

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

Date: Monday 14th November, 2022
Time: 2.00 pm
Venue: Mandela Room

AGENDA

1. Declarations of Interest
2. Extension to Clinical Substance Misuse Prescribing Service – Part A 3 - 10
3. Exclusion of Press and Public

To consider passing a Resolution Pursuant to Section 100A (4) Part 1 of the Local Government Act 1972 excluding the press and public from the meeting during consideration of the following items on the grounds that if present there would be disclosure to them of exempt information falling within paragraph 3, of Part 1 of Schedule 12A of the Act and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
4. **EXEMPT Extension to Clinical Substance Misuse Prescribing Service – Part B** 11 - 18
5. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Tuesday 8 November 2022

MEMBERSHIP

Councillor D Coupe

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Scott Bonner, 01642 729708, scott_bonner@middlesbrough.gov.uk

MIDDLESBROUGH COUNCIL	
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Report of:	Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion; South Tees Director of Public Health.
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Submitted to:	Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion
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Date:	14 th November 2022
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Title:	Extension to Clinical Substance Misuse Prescribing Service – Part A
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Report for:	Decision
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Status:	Public
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Strategic priority:	Vulnerability
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Key decision:	Yes
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Why:	Decision(s) will incur expenditure or savings above £150,000
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Urgent:	Yes
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Why:	Critical service with risk of serious harm/deaths and system-wide impact if there is any disruption
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Executive summary	
<p>This report seeks approval to extend the specialist clinical/prescribing contract for substance misuse by one year, to 31/3/24.</p> <p>This will allow safe and sufficient timescales to carry out system consultation in planning the new model, a procurement exercise and a seamless transition to what comes next:</p> <ul style="list-style-type: none"> • Ensuring full appraisal and appropriate management of risks; • Enabling necessary clinical safety and quality to be maintained. <p>It also enables planning and actions to be carried out in tandem with Integrated Care Board (ICB) colleagues, which is essential given the co-dependencies of the current service between health and public health.</p>	

The proposed decision is that the Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion:

- *Approves the one year contract extension;*
- *That the decision be taken once all the financial or exempt information contained in Part B of the report has been considered.*

The primary reason for this recommendation is that five months is not a safe nor sufficient timescale to carry out all of the necessary steps (finalise the specification and tender documentation, carry out market engagement/stimulation, carry out a procurement exercise and ensure adequate mobilisation and implementation periods). Any disruption to prescribing and clinical care would result in serious risk of overdoses and deaths.

It would increase health inequalities for an extremely vulnerable, underserved group in terms of their healthcare needs not being delivered in an accessible manner. There are also many wider service delivery implications for the local system, as Foundations also provide several other service aspects for both public health and the ICB.

The additional year would ensure that, should Foundations not continue as the provider for April 2024 and beyond, the ICB would also have sufficient time to disperse between 1,500 – 2,000 Middlesbrough patients across the local primary care system.

The reason the Single Executive Member decision is being sought is because the funding envelope is over the £150k threshold but the timescales associated with the full Executive route would present too great a risk in the current circumstances.

Purpose

1. This report seeks approval to extend the current contract with Foundations Medical Practice for a further twelve months, for the period 1/4/23 to 31/3/24.

Background and relevant information

2. The specialist prescribing service in Middlesbrough is currently contracted with Foundations Medical Practice. Historically this service has been delivered as part of a coterminous arrangement with the former South Tees CCG (now Integrated Care Board – ICB), who commission Foundations for primary care.
3. The ICB provide an enhanced service (ES) payment in relation to the Foundations patient group, to augment the general medical element of service delivery. This, along with the public health and various primary contracts, makes the service financially viable and ensures that the healthcare needs of an underserved population group are more effectively met.
4. The service has been affected by the overall budget reductions to substance misuse with significant cuts to the funding since 2013. These impositions, on both the service and wider substance misuse model, have resulted in caseload sizes becoming dangerously high, which restricts the amount of support that can be provided to individuals who are reliant on the service.
5. In 2020, a two year contract was awarded to Foundations via VEAT Notice (Voluntary Ex Ante Transparency). It was agreed that, during this period, work with the CCG to look at new, complementary models would take place. This work was delayed due to COVID 19 and, in August 2021, the CCG (now ICB) had to seek approval from their Executive to extend the Foundations contract by one year to 31st March 2023. Middlesbrough Council agreed to do the same.
6. As this contract has not, to date, been part of a tendering activity, Middlesbrough Council agreed that a review of their current specialist clinical/prescribing contract was required. To carry out a review ahead of any major procurement exercise is standard practice within public health, to ensure new contracts both meet the current needs of the local population and provide value for money.
7. Due to the complexity of the system and the need to carry out separate reviews of the public health and enhanced primary care service elements. A new specification and associated changes to the overall operating model could not be developed without the aforementioned review being undertaken.
8. An independent, clinical expert was secured to lead the review of the specialist clinical/prescribing contract. This has been undertaken between July-October 2022, in conjunction with members of the council's public health and procurement teams.
9. Foundations also provide several other service elements across the local system, including the HILT hospital-based team, Project ADDER and other grant funded activity (both for public health), plus the asylum seekers' practice and the violent patients service (for the ICB).

10. In September 2022, Foundations served notice on their public health substance misuse clinical contract and also their primary care elements of service. This would result in the service ceasing to operate on 31/3/23 and their decision was based on the financial risks of continuing without all components being in place and funded.
11. At the same time, the Heroin/Diamorphine Assisted Treatment pilot (HAT/DAT) had to commence its closure. Despite funding being allocated from the Middlesbrough Project ADDER grant, a significant additional amount was required to enable the pilot to continue. This could not be secured, therefore, Foundations will not receive the ADDER funding for 2023/24 onwards and the staff associated with delivering HAT/DAT. This creates further financial and capacity pressures on the service.
12. All wards are affected by the proposals, given that the service supports more than 2,000 people per year across a variety of settings.

What decision(s) are being recommended?

That the Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion:

- *Approves the one year contract extension, covering the period 1/4/23 – 31/3/24;*
- *That the decision be taken once all the financial or exempt information contained in Part B of the report has been considered.*

Rationale for the recommended decision(s)

13. There is no option to risk having any break in service provision. This would result in serious risk of overdoses and deaths, and have extremely negative consequences for a large number of extremely vulnerable people. This decision provides appropriate timescales to enable the future service to be planned, developed and implemented safely, in conjunction with relevant partners and stakeholders.
14. The whole review process and associated uncertainty has 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.
15. If there is a delay of another month, the risk of losing a significant number of staff is amplified, particularly in terms of the clinical roles. These are very difficult to recruit in normal circumstances but, if there is only just over a year of a contract left for Foundations, they would be virtually impossible to replace. By their nature, these roles tend to be most critical to the running of the service and, given the uncertainties around the future, staff are already unsettled. Further losses would leave us in a position where we the provider is unable to deliver the service.
16. Appropriate funding is available to provide the extension without causing financial pressure on Middlesbrough Council.
17. It enables 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 is already underway and will continue as a priority to ensure that the new service delivery, regardless of the provider, will be in place for 1/4/24.

Other potential decision(s) and why these have not been recommended

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

- a. 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);
- b. Find a suitable provider who can provide a temporary service, in place by 1/4/23 in order to enable realistic timeframe to carry out a procurement exercise – this option presents too much risk regarding staffing (losing the clinical team is likely as they would prefer to stay within NHS settings), prescribing systems (a new case management system with prescribing functionality would be 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;
- c. 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;
- d. Do nothing – not a feasible option as the outcome would be having no service provision on 1/4/23.

Impact(s) of the recommended decision(s)

Legal

19. An extension to the current contract is not legally permissible and carries with it a risk of challenge from other potential providers. Consequently the preferred option, if time had allowed, would have been to undertake a procurement exercise.

20. The risk of this challenge is balanced with the risk of significant harm to people caused by disruption to the service due to the current timescales before the end of the contract. As a result, the extension process is the option of least risk.

21. The corporate legal and procurement advice states that extending the contract is the appropriate option in the current circumstances.

Strategic priorities and risks

22. The proposed policy will contribute to the Council's strategic plan as follows:

People	Place	Business
<i>We will work to address the causes of vulnerability and inequalities in Middlesbrough and safeguard and support those made vulnerable.</i>	<i>We will tackle crime and anti-social behaviour head on, working with our partners to ensure local people feel safer.</i>	<i>We will ensure that we place communities at the heart of what we do, continue to deliver value for money and enhance the reputation of Middlesbrough.</i>

23. This policy will impact positively on the following risks:

- O3-030 Improved offer of support for addiction recovery

Human Rights, Equality and Data Protection

24. The ICB is concerned that, if the terms do change or the practice don't accept the extension or timelines, it offers very little time (if not decided until end of November/early Dec) to manage a dispersal (i.e. up to 2,000 extremely vulnerable patients would need to be absorbed into other primary care practices).

25. South Tees Public Health is equally concerned that there is significant risk of these extremely vulnerable patients not being re-engaged. They consist of people affected by substance misuse-related issues, with a majority having serious co-morbidities and/or multiple additional vulnerabilities; and asylum seekers, most with no recourse to other support. Both of these population groups struggle to navigate the system effectively and, consequently, end up with no healthcare and support.

26. The extension has been proposed in response to the risks associated with unrealistic timeframes for procurement, mobilisation and safe transition to be undertaken (as highlighted by the Risk Profile, provided as an appendix to this report). The human rights of an extremely vulnerable group of our local population would likely have been significantly and negatively impacted by any disruption to this vital service provision. By maintaining and improving the current provision, there are no impacts on equality nor data protection.

27. A Decommissioning Impact Assessment (DIA) and a corporate Risk Profile Form have been completed. Both of these include assessment of the anticipated adverse impacts on equality, patients/individuals and the wider system.

28. Taking into account the potential negative impacts highlighted in the assessments (attached as appendices), the purpose of the decisions recommended in both Parts A and B of this report are to mitigate these risks. The recommendations would not have any disproportionately negative impacts on protected groups.

29. The proposed decisions do not involve the collation and use of personal data.

Financial

30. This clinical service is already a core part of the mainstream public health budget, and the extension can be covered via available funds. This represents no adverse financial impact on Middlesbrough Council.

31. The external grant funding for improving the local approach to addressing issues associated with substance misuse, such as Project ADDER, will be utilised to make a range of improvements/enhancements to the service during the extension period.

Actions to be taken to implement the recommended decision(s)

Action	Responsible Officer	Deadline
The extension paperwork will be prepared for signatures.	Legal	Immediately following approval.
The ICB are informed of the Council's decision to approve the twelve month extension.	Mark Adams	Immediately following approval.
The processes of the improvement/enhancement actions with the service and the system-wide engagement regarding what comes next will be progressed.	Jonathan Bowden/Vicky Franks	Immediately following signature of extension.
Continue to develop the new specification and associated changes to the substance misuse service model, as well as the process to secure the provider to deliver it.	Vicky Franks/Jonathan Bowden (in collaboration with corporate procurement and key partners, including the ICB)	To have the new service model agreed and the provider for 1/4/24 onwards secured by 30/9/23 (at the very latest). This will enable a minimum of six months for mobilisation.

Appendices

N/A

Background papers

Body	Report title	Date
N/A		

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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