

Health and Wellbeing Scrutiny Commission Briefing

Substance Misuse Services Re-Procurement

Lead director: Tracie Rees



City Mayor

Ward(s) affected: All

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1.0 Purpose of Briefing

To provide the Health and Wellbeing Scrutiny Commission with an update on the plans to re-procure substance misuse services for the city.

2.0 Background

Existing contracts for substance misuse services in the City are due to expire in June 2016.

In accordance with best practice a review of the existing services has been undertaken.

The current services, by virtue of the fact that they are separate, provide the opportunity for attrition at the boundaries of services. This means that there is the potential for service users at these transition points to unintentionally leave services thus jeopardising their recovery journey.

There are currently separate community based services for Leicester City residents and Leicestershire and Rutland County residents. Service users have told us that they would welcome the opportunity to access services at a location away from their place of residence perhaps for convenience to fit in with their work schedule or for reasons of anonymity; under the current service structure this is not possible.

A recommendation was made to executive leads that we work with partners in the county to investigate the feasibility of a jointly commissioned single integrated LLR wide substance misuse service.

Consultation with key stakeholders was undertaken between November and December 2014. This exercise demonstrated support for a single integrated substance misuse service across LLR.

County partners conducted their own engagement and have confirmed their commitment to jointly commission an LLR service that provides equity for service users across the sub-region. This secures the partnership to support the preferred option for the future of substance misuse services.

A second stage consultation exercise is currently underway across Leicester Leicestershire and Rutland. This exercise closes on 16th August 2015. The

consultation can be accessed here

https://consultations.leicester.gov.uk/corporate-resources-and-support/substance2015/consult_view

Details of the consultation have been shared with a LLR wide stakeholder list-that has included Police, Probation, Local medical and Pharmaceutical councils, as well as local voluntary sector/community groups that have identified they work with people with drug/alcohol problems. The consultation has also been promoted via FACE e-mail and Interface in the City. A copy of the consultation document is provided as an appendix to this document.

Soft market testing to gauge interest and opinions of provider organisations in the new model is also underway.

3.0 The Model

The proposed model is a jointly commissioned, single service for substance misuse across LLR. Fortuitously the County contracts cease at the same time as the City contracts, enabling alignment of timescales for re-procurement. An integrated LLR model provides equity in service provision for residents across Leicester, Leicestershire and Rutland.

In addition to providing an effective service model, this joint approach provides the optimum opportunity for delivering efficiencies, as the 4 existing separate services totalling £10m will be re-procured into one service. Previous service consolidation exercises have resulted in 8 -10% efficiency savings with no impact on front line service delivery and therefore this option has the potential to deliver up to £1m savings through efficiencies and reduced duplication. Any savings realised through the re-procurement will contribute to the Council's savings/efficiency programme.

This jointly commissioned option is supported by Leicestershire and Rutland County Councils Public Health Departments, who have secured political sign off for this model; and the Office of the Police and Crime Commissioner (OPCC), who contributes £0.5m to the budget.

Advantages

1. Service continuity and consistency
2. Eliminating unnecessary duplication across services
3. Equity in access to services regardless of whether users live in the city or the counties.
4. Supports service user anonymity; users could access services not in immediate area of residence, but equally will be able to access services close to home.
5. Seamless service provision that will support the movement of service users in their journey within the pathway, and lead to reduced attrition rates i.e. reduce the likelihood of service users dropping out of treatment as they navigate their way through the treatment journey.
6. Improved accountability that will support improved performance of contracts.
7. Delivery of efficiencies, increased value for money.
8. Ability of provider to redistribute resources across the system.

Risks / Disadvantages

City specifics regarding need could be at risk. This would be managed through;

1. Separate City and County service specifications and reinforced through contractual monitoring. Clear partnership agreements would be drawn up to support the joint commissioning arrangements.
2. TUPE risk. Procurement of a large contract of this nature does come with TUPE implications that could be a potential barrier for procurement. It is recommended that start-up costs are offered to potential providers to cover any immediate TUPE costs and to stimulate the response of the market by encouraging providers to tender for the contract. There are some non-recurrent funds within the budget that could be set aside for this purpose.

4.0 Conclusion

Lead executive members have been briefed on the proposed model which is supported by key stakeholders and service users. To meet the timescales for procurement an invitation to tender will be issued on 5th October 2015.

Details of Scrutiny