

## **Cabinet – 18 December 2019**

### **Award the contract for Public Health Integrated Drug and Alcohol Treatment Service**

**Portfolio:** Councillor Longhi – Health

**Related portfolios:** All Portfolios

**Service:** Public Health

**Wards:** All

**Key decision:** Yes

**Forward plan:** Yes

#### **1. Aim**

To award the contract for the continuous delivery of the Integrated Drug and Alcohol Treatment Service following the expiry of the present service contract on 31<sup>st</sup> March 2020 to reduce the harm and inequalities caused by addiction to individuals, their families and local communities.

#### **2. Summary**

- 2.1 This report seeks Cabinet approval to award the contracts for the Integrated Drug and Alcohol Service following the conclusion of the open tender procurement processes:
- 2.2 This is a key decision based on the total value of the contract and the service is a borough wide service directly affecting communities in more than two wards in the Borough of Walsall.
- 2.3 The Integrated Drug and Alcohol Treatment Service will have a positive and sustained impact on the objectives and priorities set out in The Walsall Plan and related corporate and partnership Strategies.
- 2.4 Cabinet Members should refer to the private session report for confidential details and commercially sensitive matters relating to the evaluation of the tenders.

#### **3. Recommendations**

Subject to consideration of the information in the private session of the meeting, Cabinet will be asked to:

- 3.1 Award the contract for the Integrated Drug and Alcohol Treatment Service for a period of 5 years, from 1 April 2020 until 31 March 2025, with an option to extend by up to a further 2 years, 1+1.
- 3.2 Delegate authority to the Director of Public Health in consultation with the Portfolio Holder to enter into a new contract to deliver the Integrated Drug and Alcohol Treatment Service by using the most appropriate procedures and to subsequently authorise the sealing of any deeds, contracts or other related documents for the provision of such services.
- 3.3 Delegate authority to the Director of Public Health, in consultation with the portfolio holder, to vary the contract during the contractual period to ensure the Council continues to achieve value for money and the services continue to meet the corporate priorities.

#### **4. Report detail**

##### ***Integrated Drug and Alcohol Treatment Service***

- 4.1 The procurement process has been informed by national policy, evidenced base practice, clinical guidance, local needs assessment, knowledge gained from other neighbouring authority's recent procurement exercises and a cumulative consultation process conducted over the last 3 years involving stakeholders, partner agencies and service users. The service specification, as a result of achieving Council budget savings, reflects a more limited prevention offer with a focus on delivering structured treatment interventions and clinically safe services.
- 4.2 The overall aim of the service is for drug and alcohol users to achieve long term recovery from their dependency and the associated harms of their substance abuse to themselves, their families and the communities in which they live.

The current services that are in scope for the integrated service model are:

- Support and training of the universal workforce to raise awareness of drug and alcohol issues and the application of basic screening tools and engagement/motivational techniques
- Open access drug and alcohol services
- Harm reduction Hepatitis B and C blood borne virus screening and testing services
- Specialist and pharmacy coordinated needle exchange services
- Court mandated drug and alcohol treatment orders
- Structured drug and alcohol services – Adult and Young People
- Consultant led substitute prescribing and medically assisted community detoxification services
- Primary care GP shared care services
- Residential detoxification and residential rehabilitation assessment and placement services.

- 4.3 There are specific challenges to the transfer of the drug and alcohol service; transfer of clinical data for up to 1700 vulnerable individuals, setting up clinical systems with the Clinical Commissioning Group to prescribe medication, supply of controlled medications and establishing safe clinical governance systems.

Therefore to stimulate a competitive market and in the knowledge that neighbouring areas had failed to attract a competitive field a longer contract period was offered in an attempt to mitigate against any financial risks and service transfer, which would not be achievable over a shorter contract period. On this advice a 5 year contract with an option to extend on an annual basis for a further 2 years is proposed.

- 4.4 Tenders were evaluated on the basis of cost and quality.

### ***Council Corporate Plan priorities***

- 4.5 This service will contribute to the Council's Corporate Plan 2018-21 outcomes;

- Reducing inequalities for some of Walsall's most vulnerable residents
- Giving children and young people the best start in life and being safe from harm
- Reflecting the focus on delivering value for money, efficient and effective services to meet the ever changing needs of the local population
- Supporting healthier, safer and more prosperous local communities
- Contributing to community cohesion and resilience

### ***Risk management***

- 4.6 The risks relating to both the procurement and service implementation have been actively assessed and managed as part of the tender process.
- 4.7 Maintenance of service quality and clinical safety will be monitored and assured throughout the lifetime of the contract by reporting of achievement of key performance indicators at regular contract meetings with the providers.
- 4.8 The procurement process has been informed by an Equality Impact Assessment.
- 4.9 The current contracts expire on 31 March 2020. If agreed the timing of the award of contract will allow for a 3 month implementation period, if required by an incoming provider, to prepare for a 1st April 2020 contract start date.

### ***Financial implications***

- 4.10 The proposed value of the new contract per annum is circa £ 2.8 million and will be funded through the Public Health ring fenced budget. This reflects a 24% reduction from the baseline contract value of £3.7 million per year when the service was last tendered in 2015.
- 4.11 Financial provision to fund the service for up to 5 years from 1 April 2020 has been made in the Council's financial forward planning.
- 4.12 The contract will be funded through the Public Health budget and will not result in Public Health exceeding its ring fenced budget in the relevant period.

### ***Legal implications***

- 4.13 The service will be evidenced by a written contract in a form approved by the Head of Legal and Democratic Services and shall be made under the Council's seal.
- 4.14 The Council has undertaken this competitive procurement processes under the Public Contract Regulations 2006 (as amended) and to the EC Treaty provisions. The process has been conducted with the oversight of Walsall Council procurement team in an open, fair and transparent manner.

#### ***Procurement Implications/Social Value***

- 4.15 The procurement and awards process are in accordance with the Council's contract rules.
- 4.16 The contract value is above the current European Union procurement thresholds and therefore the service was tendered in accordance with Regulation 74-77 for 'Social and Other Specific Services' of the Public contract Regulation (2015).
- 4.17 The Council published this opportunity on 6th August 2019 with a return date of 9th September 2019. A Contract Notice was published via the Official Journal the European Union ('OJEU') and was posted to the Council's E-Tendering portal, In-tend, to alert the market to the tender, in accordance with the PCR and the Council's Contract Rules.
- 4.18 Tenderers were opened on 9th September 2019 by Stephen Gunther, Director of Public Health and Christopher Wagner, Procurement Business Manager, using a formal opening ceremony on the In-tend e-tendering portal. The Council received three tenders as set out below:

Bidder No.	Bidder Name
1.	Change Grow Live Services Ltd
2.	Craunston
3.	Westminster Drug Project

#### ***Tender Evaluation Process***

- 4.19 The tenders were evaluated in accordance with the criteria published in the ITT as shown in the tables below:

#### ***Weighted Price Criteria:***

- 4.20 The evaluation of this section is against information included in the pricing schedule.

<b><i>Criteria</i></b>	<b><i>Percentage</i></b>
5 Year Pricing Model	10%
<b><i>Total</i></b>	<b><i>10 %</i></b>

#### ***Weighted Service Criteria:***

- 4.21 The evaluation of this section will be against information included in the Tender Quality Questionnaire

<b>Criteria</b>	<b>Percentage</b>
Corporate Management and Finance (including Social Value)	10%
Service Delivery	26%
Service Management	27%
Clinical Practice	27%
<b>Total</b>	<b>90 %</b>

- 4.22 The tenders were evaluated by a range of partners including senior officers from Public Health, Children's Services, Housing Services, Adult Social Care and allied professionals from Walsall's Clinical Commissioning Group and West Midlands Police.

### ***Tender Outcome***

- 4.23 The tender attracted 24 expressions of interest which materialized into 3 bids. All 3 bids were from national charitable organizations. The tenders were individually evaluated by each member of the evaluation panel and all 3 organizations were invited to attend a meeting where they were asked to present to the panel followed by clarification questions arising from their bids.
- 4.24 Following the clarification meeting the evaluators attended a moderation meeting, chaired by procurement colleagues, to reach a consensus on which bid offered the best quality and value for money.
- 4.25 Given the commercially sensitive nature of the tender evaluation information, a report detailing the outcome of the evaluation appears in the Private Session Agenda Cabinet Report.
- 4.26 The successful bidder has made commitments to contribute to Social Value in the following areas;
- Creating local employment opportunities offering the Living Wage terms and conditions
  - Offering volunteering opportunities as a first stage into employment
  - Offering work placements for health and social care students
  - Committed to environmental strategies to promote Fair Trade, reduce carbon emission, minimise staff travel and plastic waste
  - Committed to attract additional funds to Walsall to support additionality e.g. Accredited Learning Programmes
- 4.27 Steps have been taken to minimise procurement related risk. However, there will always remain an inherent risk of legal challenge associated with any procurement undertaken by the Council.

### ***Property implications***

- 4.28 None identified.

### ***Health and wellbeing implications***

- 4.29 The Council has a statutory duty to promote the health and wellbeing of its population. This service has been designed based upon evidenced practice, clinical guidance, local needs, cumulative and ongoing feedback from stakeholders and service users to ensure that the health of the local population is optimised through the provision of this service in the most efficient and effective manner. The service support Walsall Council Corporate Plan and The Walsall Plan priorities by building resilience and protecting the most vulnerable in Walsall and by reducing health and wellbeing inequalities.
- 4.30 The Integrated Drug and Alcohol Treatment Service has been designed to deliver the national strategy to address drug and alcohol dependence. The service will focus on support for people who chose abstinence and recovery as an achievable way out of dependency thereby increasing their contribution to society and reducing the potential harm in crime, family breakdown and associated poverty.

### ***Staffing implications***

- 4.31 None identified for Council staff.

### ***Reducing Inequalities***

- 4.32 Due to the reduction in contract value over the last 5 years The Integrated Drug and Alcohol Service has been required to additional monitoring of the potential impact upon groups with protected characteristics. To help mitigate against some of these risks targeted services have been commissioned to meet the needs of the following high risk groups;
- Rough sleepers and the homeless
  - Individuals with dual diagnosis of mental health and drug and/or alcohol problems
  - Services available for pregnant women with joint working protocols with maternity services
  - Improved fast track access to clinical services for vulnerable groups
  - Increased liaison with services supporting newly arrived Eastern European Communities, in particular homeless individuals with no recourse to public funds.

### ***Consultation***

- 4.33 Extensive consultation has been carried out over the last 3 years as part of the achieving the Council budget savings. The Equality Impact Assessment (EqIA) agreed actions are monitored as part of the Council corporate monitoring process.

## **5. Decide**

- 5.1 The provision of an Integrated Drug and Alcohol Treatment Service forms part of the Council's Public Health responsibilities under the Health and Social Care Act (2013). The Council does neither employ clinical staff nor have the clinical governance arrangements to deliver a clinical service therefore the preferred option is to commission the service with an appropriately placed external provider.

- 5.2 As set out in the financial section the commissioning of this service has secured the best value available to the Council and has achieved in excess of £0.9 million savings over the last 5 years.

## **6. Respond**

- 6.1 Subject to cabinet approving the recommendation the next steps will be for Council officers to establish the contract, mobilise and support the implementation of the contract.

## **7. Review**

- 7.1 Formal contract review meetings to review the expenditure against budget and qualitative and quantitative performance will be held on a quarterly basis with monthly progress meetings to check against agreed actions. This will be reported, alongside successes and challenges, to the portfolio holder and reported into the Public Health Performance Board, Directorate Management and Corporate Performance Meetings.

## **8. Background Papers**

The service will be provided in line with the following guidance:

- The National Drug Strategy (2018)
- The Government Alcohol Strategy (2012)
- Working together to safeguard children (HM Government, 2013)
- Crime and Disorder Act (1998) amended by the Police and Justice Act (2006) specific relevance of S.17)
- 'Drug services for homeless people: A good practice guide', Office of the Deputy Prime Minister, 2002
- Improving access to mutual aid: A brief guide for alcohol and drug treatment service managers (2014)
- Department of Health 'Drug Misuse and Dependence: UK Guidelines on Clinical Management' (2007)
- CQC Essential Standards for Quality and Safety (December 2010)
- PH52 Needle and syringe programmes (NICE 2014)
- Best practice guidance for commissioners and providers of pharmaceutical services for drug users (Feb 2006)
- Practice standards for young people with substance misuse problems (CCQI, 2012).
- NICE quality standards: specialist interventions for children and young people (NICE, 2011)
- NICE Quality Standards (2011b). Alcohol Dependence 'Specialist interventions for children and young people'
- NICE Public Health Guidance 24 (2010a) Alcohol-use disorders: preventing harmful drinking
- NICE Public Health Guidance 4 (2007) Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people

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