



Additional / To Follow Agenda Items

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

Nottingham City Council Commissioning and Procurement Sub-Committee

Date: Tuesday, 12 October 2021

Time: 10.00 am

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Governance Officer: Mark Leavesley **Direct Dial:** 0115 8764302

Agenda	Pages
5 Approval to procure supervised consumption of methadone and buprenorphine in pharmacies scheme through an open accreditation process - Key decision Report of Director of Public Health	3 - 8

This page is intentionally left blank

Subject:	Approval to procure supervised consumption of methadone and buprenorphine in pharmacies scheme through an open accreditation process		
Corporate Director(s)/ Director(s):	Lucy Hubber, Director of Public Health Katy Ball, Director of Commissioning and Procurement		
Portfolio Holder(s):	Cllr. Adele Williams, Portfolio Holder for Adults and Health		
Report author and contact details:	Bethan Hopcraft Bethan.hopcraft@nottinghamcity.gov.uk / 0115 876 5073		
Other colleagues who have provided input:	N/A		
Key Decision	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Subject to call-in
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons:	<input checked="" type="checkbox"/> Expenditure	<input type="checkbox"/> Income	<input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision
			<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total value of the decision: £2,589,517 (£287,613 per year) / £1,438,065 without possible extensions.			
Wards affected: All	Date of consultation with Portfolio Holder(s): 21 st September 2021		
Relevant Council Plan Key Theme:			
Nottingham People			<input checked="" type="checkbox"/>
Living in Nottingham			<input type="checkbox"/>
Growing Nottingham			<input type="checkbox"/>
Respect for Nottingham			<input type="checkbox"/>
Serving Nottingham Better			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>In line with NICE guidelines and clinical best practice, it is recommended that a drug treatment journey where opioid substitution therapy (OST) is prescribed, starts with three months of daily supervised consumption of OST as a minimum. Supervised consumption reduces the risks of overdose or underdosing, diversion of controlled medication, and accidental poisoning of children and vulnerable adults.</p> <p>The current contract for this provision is due to expire on 31st March 2022, following a 1+1+1+1 contract. The current contract allows for new providers to apply through an open accreditation process, and it is anticipated that this arrangement is replicated in the new contract in order to ensure that this reflects the changing ownership and staffing seen within community pharmacies (see 1.5 for more detail).</p> <p>To increase the safety of people who use opioids, it is intended that the provision of take-home naloxone (a medication that temporarily reduces the effects of opioid overdose) will be built into the service specification to encourage the availability of naloxone among this population to reduce fatal overdoses.</p>			
Exempt information: None			
Recommendation(s):			
<p>1 To approve the expenditure of up to £2,589,517 (£285,613 per year) of Public Health monies associated with procuring a community pharmacy supervised consumption scheme and provision of take-home naloxone scheme for the period of five years with the option to extend for two further two-year periods from 1st April 2022.</p>			

2 To delegate authority to the Director of Public Health and Procurement to approve the outcomes of the supervised consumption accreditation process and award the contracts to ensure the best outcomes for Nottingham's citizens.

1 Reasons for recommendations

- 1.1 The current contracts held with 31 providers across 50 bases for this service are due to expire on 31st March 2022. Approval is sought for the use of funding to enable new contracts to be established for the continuation of a supervised consumption scheme within the City for an initial 5 year term with the opportunity to extend for two further two-year periods (subject to successful performance and continuing requirement for this provision. Without securing new contracts, there will be serious consequences for not only our drug-using population, but also a potential increase in crime (through diverted medications, among other crimes), and accidental poisonings of children and vulnerable adults.
- 1.2 Due to the potentially chaotic nature of the lives of people using this provision, there is an increased risk of overdose due to people potentially using more than their prescribed dose. Nottingham City is dedicated to improving health outcomes for citizens and by re-procuring this provision, the risk of overdose from prescribed and non-prescribed opioids reduces among our drug-using population¹. Similarly, methadone poisonings account for over half of all poisonings in children under four², and the provision of this scheme will contribute to the reduction in risk of accidental poisonings in children. In addition, this provision will reduce the likelihood of diversion of potentially dangerous controlled medications.
- 1.3 Encouraging daily contact with a qualified health professional will improve the likelihood of any additional health concerns being identified and treated. Throughout their treatment journey, service users can build relationships with their pharmacist which often supports their recovery and other areas of their lives.
- 1.4 The length of the contract to be procured will reduce the processing costs associated with applications and will allow for providers to focus on service delivery, provide stability, and reduce mobilisation and exit time. The providers will be subject to regular financial and contractual audits and any potential extensions will be informed by these audits. Contracts will be issued with a 6-month break clause to allow for flexibility should the need arise to defund this provision.
- 1.5 An open accreditation is recommended for this service to enable any newly qualified pharmacists, or newly owned pharmacies who pass the accreditation process to deliver the scheme during the long contract period. Using a competitive tender process would limit the market, and an open accreditation has proven successful in the past in allowing flexibility for primary care providers (i.e. pharmacies and GPs) to deliver this provision without adding administrative burden to officers within Nottingham City Council, and providers

¹ More information about opioid overdose can be seen on the World Health Organisation's website, here: <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose>

² Anderson M, Hawkins L, Eddleston M et al. Severe and fatal pharmaceutical poisoning in young children in the UK. Archives of Disease in Childhood 2016. <https://adc.bmj.com/content/101/7/653>

of this service.

- 1.6 The provision is funded entirely through the Public Health ring-fenced grant, and as such is subject to requirements of this grant. Specifically, it is required for the local authority to provide “an accessible drug and alcohol treatment and recovery system that includes a full range of NICE-compliant drug and alcohol interventions to treat both alcohol and drug dependence and to reduce harm, based on local authority prevalence, need and current outcomes”. As stated, NICE guidelines state that provision of supervised consumption, where appropriate and required, is effective in reducing the potential harm caused by overdose, accidental poisoning and diversion of medications.

2 Background (including outcomes of consultation)

- 2.1 The current scheme was commissioned in 2018 following a comprehensive consultation with providers, Local Pharmaceutical Committee, commissioners in other areas, and other stakeholders. The consultation focussed on the financial model following reductions to this budget.
- 2.2 The risk of discontinuing this provision would be detrimental to citizens living in Nottingham City, and would go against national NICE clinical guidance³. With a potential decrease in overdoses, accidental poisonings and diversion of medication, the continuation of this service is vital in meeting public health outcomes. The transactional nature of this provision leaves it inflexible and not easily subjected to changes, and as a result, the service model and financial structure remain largely unchanged. It is for this reason that it was considered inappropriate to conduct a consultation exercise.
- 2.3 The provision was subject to a financial review in 2017 whereby a reduction in transactional fee was negotiated. It was agreed that whilst there were pressures on public monies, there was a responsibility of the authority to support community pharmacies to deliver this service to some of the city’s most chaotic and vulnerable citizens. The fees agreed were done so to minimise impact on independent pharmacies, some of whom were facing extreme financial stressors, whilst also meeting necessary savings within the authority. The financial model is similar to statistical and regional neighbours.

3 Other options considered in making recommendations

- 3.1 Do nothing and let the service provision end on 31st March 2022. This is not a viable option because there is a clear need for this service in the city to continue to ensure the continuity of positive outcomes for people who use opioids. Discontinuation of this service could result in an increase in overdose, accidental poisoning, and diversion of controlled medication. All of these aspects would increase the burden on other departments and organisations, such as HM Coroner’s Office, Nottinghamshire Police, Community Protection and local businesses, to name a few.
- 3.2 In line with Public Health grant requirements as laid out in Public Health Grant Conditions and Mandated Functions in England, a local authority must, as a condition in using the grant, “have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services”. The supervised consumption scheme will allow Nottingham City to provide an

³ <https://bnfc.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html>

evidence-based treatment system which aligns with the needs of the drug-using population.

4 Finance colleague comments (including implications and value for money/VAT)

- 4.1 This decision seeks approval to spend up to £2.589m (£0.288m annually) of Public Health funding associated with procuring a community pharmacy supervised consumption scheme and provision of take-home naloxone scheme. The contract period is for five years with the option to extend for two further two-year periods from 1st April 2022. The value without any contract extension is £1.438m.
- 4.2 Funding of this decision is to be made in full via Public Health budgets held by the Crime and Drugs Partnership (CDP), specifically the supervised consumption budget (£0.286m annually) and naloxone budget (£0.002m annually). The service should monitor spend closely to ensure that the contract comes in within agreed budget provision and that no financial pressure occurs.
- 4.3 Contracts will be issued with a 6-month break clause to allow for flexibility should the need arise to defund this provision therefore reducing future financial risk. The option to extend for two further two-year periods should only be done subject to satisfactory performance and the continued need for the service. In line with present Public Health grant requirements, decommissioning or discontinuation of this service will result in non-compliance with the conditions laid out in the Public Health Grant Conditions and Mandated Functions in England so this service is deemed necessary.
- 4.4 The supervised consumption accreditation process will ensure value for money is achieved and that the service meets necessary criteria.

Graeme Black – Commercial Business Partner – 14th September 2021

5 Legal and Procurement colleague comments (including risk management issues, and including legal, Crime and Disorder Act and procurement implications)

- 5.1 The decisions set out in this report are to support the procurement of a supervised consumption service. This is not a statutory service that the Council must deliver but as set out in the report to deliver such an offer will demonstrate compliance with the public health grant requirements. It is proposed that there are break clauses inserted into the contract to permit an earlier termination which is supported from a legal perspective, but decision takers may also wish to consider if a five year contract with a 2 year extension is necessary or appropriate at this time in delivering Best Value. Legal advice would be that there should be no condition attached to an extension as proposed in respect of 'being subject to satisfactory performance' and instead an extension should be solely at the Council's discretion. Legal Services will provide support with regard to the procurement process and advice from the Information Governance Team should also be sought to ensure that any data protection matters are sufficiently dealt with.

Naomi Vass – Team Leader, Commercial Employment and Education Team – 17th September 2021

- 5.2 The proposed procurement for the provision of pharmacy supervised consumption of methadone/buprenorphine will be undertaken by the Procurement Team through

an accreditation process compliant with UK Procurement Regulations (Light Touch Regime) and the Council's Financial Regulations. The accredited providers will be established through a fair, open and transparent process whereby all providers that meet the required quality standards will be awarded a contract. with procuring a community pharmacy supervised consumption scheme and provision of take-home naloxone scheme for the period of five years with the option to extend for two further two-year periods from 1st April 2022.

Julie Herrod – Lead Procurement Officer 14th September 2021.

6 Social value considerations

- 6.1 Recommendations have been considered in line with the Public Services (Social Value) Act 2012. The service detailed within this report aim to improve the social wellbeing of people who use drugs within Nottingham City.

7 Regard to the NHS Constitution

- 7.1 Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making decisions relating to public health functions we consider the NHS Constitution where appropriate and take into account how it can be applied in order to commission services to improve health and wellbeing.

8 Equality Impact Assessment (EIA)

- 8.1 Has the equality impact of the proposals in this report been assessed?

No

An EIA is not required because:

The service specification will not see any major changes, and there have been no notable changes to equality legislation, nor to the population of Nottingham City. The previous EIA focussed on the changes to financial model that occurred in the contract beginning in 2018. The new contract and service specification will detail the requirement to comply with equalities legislation.

Yes

9 List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

- 9.1 None

10 Published documents referred to in this report

- 10.1 None

This page is intentionally left blank