

9 January 2014**Agenda Item: 4****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****NOTTINGHAMSHIRE COUNTY SUBSTANCE MISUSE RECOVERY
SERVICES****Purpose of the Report**

1. The purpose of this report is to provide an update on the progress of the tendering and procurement of substance misuse recovery services, outline the actions undertaken and provide details of the required next steps.

Information and Advice**Definitions**

2. In the context of this report, the term “substance misuse” is used to refer to alcohol and/or drug misuse. The term “drugs” extends beyond illegal drugs such as heroin, cocaine, amphetamines to the misuse of other drugs, including prescription only medicines such as anabolic steroids and benzodiazepines and over the counter medications such as preparations containing codeine. This report relates to adult community-based substance misuse services and excludes prison-based substance misuse services.

The Context

4. The decision was made by the Committee in February 2013 to serve notice on current substance misuse treatment and recovery providers, with a view to undertaking a county-wide procurement exercise during the remainder of the year, resulting in new contracts being awarded. This decision was based on:
 - a) Addressing inequities and duplication in the current system
 - b) Legal EU Procurement requirements
5. A procurement project team has been established, involving key staff from Public Health, the Police and Crime Commissioner’s Office and Corporate Procurement. The first phase of the project plan involved engaging and consulting with key stakeholders to share early thinking, and the proposed model. Early discussions raised some concerns with the timescales and scale of the task involved for contracts to be awarded by April 2014. Following consultation with existing providers an additional six month extension was awarded to the contracts, with the new contract start dates revised to 1st October 2014.

Soft Market Testing

6. A Prior Information Notice (PIN) was published in April 2013 that indicated the Council’s intention to procure a Substance Misuse Service to start in April 2014. The Notice also stated the intention to undertake informal discussions with the interested parties. A number

of suppliers responded to the Notice, ten of whom were visited by the project lead and a member of the procurement team. Relevant questions were sent in advance of the meetings which enabled suppliers to prepare and ensure the most appropriate staff were present. Typically there was supplier representation from Business Development, the relevant Director and Operational staff. These visits were well received and indicated that the proposed model was acceptable to the market and that they would be able to deliver.

7. Ongoing dialogue has been established with these providers and a series of workshops led by procurement have been running through December 2013 and January 2014 to explore some of the key issues raised during the consultation process.

Consultation Process

8. A three month consultation period was established, commencing in June 2013. The aim of this process was to consult with as wide a range of stakeholders and the public from across the county as possible in order to fully understand views and opinions about the current treatment system, the concept of recovery and a proposed model of delivery for a new recovery-orientated substance misuse system.
9. A number of methods were used as part of the consultation process. They involved stakeholder events held in venues across the county, face to face interviews and focus groups with current and ex-service users, family members/significant others and online questionnaires. In addition a number of emails and letters were received. An executive summary is enclosed as Appendix A and full report as Appendix B.
10. Withdrawn.
11. The key themes arising from the consultation were used to revise the proposed model (Appendix C), which, along with the proposed outcome measures (Appendix D) was presented to two Expert Panels. The first panel consisted of service users or 'experts by experience' and the second of 'experts by profession', individuals who have experience of working, commissioning and leading policy in the world of substance misuse. The Expert Panels were established to provide some independent scrutiny and objectivity to the process.
12. In addition, the project team are working with Healthwatch to ensure that the consultation process was delivered with due diligence.

Key Issues

13. As a result of the consultation process and views from the Expert Panels, on the advice of procurement, the following issues have been identified:
 - i. Generally speaking the proposed model promoting a recovery focussed system has been well received, acknowledging that it will present challenges to both service users and staff that are used to working within a traditional treatment focussed model.
 - ii. Capturing outcomes in relation to measuring an individual's recovery is challenging and requires support from colleagues within Public Health England

Tender Timescales and Proposed Lots

14. The timescales proposed are:

October - December 2013	Service specification development
February – April 2014	Tender period - Open bid period will be during Feb and March - provisional 6 weeks bid submission period
May – October 2014	Contract awarded and mobilisation period
1st October 2014	Contract start date

15. Concurrent with this work, there is a re procurement of Children and Young People's (CYP) substance misuse services. Now that the timescale for this is aligning with the adult service work it is proposed that these are brought together into a single tendering process. It is also proposed to include in the same tender services to support Obesity Prevention and Weight Management for Children and Adults. (Further detail regarding this particular area is included in a paper later on this agenda.)
16. In effect the recommendation is that Nottinghamshire County Council uses a single tendering process, with several different lots. This approach will enable a variety of different providers to submit a bid or bids for one or more lots.

Statutory and Policy Implications

17. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

18. Service users, family members/significant others have been centrally involved in the redesign and evaluation of the services.

Financial Implications

19. The tendering of services will address issues of cost efficiency and value for money. The cost of the contract will be met from within the ring fenced public health grant.

Crime and Disorder Implications

20. The link between substance misuse and crime and disorder is well established. Effective substance misuse services will support a reduction in offending and re-offending.

Safeguarding of Children Implications

21. Effective substance misuse services will have a family focussed approach and safeguarding children, as well as safeguarding vulnerable adults, will be central to assessment and ongoing support.

RECOMMENDATION/S

22. The Public Health Committee is asked to

- (1) note the progress of the tendering and procurement of substance misuse recovery services;
- (2) approve the inclusion of Obesity Prevention and Weight Management Services for Children and Adults within the tendering process which will also include substance misuse.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:
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Constitutional Comments

23. The Public Health Committee has authority to approve the recommendation set out in this report by virtue of its terms of reference.

Financial Comments (ZKM 11/12/2013)

24. The financial implications are referred to in paragraph 19 of the report.

Electoral Division(s) and Member(s) Affected

25. All