

 the low tax borough	London Borough of Hammersmith & Fulham CABINET 6 JANUARY 2014
DELEGATED AUTHORITY REQUEST – TRI-BOROUGH PRIMARY CARE AND GROUP WORK TENDER	
Report of the Cabinet Member for Community Care – Councillor Marcus Ginn	
Open Report	
Classification: For Decision	
Key Decision: Yes	
Wards Affected: All	
Accountable Executive Director: Peter Bramblely – Interim Director Public Health	
Report Author: Nicola Lockwood – Senior Commissioner Substance Misuse and Offender Health Team	Contact Details: Tel: 020 8753 5359 E-mail: nicola.lockwood@lbhf.gov.uk

1. EXECUTIVE SUMMARY

- 1.1. A formal decision was made at Tri-borough Gate 1 on 18 October 2013 to proceed with the tendering of two substance misuse services: Lot 1 Tri-borough Primary Care Services; and Lot 2 a Tri-borough Group Work Programme. Councillors Ginn, Weale and Robathan have been briefed and are fully supportive of the tender.
- 1.2. In order for the contract to start on 1 April 2014, in line with current contract end dates and contract variations, tender marking must take place in the period between Christmas and New Year. This means that the tender appraisal panel will meet to consolidate scores in the first week of January 2014. The Cabinet award report will therefore not be ready for Cabinet on 6 January 2014. A contract start date of 1 April 2014 is preferable as extensions to current contracts would otherwise need to be sought. The current timescales for procurement are also achievable.
- 1.3. This report seeks Cabinet approval to delegate the award of the contract to the Cabinet Member for Community Care, so as not to delay the contract start date of the service.

2. RECOMMENDATION

- 2.1. That the decision to award the contract for the provision of the Primary Care Support Services and Group Work Programme across the Tri-borough be delegated to the Cabinet Member for Community Care, to ensure a timely approach to procurement within appropriate timeframes.

3. REASONS FOR DECISION

- 3.1. If the decision relating to the final award of contract to the successful provider were to be delayed until the next LBHF Cabinet meeting in March 2014, the following risks exist:

Extensions to current contracts – If the contract start date is after 1 April 2014, an extension to the current group work contract in LBHF would need to be sought. This contract ends on 31 March 2014. This would mean further Councillor sign off and the agreement of the current provider in extending for a further period.

Variations to current contracts already negotiated – variations to the Tri-borough primary care support contracts are already negotiated as are the changes to group work in Westminster. Delaying the start of the contract would mean further negotiations would need to take place and an agreement with services to extend current contracts and processes. This could have an impact on services owing to a lack of smooth transition.

Full year data not gathered – delaying the contract start date would mean that full year data was not captured for both primary care support services and group work. This would have implications on the timeframe we would have to demonstrate the effectiveness of the programme and primary care support services.

Pre-election period – Delaying the contract start date may take us into the pre-election period making it more difficult for sign off and this could also have an implication regarding Councillor portfolio.

4. INTRODUCTION AND BACKGROUND

- 4.1. A principle to progress retendering the individual group work provision and primary care support across the 3 boroughs was agreed by the relevant Councillors in early October 2013. Formal approval by Gate 1 in Westminster was agreed on 18 October 2013. Justification for the approach taken was in order to streamline processes and management of the contracts which varied over the Tri-borough, and in order to make savings to the overall budget.

4.2 Primary Care

The delivery of addressing substance misuse within primary care is integral to the effectiveness of drug treatment. The current shared care support scheme no longer meets the needs of those residents accessing primary care services. The revision of the GP contract and the National Drug Strategy emphasis on recovery both highlighted the need to revise the approach we have taken within primary care settings. Also the current shared care services are not achieving against the Public Health Outcome Framework. It was agreed earlier in the year that this service should be seen as a procurement priority for 2013/14.

The current service is offered through 3 providers across the Tri-borough and has not been procured independently of wider contracts. As a consequence, the current service has lacked a consistent or coordinated approach and has only focused on opiate users. It is the intention to procure one provider to deliver a more flexible and responsive approach to the wider needs of those who would not usually access substance misuse services.

Recovery is a broader and more complex journey “that incorporates overcoming dependence, reducing risk-taking behaviour and offending, improving health, functioning as a productive member of society and becoming personally fulfilled. These recovery outcomes are often mutually reinforcing.” (Medications in Recovery report 2012). The key drivers for a recovery focussed treatment system are:

- Improvement and involvement of health is an essential element of recovery
- Active promotion of mutual aid networks will be essential
- Evidence shows that treatment is more likely to be effective, and recovery be sustained, where families partners and carers are closely involved
- Substance misuse treatment should be widening the focus to consider dependence on all drugs and alcohol

The proposed new service will have capacity to provide additional brief interventions for alcohol and other substance misuse. In reshaping the way in which primary care support services are delivered there is an opportunity to expand the current Substance Misuse Management of General Practices contract with some surgeries to provide an enhanced service to include community alcohol detoxification.

The service will have a remit to support pharmacists by delivering training and identify those pharmacies able to deliver brief interventions for alcohol and Blood Borne Viruses (BBV).

The Tri-borough service would be required to demonstrate improvement and therefore we expect the service to achieve the following outcomes:

- Identify service users in primary care who have not accessed services previously, thus reducing the overall costs to individuals, families and the wider communities
- Improve the mental and physical health of service users with an emphasis on reducing BBV and other conditions associated with drug and alcohol use.

4.3 Group Work

It was agreed that Groupwork and Day Programmes should be a procurement priority for 2013/14 and has been referenced in previous briefings.

The current Groupwork provision through drug and alcohol treatment agencies is not comprehensive or consistent across the borough. The LBHF contract with the abstinent day programme and the stabilisation day programme is coming to an end on 31 March 2014 having already been extended on 2 occasions. RBKC and WCC are not providing structured day programmes and the groupwork across the Tri-borough area is patchy. We are looking to procure a Triborough groupwork programme that will bring efficiencies through better coordination, be more responsive to identified needs, with improved quality resulting in improved outcomes, clearer referral routes, less reliance on expensive individual purchased packages of care, and reduced costs per head for those attending a day programme or requiring group work interventions.

There is a lack of day programme provision across London and there is an identified need for good quality and comprehensive group work programmes. Tri-borough services have developed in an ad hoc way to address gaps identified through service user consultation and a change in focus away from retention in services to recovery. However this has resulted in some duplication of groups, inconsistency and a post code lottery.

5. PROPOSAL AND ISSUES

- 5.1. This report seeks LBHF Cabinet approval to delegate the award of the contract to the cabinet Member for Community Care in order that we can meet the procurement timetable.

6. OPTIONS AND ANALYSIS OF OPTIONS

- 6.1. Westminster City Council, as the lead borough for Tri-borough public health, has worked with officers at LBHF to consider all options for approval. A delay until March 2014 for a full Cabinet decision could have significant implications on the implementation period and current contract renegotiation.

7. CONSULTATION

- 7.1. The Service User Questionnaire in 2012/13 highlighted lack of group work provision across the 3 boroughs and the lack of opportunities to move out of shared care and into more recovery focused treatment. Following these comments, consultation was conducted at the Treatment Recovery and Care and Primary Care Development Group, attended by service user representatives in order to gather views on the proposals to help shape the models for both services.
- 7.2. Consultation with GPs regarding the changes to the current contracts took place on the 17 October. GPs were on the whole in support of the changes and saw the benefits of a Tri-borough service which supported service users with recovery options. Consultation with GP Clinical Leads have been ongoing through 2012/13 to develop the primary care support service as a tri-borough model.

8. EQUALITY IMPLICATIONS

- 8.1. This report recommends the delegation of the decision making function for the award of contract for the provision of the Primary Care Support Service and Group Work Programme across the Tri-borough Councils to the LBHF Cabinet Member for Community Care. There are no equality impacts arising from this decision.
- 8.2. When the contract is proposed for award by officers, the decision makers will need to give the due regard that is necessary under S149 of the Equality Act 2010.

9. LEGAL & FINANCE IMPLICATIONS

9.1. Primary Care Finance

- We are currently investing a total of £579,105 across the 3 boroughs. The proposed spend on a revised contract will be between £550,000 and £600,000 per annum. The proportionate split per borough is WCC 50%; LBHF 25% and RBKC 25% based on current activity.
- Although there are no cash savings from providing this new service, benefits can be shown through the Public Health Value for Money Cost Effectiveness Tool which shows that for every £1 spent saves £6.07 to LBHF; £4.78 to RBKC and £3.57 to WCC
- Increased efficacy and consistency of service delivery results in better value for money. In addition by procuring in conjunction with the Group work tender we could further maximise the benefit if the same supplier won both bids.
- The full financing of this project is utilising resources that will be released through the negotiated variations in current contracts.

9.2. Group Work Finance

- Current funding for groupwork and day programmes across the Tri - borough is £1,052,000 with approx. 50% of this being from LBHF. The new service is costed as between £600,000 and £700,000. The breakdown of each boroughs contribution is identified on the basis of activity and need and is as follows:
- WCC 40%, LBHF 30%, RBKC 30%.
- Current costs per head equates to an average of £2,500; in the new scheme the estimated costs per head is between £1,250 and £1,460
- Initial savings by procuring a local group work programme will be between £250,000 - £350,000 to the public health grant for Substance Misuse and Offender Health. These savings will be realised through increased numbers in treatment, less staff resources required, single contractor, reduced purchased packages of care
- It is hoped that these savings will be re-invested to address emerging trends and increased identified need for increased alcohol service provision.

9.3 Implications completed by: Hitesh Jolapara, Bi Borough Director of Finance ext. 2501.

10. LEGAL IMPLICATIONS

- 10.1 Under the Council's Contract Standing Orders, a Cabinet decision is required to award contracts over £100,000. However, it is noted that, for the reasons set out in this report, it is proposed that authority to award this contract for the provision of the Primary Care Support Services and Group Work Programme across the Tri-borough is delegated to the Cabinet Member for Community Care.
- 10.2 Implications completed by: Cath Irvine, Senior Solicitor (Contracts) ext 2774.

11. RISK MANAGEMENT

- 11.1. If delegated authority is not given, current contracts in H&F will need to be extended and RBKC and Westminster contracts will need to be renegotiated. The contract award report would need to go to March Cabinet and award would be delayed significantly.

12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 12.1. The contract start date will be delayed if delegated authority is not given.

LOCAL GOVERNMENT ACT 2000 LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Briefing Note to Cabinet Member for Community Care October 2013 – Primary Care and Group Work Tenders	Nicola Lockwood, Senior Commissioner Substance Misuse and Offender Care Team Tel: 020 8753 5359 Helen Byrne, Senior Commissioner Substance Misuse and Offender Care Team Tel: 020 8753 1598	