Service Review – d service – 'The Level'

Name of Service: Inpatient detox service – 'The Level'. The service provides recovery-focused inpatient, medically assisted stabilisation, detoxification and withdrawal from drugs and alcohol, for adults resident in Nottingham City. The contract is held by Framework Housing Association.

CURRENT SERVICE	LEAD	EVIDENCE
STRATEGIC FIT What is the model of provision that is required within the review area?	**LL**	**National drug strategy 'From Harm To Hope'** sets out a clear ambition to address the substantial harm that is currently experienced across our country due to the supply and use of illegal drugs. National and local partners will focus on delivering three strategic priorities: breaking drug supply chains, developing world-class treatment and recovery systems and reducing the demand for recreational drugs. The strategy recommends collaboration across multiple local authorities for the commissioning of specialist residential and inpatient substance use support. **NHS Outcomes Framework** includes the following domains and indicators, to which the service contributes: Domain 1 - Preventing people from dying prematurely Domain 4 - Ensuring people have a positive experience of care Domain 5 - Treating and caring for people in safe environment and protecting them from avoidable harm **Public Health Outcomes framework (PHOF)** Substance use cuts across a wide range of PHOF indicators and this service contributes to the following: • 1.11 Domestic abuse – related incidents and crimes • 1.13i Re-offending levels – percentage of offenders who re-offend • 1.15i Statutory homelessness – households in temporary accommodation • 2.14 Smoking Prevalence in adults - current smokers 2.15i Successful completion of drug treatment – opiate Users • 2.15ii Successful completion of drug treatment – non-opiate Users • 2.15iii Successful completion of alcohol treatment • 2.15iv Deaths from drug misuse • 2.18 Admission episodes for alcohol related conditions (narrow definition) • 2.23i Self-reported well-being – people with a low worthwhile score • Mortality from causes considered preventable (including liver disease) • 4.03 Age-standardised rate of mortality from causes considered preventable per 100,000 population • 4.06i Age-standardised rate of mortality from liver disease in persons less than 75 years of age The **Joint Health and Wellbeing Strategy for Nottingham (2022-2025)** sets out our shared vision, principles and priorities for action over the next three years to improve health and wellbeing and reduce health

		inequalities across Nottingham City. The strategy recognises the need to work in collaboration with partners to address the wider determinants of health. The strategy prioritises severe and multiple disadvantage (SMD), which is defined as experiencing three or more of the following; homelessness, substance use, mental health issues, domestic violence and contact with the criminal justice system. The strategy recognises the importance of having a person-centred service, and that individuals may wish to make a change but be unsure how to. This service fits with the strategy's approach to support individuals in the place and stage they are at, and support them to move to the next stage of recovery. **Nottingham City Council Strategic Council Plan 2023-27** includes the aim to commission high quality drugs and alcohol use services, and reduce harm caused by alcohol and/or drugs.
EVIDENCE BASE AND JSNA RECOMMENDATIONS Current evidence	**LL/CG**	The **Drug Misuse Crime Survey for England and Wales (CSEW)** provides the most accurate method for predicting national drug use trends. According to this survey 9.4% of people aged 16-59 used a drug in the last year (2020 mid-year estimates) - this equates to around 20,830 citizens of Nottingham. The survey found that 3.4% of respondents used a Class A drug in the last year, equating to around 7,530 citizens of Nottingham. Substance use varies substantially by age group, as does usage based on drug classification. The survey found that usage was highest for those aged 16-19, with 21.1% using a drug in the last year, and 8.5% of people aged 20-24 using a class A drug. Usage gradually decreases for each age group after peaking in the 16-19 and 20-24 age groups. 2.1% of all adults aged 16-59 were defined as 'frequent' drug users (having taken any drug more than once a month on average in the last year). National Institute for Health and Care Excellence (NICE) recommendations on opioid detoxication state: • Detoxification should be available for those who choose to become abstinent. • Informed consent should be obtained by providing detailed information about detoxification and associated risks. • Lifestyle advice including diet, hydration, sleep hygiene, and exercise should be provided. • Staff should develop respectful relationships with service users and ensure access to various services. • Families and carers should be involved in discussions and offered support and information. • Continued treatment and support are essential following detoxification. • Contingency management, offering incentives for positive behaviours, can be effective during and after detoxification. • Incentives such as vouchers or privileges should be provided based on drug-negative tests. Based on NICE guidelines, individuals with acute alcohol withdrawal who are at risk of seizures or delirium tremens should undergo medically assisted withdrawal. During this process, specialized medical professionals can assess and monitor the symptoms of withdrawal. The CIWA-Ar scale for alcohol withdrawal can be utilized for assessment, while benzodiazepines, carbamazepine, or clomethiazole can be administered to manage withdrawal symptoms.

		Nottingham City JSNA - Substance Misuse (illicit drugs and alcohol) 2022 identified • Lack of detailed insight into the reasons why people drop out of treatment. • More accurate data is required on trends and patterns of substance use across various ethnic groups in order to tailor provision to these communities. • More accurate population data for those who identify as LGBTQ+ is required to better understand whether service provision is matching the need of these communities. • The data source for prevalence of opiate and crack use is outdated and a refreshed estimate would allow more accurate understanding of unmet need. • The trends and patterns of substance use among students is not clear. As the estimated number of students using substances (11,800) is high, there needs to be a focus on understanding the level of need among this population. According to the JSNA report, 41% of individuals aged 16+ abstain from alcohol, while 59% drink alcohol. From the data, the most prevalent demographic for high rates of alcohol consumption was young White British men. The cases of binge drinking remain high, predominantly among students and young adults aged 16-24. It suggests that the COVID-19 pandemic has led to changes in drinking habits, particularly around the increase in home drinking. The JSNA recognises that Nottingham experiences significant challenges with alcohol dependency affecting approximately 1.9% of the adult population, and increased rates of alcohol-related hospital admissions and mortality. These substance use prevalence estimates are based on household surveys, which means they do not include the homeless community. In 2023/24 there were 3,909 people from Nottingham City seen by the Adult Substance Use Treatment services – this is approximately 19% of the estimated numbers of people using substances in Nottingham City.
Recent JSNA recommendations		Nottingham City JSNA - Substance Misuse (illicit drugs and alcohol) (2022) identified the following - **Gaps in current provision** The JSNA identifies under-representation of the following groups in treatment: • Opiate and crack users • Opiate and crack users aged under 35 • Under 25s (in both drug and alcohol treatment) • Dependent drinkers, particularly adults who live with children • People in LGBTQ+ communities • People of ‘Mixed’ ethnicities **Recommendations**

		• Ensure that treatment and recovery interventions consider the needs and preferences of young people, and ensure that interventions are person-centred and follow best practice. • Consult with relevant community groups and agencies to establish a culturally responsive service offer, where there are known substance use issues in specific ethnic or cultural groups • Ensure that engagement with service users, citizens and partners includes a focus on understanding how services encourage under-represented groups into treatment, and that findings are used to inform commissioning decisions. • Consider undertaking research to understand the reasons why people drop out of treatment. This would require in depth analysis and consultation with people who have left treatment in an unplanned way. • Young people, including the student population, should be a priority group for the local authority's strategy, given the number of people potentially using drugs. • Continue and enhance the monitoring of drugs trends, seizures, purity and patterns of use. • Transform services so they are easy to access, connected and flexible in the way they work with people experiencing substance misuse and wider severe and multiple disadvantage factors (including homelessness, mental ill-health, interaction with the criminal justice system, and domestic abuse), and the system 'working as one.'
SERVICE DETAILS Aims and objectives of current service	**LL**	The aim of the Inpatient Detox service is to deliver a principal component of a fully integrated drug and alcohol treatment system framed around reducing harm and achieving sustained recovery for each service user, enabling them to become drug and alcohol free and empowered to live fulfilling lives. The objectives of the Inpatient Detox service are to: • To provide good access to inpatient detoxification as part of a planned element of a wider treatment journey • To maximise the number of services users who 'recover' from problematic substance use • To deliver the inpatient element of an individual's treatment journey contributing to them achieving sustained recovery from drug and/or alcohol use • To minimise harm to service users, their carers, families and friends and the community as a direct or indirect result of substance use • To provide a service that is flexible and responsive to service user needs, where the thoughts and opinions of the service user are considered when decisions are made regarding their treatment and care • To ensure that service users and beneficiaries are at the heart of the treatment system and their own recovery journey The Inpatient Detox service provides a substance use inpatient detoxification service for Nottingham City residents. This includes referral and assessment processes pre-admission and on admission, pharmacological and psychosocial treatment interventions including stabilisation on prescribed substitute medicines and/or assisted withdrawal from substances. The service is delivered as part of an integrated

		treatment system with 24-hour cover from a medically led multidisciplinary team who are appropriately skilled, knowledgeable and experienced in managing the care and treatment of service users with substance use issues and often complex comorbidities. The service includes the following elements: medical assessment; stabilisation; detoxification/assisted withdrawal; emergency care for those in crisis; assessment, preparation and referral for residential rehabilitation; psychosocial interventions; testing, vaccination and referral for blood borne viruses; overdose prevention training and provision of naloxone; health promotion, including referral/signposting to smoking cessation and healthy lifestyle and wellbeing support; discharge planning
Current model - Nottingham City	**LL/ CG**	The Inpatient Detox service provides a residential inpatient detoxification/stabilisation service as part of an integrated drug and alcohol treatment system - a dedicated Drug and Alcohol Inpatient Detoxification Service located in Nottingham City. This is a medically led service delivered by specialist doctors and nurses to provide expert care. In addition, The Level has integrated peer support to provide guidance to service users along their detox pathway. The service is commissioned as a block contract – a fixed value for a fixed number of occupied bed days. Referrals to the service are via the adults' community substance use treatment and recovery service provided by Nottingham Recovery Network (NRN). The referral process has recently been updated – the provider is currently trialling a process where a panel meet every two weeks, to prioritise six service users to send forward into detox that week. Therefore, six people are referred every two weeks on a priority basis. The intention of this is to reduce waiting times – the outcome of this is still to be seen in the performance reporting. Pre-admission and admission assessments are carried out within 2 weeks of referral – these are in proportion to the needs of the individual service user, and determine the treatment pathway and interventions for each individual service user. Assessments are holistic and consider the complete package of care delivered to the service user, including risk assessments – some service users have complex physical and/or mental health needs. The service user is intended to be admitted within 3 weeks of assessment (though this is not always the case). The referral and assessment process identify problematic issues and form the basis of the comprehensive and holistic recovery plan managed by a single named worker, which is proportionate to their level of need and the intervention accessed. This plan is agreed between the service user and the assessor, and is accurate, realistic and achievable. The service user recovery plan includes; • the goals of treatment and targets to be achieved • the identification and proposed management of risk • the planned pharmacological interventions agreed • the psychosocial interventions planned • service user attendance at recovery programmes

		• review dates and planned liaison with the community key worker • a reflection of the cultural identity of the service user, their cultural needs and how these will be met by the service • a robust follow up plan A proposed discharge date from in-patient treatment and a discharge plan with a clear process for referral back to community treatment are agreed with the referring community treatment provider. Treatment programmes include a range of prescribing and psychosocial interventions as well as relapse prevention work for service users with drug and alcohol issues whose needs require supervision and monitoring in a controlled environment. The assessment and management of overdose risk is also a priority. Length of stay is based on the clinical needs of the service user – usually 7-12 days for alcohol detox and 7-21 days for opioid detox. The length of stay has recently increased for some service users due to a higher number of complex cases rising. This is difficult to quantify as there is no objective measure of complexity, but anecdotally up to 75% could be described as complex. Exit from the service can be • Planned, following successful completion of treatment – service users are given both verbal and written advice on relapse prevention, and may be issued a small amount of medication to support relapse prevention where appropriate. • Unplanned, where the service user takes his/her discharge against medical advice prior to completion of treatment • Unplanned, where the service use is discharged by staff, prematurely, due to non-compliance with the provider's terms of treatment • Transfer to another hospital/department due to physical/mental health needs <u>Stabilisation</u> The Level also provides a specialist stabilisation program which few areas outside Nottingham City have. This specialist service supports service users to become stable in a safe environment. The service takes on a holistic approach to treatment, considering the physical, physiological, and psychosocial needs of service users. This includes key areas such as nutrition, underlying health conditions, sexual health screening and blood borne virus screening; in addition to providing a safe and engaging environment for service users. Stabilisation provides service users with peer support to assist with engagement. 59% of occupied beds under this contract are used for stabilisation (with 41% used for non-stabilisation detox). The percentage of occupied stabilisation beds with successful completion is currently 66%, while the successful completion rate for non-stabilisation detox cases is 65%, so the successful completion rates are similar. Length of stay for stabilisation ranges from approximately 7-12 days.

<table>
<tr><td></td><td></td><td>It has been highlighted that The Level are experiencing lower numbers of successful stabilisation outcomes amongst neurodiverse service users and those with poly-drug use, which can lead to early drop out amongst those service users. This may be due to a lack of flexibility in standardised detox structures which may not be suited to those with complex needs, and the service may need to consider how they can tailor care plans to meet individual's needs.</td></tr>
<tr><td>Current model – East Midlands consortia</td><td>LL</td><td>Nottingham City Council is part of East Midlands consortia. The consortia is led by Nottinghamshire County Council, and includes all local authorities in the east midlands. Funding was provided OHID, directly to the County Council, for inpatient detox across the region. The East Midlands consortia contract with the same provider, with an agreed number of bed days allocated to each local authority – in addition to our block contract Nottingham City is allocated bed days through the consortia arrangement. These consortia beds are paid for based on use, with the intention that the consortia bed allocation be used first.
The OHID funding for the consortia beds is due to end on 31st March 2025 and we have no indication as to whether that level of funding will continue beyond this date.

The service is exactly as described under the section 'Current model - Nottingham City', for the detoxification element only (i.e. does not include stabilisation).

Please note that commissioners must work with providers to manage the flow of use of the consortia beds throughout the year - so if Nottingham City don't use all of their beds in quarter 1, they can't necessarily expect to use all of the remaining beds in Q4 (as there wouldn't be any available for any other local authorities).</td></tr>
<tr><td>Contract values – Nottingham City block beds</td><td>LL/CG</td><td>The Nottingham City block contract has been in place since 2019. The annual value of the contract is £285,525 for 1,175 occupied bed days per year from 2019 – 2023/24. Prices have not been reviewed in this period.

The contract is due to end 30/06/2024. There are options provided for within the contract to extend the contract for either one or two years.

The provider is currently proposing a new rate of £286 per occupied bed day for the Nottingham City Council beds, effective from June 2024 (should we choose to extend the contract). If we accept this new rate, we would need to either increase our budget by £50,525 in order to cover the increased costs (Option 1 in the table below), or reduce the number of beds we use by 177 per year to maintain overall costs (Option 2).
<table>
<tr><th>Service</th><th>Unit</th><th>Cost per unit</th><th>No of units</th><th>Total cost 2023/24</th></tr>
<tr><td>NCC block contract 2023/24</td><td>Number of occupied bed days</td><td>£243</td><td>1,175</td><td>£285,525</td></tr>
<tr><td colspan="5">Options for 2024/25 onwards</td></tr>
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		<table><tr><td>NCC block contract 2024/25 (June onwards) - **Option 1**</td><td>Number of occupied bed days</td><td>£286</td><td>1,175</td><td>£336,050</td></tr><tr><td>NCC block contract 2024/25 (June onwards) - **Option 2**</td><td>Number of occupied bed days</td><td>£286</td><td>998</td><td>£285,525</td></tr></table> Options are discussed more fully in the section 'Outcomes/Recommendations'
Contract values – East Midlands Consortia beds	**LL**	The cost of occupied beds when purchased through the East Midlands Consortia is £292.38 per occupied bed day. The total number of bed spaces provided for within the consortia contract is 2,372 per year for the whole of the East Midlands, at a total cost of £762,636.91 (funded by OHID). Nottingham City is allocated 332 of these consortia beds, of which 315 were used in 2023/24 (total cost of beds used by Nottingham City residents £92,099.70). The provider has proposed a new rate of £321.80 per occupied bed day for these beds, from April 2024. The consortia have proposed to reduce the overall bed allocation for the whole consortia from 2,372 to 2,157 in order to maintain costs. The reduction in allocated bed days is being shared proportionately across the consortia. <table><tr><th>Service</th><th>Unit</th><th>Cost per unit</th><th>No of units allocated</th><th>Total projected cost</th></tr><tr><td>East Midlands consortia beds 2023/24</td><td>Number of occupied bed days</td><td>£292.38</td><td>332</td><td>£97,362.54</td></tr><tr><td>East Midlands consortia beds 2024/25</td><td>Number of occupied bed days</td><td>£321.80</td><td>302</td><td>£97,183.60</td></tr></table> This will result in a reduction of 30 available bed days for Nottingham City. There is no option to increase the funding in the consortia contract, since this is funded through OHID and there is no more funding available. Whilst this does not for part of the review of the Nottingham City block beds contract directly, the impact on overall bed days available for use by citizens of Nottingham City should be noted.
VALUE FOR MONEY Does current service offer value for money based on hourly rate and weekly unit price in relation to relevant benchmarking comparisons and	**CG/LL**	The service costs per occupied bed day at The Level are shown below. The rate Nottingham City Council have been offered is equivalent to the lowest bed rate offered to any commissioning organisation.

considering quality and performance issues? Benchmarking should be undertaken with both City and other LAs where possible		

Commissioning organisation	23/24 Bed rate	% Increase requested for 24/25	24/25 new bed rate	Status
Block Contracts - Provider A	£292.38	10%	£321.80	Confirmed
Block Contract – Provider B	£243.00	17.7%	£286	In Negotiations
Block Contract – Provider C			£325.60	Confirmed
Block Contract – Provider D	£200.00	43%	£286.00	Confirmed
Block Contract – Provider E	£280.00	10%	£308.00	In Negotiations
Spot Purchase Rate	£336.00	6%	£355.00	Confirmed
Spot Purchase Rate Provider F	£285.00	10%	£313.50	Confirmed

Costs of other inpatient detox units

Inpatient Detox unit	Cost per bed day 23/24	% Increase for 24/25	Cost per bed day 24/25
Provider A- Staffordshire	£335	4.8%	£350
Provider B- Heswall	£335	5.4%	£353
Provider C - Kent	£536	0.7%	£540
Provider D - London			£1,100

The costs of bed days at The Level are considerably lower than the costs of other detox units that were contacted. Whilst the percentage increase being requested by The Level is considerably higher than in other units, we do not know how long the other units have held their prices for. Our pricing at The Level has remained fixed since 2019, so even with the more significant increase the price is still highly competitive, and it would appear that the service provides good value for money compared to other equivalent services.

CURRENT PERFORMANCE Assessment of the performance under the current contract. Is performance good or could it be improved to acceptable level through contract management?	**RC/LL/ CG**	The service performs well against most targets. Bed days allocated are being well utilised, all service users have assessments, recovery plans and healthcare assessments. The performance spreadsheet shows performance against percentage of service users who successfully complete inpatient detox. This appears to be below target, and appears to be a result of self-discharges – this may lead to concern as to whether all those being referred to the service are being adequately prepared

(Include particular reference to: comparative number of citizens accommodated and the level of positive outcomes delivered): findings of any quality assessment undertaken.

for admission. Anecdotally some of the service users appear to be quite motivated to undertake detox - some of these believe themselves to be ready, but struggle once they are actually in detox – this may be improved by putting more robust referral criteria/panel in place. The Level have also noted that they are seeing an increase in complexities, some of which may lead patients to self-discharge early (for example ADHD).

Where the inpatient is undergoing stabilisation the rate of successful completion is 66%.

Performance Indicator	**Quarter 1**			**Quarter 2**			**Quarter 3**			**Quarter 4**			**2023/24**		
	Fore-cast	**Data**	**Perf.**	**Fore-cast**	**Data**	**Perf.**	**Fore-cast**	**Data**	**Perf.**	**Fore-cast**	**Data**	**Perf**	**Ann. Target**	**Data**	**End of year**
Service Users admitted for treatment		36			29			19			30			114	
Bed days – NCC Block	294	312	106%	588	640	109%	882	871	74%	1175	1175	100%	1175	1175	100%
Bed days - Consortia contract	83	83	100%	167	167	100%	250	167	150%	333	315	100%	333	315	100%
% who successfully complete inpatient detox	80%	72%	**72%**	80%	77%	**77%**	80%	55%	**55%**	80%	58%	**58%**	80%	65%	**65%**
% admitted within 6 weeks of referral *	90%	33%	**33%**	90%	20%	**20%**	90%	0%	**0%**	90%	24%	**24%**	90%	19%	**19%**

The impact of non-completion may result in the following:

- Greater risk for the individual. Patients who leave early have not completed their detox or stabilisation, which could lead to a greater risk of an overdose outside of treatment, and/or increased likelihood of prolonging their recovery journey.

- Unused bed days. Where the service users self-discharges/is discharged before their expected leaving date the bed cannot be reallocated to another patient and will remain empty. Resources are therefore not utilised as efficiently as they could be, and waiting times for other potential service users are longer than they might be if the beds could be used at maximum efficiently (it is recognised that this is not achievable in practice, as there will never be 100% successful completion rate).

		• When a service user self-discharges/is discharged, it increases the workload for staff in the immediate term. Staff need to dedicate immediate unplanned time to complete incident reports, debriefs etc., rather than planned activity with the service user over several days. • An individual self-discharging early may have a knock-on effect on the other service users, potentially encouraging others to follow suit. Wait times in Quarter 4 have improved on Q3, but not enough yet to hit target. The percentage of service users admitted within 6 weeks of referral is lower than we would expect – this is likely to be as a result in increased numbers of referrals into the service. The referral process has been amended to prioritise service users and reduce waiting times, but the impact of this has yet to be seen in performance reports.
FEEDBACK Citizen feedback	**LL**	Feedback from service users is generally extremely positive. Service users report that they really value the opportunity that The Level gives them, and that the service provides them with the tools to move forward. The service offers employment opportunities to people with lived experience where possible, to ensure that staff understand the needs of the service users. Quotes from service users – "Thank you so much for all you have done for me. It's been lovely to meet you all, you have exceeded my expectations. Maybe I'll be back here on the other side of the desk one day!" "Having gone through 2 previous detoxes (in other settings), this was totally different and much better. When I had low moments the staff listened, explained why I might be feeling the way I did, and reassured me. Staff are very understanding and knowledgeable." "I would like to thank you all for everything you have done for me during my stay here at The Level. You have most likely saved my life and given me a new opportunity to live life without addiction." "I enjoyed all the groups and found them hugely beneficial with the general sense of wellbeing and empowerment. I enjoyed listening to people's stories. It is good that many of the support workers are in recovery as it is easy to relate to them." Where there is some small degree of dissatisfaction, it is usually that service users would have liked more time outside, more shopping trips, and more one-to-one support – all of which place greater demands on staffing capacity and so must be managed within that.
Stakeholder feedback	**LL**	Feedback from a psychiatrist at Notts Healthcare Trust was very positive – the service was praised for • their ability to get service users in crisis into detox quickly, and • their ability to work positively with service users with co-morbidities. It is noted that the service is seeing service users with increasingly complex needs.

DEGREE OF COMPETITON & MARKET MATURITY Is the market sufficiently developed with enough providers to guarantee true competition?	**LL/CG**	There are a number of other inpatient detox units nationally, but it is a highly specialised field, and Nottingham is fortunate to have The Level based so locally. If we were to seek alternative provision this would require our service users to travel out of the area, at higher cost – there is unlikely to be an appetite for this, given that we have good local provision. It is recognised that the East Midlands Consortia funding is in place until 31/03/2025. It is unclear what the funding arrangements with OHID will be beyond this date – continued funding is not guaranteed. Should there be further funding available from OHID beyond this date, the consortia would need to collectively decide how they wish to proceed, and whether that would be to continue the current contract for a further year. During the most recent consortia meeting it was proposed that a collective risk strategy plan be developed to provide additional security to the funding for The Level, if the OHID funding is no longer available. This may include options to continue the consortia arrangements but fund directly by the local authorities. This is to be discussed further in the next meeting.
LEGAL, REGULATORY & RISK UK/NCC financial regs & TUPE, NCC provision. What are the risks of tendering/not tendering including: citizens, capacity/resources	**LL**	Local authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services including services aimed at reducing drug and alcohol use, under the Health and Social Care Act 2012. A ring-fenced public health grant is provided to local authorities to support the duty to improve the health and wellbeing of the local population, as per the National Health Service Act 2006. A significant proportion of the ring-fenced grant is expected to be used to fund treatment for alcohol and drug addiction. Local authorities are now responsible for most of these services. Should we wish to re-commission this service, we should consider the impact of the Provider Selection Regime (PSR) which came into effect in January 2024. It is likely that the Inpatient Detox service would be considered under PSR, and it is also likely that it could be considered either as Direct Award A (i.e. that there is no other suitable provider) or Direct Award C (i.e. that we are satisfied that the provider is delivering a good service that is materially similar to the one we would commission, and we would award them the contract on that basis). Therefore, it is likely that we would not be required to undergo a competitive procurement exercise under PSR. Please note that there has yet to be a new procurement which is done under PSR regulations, so the process is currently un-tested. At time of writing, whilst PSR allows for direct awards in specified circumstances, Nottingham City Council financial regulations have not been amended to allow for this eventuality. Unless such changes are made, exemption from Nottingham City Council financial regulations will still be required as part of the governance process – robust procurement advice will be necessary.

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<td>In addition there is apprehension around the way in which PSR adds significant scope for providers to challenge our actions – again this is un-tested at time of writing, so may be more, or less, of an issue by the time we are seeking to re-commission.

Since it is unlikely that the service would or could go to an alternative provider, it follows that there are unlikely to be TUPE implications for the provider's staff. The implications of awarding the contract to an out of area provider also make it unlikely that staff would TUPE to another provider in another area.</td>
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<tr>
<td>CONCLUSION: COSTS AND BENEFITS OF TENDERING
Does the recommendation relating to other service provision within the review area have a bearing/impact on the proposed recommendation relating to this service?</td>
<td>LL</td>
<td>The relationship of the block funded beds and the consortia beds is quite complex – the consortia contract ends on 31/03/25, as that is when the OHID funding runs until. The NCC block funding runs until 30/06/2024 but there is an option to extend for up to a further 2 years.

The OHID funding is of a fixed value and cannot be increased, so price increase proposed by the provider impacts on the overall number of beds available to Nottingham City Council. The table below shows that, even if we increase the funding to the block contract to maintain the number of beds available, there will still be 30 fewer beds available for Nottingham City residents per year.

<table>
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<tr><td>Total bed days available to NCC</td><td></td><td>1,507</td><td></td><td></td><td>1,477</td><td></td></tr>
<tr><td colspan="5"><u>Total reduction in bed day available per year</u></td><td colspan="2"><u>30</u></td></tr>
</table>

The provider is Framework, the lead provider of NRN, the consortia who provide both the core adult substance use community treatment and recovery service, and the specialised harm reduction service. There is benefit to having the provider as part of the consortia, linking with the core adult substance use service.

There are risks within the use of PSR, chiefly around the as-yet untested nature of the processes, but it is likely that PSR means we would not need to undertake competitive procurement. It is unlikely that there would be significant benefit from a competitive procurement exercise, due to lack of other local providers in this specialist field, and that those providers outside the local area have significantly higher costs.</td>
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<tr><td></td><td></td><td>There are significant risks to Nottingham City Council not having an inpatient detox service in place –
Risk that the citizens who would most benefit from the service will not be willing or able to attend a similar service outside of the local area.
Risk that service users attending an inpatient detox unit in another city would not gain the same benefits as they currently do from access to the local community, shopping trips etc., and that such would not prepare them for exiting the service in the same way as it does with a local service.
Risk of significantly increased costs due to either spot-purchasing locally, or a commissioned arrangement with another provider.
Risk that if we commissioned the service from an out of area provider we would also be responsible for travel costs.</td></tr>
<tr><td>OUTCOMES/RECOMMENDATIONS</td><td>LL</td><td>Based on the information obtained during this review, the following options are available

<table>
<tr><td colspan="2">Option 1 – Extend the contract for 1 year at the proposed increased bed price, increasing our contract value to maintain the number of bed spaces available</td></tr>
<tr><td>Pros</td><td>Cons</td></tr>
<tr><td>Continuation of a service which is needed, well-used and well-regarded
Continuing the block contracting arrangement provides best value for money
Local service provides easiest access for Nottingham citizens, plus local job opportunities
Aligns more closely with the current East Midlands Consortia contract end date, so allows for consideration of the consortia’s intentions (though this may change based on discussions at the next consortia meeting).</td><td>Increased costs compared to current arrangements – requires an increase in budget of £50,525 to £336,050 per year total
Will require a further review to determine commissioning actions post-June 2025 following on very quickly from this review. May not be best use of Public Health /Commissioning team time/capacity.
May not give us time to fully consider the impact of any changes to consortia arrangements or funding
No benefit over 2-year extension if we intend to consider direct award options to current provider under PSR</td></tr>
<tr><td colspan="2">Total cost: £336,050</td></tr>
<tr><td colspan="2">Additional funding required (based on current budget): £50,525</td></tr>
<tr><td colspan="2">Capacity available: 1,175 beds per year</td></tr>
</table>

<table>
<tr><td colspan="2">Option 2 – Extend the contract for 1 year at the proposed increased bed price, and reducing our number of bed spaces to 998 beds to maintain the current contract value</td></tr>
<tr><td>Pros</td><td>Cons</td></tr>
</table>
</td></tr>
</table>

		• Continuation of a service which is needed, well-used and well-regarded • Continuing the block contracting arrangement provides best value for money • Local service provides easiest access for Nottingham citizens, plus local job opportunities • Aligns more closely with the current East Midlands Consortia contract end date, so allows for consideration of the consortia's intentions (though this may change based on discussions at the next consortia meeting).	• Will provide 177 fewer beds than available through current arrangements. Given that the beds currently available are well-used, this may be insufficient to meet local needs and may result in increased waiting times. ○ Reduction in available bed days is likely to be compounded by the reduction in consortia beds available. • Will require a further review to determine commissioning actions post-June 2025 following on very quickly from this review. May not be best use of Public Health /Commissioning team time/capacity. • May not give us time to fully consider the impact of any changes to consortia arrangements or funding • No benefit over 2-year extension if we intend to consider direct award options to current provider via PSR
		Total cost: **£285,525**	
		Additional funding required (based on current budget): **£0**	
		Capacity available: **998 beds per year**	
		Option 3 – Extend the contract for 2 years at the proposed increased bed price, increasing our contract value to maintain the number of bed spaces available	
		Pros	Cons
		• Continuation of a service which is needed, well-used and well-regarded • Continuing the block contracting arrangement provides best value for money • Local service provides easiest access for Nottingham citizens, plus local job opportunities • Allows time to fully consider the impact of any changes to consortia arrangements or funding	• Increased costs compared to current arrangements – requires an increase in budget of £50,525 per year, to £336,050 per year total

• Allows time to fully consider options available via PSR (which are as yet un-tested) with Procurement colleagues • More efficient use of Commissioning capacity by removing the need to review service again in the near future to make a further decision	
Total cost: **£672,100 (£336,050 per year)**	
Additional funding required (based on current budget): **£101,050 (£50,525 per year)**	
Capacity available: **1,175 beds per year**	

Option 4 – Extend the contract for 2 years at the proposed increased bed price, and reducing our number of bed spaces to 998 beds to maintain the current contract value	
Pros	Cons
• Continuation of service which is needed, well-used and well-regarded • Continuing the block contracting arrangement provides best value for money • Local service provides easiest access for Nottingham citizens, plus local job opportunities • Allows time to fully consider the impact of any changes to consortia arrangements or funding • Allows time to fully consider options available via PSR (which are as yet un-tested) with Procurement colleagues • More efficient use of Commissioning capacity by removing the need to review service again in the near future to make a further decision	• Will provide 177 fewer beds than available through current arrangements. Given that the beds currently available are well-used, this may be insufficient to meet local needs and may result in increased waiting times. ○ Reduction in available bed days is likely to be compounded by the reduction in consortia beds available.
Total cost: **£571,050 (£285,525 per year)**	
Additional funding required (based on current budget): **£0**	
Capacity available: **998 beds per year**	

Option 4 – Allow current contract to end and use consortia beds and spot purchasing	
Pros	Cons

		• Flexible – not bound by contractual agreements so if we decide to change the model we can do so at any time with the agreement of the provider. • Would still utilise our local provider, offering easiest access for Nottingham citizens, plus local job opportunities. However could spot purchase from a provider in another area if there was benefit in doing so (for example if the service user preferred to be out of Nottingham for a while).	• Does not provide best value option – beds would be purchased at a higher day rate, (likely to be at least £313.50 per bed day) leading to increased overall costs and/or reduced capacity. • Difficult to justify the additional costs for the same service. • Costs are not fixed so could be subject to further increase at any time. • Does not guarantee bed spaces are available, so could result in longer waiting times. • May not provide adequate performance data since there would be no contractual requirement to do so. • Risk that we aren't able to fully meet the needs of our citizens.
		Total cost: **For equivalent capacity likely to be at least £368,362.50 per year**	
		Additional funding required (based on current budget): **£82,837.50**	
		Capacity available: **1,175 beds per year**	
		All of the options presented would require a Portfolio holder decision. Please note that the option to extend the contract at the current bed price, with the same level of activity is not considered, as it is unlikely to be accepted by the provider and therefore is not a realistic option. Based on the options above, **Option 3 (Extend the contract for 2 years at the proposed increased bed price, increasing our contract value to maintain the number of bed spaces available)** is recommended as the most favourable to both us as a local authority and to our citizens, providing best value and capacity. On this basis it is recommended that we proceed with pricing negotiations with the provider and seek to continue the current service for a further two years, with the new price coming into effect from the contract extension (i.e. from 1/07/24). During that time it should become clear what the arrangements of the consortia will be regarding the continuation of the contract/OHID funding, and this is likely to impact on what we commission from 2026 onwards. Other recommendations: • Monitor bed usage to ensure capacity is adequate to need, particularly following changes to consortia bed capacity and OHID funding. Additional capacity may be needed to mitigate reduction in capacity in the consortia beds, and minimise impact on vulnerable citizens.	

		• Explore options for PSR Direct Award post-2026, should that be the preferred option (Procurement colleagues are aware, and discussions on our preferred options to commence in the near future).