

Report to:	SINGLE COMMISSIONING BOARD
Date:	22 June 2017
Officer of Single Commissioning Board	Angela Hardman, Executive Director - Public Health, Business Intelligence and Performance
Subject:	DRUG & ALCOHOL RECOVERY SERVICE: CONTRACT NOVATION AND MONITORING
Report Summary:	<p>At its meeting in May 2017 SCB adopted a recommendation to transfer the contract for the local Drug and Alcohol Recovery Service from Lifeline to CGL (Change, Grow, Live) from 1 June 2017.</p> <p>The terms of the novated contract are the same as that agreed with Lifeline in 2015, and runs until July 2025.</p> <p>Finance comments on the proposal included:</p> <p><i>“However, it is critical that continual and regular reviews of the organisation’s financial stability should be implemented within the ongoing contract monitoring arrangements to ensure there is a sufficient period available for alternative arrangements to be implemented in the eventuality of organisational failure in the future.”</i></p> <p>In view of these comments, the short notice of the change, the limited local knowledge of the new provider and the absence of a tender process, SCB requested a proposal for enhanced financial and performance monitoring to support assurance and consideration of whether a re-tender is necessary.</p> <p>This report outlines proposed process that builds on the existing process and includes these elements:</p> <ul style="list-style-type: none"> • current contract monitoring process of: <ul style="list-style-type: none"> ○ monthly Steering Group ○ quarterly provider reports ○ regular Governance Meetings focused on clinical audits and untoward events ○ annual provider reports ○ annual commissioner performance audit checks and review • TMBC Internal Audit and CQG reviews in July 2017 • additional financial monitoring and organisational intelligence • enhanced monitoring measures identified by commissioner Clinical Lead • nationally published statistics
Recommendations:	<p>Single Commissioning Board are recommended to:</p> <ol style="list-style-type: none"> 1. Endorse this proposed monitoring framework which incorporates paragraphs 2.2 to 2.8 of the report what is currently included in the current contract. Paragraphs 2.9 to 2.20 summarise the additional elements.

2. Receive a contract monitoring report in October 2017.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	2017/2018 - £ 3.469 million
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Avoidance of health service demand related expenditure
Additional Comments The additional details stated within section 2.12 of the report should enhance the financial intelligence available to the Single Commissioning Board. This should support awareness of any potential organisational failure at an early stage.	

Legal Implications:

(Authorised by the Borough Solicitor)

The key time to negotiate changes to the above contract was prior to the novation of the contract as the novation itself could have been conditional upon the acceptance of the proposed changes. Whilst there is no reason to believe that the provider will not accept the proposed monitoring framework the option remains for the Council to consider the exercise of the no fault termination provision within the contract which requires 12 months' notice of termination and undertake a procurement exercise for a replacement provider.

How do proposals align with Health & Wellbeing Strategy?

Reducing harmful drug and alcohol use is identified as a priority within the Health and Wellbeing Strategy.

How do proposals align with Locality Plan?

Reducing harmful drug and alcohol use is important to reduce premature mortality, hospital admissions and long term conditions, and contribute to our ambition to increase healthy life expectancy.

How do proposals align with the Commissioning Strategy?

Reducing harmful drug and alcohol use will contribute to reducing premature mortality, hospital admissions and long term conditions.

Recommendations / views of the Professional Reference Group:

The paper has not been reviewed by PRG in view of the timescale requirement for it to be prepared between SCB meetings

Public and Patient Implications:	Novation of the contract will ensure continuity of service provision. The new service has attracted new clients, particularly alcohol users and young people.
Quality Implications:	CGL passed all sections of the Organisational Questionnaire document which included elements on organisational information, financial details, insurance, equal opportunities, health & safety, clinical safety and governance, business contingency and safeguarding.
How do the proposals help to reduce health inequalities?	Harmful drug and alcohol use is associated with social deprivation. The service aims to support recovery enable independence, and stability of housing, relationships and employment.
What are the Equality and Diversity implications?	The service is available to self-referral from anyone with a concern about their use of drugs or alcohol.
What are the safeguarding implications?	Service users and their families may be vulnerable as result of harmful drug use. The current service was reviewed by CQC in December 2106, and no concerns about safeguarding were identified. Safeguarding was included in the Organisational Questionnaire for CGL, and some policy issues for follow up were identified.
What are the Information Governance implications?	Information Governance was included in the Organisational Questionnaire and considered satisfactory.
Has a privacy impact assessment been conducted?	This was concluded within the tender in 2015.
Risk Management:	Information Governance was included in the Organisational Questionnaire and considered satisfactory.
Access to Information :	The background papers relating to this report can be inspected by contacting Gideon Smith, Consultant Public Health:  Telephone: 07989 991041  e-mail: gideon.smith@tameside.gov.uk

1.0 BACKGROUND

- 1.1 At its meeting on 25 May 2017 the Single Commissioning Board adopted a recommendation to transfer the contract for the local Drug and Alcohol Recovery Service from Lifeline to CGL (Change, Grow, Live) from 1 June 2017.
- 1.2 This was prompted by a request from Lifeline and CGL based on an agreement that had been reached between them following changes in the financial circumstances of Lifeline.
- 1.3 In order to be assured of the capability and competence of CGL as an organisation and their ability to achieve and deliver the contractual obligations, a full organisational questionnaire was submitted by CGL, identical to the document provided by tendering organisations during the original service tender in 2015. CGL passed all sections of the document which includes elements on organisational information, financial details, insurance, equal opportunities, health & safety, clinical safety and governance, business contingency and safeguarding. Each section was been evaluated by lead officers.
- 1.4 The terms of the novated contract are the same as that agreed with Lifeline in 2015, and runs until July 2025.
- 1.5 Finance comments on the proposal included:

“Single Commissioning Board members should be satisfied that the novation of the contract to the new provider on 31 May 2017 will ensure continuity of an essential service to the health and social care economy.

It is important to note that the new organisation is currently considered to be financially stable based on the details provided within the organisation questionnaire referenced in Appendix 1.

However, it is critical that continual and regular reviews of the organisation’s financial stability should be implemented within the ongoing contract monitoring arrangements to ensure there is a sufficient period available for alternative arrangements to be implemented in the eventuality of organisational failure in the future.”

- 1.6 In view of these comments, the short notice of the change, the limited local knowledge of the new provider and the absence of a tender process, the Single Commissioning Board requested a proposal for enhanced financial and performance monitoring to support assurance and consideration of whether a re-tender is necessary.

2.0 OUTLINE OF PROPOSED ENHANCED FINANCE AND PERFORMANCE MONITORING PROCESS

- 2.1 The proposed process builds on existing processes and includes these elements:

- current contract monitoring process of:
 - monthly Steering Group
 - quarterly provider reports
 - regular Governance Meetings focused on clinical audits and untoward events
 - annual provider reports
 - annual commissioner performance audit checks and review
- TMBC Internal Audit and CQG reviews in July 2017
- additional financial monitoring and organisational intelligence
- enhanced monitoring measures identified by commissioner Clinical Lead
- nationally published statistics

Paragraphs 2.2 to 2.8 below summarise what is included in the current contract, and 2.9 to 2.20 summarise the proposed additional elements.

2.2 Current Contract Monitoring

2.3 Outcomes

The contract includes the following key outcomes that the Provider will be required to achieve:

- 1) To increase the number of people accessing treatment and the number of people who move onto long-term sustained recovery;
- 2) To reduce Alcohol-related harm and Drug-related harm;
- 3) To maximise the opportunities for integration and collaboration in adopting a whole system approach to Drug and Alcohol treatment;
- 4) To contribute to a whole system approach which reduces the demand for Specialist and Targeted services through enhanced Early Intervention and Prevention;
- 5) To become a national exemplar of best practice.

2.4 Monthly Steering Group

Meeting of provider service manager, commissioning officer and strategic lead covering current issues and progress summarised in working action plan.

2.5 Quarterly Provider Report

As set out in service contract:

- Provide 3 case studies per quarter which over the year detail cases involving all types of drugs and alcohol and polyuse.
- Consult Service Users, and others helped by the Service on their views of the Service and evidence this involvement e.g. by Service User Survey, Review Processes, and planned exits from the Service.
- Engage and provide evidence of where Service Users and Stakeholders have influenced and assisted in the development the Service, detailing how and where changes have been made as a result of their involvement.
- Consult Stakeholders on their views of the Service and evidence responses e.g. response times, access, policies, procedures etc. and any changes in practice.

The reporting of Quarterly statistical information required will be agreed between the Purchaser and Provider but will include as a minimum:

- New cases; Total number of cases accepted & refused reason/signposting;
- Accumulative 'active' caseload figures with length of time in the Service;
- Completions; both successful and treatment complete but not Drug/Alcohol free.

Broken down by the following:

- Age / D.O.B.;
- Gender;
- Ethnicity;
- Disability;
- Residential Area;
- Religion;

- LGBT / Sexual orientation;
- Children in Households;
- Pregnancies;
- Number and Source of referrals;
- Drug / Alcohol Type(s) being treated and nature of use;
- Injecting status;
- BBV status including if treatment offered, accepted and accessed;
- Other Health pathways identified (i.e. **Chronic Obstructive Pulmonary Disease**) and follow up referral/access assistance;
- Number of representations, reasons and previous interventions accessed;
- Number of clients signposted to additional/alternative services and destinations;
- Key issues related to Service User needs such as Housing, Education, Employment, Health Concerns and active service engagement with other agencies. This will provide not only useful intelligence but also the provider's management of complex dependencies;
- Number of referrals to Safeguarding Adults Team, Children's Social Care/Safeguarding and Police, regarding welfare of a child;
- Performance against Payment for Change Projects.

The Provider shall note that information obtained through contract management of the Service will be shared with relevant stakeholders as identified and approved by the Purchaser.

The Provider will continually evaluate the Service and report to the Purchaser as required. Such evaluation shall include any gaps in provision suggested by the other agencies of Tameside.

The Provider will ensure that a clinical audit programme is developed with the Purchaser which will be applied in practice annually and/or as required.

2.6 Annual Provider Report

As set out in service contract:

The Provider will provide a review of the Service, in the form of an Annual Report performance review and improvement plan, which will include:

- A review of the performance and delivery of the Service against the 5 outcomes in Section 5 during the period of the previous 12 months of the Contract;
- From year 3 onwards, a review of performance over the previous 3 year time span.
- Where appropriate, proposals to improve the performance and delivery of the Service during the forthcoming year, a summary of the business plan and associated actions, in the form of an improvement plan;
- An overview Staffing Structure and an FTE employee headcount;
- Full year independently audited Financial Accounts, in respect of this Service only, including details of any shift in expenditure and any underspend;
- A Risk Register with mitigating actions and clear owners;
- The Annual Report should clearly identify where the service has positively contributed to the Public Health Outcomes Framework, NHS Outcomes Framework, Social Return on Investment and Adult Social Care Outcomes Framework.

2.7 Annual Case Audit

Detailed review of service activity records.

2.8 Year One Commissioner Review

Submitted to Tameside and Glossop Professional Reference Group November 2016.

2.9 **Tameside MBC Internal Audit and CQC Reviews**

The service was visited by Tameside MBC Internal Audit in July and the Care Quality Commission in December during 2016, and follow up reviews are scheduled for July 2017. The Care Quality Commission does not give ratings for visits to substance misuse services, but the report included areas of good practice as well as areas for improvement for which progress on action has been followed up by commissioners at the monthly Steering Group meetings.

2.10 **Financial Monitoring And Organisational Intelligence**

2.11 Financial monitoring

2.12 The contract requires annually: *Full year independently audited Financial Accounts, in respect of this Service only, including details of any shift in expenditure and any underspend.*

The following additional reporting is proposed:

- Provision of annual pre and post independently audited Financial Accounts for the organisation with supporting notes to the accounts
- Provision of quarterly in year financial accounts for the organisation as approved by the board of trustees.
- Provision of medium term organisational financial forecast as revised and approved by the board of trustees – period to cover current plus following two financial years

2.13 Organisational intelligence

The new provider will be invited to provide updates on the progress of organisational developments within the full parent company to assist understanding of the future delivery of the local service.

2.14 **Enhanced Monitoring Measures**

2.15 The Single Commissioning Board Clinical Lead for substance misuse has identified alcohol community detox activity as an important indicator of service quality and performance. National data collection does not currently provide adequate monitoring data, and the provider has committed to review recording.

2.16 The details of the current monitoring framework will be reviewed with the Clinical Lead with a view to identifying further aspects of performance that require closer examination.

2.17 The details of the current monitoring framework will be reviewed with the Single Commission Quality Team with a view to identifying further aspects of performance that require closer examination.

2.18 National Statistics

2.19 Public Health England National Drugs Treatment Monitoring System (NDTMS) and Diagnostic Outcomes Monitoring Executive Summary (DOMES)

The local service submits a monthly dataset that contributes to a national database from which a wide range of analyses are prepared. Some analyses are available publicly and others only to commissioners or providers. Comparisons with other areas can be difficult due to differing configuration of services and coding practices. Comparisons over time can also be difficult due to changes in datasets and providers. Three publishes key indicators are:

- Treatment completion and non-representation (% opiate users)
- Treatment completion and non-representation (% non-opiate users)
- Treatment completion and non-representation (% alcohol users)

2.20 Public Health Outcomes Framework

Two measures from DOMES are included in the Public Health Outcomes Framework:

- % of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months.
- Adults with substance misuse treatment need who successfully engage in community-based structure treatment following release from prison.

3.0 COMMISSIONING STAFF RESOURCE

- 3.1 Contract and performance monitoring for substance misuse is currently supported by a dedicated Commissioning and Performance Officer supported by a Contract Performance Officer.

4.0 RECOMMENDATIONS

- 4.1 As set out on the front page of this report.