



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

Summary:

In July 2013, the Policy and Resources Committee agreed for Public Health to commence the procurement process for the new Adult Drug and Alcohol services contract with a greater focus on recovery. This report describes the procurement process that has led to the preferred bidder being recommended for approval by the Health and Wellbeing Board and Policy and Resources Committee. If approved the responsibility for providing the local services will transfer to a new partnership from April 2015. Currently the service is provided by local community and voluntary sector partners and an NHS provider. The new partnership, led by the preferred bidder, will include a different NHS provider together with several local community and voluntary sector organisations which already provide drug and alcohol services. This report is referred to Policy & Resources Committee for decision as it is a follow up report to the Policy and Resources Committee decision in July 2013 and in view of the corporate budgetary implications of the procurement.

1. Formal details of the paper

1.1. Title of the paper

Outcomes from the Adult Drug and Alcohol Recovery Procurement Process

1.2 Who can see this paper?

Everyone

1.3 Date of Health & Wellbeing Board meeting

14 October 2014

1.4 Author of the Paper and contact details

Peter Wilkinson, tel: 01273 29-6562
Peter.Wilkinson@brighton-hove.gov.uk

Kerry Clarke, tel: 01273 29-5491
Kerry.Clarke@brighton-gove.gcsx.gov.uk

2. Decisions, recommendations and any options

- 2.1 That the Health & Wellbeing Board recommends to Policy & Resources Committee that the Adult Drug and Alcohol Recovery Service contract is awarded to Cranstoun as the lead provider in the Pavilions Partnership at a value not exceeding £15.6m over a three year period, subject to the Director of Public Health being satisfied about the detailed delivery arrangements; and authorises the Director of Public Health to award this contract upon being satisfied as to the delivery arrangements, and to take all necessary steps in connection with the letting of the contract.
- 2.2 That the Health & Wellbeing Board recommends to Policy & Resources Committee that it further grants delegated powers to the Director of Public Health to extend the contract at the end of the three year term, with the potential to extend the contract for a further two years if he deems it appropriate

3. Relevant information

- 3.1 In July 2013 the Policy and Resources Committee considered a paper from the Director of Public Health on the “renewal of Public Health contracts” which outlined the proposals for the Public Health contracts which had transferred to the local authority from the NHS. The committee agreed to the contract transfer arrangements and the procurement plans for a number of service contracts which included the Adult Drug and Alcohol Services.
- 3.2 The Policy and Resources Committee also agreed for the extension of the Drug and Alcohol Service agreements until March 2015 to enable the commissioning process to be completed and the contract to be awarded following a fair, equitable and transparent process.

- 3.3 NHS Brighton and Hove had been the commissioner of Substance Misuse services for many years, with the Public Health Specialist Team leading the process for the two years prior to the transfer to the Local Authority in 2013. There had been no recent market testing or re-commissioning prior to the transfer of these services in 2013, resulting in 19 different agreements and contracts for Drug and Alcohol services alongside 12 locally enhanced community pharmacy scheme agreements which have been rolled forward over that time. These agreements and contracts are with a range of different providers, including NHS and a number of local third sector organisations.
- 3.4 Advice from BHCC procurement and legal departments to re-procure community Drug and Alcohol services was endorsed by the Drug and Alcohol Action Team (DAAT), Joint Commissioning Group (JCG) and Safe in the City Partnership Board. These groups play key roles in the commissioning and delivery of substance misuse services. The decision to re-procure was also informed by national policy drivers which include:
- § Two recent national strategies, (Drug Strategy 2010, Reducing demand, restricting supply, building recovery: supporting people to live a drug free life and the Government's Alcohol Strategy 2012). These policies changed the approach from a harm reduction and maintenance model to a recovery focused model with the service users integral to design and delivery.
 - § National policy directives that services need to be able to respond to the changing pattern of substance use and take a whole pathway approach.
 - § Furthermore the commissioning model must be compliant with Brighton & Hove City Council's Contract Standing Orders.
- 3.5 For the purpose of this future service, 'Service users' include substance users or those affected by others' using any substance, as described in 2010 Drug Strategy and 2012 Alcohol Strategy. This includes: illicit drugs, 'legal highs', performance and image enhancing drugs, over the counter and prescribed medicines.
- 3.6 The procurement process began in mid 2013 overseen by a working group comprising legal, procurement, public health commissioning and the DAAT/JCG. The process was also informed by a regional

Public Health England led action learning set for commissioners on procurement for Adult Drug and Alcohol Services.

- 3.7 Extensive consultation was undertaken to support the development of the new recovery focused service specification. Given the complex nature of substance misuse and alcohol services, external support was commissioned to carry out this consultation. The Centre for Public Innovation (CPI) was selected to provide this support across a series of individual and group face-to-face and telephone consultation sessions. An online survey was also undertaken reaching 250 people from the local community. This enabled a large number of relevant stakeholders to give feedback.
- 3.8 This consultation informed the development of the service specification, which was finalised jointly with commissioners across health and other parts of the council as well as service users and regional colleagues. The aim was to create a recovery orientated service for adult drug and alcohol users in Brighton & Hove that would be outcome focused, with creative approaches to service provision through new ways of working and by building on existing good practice.
- 3.9 This process puts service users' needs at the centre of the service as opposed to modifying exiting historical agreements. The outcomes agreed in the service specification put recovery and re-integration as a goal from the outset which is a change from harm minimisation and maintenance.
- 3.10 The aims of the new Recovery Service are:
- To enable service users to live free from the harms of using drugs and alcohol.
 - To increase service users involvement in employment, education and training.
 - To support the improvement of mental health and emotional wellbeing of individual service users, carers, families and children.
 - To support service users to reduce their involvement in substance related offending.
 - To implement a health promotion approach to reduce harm from drugs and alcohol in the general population.

- 3.11 These aims are not distinct from each other and need to be thought of as a continuum in order to create opportunities, services and activities that serve local citizens best.
- 3.12 The specification did *not* include the contracts for in-patient detoxification beds and residential rehabilitation. These will remain under the present arrangements which are that Sussex Partnership Foundation Trust provides the detoxification beds and Brighton Housing St Trust and the St Thomas Fund provide the residential rehabilitation spaces.
- 3.13 Following the development of the new specification, from March to September 2014, a commissioner led process was put in place. This comprised:
- The co-designed, outcomes based specification.
 - Setting up an evaluation panel including representatives from public health, probation, children services, housing, Clinical Commissioning Group, Department of Work and Pensions and service users.
 - A soft market testing event which described what Public Health was expecting from the new Recovery Service and confirmed the procurement process. This enabled feedback to be provided which was included in the final specification.
 - The completion of a Substance Misuse Needs Assessment, an Alcohol Needs Assessment and an Equality Impact Assessment, all of which were released to bidders alongside the needs assessment for Community Safety and Mental Health.
 - Reference to the Independent Drugs Commission that reported in April 2014, with an expectation that the bidder would take the recommendations into consideration.
 - A bidders' briefing which described the outcomes based specification, with a focus upon a personalised approach and confirmed that the commissioners were looking to award a single contract with delivery undertaken by a joint partnership.
 - A two stage tendering process with a dialogue period allowed for each submission including a clarification meeting with the evaluation panel, a clarification meeting with local pharmacy and primary care representatives and a series of dialogue meetings on the detail of each bidder's submissions.

- 3.14 Throughout the process the potential providers have been aware that an internal decision would be reached on whether or not to continue with the Injectable Opioid Treatment programme.
- 3.15 The Invitation to Tender document was published on the 21st March 2014 with a deadline for receipt of proposals by 20th May 2014. This resulted in four initial submissions and following an initial evaluation, three bidders were taken forward into the two stage process described above.
- 3.16 Bids were evaluated on the basis of the quality, partnership working and cost as set out below:
- Proposals have been evaluated on price (30%) and quality (70%).
 - Quality was divided into two sections: service delivery (70%) and partnership (30%)
- 3.17 The key areas assessed as part of the quality section were:
- Achievement of outcomes across the specification
 - Treatment and harm reduction services with a single access point and individual recovery co-ordinators
 - The integration of care of people with dual diagnosis under a single plan
 - Working with the criminal justice system
 - Working with local GPs and pharmacists
 - Working in hostels and alongside the street populations.
 - Safeguarding arrangements and service delivery for adults and, where service users were parents, implementing a response that seeks to keep families safe together.
 - Provision that would reduce Accident and Emergency first and repeat presentations and admissions.
 - Increasing access and engagement with education, training and employment opportunities and to build individual financial resilience.
 - Work with the service users to build recovery capital.
 - The support provided to the local recovery system.
 - Provision of services for the wider community through health promotion and training.
 - Proposed performance measures and stretch targets.

- The partnership working included assessment of:
 - Clinical governance
 - Competency of workforce
 - Information sharing, risk assessments and care planning processes
 - Performance management structures
 - Contribution to social capital
 - Branding media and communication plans

3.18 The bid put forward as the recommended provider is called Pavilions Partnership, led by Cranstoun. Cranstoun is a Surrey based charity established in 1969 offering support and treatment to those affected by substance use.

3.19 Delivery of the service will be undertaken by a consortium of ‘direct delivery partners’, led by **Cranstoun**, whose focus will be service users, their needs and achievement of the local service specification outcomes.

3.20 Supporting Cranstoun’s proposal and the delivery of the core new service, is an array of other partnerships and relationships, with ‘shared-care delivery partners’, established with other provider authorities and agencies. The confirmed partners and their roles in the partnership are as follows:

Partner	Which provision the partner will lead
Cranstoun.	Cranstoun will provide the contract management and strategic leadership. They will deliver access and engagement services, including outreach, satellite services and in-reach within other services and communities. Cranstoun will provide a broad range of harm reduction, psychosocial interventions and manage the wider health promotion agenda, peer mentoring programme and build upon mutual aid (co-facilitating SMART recovery where appropriate). Cranstoun will lead and manage the Education, Employment and Training opportunities, social & leisure activities, criminal justice response, the volunteer programme; and broker people into the wider networks within the Brighton & Hove community to sustain recovery beyond treatment. Cranstoun will lead on service user involvement and integrate this into the structure of the service, both in mobilisation and beyond.



Surrey & Borders Partnership NHS Foundation Trust	An NHS provider of specialist mental health, drug and alcohol and learning disability service. Surrey and Borders NHS Foundation Trust will deliver pharmacological & health-related services. This includes being the lead partner in the delivery of the integrated mental health and substance misuse pathway and the management of complex needs clients. They will also take the Clinical Governance Lead role for the service.
EquinoxCare	Interventions related to street outreach, including engagement and access services, working across alcohol and drugs, together with targeted work with homeless and those with challenging housing issues. Discussions have also included provision around rough sleeper's services.
Brighton Oasis Project	Organisational input and support in the areas of specialist women's services, parenting programmes and one to one work, children and families interventions and crèche facilities (development, expansion and broadening of current provision)
Brighton Housing Trust	Specialist housing/homelessness input and links to Criminal Justice system.
SMART Recovery	The SMART Recovery local provision is a well establish and respected set of local self-help network groups that use a secular and science based approach to address addiction through motivational, behavioural and cognitive interventions. These voluntary sector groups are run by local people and it is the intention for Cranstoun to expand their existing contract to include the provision of specific services for Brighton & Hove.
Cascade Creative Recovery	This service is run by people with experience of active recovery from addiction providing supportive peer-led services across the city. Cascade will offer support for mentoring initiatives, development of wider mutual support networks and undertaking the role of 'critical friend'.

Mind in Brighton & Hove	Discussions thus far have included consideration of their current role and function as host to service user engagement and representation activity. Cranstoun are seeking to further develop and enhance this area of work and broaden out MIND's offer to a more integrated input in the area of mental health and substance misuse.
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- 3.21 The overall partnership approach will be underpinned and supported by 'Recovery support partners' and networks. Direct delivery partners have been selected by Cranstoun by virtue of the respective agency competence and specialism, sought for the delivery of Pavilions service offer and their local presence and connectedness. Whilst some partners are already locally connected, the Cranstoun and Pavilions approach is designed to make the integrated and coordinated.
- 3.22 Pavilions, the service, will build upon and enhance positive local work and relationships, focussing provision on recovery and outcomes. The Pavilions proposal offers a single recognisable identity and brand, with Service-Users at the centre and integral to design and delivery.
- 3.23 It is intended that Pavilions will actively engage with the key local and existing shared care partners across primary, statutory and public care to enable service users to get the service they deserve and the city to achieve outcomes sought. They intend to connect strategically and structurally within the variety of forum and meetings already in place and much of this work will be undertaken during mobilisation.
- 3.24 It is anticipated that better integration and joint working will be achieved by frontline staff, with joint working protocols and arrangements being determined, agreed and planned during mobilisation, then delivered during implementation and beyond. Cranstoun have confirmed that Pavilions will actively seek direct input and involvement, in furtherance of service users' outcomes, with wider partner agencies e.g. with hospitals and mental health services; with social care, children's and safeguarding authorities.

- 3.25 Given the importance of the delivery arrangements, we have asked Cranstoun for more details of how the partnership will be legally structured, and it is recommended that the contract is made subject to a pre-condition requiring the council to be satisfied about the details of the partnership arrangements before the service begins. This will require Cranstoun to confirm the outcomes to be delivered by individual partners, how partners (including direct delivery and integrated delivery) will work together, governance structures to ensure quality, safety and consistency, confirmation of single and joint assessment processes, details on joint planning and care reviews, risk assessments, information sharing arrangements, co-location of staff details, clinical care pathway details, and the respective roles and responsibilities that individual partners will have in the new recovery focused service.

The contract will be managed by the council through a management steering group and quality assurance meetings.

The mobilisation period, which will be from P&R Committee agreement to April 2015, will enable the commissioner and partnership to develop a robust and clear implementation plan taking account of changes for service users.

The evaluation panel concluded that the submission from Pavilions provided the strongest partnership arrangements with a single brand across the services. This was demonstrated through:

- Response to the evaluation questions which met the requirements outlined
- Partnership representation during the dialogue sessions.
- Evidence of working with the commissioners and listening to the feedback, speaking further to local partners and presenting change in final submissions

- 3.26 This is a cost effective delivery model and will complete a process that makes approximately 8% savings to the Public Health budget. The proposal also brings added value through:

- The free access to additional rehabilitation beds (value 58K)
- New agreements with three Boots pharmacies to make use of their facilities locally in the recovery journey

- 3.27 Where services are delivered externally (as is the case here), the options for the council are to continue with this arrangement, or to

bring the service in house. Given the nature of this service, it is not considered realistic for it to be delivered in house. Part of the service is currently delivered by an NHS Trust, and in the Cranstoun bid, this arrangement will continue, albeit with a different NHS Trust.

- 3.28 As with all procurement processes a change of service provider will give rise to potential TUPE transfers of staff. At this stage, the role of the council is to act as a conduit for TUPE Information in relation to the service and the incumbent contractor(s). This information was requested from existing partners early in the process and was supplied to all bidders for them to deal with accordingly. The preferred bidder has therefore taken into account the TUPE requirements in their bid. The details of any specific TUPE transfer(s) will be for the new contractor and the incumbents to agree.
- 3.29 Commissioners will ensure that as part of the mobilisation period Cranstoun will engage in conversation with local communities and ward councillors about any changes to service being delivered in their communities.

4. Important considerations and implications

4.1 Legal

- 4.1.1 In letting this contract, the council is carrying out its public health functions as set out in the Health and Social Care Act 2012.
- 4.1.2 Contract Standing Orders require that approval for contracts values in excess of £500k must be obtained from the relevant Committee, and that the contract must be executed as a Deed.
- 4.1.3 The services to be provided under the contract are 'Part B' services for the purposes of the EU procurement rules, and the process followed in relation to such services must be fair and transparent, and must not discriminate against potential service providers. It is considered that the procurement process that has been followed in this case (as outlined above) complies with this legal requirement.

4.1.4 There are no adverse human rights implications in relation to the recommendation.

Lawyer Consulted: Jill Whittaker Date: 22/09/2014

4.2 Finance

4.2.1 Brighton & Hove City Council receives a ring-fenced Public Health grant from the Department of Health to fund the costs of its Public Health service. The grant figure has not been confirmed for 2015/16, but is likely to be at the same level as 2014/15 (£18.695m).

4.2.2 The letting of this contract will help deliver savings of approximately 8% against current costs. The average yearly costs of the new contract are £5.2m, compared to £5.6m spent currently. This will result in savings of £0.4m against the Public Health budget, which will need to be factored into the budget setting process for 2015/16.

Finance Officer Consulted: Mike Bentley Date: 01/10/2014

4.3 Equalities

4.3.1 An Equality Impact Assessment (EIA) was completed as part of the commissioning process in January 2014. This was released to bidders alongside the needs assessment for Community Safety and Mental Health. It also resulted in a number of specific questions being put to bidders, to ensure that the successful organisation could demonstrate how it would meet the identified equality needs.

4.3.2 Equality monitoring is required quarterly from the service provider, along with improvement plans based on the monitoring information. Future needs assessments will review the impact of this EIA, identify and respond to the needs of diverse communities and the EIA's actions and impacts will be reviewed after 18 months.

4.4 Sustainability

4.4.1 No implications

4.5 Health, social care, children's services and public health

4.5.1 Children Services, Adult Social Care and the CCG were involved in the development of the initial tender and the evaluation process. The implication for their services and teams have been taken into account in developing the new service.

4.5.2. All relevant parties will continue to be involved during the mobilisation period.

5 Supporting documents and information

5.1 No supporting document