
EXECUTIVE MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH, PUBLIC PROTECTION AND DIGITAL INCLUSION

A meeting of the Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion was held on Monday 14 November 2022.

PRESENT: Councillors D Coupe

OFFICERS: M Adams and S Bonner

22/5 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

22/6 **EXTENSION TO CLINICAL SUBSTANCE MISUSE PRESCRIBING SERVICE – PART A**

The Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion and the Director of Public Health submitted a report for consideration.

The report sought approval to extend the specialist clinical/prescribing contract for substance misuse by one year, to 31/3/24.

This would allow safe and sufficient timescales to carry out system consultation in planning the new model, a procurement exercise and a seamless transition to future steps:

- Ensuring full appraisal and appropriate management of risks;
- Enabling necessary clinical safety and quality to be maintained.

It also enabled planning and actions to be carried out in tandem with Integrated Care Board (ICB) colleagues, which was essential given the co-dependencies of the current service between health and public health.

OPTIONS

Other potential decisions were considered but were not recommended for the following reasons:

1. Carry out the procurement and implementation of a new service by 1/4/23 – unfeasible due to the unsafe timescales (as detailed earlier in this report);
2. Find a suitable provider who could provide a temporary service, in place by 1/4/23 in order to enable realistic timeframe to carry out a procurement exercise – this option presented too much risk regarding staffing (losing the clinical team was likely as they would prefer to stay within NHS settings), prescribing systems (a new case management system with prescribing functionality would have been required, as well as the data transfer of all current patients and their medications) and delivery locations (a new building would be required), plus the amount of work involved to mobilise this and then potentially have to do the full transition again within a short period of time;
3. Direct award of a contract and/or work in partnership with another statutory organisation to design and implement an appropriate new service by 1/4/23 – the risk of challenge from other providers was deemed to be too great by corporate legal and procurement teams;
4. Do nothing – not a feasible option as the outcome would be having no service provision on 1/4/23.

ORDERED

That a one year contract extension, covering the period 1/4/23 – 31/3/24, subject to agreement of all the financial or exempt information contained in Part B of the report be approved.

REASON

There was no option to risk having any break in service provision. This would have resulted in serious risk of overdoses and deaths, and would have had extremely negative consequences for a large number of extremely vulnerable people. This decision provided appropriate timescales to enable the future service to be planned, developed and implemented safely, in conjunction with relevant partners and stakeholders.

The whole review process and associated uncertainty had caused a significant impact on the service and their ability to retain key staff. Due to Foundations having served notice on all of their contracts, they had already informed their staff that the service was going to cease.

If there was a delay of another month, the risk of losing a significant number of staff was amplified, particularly in terms of the clinical roles. These were very difficult to recruit in normal circumstances but, if there was only just over a year of a contract left for Foundations, they would be virtually impossible to replace. By their nature, these roles tended to be most critical to the running of the service and, given the uncertainties around the future, staff were already unsettled. Further losses would have left the Council in a position where the provider was unable to deliver the service.

Appropriate funding was available to provide the extension without causing financial pressure on Middlesbrough Council.

It enabled public health to work with the ICB and wider stakeholders within the local system, in terms designing the best solution to meet local needs and across the scope of all service elements. This work was already underway and would continue as a priority to ensure that the new service delivery, regardless of the provider, would be in place for 1/4/24.

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EXCLUSION OF PRESS AND PUBLIC

ORDERED that the press and public be excluded from the meeting for the following items on the grounds that, if present, there would be disclosure to them of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and that the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

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EXTENSION TO CLINICAL SUBSTANCE MISUSE PRESCRIBING SERVICE – PART B

ORDERED

That the recommendations of the report be approved

REASONS

The decision was supported by the following reason:

For the reasons outline in the report

As the decisions were considered under Special Urgency provisions, there are not subject to Call In procedures and will come into effect immediately.