (Appendix 2) and outlines the actions which will be taken within this service to ensure that equality is a key consideration and is monitored appropriately.

11. Implications for CO2 Emissions and Climate Change

11.1 As the service is already in place and no new premises are being sought there will be no additional implications for CO2 Emissions and Climate Change. The changes within this proposal do not highlight any additional impact to CO2 emissions.

11.2 A Carbon impact assessment form has been completed and can be reviewed in Appendix 5.

12. Implications for Partners

12.1. The key internal partners are Housing, CYPS, Regeneration and Environment and Safeguarding. All partners are involved in the development of the specification to ensure that it takes account of their requirements, for example, how the service works with housing to support people who use the service when they have urgent housing needs.

12.2 Other internal and external partners include Social Care, Criminal Justice agencies, the Youth Offending Team, Probationary Services, the Criminal Justice Team, the CCG commissioned Alcohol Care Team at TRFT and RDaSH mental health services. Views have been sought from external partners using consultation and engagement methods. Where a conflict of interest is not established these partners are invited to be involved in the specification development.

12.3 GPs and pharmacies are key partners to this delivery and are subcontracted by CGL to deliver shared care, needle exchange and supervised consumption. The consultation has included specific consideration of the future of these services post pandemic.

13. Risks and Mitigation

13.1 A risk register has been developed and is overseen by the project board reporting back to the Director of Public Health.

- 13.2 One of the key risks identified is that if there is a change in the current provider, a lengthy mobilisation period will be required for any necessary recruitment, staff training, subcontract agreements etc. The current timeline allows 165 days for bidders to implement, the project board is managing the timeline and working to achieve set deadlines which will avoid any delays.
- 13.3 Although a big risk would be not having a service in place or a gap in service provision. This is mitigated and becomes a low risk by having procurement team involvement in the process, strong market engagement and close adherence to the timetable.
- 13.4 As previously mentioned, a 5-year contract with the potential to extend on a year-by-year basis up to an additional 5 years is being sought. Considerations of any risks associated with a longer contract term have been included within the risk register. This includes the risk of changes to national guidance that may require material changes in the contract during its lifetime. Mitigation is in place to ensure break clauses and review points will be added to the design of the terms and conditions, the specification will also be designed to be as open to change as much as practically possible.
- 13.5 As this service requires a multi-agency approach it is imperative that all key stakeholders are involved and engaged in the process, particularly the development of the specification and business case. A lack of engagement could result in missed deadlines and an unfit service which may have an impact on other risks. To mitigate this, terms of reference have been developed and agreed to by stakeholders in the project group which outlines the accountability and responsibilities. A Public Health Consultant is chairing the project group meetings ensuring this work and meeting deadlines is a priority for all involved.

14. Accountable Officers

Anne Marie Lubanski, Strategic Director, ACH&PH.

Ben Anderson, Director of Public Health

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	Sharon Kemp	07/11/21
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	03/11/21
Head of Legal Services (Monitoring Officer)	Bal Nahal	03/11/21

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