# DECISION TO PROCURE AND AWARD A CONTRACT TO DELIVER COMMUNITY DRUG AND ALCOHOL SERVICES FOR ADULTS FROM 1 JANUARY 2017

<table>
<thead>
<tr>
<th>Cabinet Date</th>
<th>20 April 2016</th>
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<tbody>
<tr>
<td>Public Health &amp; Communities</td>
<td>Cllr Andrew Gravells</td>
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<tr>
<td>Key Decision</td>
<td>Yes</td>
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| **Background Documents** | Cabinet decision (10th June 2015) to award a direct interim contract to Turning Point, to expire on 31st December 2016  
Due Regard Statement  
Copy of the Consultation Document |
| **Location/Contact for inspection of Background Documents** | Background documents are available on the Gloucestershire County Council (GCC) website [www.gloucestershire.gov.uk](http://www.gloucestershire.gov.uk)  
Or by request from Steve O’Neill, Outcome Manager (Public Health)  
Email: steve.o’neill@gloucestershire.gov.uk  
Tel: 01452 328614 |
| **Main Consultees** | Service users and their families/carers  
Partner organisations (health, social care, criminal justice and voluntary sector)  
Existing service staff  
Service providers  
General public  
GCC elected members, including shadow Cabinet members for Public Health and Communities  
GCC commissioners, e.g. children and families, adult social care |
| **Planned Dates** | Pre-engagement events with partner organisations from NHS, social care, criminal justice and voluntary sectors – 19th and 26th March 2015  
Provider market engagement – early engagement in January 2015 and follow up in February 2016  
Public consultation – Tuesday 15th December 2015 – Tuesday 8th March 2016 |
<table>
<thead>
<tr>
<th><strong>Divisional Councillor</strong></th>
<th>All divisions</th>
</tr>
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<tbody>
<tr>
<td><strong>Officer</strong></td>
<td>Jennifer Taylor, Lead Commissioner (Public Health Commissioned Services) Tel: 01452 583540 Email: <a href="mailto:jennifer.taylor@gloucestershire.gov.uk">jennifer.taylor@gloucestershire.gov.uk</a></td>
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<tr>
<td><strong>Purpose of Report</strong></td>
<td>To seek Cabinet approval for the adoption of a new model for delivering community drug and alcohol services for adults and to competitively tender and award a contract for the delivery of these services from 1st January 2017.</td>
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<td><strong>Recommendations</strong></td>
<td>It is recommended that Cabinet:</td>
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<td>1. Approves the adoption of the proposed new model for delivering community drug and alcohol recovery services for adults, set out in Paragraphs 1.7 to 1.11 of this report, from 1st January 2017;</td>
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<td>2. Authorises the Director of Public Health:</td>
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<td>(a) To conduct an EU compliant competitive tender process for the award of a 7 year and 3 month contract (with an initial term of 5 years and 3 months and an option to extend for a further 2 years) for the delivery of community drug and alcohol recovery services for adults in accordance with Recommendation 1 from 1st January 2017;</td>
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<td>(b) Upon conclusion of the competitive tender process, to enter into a contract with the preferred provider evaluated as offering the Council best value for money for delivery of the services. In the event that the preferred provider is either unable or unwilling to enter into that contract with the Council, then the Director of Public Health is authorised to enter into such contract with the next willing highest placed and suitably qualified provider.</td>
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<td><strong>Reasons for recommendations</strong></td>
<td>To allow for the continued delivery of a community drug and alcohol recovery service when the current interim contractual arrangements end on 31st December 2016. The reasons for recommendations relating to the procurement method and contract term are outlined in Paragraphs 1.12 to 1.14 of this report.</td>
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<tr>
<td><strong>Resource Implications</strong></td>
<td>Spend in relation to the recommendations within this report will be within existing budget resources. Current plans for contract spend are approximately £5.3M per annum, including a notional contribution from the Office of the Police &amp; Crime Commissioner towards criminal justice matters.</td>
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Over the contract term, there may be further investment in the service by other partner organisations. It is proposed that sufficient flexibility is incorporated into the contract to allow for this.
MAIN REPORT CONTENTS

1. Background

The Current Service

1.1 Gloucestershire County Council (GCC) has a duty under the Health & Social Care Act 2012 to take such steps as it considers appropriate for improving the health of the people in its area. GCC is responsible for commissioning drug and alcohol recovery services and is required, as a condition of the Public Health grant, to have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

1.2 The Community Drug and Alcohol Recovery Service (the Service) forms part of a wider programme of activity to reduce drug and alcohol related harm to individuals and families, as well as to the wider community. This wider programme of activity includes specialist midwife and health visitor support and a liaison team working within the Hospital Emergency Department and preventative work to reduce the harm caused by alcohol under the Health & Wellbeing Board’s delivery plan.

1.3 The current Service was commissioned by the former Primary Care Trust (PCT) in 2012/13 and was awarded to Turning Point following an OJEU compliant open tendering exercise. At this time, there was a radical transformation of the Service, as it shifted towards the delivery of a more integrated and holistic, recovery-focused offer and saw the number of providers reduced from six to a single provider – ‘one front door’.

1.4 Following the commissioning of the Service in 2012/13, the responsibility for Public Health transferred from the NHS to the Council, with the budget for drug and alcohol recovery services included in the ringfenced Public Health grant. The largest proportion of the current Service contract value is from the Public Health grant.

1.5 The Service contributes to the following GCC population outcomes:
   PO1: Children, young people and adults are safe from harm
   PO2: People live healthy lives as free as possible from disability or limiting long term illness
   PO8: Gloucestershire and its communities are attractive places to live, work and invest
   PO9: Good value for money for local citizens.

1.6 The original contract awarded to Turning Point expired on 31st March 2016. Due to uncertainty regarding the future of the Public Health grant during 2015, it was not possible to define a long-term service specification and contract beyond the end of the existing contract. In June 2015, Cabinet approved a decision to directly award a new interim contract with Turning Point for 9 months, which expires on 31st December 2016.

The Proposed Service

1.7 Proposals for the Service specification from 1st January 2017 have been informed by the following GCC Policies:
   - Active Communities
   - Early Help and Children and Young People’s Plan
   - Supporting Adults in Vulnerable Circumstances (draft policy)
1.8 Given the significant transformation of the Service in 2013, it is proposed that the new contract does not fundamentally change the Service model from 2017, but that the Service continues to evolve, building on improvements to date, such as better integration across health, social care and criminal justice; closer working with children's services; and a greater emphasis on achieving and sustaining recovery.

1.9 It is proposed that GCC commissions a new community drug and alcohol recovery service that is seen as the “Go To” service for individuals, professionals, organisations and bodies who have concerns around substance misuse; there will be a ‘No Wrong Door’ gateway to services. As a priority, the Service will ensure that people with alcohol and drug problems in the county have access to responsive and effective recovery services that reduce the harms caused by alcohol and drugs.

1.10 To this end, the proposed Service will:

- **Have ambition for sustained recovery** that is visible and tangible for individuals from the outset. The service will work in asset-based and community-facing ways, including volunteering and peer mentoring, and will build community capacity, allowing the experiences of those who have undergone treatment for drugs and alcohol to help others

- **Have a greater focus on supporting and treating drug and alcohol using parents**, to reduce the harm caused by these substances to children and families and consequently the demand on children’s services. This will be achieved by prioritising parents for support and treatment, by co-locating drug and alcohol workers with children’s social care teams and the Multi Agency Safeguarding Hub (MASH) and by further integrating services, such as Family Focus, within the Service

- **Have a high degree of flexibility in its coverage and accessibility** by shifting away from the current model of delivery from fixed sites to a mixture of fixed sites and a broader range of satellite or hosted premises based on local need. There will also be wider availability of home visits, a greater presence in partner organisations and community venues and integrated working in Gloucestershire hospitals

- **Have the freedom to manage access to formal treatment to ensure that resources are allocated effectively for those that need them most** (i.e. those that present a high risk of harm to themselves or others). The service will then be able to offer alternatives to formal treatment for individuals with lower levels of need, including building peer support networks and community resources and early interventions that divert low risk individuals from the necessity for formal treatment

- **Have an increased focus on supporting people to reduce the harm caused by alcohol**, building on work by the current provider to place greater emphasis on support for alcohol users, which is a health and wellbeing priority for Gloucestershire

- **Forge a strong working relationship and establish robust pathways with the local mental health trust** and other support services for service users who also have a mental illness, with a suitably skilled workforce to work effectively with this cohort. The Service will also recognise the range of associated health and social difficulties experienced by people who use drugs or alcohol and will work closely and effectively with other organisations in the health, social care and criminal justice sectors.
1.11 When commissioned by the NHS in 2013, a number of elements were not included in the Service and continued to be commissioned separately. Under the new contract, it is proposed that several elements are ‘rolled in’ to the Service. This is will ensure a more integrated offer for service users and referring organisations (e.g. by developing an integrated Drug and Alcohol Arrest Referral Scheme, currently delivered by separate providers under separate contracts, and by creating greater opportunity to coordinate support for drug and alcohol using parents). It will also create a more efficient system, requiring less administration (e.g. by requiring the provider to coordinate and purchase residential rehabilitation placements).

The Procurement Process

1.12 It is proposed that GCC conducts an EU compliant competitive tender process for the awarding of this contract, in accordance with the ‘Light Touch’ regime under the Public Contracts Regulations 2015. Bidders will be assessed on the basis of eligibility, economic and financial standing and technical and professional ability.

1.13 It is proposed that GCC awards a contract for an initial term of 5 years and 3 months, with an option to extend for a further 2 years. In recommending this contract length, officers have taken into consideration the commercial viability of the contract and factors such as the need for stability following the transition and implementation period, as well as front-loaded costs, set-up costs and premises leasing, etc. for which the provider will be liable. Consideration has also been given to the need for budget flexibility within the contract term to allow for future uncertainty by proposing that the contract value is fixed for the first 2 years and 3 months of its term, with the inclusion of a mechanism to vary the value and/or services during each subsequent year of the term, supported by a business planning process with a 12-24 month planning horizon.

1.14 The inclusion of an additional 3 months will allow for the contract term to be aligned with the financial year (i.e. ending on 31st March, rather than 31st December) and to avoid any future contracts commencing on a bank holiday (i.e. 1st January).

1.15 Subject to Cabinet approval, the Invitation to Tender (ITT) will be published in May 2016, evaluation will take place during July and August 2016 and award will be made in August 2016. This will allow for a three month mobilisation period before the contract commences on 1st January 2017.

2. Options

2.1 In arriving at the recommended option contained in this paper, the following options were initially considered:

- **Do not recommission the service at the end of the contract period** – this option was rejected due to the high risk of removing a service to vulnerable people and the negative impact this would have on health, social care and criminal justice services. Failure to re-commission this service altogether may also have implications for the Council’s duties under the Health & Social Care Act 2012 and conditions of the Public Health grant (as referred to in Paragraph 1.1).

- **Recomission the Service on a like-for-like basis** – this option was rejected because it would not allow GCC to realise potential benefits that could be realised from
reviewing and developing the Service, such as better integration with services for children and families and an increased emphasis on achieving and sustaining recovery. It would also not allow GCC to achieve the best possible value for money from the contract.

- **Further develop the Service model and recommission a reshaped Service** – this option was pursued because it should allow GCC the opportunity to realise the potential benefits outlined above, whilst helping to ensure stability for the service, following its transformation in 2013.

2.2 Having identified the third of these options as preferred, a series of pre-consultation engagement events were held in early 2015 with service users, staff, the provider market and key stakeholders from NHS, social care, criminal justice and voluntary sector organisations. This exercise explored options for a reshaped Service, asking ‘What would good look like?’ These responses directly informed the proposals that were then consulted upon between December 2015 and March 2016 (see Paragraph 3 of this report and Appendix 1 – Consultation Report).

3. **Consultation feedback**

3.1 A 12-week public consultation exercise ran between 15th December 2015 and 8th March 2016. The consultation sought views of four key principles to guide the development of the proposed Service and was set out in a consultation document that outlined the key issues relating to drugs and alcohol in Gloucestershire; the current offer; the feedback already received through earlier engagement; and GCC’s aspirations for the future. It also contained a questionnaire that allowed respondents to feed back their levels of agreement or disagreement with the principles; whether or not the principle would have a positive or negative impact on them; what they felt we should take into account when making a decision about each principle; and what makes it easy or difficult to access these kinds of services. The final draft of the consultation document was shared with the Consultation Institute, who agreed it was fit for purpose.

3.2 This consultation document was made available online and in hard copy, including at all Turning Point Hubs, in other health settings and in libraries. Additional support was offered by an independent organisation to service users, to enable them to provide their feedback. Officers also attended meetings of relevant stakeholders where possible and liaised with organisations that support specific groups, e.g. carers, to encourage feedback.

3.3 226 people responded. Of the 99% of respondents who identified themselves, 33% were service users, 3% were family members of service users and less than 1% were carers of service users, 10% were drug and alcohol service workers, 7% were general members of the public, 21% were health professionals and 26% were ‘other’ (mostly other professionals, e.g. in social care, local authorities and police, or members of the recovery community).

3.4 A full report on the consultation methodology and feedback is provided in the Consultation Report (attached to this report as Appendix 1). However, there was a high level of support for the four principles for the Service:

- Of those who answered the question, 87% agreed that the drug and alcohol service should place greater emphasis on parents with drug and alcohol problems and 74%
agreed that parents should be given priority access to intensive treatment. 82% agreed that dedicated drug and alcohol workers should be located within Children’s Social Care teams.

- Of those who answered the question, 94% agreed that the drug and alcohol service should adopt a flexible approach to delivering services based on where the need is greatest, and 92% agreed that the service should be delivered from both fixed sites and a broader range of satellite/hosted premises. 94% agreed that the service should be more community-focused.

- Of those who answered the question, 97% agreed that the drug and alcohol service should continue to increase the amount of work to reduce the harm caused by alcohol and 97% agreed that the service should proactively encourage more people with alcohol issues to seek help and support.

- Of those who answered the question, 84% agreed that the drug and alcohol service should ensure that access to formal treatment and treatment resources should be allocated to those individuals at high risk of harming themselves or others and 81% agreed that those with lower levels of need should be offered alternatives to formal treatment, by building on resources within the local community. 88% agreed that the service should provide early interventions that divert low risk individuals from the need for formal treatment.

3.5 Free text comments received during the consultation were analysed and grouped into themes, where possible. The key themes are summarised below and are outlined in more detail in the Consultation Report (Appendix 1):

- **Accessibility**: including broad coverage of locations, both urban and rural; Service availability times that accommodate a range of service users, including those in employment; choice in appointment times and locations; and accessibility by public transport and parking.

- **Outreach and home visits**: strong support for a Service provided through outreach within communities and home visits, to increase engagement with those who cannot, or prefer not to attend dedicated hubs, including those hard-to-reach and most vulnerable. However, other respondents valued fixed premises/hubs where a full range of services could be available in one place.

- **Joined-up and partnership working**: a very strong emphasis on the need for more integrated working between the Service and partner organisations, to provide a faster and more effective response that supports individuals and addresses their wider needs.

- **Staff competencies and relationships**: an emphasis on Service staff having the appropriate expertise, knowledge, experience, inter-personal skills and ability to build supportive relationships with service users.

- **Staff and resource considerations**: particularly the need to ensure that what is being proposed can be fulfilled and sustained within available resources.
3.6 Both the quantitative and qualitative feedback from the public consultation has informed the Service model proposed in this paper and will directly inform the Service specification.

4. Risk Assessment

- Risk of delay to the procurement process, leading to a potential break in service – this is being mitigated by appropriate allocation of resources and proactive project management.

- Risk of market failure should providers be unwilling to bid for or take on the reshaped service for the proposed contract value – this will be mitigated by the proposed contract term, which the market has indicated would be attractive, whilst balancing the financial risk to GCC by building in sufficient budget flexibility.

- Risk of the transition and mobilisation period being too short in the event that a new provider is awarded the contract, leading to a break in service – this will be mitigated by appropriate allocation of resources, proactive project management and close engagement with the new provider from the point of contract award.

- Risk of an adverse impact on staff morale and retention as a result of uncertainty during the procurement process and changes to the Service model – this is being mitigated by ensuring that the provider(s) receive briefings for staff about these changes and that the staff responses to the public consultation are considered. The risk will be further mitigated by close engagement with any new provider from the point of contract award and during the mobilisation process.

5. Officer Advice

5.1 Officer advice is to agree the recommendations set out in this report.

6. Equalities considerations

6.1 A Due Regard Statement, considering the equality duty, has been completed and accompanies this report.

6.2 Consideration of the likely equalities impact of the recommended option indicates that there is no disproportionate negative effect upon those with protected characteristics.

6.3 The public consultation exercise carried out between December 2015 and March 2016 gave respondents an opportunity to comment both on the key principles underpinning the proposals for the Service and on what makes it difficult or easy to access the Service. There was little variation in the consultation feedback provided when broken down by the protected characteristics of respondents, with most people commenting on the need for accessibility. However, the interpretation of accessibility issues did differ across protected characteristics and this has been taken into account in the development of the proposed service model.

6.4 Cabinet Members should read and consider the Due Regard Statement in order to satisfy themselves as decision makers that due regard has been given.
7. Performance Management/Follow-up

7.1 The Service contract will be monitored and managed by the GCC Commissioning Team, in line with arrangements to be set out in the Service specification and the contract terms and conditions.

7.2 This will include monthly contract management meetings and quarterly reporting against agreed Key Performance Indicators (KPIs). It is intended that these KPIs reflect a 'balanced scorecard' approach, that monitors performance across a range of areas, including caseload, waiting times, and successful completions.
<table>
<thead>
<tr>
<th>Report Title</th>
<th>Decision to procure and award a contract to deliver community drug and alcohol services for adults from 1 January 2017</th>
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<tr>
<td>Statutory Authority</td>
<td>Health &amp; Social Care Act 2012</td>
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| Relevant County Council Policy | Active Communities  
Early Help and Children & Young People’s Plan  
Adults in Vulnerable Circumstances – DRAFT POLICY |
| Resource Implications | Spend in relation to the recommendations within this report will be within existing budget resources.  
Current plans for contract spend are approximately £5.3M per annum, including a notional contribution from the Office of the Police & Crime Commissioner towards criminal justice matters.  
Over the contract term, there may be further investment in the service by other partner organisations. It is proposed that sufficient flexibility is incorporated into the contract to allow for this. |
| Sustainability checklist: | Partitions  
A wide range of partners engaged through formal engagement/consultation and ongoing liaison, e.g. with Criminal Justice Board, Gloucestershire Drug & Alcohol Working Group  

Decision Making and Involvement  
Stakeholders, including service users, family members/carers, partner organisations and current service staff involved in pre-engagement exercises and formal consultation  

Economy and Employment  
Recovery focused service should support service users to access education, training and employment  

Caring for people  
Service users involved in pre-engagement exercises and formal consultation  

Social Value  
Opportunities to bring Social Value identified through workshop exercise and will be incorporated into service specification and invitation to tender |
<table>
<thead>
<tr>
<th>Built Environment</th>
<th>No impact</th>
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<tbody>
<tr>
<td>Natural Environment’ including Ecology (Biodiversity)</td>
<td>No impact</td>
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<tr>
<td>Education and Information</td>
<td>Recovery focused service should support service users to access education, training and employment</td>
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<tr>
<td><strong>Tackling Climate Change</strong></td>
<td>Carbon Emissions Implications? Positive/ Neutral/ Negative</td>
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<tr>
<td><strong>Due Regard Statement</strong></td>
<td>Has a Due Regard Statement been completed? Yes/ No</td>
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<td>A copy of the full Due Regard Statement can be accessed on GLOSTEXT via <a href="http://glostext.gloucestershire.gov.uk/uuCoverPage.aspx?bcr=1">http://glostext.gloucestershire.gov.uk/uuCoverPage.aspx?bcr=1</a></td>
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<tr>
<td><strong>Human rights Implications</strong></td>
<td>None</td>
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<tr>
<td><strong>Consultation Arrangements</strong></td>
<td>A 12-week public consultation exercise ran between 15th December 2015 and 8th March 2016, seeking views on the four key principles underpinning proposals for the future shape of the drug and alcohol service. The consultation also sought feedback on what makes it easy or difficult to access the service.</td>
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<td>This consultation document – developed with feedback from the Consultation Institute – was made available online and in hard copy, including at all Turning Point Hubs, in other health settings, and in libraries. Additional support was offered by an independent organisation to service users, to enable them to provide their feedback. Officers also attended meetings of relevant stakeholders where possible and liaised with organisations that support specific groups, e.g. carers, to encourage feedback. 226 people responded in total.</td>
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