

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Cabinet **DATE:** 19<sup>th</sup> October 2015

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**WARD(S):** All

**PORTFOLIO:** Commissioner for Health & Wellbeing, Councillor Hussain

### **PART I** **KEY DECISION**

#### **SLOUGH DRUG & ALCOHOL ACTION TEAM (DAAT) SERVICES** **PROCUREMENT**

##### **1 Purpose of Report**

To explain and justify the recommendations regarding the proposal to award contracts for the supply of substance misuse services in Slough.

##### **2 Recommendation(s)/Proposed Action**

The Cabinet is requested to resolve:

- (a) That a contract be awarded for six months from 1<sup>st</sup> April 2016 to Turning Point to deliver the following services;
  - LASAR (Local Area Single Assessment and Referral Team), Early Intervention and Harm Minimisation Service; this is delivered by Turning Point.
- (b) That a contract be awarded for six months from 1<sup>st</sup> April 2016 to CRI to deliver the following services;
  - Psychosocial interventions
  - Clinical Co-ordination
  - Intensive Engagement for Substance Misusing Parents
- (c) The initial six month contract will be subject to the progression of the transformation of substance misuse services. Should the transformation process exceed the initial period that there is an option to extend for up to six months, with a three month notice period.
- (d) That if a further six month extension be required under (c), the Director of Adult Social Care be given delegated authority to extend the contract, following consultation with the

Commissioner for Health and Wellbeing and the Leader of the Council & Commissioner for Finance & Strategy.

3 **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The services deliver aspects of the Slough Joint Wellbeing Strategy, JSNA and the Five Year Plan priorities and cross cutting themes including civic responsibility.

3a. **Slough Joint Wellbeing Strategy Priorities**

*Priorities:*

*Health*

Slough treatment service contributes to the SJWS aims and priorities;

- Reduce drug and alcohol misuse and their impact on domestic abuse and violent crime
- Ensure good recovery outcomes from drugs and alcohol services

This is achieved by engaging individuals who use substances problematically into treatment, and once engaged, retaining them in the service to enable change. The service works towards successful completions and reducing the number of individuals who re-present to the service.

*Safer Slough*

Slough treatment services contribute to the SWJS aims and priorities;

- Reduce crime, the fear and perception of crime, anti-social behaviour and substance misuse

This is achieved by partnership working with criminal justice agencies including the police, probation and the prisons. By ensuring the pathways are robust, the service enables substance misusing offender's straightforward access into treatment.

*Cross-Cutting themes:*

Slough treatment services encourage service users to take ownership for their own health and wellbeing. Through this work, the services reduce inequalities by enabling fair access for a hard to reach group who often do not have positive perceptions of publically provided services. The services that we deliver are of consistently high quality to ensure positive outcomes for substance misusing residents.

### Improving the image of the town

Turning Point is commissioned to deliver an outreach service, which often works in partnership with the Police to engage those hard to reach residents who are contributing to negative perceptions of the town. By engaging them in a structured treatment system, they are supported by diversionary activities and thus contributing to reducing their negative impact.

CRI is commissioned to deliver a service, which includes work with service users with complex needs. The service also works in partnership with local pharmacies to engage those hard to reach residents who are contributing to negative perceptions of the town. By engaging them in a structured treatment system (and encouraging them to stay within the services), they are supported by diversionary activities and thus contributing to reducing their negative impact.

<b>MAIN SUBSTANCE</b>	<b>DESCRIPTION</b>	<b>n. / %</b>
Alcohol	No. of service users in effective treatment	91%
	Demographics. Of our service users:	93% are over 30 years old.
		68% are male
		57% are British
		23% live with children
	Hospital adm. with alcohol related diagnosis	2052 male and 1013 female per 100,000 population
	Hospital adm. with alcohol specific diagnosis	570 male and 192 female per 100,000 population
	Alcohol related death rate	60.4 male and 27.5 female per 100,000 population
Alcohol specific death rate	17.1 male and 3.9 female per 100,000 population	
	Alcohol related crime	700 crimes (TVP 5,000 total)
Drugs	No. of estimated drug users in treatment	436 of the estimated 1066- 41%
	Demographics. Of our service users:	57.3% 35-64 years old
		77.9% are male
		67.4% are British
		48% are parents and 19% live with children
	Number injecting at start of treatment	14% (with a further 10% previously injected)
	Hep B test and Hep C test provision	100% of service users offered Hep B vaccination
		100% of service users offered a Hep C test
Needle Exchange scheme	500 packs+ issued	
	30% approx of packs issued were steroid packs	
	Successful completions (and did not re-present in 6 months)	11.4%

### 3b Five Year Plan Outcomes

*The outcomes are:*

*Slough will be one of the safest places in the Thames Valley*

Slough treatment services contribute to the outcomes of the five year plan by;

- Working in partnership with criminal justice agencies such as the police, probation and the prisons to support substance misusing offenders into treatment
- By stabilising substance misusing offenders into treatment, the services reduce the risks around their offending

*More people will take responsibility and manage their own health, care and support needs*

Slough treatment services contribute to the outcomes of the five year plan by;

- Those accessing treatment, must consent throughout their treatment journey, for example consenting to a referral
- The individual treatment plans are determined in partnership with the service user, their recovery worker and other relevant agencies involved
- Providing service users with information to enable them to gain a holistic understanding of the harm their use causes to their health and wellbeing
- An opportunity to access health clinics within the treatment service around; Blood Borne virus's, vaccinations and testing, sexual health and smoking cessation
- To encourage and facilitate service users to build their own recovery capital to enable them to be responsible and manage their own recovery.

*Children and young people in Slough will be healthy, resilient and have positive life chances*

Slough treatment services contribute to the outcomes of the five year plan by;

- Turning Point, by delivering the Young People's Service to enable this group to address their use of substances and build resilience to reduce the likelihood of them requiring specialist substance misuse services as an adult
- Turning Point by delivering the 'What About Me' group to children and young people affected by someone else's substance misuse encourages positive lifestyle choices.
- CRI by delivering the Family Intensive Engagement Service
- The service works with families who have substance misuse issues to motivate them and provide opportunities for change
- The intervention has the opportunity to provide resilience to children and young people and contribute to them having positive life chances.

*The Council's income and the value of its assets will be maximised*

- The DAAT identified and implemented 14.6% of savings in year for 15\_16
- Slough Treatment Services have a Performance Related Payment which is 5% of the contract value.

#### 4 **Other Implications**

##### (a) Financial

There are no financial implications of the proposed actions as the contract value will remain unchanged.

##### (b) Risk Management

<b>Risk</b>	<b>Mitigating action</b>	<b>Opportunities</b>
<b>Legal</b> Procurement has to be seen to be in accordance with Public Procurement Regulations 2015 and the Council's Constitution and Financial Procedure Rules	Crown Commercial Service guidance has been followed and legal advice has been sought.	To retender later in 2016 following development of Slough's procurement approach under the new light touch requirements.
<b>Property</b> The lease on our current accommodation ends in June 2016.	Currently identifying under utilised council accommodation.	To relocate and reassess current working practices. Including Smart working.
<b>Human Rights</b> None.	None.	None.
<b>Health and Safety</b> None.	None.	None.
<b>Employment Issues</b> None.	None.	None.
<b>Equalities Issues</b> None.	None.	None.
<b>Community Support</b>	Consultation with key stakeholder including the service users and providers.	Improve opportunities for coproduction.
<b>Communications</b> None.	None.	None.
<b>Community Safety</b> Increased fear and perceptions of crime,	To commission the service to support partner agencies to	Further development of interventions to achieve the

Anti Social Behaviour and substance misuse.	deliver against these priorities.	outcomes.
<b>Financial</b> Further reductions to the DAAT budget, whilst being committed to a long term contract.	Delay retender until at late 2016.	Will enable the DAAT to plan future services within new financial constraints, which will improve joint working and improve the social value of the services.
<b>Timetable for delivery</b> None.	None.	None.
<b>Project Capacity</b> None.	None.	None.
<b>Other</b> National Drug Strategy will potentially be amended which would change the focus of service delivery.	Seek advice from Public Health Programme Manager.	The DAAT will have a clearer understanding relating to the National Drug Strategy and will be able to plan future services in line with this.

(c) Human Rights Act and Other Legal Implications

Procurement regulations

**Turning Point**

The services to be procured under the proposed contract are services classified as “Social and other Specific Services” within Schedule 3 to the Public Procurement Regulations 2015 and, ordinarily, would need to be procured in accordance with the procedure dubbed the “light touch regime “ prescribed by Regulations 74 to 77 of those regulations. That regime, however only applies to contracts with a financial value in excess of 750,000 Euros (£625, 050.00). The financial value of the contract in this case does not exceed that threshold and it is not, therefore, subject to those regulations and can thus be awarded by the Council by direct award. The value does, however, exceed the Council’s threshold for “Key decisions” and the Council’s threshold for contracts requiring competitive tendering under the Constitution and the proposed direct award of the contract, for the reasons set out below, does, therefore, require the authority of cabinet.

**CRI**

This is a contract for: Clinical co-ordination; Psycho-social Interventions; and Intensive Engagement for Substance Misusing Parents and

Complex Adults. The service falls within the category of “Social and Other Specific Services” within Schedule 3 to the Public Procurement Regulations 2015 and as, the value of the proposed contract is in excess of the threshold of 750,000 Euros (£625,050.00) prescribed by Regulation 5 of those regulations, it is covered by the Light Touch Regime set out in Regulations 74 to 77 and thus needs to be procured in accordance with them.

The value of the proposed contract also exceeds the Council’s threshold for “Key Decisions” and the Council’s threshold for competitive tendering and therefore the proposed direct award of the contract, for the reasons set out below, requires the authority of cabinet.

Regulation 75(1) of the Public Contracts Regulations 2015 ordinarily requires such a contract to be procured following publication of its intention to award the contract and a call for expressions of interest. Regulation 75(2), however, allows for a direct award without prior publication in circumstances where this is permitted under Regulation 32. Regulation 32(2)(c) provides for this to be permissible:

‘insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by the contracting authority, the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with’.

Cabinet’s authority for a direct award, for the reasons set out in Section 5 below, is therefore requested in reliance upon this provision.

(d) Equalities Impact Assessment

The service is inclusive to all people with substance misuse problems seeking help. The positive impacts are: improved visibility and accessibility, simpler referral and access routes through a single point of entry, and better co-ordination at the tiers of dependency.

There is no identified need for the completion of an Equalities Impact Assessment.

(e) Workforce

If the recommendation is agreed, there are no workforce implications.

(f) Property

Please refer to Accommodation in the Supporting information section.

## 5 **Supporting Information**

The current services are delivered by Turning Point and CRI and the contracts expire on the 1<sup>st</sup> April 2016. It is proposed to award a further contract for a six month period for the following reasons and justification.

### **Justification**

#### **Turning Point Contract**

This is a contract for: LASAR, Early Intervention & Harm Minimisation. The service falls within the category of “Social and Other Specific Services” within the Public Procurement Regulations 2015 but is not covered by the Light Touch Regime set out in Section 7 of those Regulations because the value of the contract is below the threshold prescribed by Regulation 5.

The creation of the new Children’s services provider has made it difficult to specify the service. The current Turning Point service includes services for Young People and discussions will be required with the new Trust, after it is established, to determine the future of this service, scope and form. As yet there is, therefore, no decision on whether the Young Person’s aspect of the service will continue or in what form. This necessitates the award of a short term contract. This is an event imposed on the authority.

#### **CRI Contract**

The current CRI service includes services for children and discussions will be required with the new Trust, after it is established, to determine the future of this service, scope and form. As yet there is, therefore, no decision on whether the children’s aspect of the service will continue or in what form. This necessitates the award of a short term contract. This is an event imposed on the authority.

In the case of this service it is unlikely that there would be competition given the uncertainty surrounding the service. This is a specialist service, and although there are other providers in the market, we would be seeking a six month contract, without being able to specify the location from where the service will be provided, nor its full scope.

#### **Accommodation for the service**

The DAAT provides the premises for Slough Treatment Services at Maple House.

The current lease for Maple House ends in June 2016. The DAAT are currently working in partnership with Asset Management to identify under utilised council accommodation, in order to secure new premises.



There are risks around re-commissioning without confirmation of the new premises;

- The specification for the tender would not contain details of the location or facilities available
- Any arrangements for the premises would be omitted at this point, and this may deter potential bidders.
- The model may need to be adapted to account for a change in premises e.g. if the location is not central and / or multiple sites.

In summary, to re-commission a new service whilst moving the existing service would not be possible operationally and strategically.

### Drug Strategy

The current drug strategy was published in December 2010; it was a five year strategy that placed recovery at the centre of the drug and alcohol agenda.

There are five priorities but two are integral to the current model;

- puts more responsibility on individuals to seek help and overcome dependency
- places emphasis on providing a more holistic approach, by addressing other issues in addition to treatment to support people dependent on drugs or alcohol, such as offending, employment and housing.

Since the strategy was published, there has been a change of government which may significantly transform the focus of drug policy and therefore a new strategy may be enforced.

It would be prudent to await this update prior to determining a new service model. The risks of proceeding now are;

- The service will be commissioned under the current priorities and may not be in line with the performance indicators provided by Public Health England
- The strategy will influence our funding streams dependent on the focus. For example (and has happened previously), there may be an increased level of funding for criminal justice service users which would need to be determined before re-commissioning.
- A renegotiation of the terms of any contract would need to be conducted if there is a change in national priorities.

There is an added opportunity, to tendering later in 2016, as the additional six months will enable the DAAT to align the contracts so they will have coterminous dates. This will provide greater flexibility to reconfigure the services to respond to changes in strategic objectives and financial changes.

6 **Comments of Other Committees**

This report has not been presented to other committees.

7 **Conclusion**

It is recommended that Cabinet agree to award a six month contract, with the option to extend this for further 6 months, with a three month notice period.

The proposal to award a six month contract to Turning Point and CRI will enable us to continue to deliver high quality substance misuse services in Slough. The additional six months will enable the reconfiguration of the treatment model with potentially less uncertainty around Children's Trust, relocated accommodation, financial changes and the National Drug Strategy.

8 **Appendices**

A Financial value of contracts (Part II – contains exempt information)

9 **Background Papers**

None