

Cabinet – 10 September 2014

Award of Public Health contracts 2015/16

Portfolio: Councillor Robertson, Health

Related portfolios: Councillor Cassidy, Children's services and education
Councillor Diane Coughlan, Social care

Service: Public Health

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary

- 1.1 Cabinet approved the re-tendering of all relevant Public Health commissioned services on 19 March 2014, which included the commissioning of drug and alcohol services, the Healthy Child Programme 5-19 and Adult Healthy Weight Services. All of these are strategic contracts with a total value of £500,001 or above.
- 1.2 In the intervening period, based on recent clarification about Council's constitution with regard the level of information required to make a key decision, the advice from the Council's Legal and Procurement teams is that due to the proposed material changes to the new service design for an integrated drug and alcohol service Cabinet approval of the new service design is required. The proposed changes to the local drug and alcohol services reflect national policy changes to support a reduced emphasis on clinical services and a greater emphasis on recovery services to support independence from addiction.
- 1.3 This report seeks Cabinet's approval of the service re-design to allow the commencement of the tendering process for a drug and alcohol integrated service. The new service is planned to commence on 1 April 2015. There are no planned changes to the delivery of the in year services.
- 1.4 In addition to the retendering of the drug and alcohol services, the Healthy Child Programme 5-19 (school nursing) and Adult Healthy Weight Services are also being retendered as set out in the report presented to Cabinet on 19 March 2014.

2. Recommendation

That Cabinet approve the new service design for drug and alcohol services to allow the commencement of the re-tendering process.

3. Report detail

Drug and Alcohol Services

- 3.1 The National Drug Strategy (1998) 10 year policy was successful in reducing waiting times, increasing the access to methadone maintenance programmes and retaining people in treatment. The Drug Strategy (2010) aims to maintain these benefits whilst significantly changing the emphasis to support people in recovery to lead drug free lives. In a similar manner the National Alcohol Strategy (2012) reinforced safe, social and sensible alcohol consumption with an equal emphasis on recovery services. Both Strategies recognise the community safety and crime reduction benefits of effective local drug and alcohol strategies.
- 3.2 In Walsall over the last 10 years, as the central government grant for drug services increased year on year between 2005 and 2010, drug services were incrementally developed in line with the Models of Care (2006) national service framework. There has been no equivalent increased government investment in alcohol services. This has led to a disproportionate investment in drug and alcohol services with drug services investment rising to 5 times the level of alcohol services.
- 3.3 The proposed changes to the drug and alcohol services (outlined in paragraphs 3.5 and 3.6 below) are in line with the policy changes of the National Drug Strategy (2010) and Alcohol Strategy (2012) and consistent with national service frameworks for drug and alcohol services. In addition the transfer of the Public Health budget to the local authority has created an opportunity to enhance the services to integrate drug and alcohol services as equal partners. The proposed integrated system seeks to maximize the available resource, both human and structural, to enhance prevention and access to alcohol intervention services to a similar range and quality that has been afforded to drug users.
- 3.4 The integrated service will be configured to deliver the desired outcome of the national strategies to offer early intervention, prevention, abstinence and improved recovery from dependence.
- 3.5 To achieve this, based on consultation, local needs assessment, evidence and the knowledge gained from other neighbouring procurement exercises, the proposal is to procure services with a single provider (or a collaboration of providers with a single lead provider). The distinction between the young people's service and the adult service will be retained to safeguard young people from the influence of more experienced adult service users. The services provider(s) will deliver a single access and assessment service,

supported by a rebalanced clinical and psychosocial support services, offering a more preventative focused services towards young people under 25 years to prevent further escalation in their substance misuse, taking account of emerging new substances eg. Novel psychoactive substances and deliver recovery orientated interventions to deliver better outcomes.

- 3.6 This proposal differs from the present service, which is delivered by four lead agencies; the system has multiple entry points with each agency operating an assessment system. The balance of the present treatment system is towards clinical services, which are not delivering the desired recovery outcomes that the national strategy demands. The new service design rebalance the interventions more towards the delivery of psychosocial services to support recovery from dependence, allowing the clinical services to create stabilisation upon which a service user's recovery will be based. The new design also recognises the changing profile of drug and alcohol use and the changes in drug and alcohol trends amongst young people meaning a shift in the focus on prevention services for young people and young adults. The proposed changes, through consultation, have received support from local partner agencies, stakeholders, service providers and service users.

Healthy Child Programme 5-19

- 3.7 The Healthy Child Programme is a nationally specified evidence based programme for the delivery of public health interventions to young people between the ages of 5 and 19. The Walsall Healthy Child Programme 5-19 in schools is delivered by the school nursing team to a total population of approximately 50,000 young people in 91 schools plus 28 academies. Following on from a review of the current arrangements there are no proposed changes to the current service model to be incorporated into the future contract and the key features of this service will continue to be:

- A visible and accessible Public Health Nursing Service for all children and young people in Walsall
- Early intervention and help
- Children, young people and family focused
- Leadership and co-ordination of the "Healthy Child Programme" 5-19 years based on the new National Model for School Nursing and agreed pathways
- Collaborative working to ensure integrated service provision based on the needs of children and families.

Healthy Weight Services

- 3.8 The Healthy Weight programme provides a high quality integrated suite of community-based prevention and treatment interventions, which support adults living in Walsall to achieve a healthier weight. The programmes take a structured evidence-based approach to the adoption of healthy lifestyle behaviours.

There are no significant proposed changes to the service model I. However, following analysis of historical performance data, it is anticipated that procuring Adult Healthy Weight Services will ensure better value for money by increasing capacity of the programmes and focus on those who are more at risk of obesity related diseases such as cardiovascular disease, coronary heart disease and diabetes.

Competitive procurement of Public Health services

- 3.9 Public Health Walsall has already committed to put all appropriate Public Health services out to competitive tendering within three years of transition to Walsall Council, that is, by 31 March 2016.
- 3.10 The rules which govern public procurement will change following on from the adoption of the new EU Directive Directive 2014/24/EU which will bring about a significant change in the way public procurement is delivered. The precise impact is yet to be determined as the EU directive has not been transcribed in to UK Law planned for the end of 2014. The new Directive makes changes to existing and introduces new procedures and it may take time to fully understand the impact of the changes on our procurement practices.

4. Council priorities

- 4.1 In September 2012 the Council adopted the Marmot Objectives as objectives for improving Health and Wellbeing and reducing inequalities for the people of Walsall. These objectives have provided the framework for the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy, the Sustainable Communities Strategy, and “The Walsall Plan”. Existing and new Public Health expenditure for 2014/15 are planned against these priorities.

5. Risk management

- 5.1 Failure to deliver demonstrable improvements in Public Health against key national performance indicators might mean that the Council fails to achieve further uplifts in Public Health allocation from Public Health England in future years.
- 5.2 The Drug and Alcohol services, Healthy Weight services and Healthy Child Programme 5-19, will be procured as an open tender exercise in accordance with Public Contract Regulations 2006 (as amended). These services currently fall within the Part B category of the Regulations which offer a less prescribed procedure given their nature. As with all tender exercises there are inherent risks which will be mitigated against through active transition project planning by the service providers in collaboration with the commissioners.

6. Financial implications

The proposed expenditure will be managed within the Public Health ring fenced allocation of £15,827,300 for 2014/15. The 2014/15 value of the substance misuse contracts in scope of this tendering exercise is £3,453,886. The 2014/15 contract values of the Healthy Child Programme 5-19 and Healthy Weight Services are £1,229,824 and £346,180 respectively. There is a recognition that the Council is operating within a challenging financial climate, which will have a direct impact upon the budget available for these services. In line with procurement advice there will be break clauses built into contracts to allow for any future reductions in contract value in line with future Council priorities. The contracts will be managed within the allocated budgets.

7. Legal implications

- 7.1 The proposals set out in this report take into account the Council's responsibilities for Public Health as set out in the Health and Social Care Act 2012, the associated guidance and the conditions of the Public Health grant made to the Council for 2014/15.
- 7.2 All contractual arrangements must be procured in compliance with the Public Contracts Regulations 2006 (as amended), if applicable; and with the Council's Contract Rules.
- 7.3 The Council's Legal Services will need to work with Public Health to develop new contractual provisions.

8. Property implications

There are no property implications for the Drug and Alcohol or the Healthy Weight services. It may be a requirement for the Healthy Child Programme 5-19 to renegotiate where the service will be based, but this will not impact on the service.

9. Health and wellbeing implications

Reducing inequalities is an explicit objective of Joint Strategic Needs Assessment, Health and Wellbeing Strategy and Council's Corporate Plan. Public Health services seek to maximise improvement in health and wellbeing including narrowing the gap in outcome between the most deprived and least deprived in the Borough.

10. Staffing implications

There are no staffing implications for Council employed staff associated with this report.

11. Equality implications

Reducing inequalities is an explicit objective of Joint Strategic Needs Assessment, Health and Wellbeing Strategy and Council's Corporate Plan. Public Health contracts seek to maximise improvement in health and wellbeing including narrowing the gap in outcome between the most deprived and least deprived in the Borough. Equality Impact Assessments have been carried out in relation to the proposed services referred to in this document.

12. Consultation

With regard to the retendering of the drug and alcohol services, Public Health commissioners have held a ½ day workshop with over 40 representatives of stakeholder groups including: current treatment providers and statutory and voluntary sector stakeholders. Formal feedback regarding the proposed changes to the service redesign received positive responses. In addition over 100 service users written consultation forms have been received with, again, positive responses received.

Background papers

- Towards a Health and Wellbeing Strategy: Joint Strategic Needs Assessment Health and Wellbeing Strategy 2013-2016
- Transition of Public Health Contracts. Report to Health Scrutiny and Performance Panel 18 December 2012
- Transition of Public Health contracts. Report to Cabinet 12 September 2012.

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1 September 2014

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1 September 2014