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(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting:	Health, Wellbeing & Social Care portfolio
Subject:	Substance Misuse treatment and support services retender
Date of meeting:	2 nd December 2021
Report by:	Director of Public Health
Wards affected:	All

1. Requested by

Councillor Jason Fazackarley, Cabinet Member for Health, Wellbeing & Social Care

2. Purpose

To inform the Cabinet Member for Health, Wellbeing & Social Care of the commissioning plan to re-procure substance misuse treatment and support services in Portsmouth.

3. Information Requested**3.1 Background**

Substance misuse contributes considerably to the overall burden of disease and social need in the UK, such as communicable diseases, mental health issues, physical health and accidental harms. Substance misuse is a complex issue that touches young people, adults, families, communities and society, affecting a wide range of health and social outcomes. Dependency on and engagement with drugs and/or alcohol affects all aspects of an individual and community, relationships, meaningful activities and employment, family life, educational attainment, housing opportunities, criminal and anti-social behaviour.

Substance misuse interventions and treatment lead to improved public health outcomes, including benefiting the wider determinants of health, health improvement, health protection and preventing premature mortality.

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Local Strategic Aims & Priorities

The relevant Council priorities which this contract will contribute towards:

- Make Portsmouth a city that works together, enabling communities to thrive and people to live healthy, safe and independent lives.
- Make our city cleaner, safer, greener

In addition substance misuse treatment is linked to the following strategic priorities:

Health & Wellbeing Strategy priority¹: *Supporting social, emotional and mental health, focusing on reducing the harms from alcohol and other substance misuse, reducing the causes of isolation and exclusion, and promoting positive mental wellbeing*

Community Safety Plan priority²: *To reduce the harms from alcohol and substance misuse, support the recovery community, reduce the availability of low-cost, high strength alcohol, use licensing powers to promote the responsible drinking, improve outcomes for people with complex needs (toxic trio – mental health, substance misuse, domestic abuse).*

Office of the Police & Crime Commissioner: *Contribute to achieving the Police and Crime Commissioner's priorities as outlined in the 'More Police, Safer Streets' Police and Crime Plan 2021-2023*

Need in Portsmouth

Portsmouth has disproportionately high levels of harm linked to drug and alcohol dependency, as detailed below, when compared to the England average, however is similar to areas with comparable socio-economic deprivation.

Alcohol

- Estimated 1.86% (n 3,075) of our population are dependent drinkers (1.39% England average)
- High rates of alcohol specific mortality
- High rates of alcohol specific hospital admissions (especially female rates, where we are the highest in the SE)
- High rates of admissions for mental & behavioral disorders and intentional

¹ <https://democracy.portsmouth.gov.uk/documents/s17904/Health%20Wellbeing%20Strategy%20Appendix.pdf>

² <https://democracy.portsmouth.gov.uk/documents/s29859/Community%20Safety%20Plan%202021%202022.pdf>

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- self-poisoning linked to alcohol
- 53% of alcohol dependent people entering treatment had an identified mental health need (55% for women). Of these 72% were receiving treatment.
- 24% of those entering treatment were in regular employment

Drugs

- Estimated 1541 opiate and/or crack cocaine users (OCUs) in Portsmouth (1.06% of adult population)
- Higher than average rate of drug related deaths (7.9 per 100,000 compared to 4.7 for England in 2019), although a reduction compared to 2015 where it peaked to 9.5 per 100,000
- High rate of hospital admissions for drug poisoning (90.7 per 100,000, England average 53.8)
- Proportion of OCU's not in treatment 50.3% (52.5 South East, 52.1 England average)
- 46% of drug users entering treatment had an identified mental health need (this was higher amongst women 53%) – of these just over half (56%) were receiving mental health treatment
- 36% entering treatment were in regular employment

3.2 Current service performance

For the 12 months to the end of May 2021 there were 1411 in treatment according to the National Drug Treatment Monitoring System (NDTMS) (957 at the end of March 2017).

Table: Number in treatment, new presentations to treatment and successful completions:

Primary substance	Number in treatment June 2020 - May 2021	New presentations Apr 20 - Mar 21	% successful completions Apr 20 - Mar 21
Opiate	767	181	6.2%
Non-opiate only	148	65	29.8%
Non-opiate and alcohol	147	60	31.2%
Alcohol only	349	105	36.2%
Total	1,411	411	

Portsmouth's gender split is approximately 65% male / 35 % female (nationally it is 68/32)

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3.3 Re-procurement

Substance misuse services were last procured in November 2016, with the development of an integrated service, pulling together previously separate elements into a single contract with a lead provider. This joined together substance misuse treatment services alongside supported housing for this client group.

This current lead provider delivering the service is the Society of St. James.

Included within this service delivery is a wide range of provision, including:

- Harm reduction (needle exchange, blood borne virus screening, overdose prevention advice, Naloxone the heroin antidote)
- Assessment and care co-ordination
- Pharmacological interventions (substitute medication such as Methadone, or relapse prevention medication such as Acamprosate)
- Psycho-social interventions (group therapy, one to one counselling)
- Access to residential treatment (inpatient detoxification, residential rehabilitation)
- Positive activities (volunteering, physical activities, education)
- Accommodation with support
- Aftercare
- Peer / self-help support

Due to the ending of the contract, with no further extensions available, the services are required to be retendered.

3.4 Consultation

Before commencing the retender, the Public Health team in Portsmouth City Council led a stakeholder consultation to understand the impact of current service provision, and to seek a range of views on future priorities within the service provision.

A survey was provided in electronic and paper form. In total there were 207 responses, the majority were from service users, however there were also responses from carers, staff within the sector and other related sectors (mental health, Probation etc). In addition to the survey, focus groups were held with service users, staff and carers.

The consultation identified a range of good practice and services which were valued by those using them. It also identified gaps in provision and suggested improvements, these included:

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- Enhanced Access - give choice to mode of delivery - keep aspects of telephone assessment/ online/virtual groups which have developed during the pandemic. Expansion of hours to include more weekend or evening access.
- Focused support for those on long term substitute prescribing to move people to abstinence.
- Expansion of dual diagnoses / Mental Health roles integrated into the main service
- Women specific services
- Better use of people with a lived experience to provide peer support at treatment access points and throughout someone's treatment journey.
- Need for clean and dry accommodation in the city

The project team has also undertaken consultation with a range of potential providers, to understand their requirements to encourage them to bid for the service and to increase the quality of the bids.

3.5 Project oversight

A project steering group has been established to provide expert oversight of the re-procurement. Membership of this group includes:

- Public Health consultant
- Assistant Director Adult Social Care
- Clinical Commissioning Group Clinical Lead
- Office of Police & Crime Commissioner Commissioning Officer

The project team further includes representation and joint working from Public Health, Procurement, Legal Services, Adult Social Care, a representative with a lived experience of addiction and Financial services. All parties are working closely to ensure the Council's procurement procedures are being fully adhered to.

3.6 Timetable

The following timetable has been agreed to deliver the re-procurement:

Tender commenced	8 th October 2021
Tender return deadline	10 th December 2021
Initial evaluation of tenders completed	7 th January 2022
Interviews/ site visits	10 January - 14 January 2022
Contract award	1 st February 2022
Mobilisation	4 months
Start of contract	1 st June 2022

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This timetable provides potential bidders with sufficient time to develop their proposals. It also provides significant time for mobilisation for the new contract.

3.7 Priorities

The retender is split into two contracts.

Contract 1 contains the following elements of service provision:

- **Substance misuse harm reduction and treatment service**
- **Substance misuse supported housing service**

Housing is an essential factor in supporting people in their recovery journey. Combining these elements will enable integrated working, with both elements supporting each other to meet the service user's needs.

Contract 2 contains the following element:

- **Independent peer-led support service**

This provides peer-led advocacy and mentoring support to people in treatment. In addition peer-led support groups and drop-ins will support people in their recovery. The service will also provide volunteering, education and employment opportunities for people with a lived experience of addiction to 'give something back'. This in turn sustains their long-term recovery.

The following priority groups are detailed in the service specification, with an expectation that providers will demonstrate how the new service will meet their needs to a greater extent:

- Women
- Offenders
- Alcohol only service users
- Parents, grandparents, carers
- Complex needs service users, including co-occurring mental health
- Long-term substitute prescribed service users
- Armed forces veterans

In addition a requirement to expand clean and dry housing is specified.

3.8 Budget

Contract 1:

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When the main substance misuse service was last tendered in 2016 the recurring funding was £2.3m per annum for the treatment service and £330,000 for the supported housing.

For this coming tender the budget for the treatment service is £2.57m, an increased investment of £270,000 per annum compared to 2016.

This budget includes the following partner contributions:

- Office of the Police & Crime Commissioner: £47,000
- Portsmouth Clinical Commissioning Group: £32,000

The budget for supported housing remains at £330,000 per annum.

In addition to this secure funding, there is likely to be additional insecure funding which Portsmouth City Council currently receives in the form of grants from the Office for Health Improvement and Disparities (formerly Public Health England). These grants could

provide up to an additional £1m for 2022/23, however at present it is uncertain if there will be any additional funds or how long they would be provided for.

Contract 2:

The budget for the peer-led service is £160,000 per year. However, if there is additional grant funding from central government, this could be increased up to £225,000.

3.9 Contract Length

The initial contract length will run from the 1st June 2022 to the 31st March 2026 (3 years and 10 months), however the contract will allow for extensions of between 1-3 years at a time up to a maximum of 6 additional year). Therefore the maximum potential length of the contract is 9 years and 10 months.

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Signed by (Director)