

Executive Decision Report

<p>Decision maker(s) at each authority and date of Cabinet meeting, Cabinet Member meeting or (in the case of individual Cabinet Member decisions) the earliest date the decision will be taken</p>	<p>Substance Misuse Treatment Service Cllr Heather Acton - Cabinet Member for Family Services and Public Health</p> <p>Forward Plan; notice published 18/1/19</p> <p>Date of decision: 9 July 2019</p>	 <p>City of Westminster</p>
<p>Report title</p>	<p>EXTENSION OF PUBLIC HEALTH CORE DRUG SERVICE (LOT 1)</p>	
<p>Reporting officer</p>	<p>Gaynor Driscoll Head of Commissioning, Public Health</p>	
<p>Key decision</p>	<p>Yes</p>	
<p>Access to information classification</p>	<p>Public</p>	

1. EXECUTIVE SUMMARY

- 1.1. Westminster City Council (WCC), is in contract with Turning Point for the Substance Misuse Treatment Service (Lot 1) The contract will expire on 31st March 2019 and the contract has the option to extend for two years beyond this date subject to satisfactory performance and available budget.
- 1.2. This report recommends exercising the discretionary option to extend Lot 1 for two years From April 1st 2019 up to a value of £5,244,846. The total five-year value of the contract is now £13,032,635.00

2. RECOMMENDATIONS

Westminster City Council

- 2.1. That the Cabinet Member for Family Services and Public Health in WCC approve the option to extend Lot 1, for the Substance Misuse Treatment Service contract with Turning Point, from 1 April 2019, for two years up to a value of £5,244,846.

3. REASONS FOR DECISION

- 3.1. There is provision for a two-year extension in the contract. A review found that the provider, within the wider substance misuse system, is delivering a transformed service in line with expectations with many examples of innovative practice evidenced.
- 3.2. The contract award allocated a five-year budget for Lot 1. See section 10 for financial implications.
- 3.3. The WCC treatment system continues to deliver high outcomes for opiates users with the borough placed in the top quartile for local authorities with a similar complexity. Performance of Public Health Outcome Framework indicator, *2.15 successful completion of drug treatment*, is in the top quintile for opiate clients among comparative local authorities. The Westminster drug and alcohol treatment system supports approximately 1,500 residents each year. Within six months of entering the service approximately 50% of residents accessing the service will be abstinent from, or have significantly reduced, their opiate, crack and or cocaine use. Half have also stopped injecting and other health benefits have been achieved.
- 3.4. The majority of other KPIs are meeting expectations or on track to achieve satisfactory performance.

- 3.5. A detailed service outcomes and performance report was presented to a special Borough Integrated Commissioning and Contracts Board who found considerable evidence of good performance by the provider.
- 3.6. A new primary care model has been developed following the contract variation in 2018 and work in general practice is now part of the main treatment system. More complex patients are now being transferred into specialist services to improve recovery rates
- 3.7. Providers have moved services nearer to residents. The provider has modified the service offer in response to service user feedback and is now delivering a more effective personalised approach through variety of community settings and further developing peer-led recovery in communities.
- 3.8. Employment opportunities have been successfully embedded within the treatment offer and the service consistently over achieves in terms of numbers engaged; over 25% of opiate users, and a 33% of non-opiate users, gain paid employment or access volunteering opportunities by the time they leave the system. Service users are encouraged to be ambitious for their sustainable recovery through the asset based and personalised service.
- 3.9. The provider of Lot 1, Turning Point, received a positive report from CQC inspection in December 2017. The inspectors reported that the vast majority of areas inspected were good or outstanding with clear evidence of outstanding practice in many areas.
- 3.10. There is excellent service user involvement and positive user feedback.
- 3.11. Public Health England's social return of investment modelling 2017-18 estimated that for WCC there is £10 million of social and economic benefit to the whole community from investing in drug treatment. ¹

4. BACKGROUND

- 4.1. Tackling drug and alcohol misuse is a priority for Public Health across the two boroughs and the successful completion of drug treatment is part of the Public Health Outcomes Framework.
- 4.2. The Drug and Alcohol Treatment system was re-designed and re-procured 2015-16. This resulted in two contracts providing the vast majority of treatment for residents: Lot 1 - The Substance Misuse Treatment contract awarded to Turning Point.
- 4.3. The aim of the services was to transform specialist services in order to deliver an asset-based system that built on the strengths of individuals and would be able to respond to the changing substance misuse needs of residents. A culture of active

¹ PCC support pack 2018-19: key drug and alcohol data PHE publications gateway number: 2017550

and innovative methods of service-user involvement and personalisation has been central to the delivery of the contracts and continues to develop opportunities for individual success and sustainable recovery.

- 4.4. A contract variation for was agreed in February 2018 for the remaining duration of the contract from 1st April 2018 to 31st March 2021 and the following three contracts, which expired on 31 March 2018 were incorporated into the Substance Misuse Treatment Service: The Group Work Programme; Primary Care Support Service (PCSS); Starting Over the criminal Justice initiative
- 4.5. A review of the service was undertaken in the summer of 2018 to assess whether to recommend using the option to extend Lot 1 for the additional two years as allowed for in each contract.

5. PROPOSAL AND ISSUES

- 5.1. There is no evidence of the need to change the main service specification: it is in line with the Government's recently updated Drug Strategy which emphasises community-based recovery, promoting partnerships, service-user involvement and increased support for families.
- 5.2. There was a long mobilisation period due to the degree of transformation and culture change required. Benchmarking with other London local authorities who have gone through similar major transformation report that 12-18 is months required to start delivering services as planned, with five-year contracts being favoured. The use of the extension will allow the services to continue to improve and develop the substance misuse service to enable more residents and their families to achieve their personal ambitions.
- 5.3. Although outcomes are positive, work needs to continue to engage people into the services who are treatment-naïve or have dropped out of services. Providers will be asked to further develop the assertive outreach in 2019 together with further development of pathways for the homeless population.
- 5.4. The provider for Lot 1, will continue to collaborate with others on some targets where there are shared issues most notably those who use both alcohol and non-opiates.
- 5.5. Providers have tended not to report on their early intervention and less formal interventions so we will be requesting reports on these areas of work. Service-user feedback has revealed a significant amount of work being done prior to entry into the more structured services.
- 5.6. In WCC, prevalence levels of opiate and crack cocaine use have significantly reduced² since the service was originally tendered though there remains

² <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

considerable unmet need. Relevant targets will be reviewed and renegotiated in line with these population changes.

5.7. There are a number of risks if substance misuse services are not continued:

- greater risk of drug related harms including overdoses.
- Greater risks of death related to drug misuse- drug misuse deaths are to be included in the Public Health Outcomes Framework (PHOF 2.15iv).
- The growing older opioid dependant cohort are at greater risk of poor health and premature death.
- Increased impact of criminal activity on communities. PHE estimate crimes prevented per year after starting treatment are WCC: 23,572.
- Fewer needle and syringe programmes which prevent the spread of blood borne viruses.
- Increased risk to children in need: around 20% are affected by substance misuse, and a third of serious case reviews involve drug and alcohol. Increased risk of harm to children. Parental drug misuse is a factor for a third of child protection cases. This “hidden harm” is a current government and PHE priority.³
- Increased incidence of domestic abuse. In relation to Violence Against Women and Girls (VAWG), evidence shows that in the majority of cases alcohol or drug misuse was a significant factor.

6. CONSULTATION AND COMMUNITY ENGAGEMENT

6.1. The review carried out a series of consultation meetings with service-users, peer mentors, primary care, other London local authorities, criminal justice, internal stakeholder including, ASC, Children’s and Family Services, housing and mental health partners. Their comments have informed the recommendation to progress the option to extend both contracts and the variations by the full two years.

7. HUMAN RESOURCES AND EQUALITIES IMPLICATIONS

7.1. If the services are not continued there will be an increase in health and social inequalities. The impact of drug and alcohol harm impacts on entire communities and is felt greatest in our most deprived communities.

8. SOCIAL VALUE

The services have a strong social value focus through their asset-based community development service models. Social recovery capital is built together with service-users and includes elements of social re-integration and increasing personal resilience. This asset-based, collaborative approach came second place at the National Healthcare Transformation Awards out of over 120 competitive entries in June 2018, being highly commended for “Improving care through collaborative working”.

³ 2017 Drug Strategy HM Government

9. LEGAL IMPLICATIONS

- 9.1. The contract includes provision for the extensions recommended in this report and thus comply with the rules on modification of contracts under the public procurement regime.

Implications written by Andre Jaskowiak, Legal Services, Contracts and Procurement Team, andre.jaskowiak@rbkc.gov.uk

10. FINANCIAL AND RESOURCES IMPLICATIONS

- 10.1. The budget for Lot 1 are as follows:

	WCC (£)
Lot 1	2,622,423
Total budget of 2 year extension	5,244,846

- 10.2. As the extension was priced in the original bid, the budgets have been made available to cover the costs. There are therefore no adverse financial implications arising from the extensions.
- 10.3. Financial implications completed by Richard Simpson, Public Health Finance Manager 020 7641 4073.

11. CONTRACT MANAGEMENT STRATEGY

- 11.1. The Public Health Commissioning Team will continue monitor the performance of contracts to ensure service improvement and development progresses in line with expectations.
- 11.2. Within the two-year extension, officers will ensure that sufficient time is allowed to plan and deliver appropriate consultation and preparation for the re-procurement.

12. RISK IMPLICATIONS

- 12.1. This report recommends the extension of an existing contract, exercising an option secured as part of the original procurement and where officers have confirmed satisfactory performance and ongoing budgetary provision.
- 12.2. The report identifies, at 5.7, a number of risks which will arise if this contract is not extended, including a number of potential impacts on service users, other Council services and local residents.

- 12.3. Officers should ensure that sufficient time is allowed to plan and deliver appropriate consultation and preparation for the re-procurement of these services to put in place new contracts from 1 April 2021.

Implications verified by: David Hughes, Director of Audit, Fraud, Risk and Insurance; Tel: 0207 361 2389, E-mail: david.hughes@rbkc.gov.uk

13. BREXIT CONTINGENCY PLAN

The provider has added a Brexit Action Plan within its Business Continuity plan and identified seven key risks including those related to medicines and vaccines and has outlined actions to mitigate each risk in line with government guidance

14. PRIVACY IMPACT ASSESSMENT

This is a continuation of the contract, however, as required under the 2018 GDPR an Information Governance Privacy Impact Assessment (PIA) is required for projects where personal data is involved, as no evidence of such documentation can be found officers will commence work on retrospectively completing 2 PIA's in respect of this lot which will cover information security elements of the systems.

Implications completed by Jan Boucher Information Governance/Caldicott Support Manager Janice.Boucher@rbkc.gov.uk

Chris Greenway
Director of Integrated Commissioning

Contact officer: Judith Ralphs, Strategic Commissioner, Public Health, Bi-borough Integrated Commissioning Team
020 7641 4663 jralphs@westminster.gov.uk

For completion by the Cabinet Member for Family Services & Public Health

Declaration of Interest

I have <no interest to declare / to declare an interest> in respect of this report

Signed: _____ Date: _____

NAME: **Councillor Heather Acton, Cabinet Member for Family Services & Public Health**

State nature of interest if any

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(N.B: If you have an interest you should seek advice as to whether it is appropriate to make a decision in relation to this matter)

For the reasons set out above, I agree the recommendations in the report entitled **EXTENSION OF PUBLIC HEALTH CORE DRUG SERVICE (LOT 1)** and reject any alternative options which are referred to but not recommended.

Signed

Councillor Heather Acton, Cabinet Member for Family Services & Public Health

Date

If you have any additional comment which you would want actioned in connection with your decision you should discuss this with the report author and then set out your comment below before the report and this pro-forma is returned to the Secretariat for processing.

Additional comment:

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If you do not wish to approve the recommendations, or wish to make an alternative decision, it is important that you consult the report author, the Director of Law, the City Treasurer and, if there are resources implications, the Director of People Services (or their representatives) so that (1) you can be made aware of any further relevant considerations that you should take into account before making the decision and (2) your reasons for the decision can be properly identified and recorded, as required by law.

Note to Cabinet Member: Your decision will now be published and copied to the Members of the relevant Policy & Scrutiny Committee. If the decision falls within the criteria for call-in, it will not be implemented until five working days have elapsed from publication to allow the Policy and Scrutiny Committee to decide whether it wishes to call the matter in.