

# SKIRMISH IN SUFFOLK

In November last year it was announced that Icení, a long-running frontline drug service which gained nationwide recognition in the wake of the murder of five Ipswich sex workers, would have its funding cut.

Suffolk Drug and Alcohol Action Team (DAAT) opted to end Icení's contract following a tendering process which saw one of the country's major drug service providers, Crime Reduction Initiative (CRI), win out as the key successful bidder, alongside the Essex-based Open Road charity, to run the county's network of drug services in the east of England.

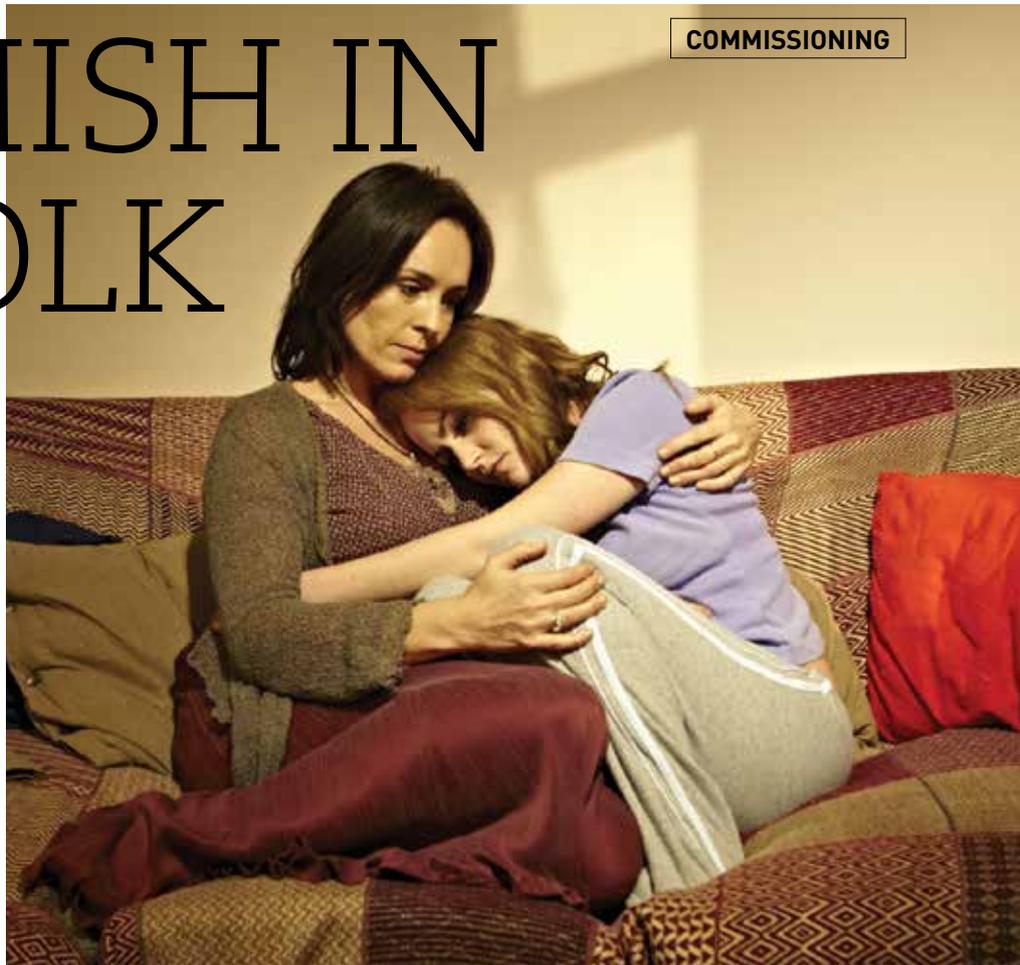
But the decision led to accusations, chiefly from Icení's director Brian Tobin, that the two year long tendering process carried out by Suffolk was biased towards big providers such as CRI – and that the local knowledge and expertise of Icení would be lost and replaced by a new, 'chain-store' style drug service. Tobin, described the decision as "farcical and a huge injustice".

Many in the drugs field say that the battle for contracts to provide drug services is increasingly a David and Goliath affair.

Yet Suffolk DAAT's tendering process, described by some as a possible framework for the future commissioning of drug services throughout the UK, was according to its authors a fair method that has the interests of the community at its heart.

In the run up to Christmas 2010, Icení gained significant backing in its bid to survive. Local newspaper the Ipswich Evening Star ran a campaign, 'Save Icení, Save Lives', which was supported by Tory MP for Ipswich, Ben Gummer. The newspaper featured interviews with current and former sex workers declaring they would most likely have been dead by now had it not been for the help given to them by Icení.

But beyond the passionate debate around the way drug services are being commissioned, the full story of Suffolk's tendering process, is yet to be explained. Below, the key players – Suffolk DAAT, Icení and CRI – explain their side of the story.




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## SIMON AALDERS AND MICHELLE PATERSON

*Suffolk DAAT*

The first step was to sign the partnership up to a formal strategic goal – in Suffolk's case, abstinence as the desired end point for as many people as possible. The aim was to develop a treatment system where all the parts worked together with the client at the centre. Consultation sessions sought service user views on what 'an ideal treatment system might look like' and which of the factors identified were most important to service users. These were then presented to service providers and other stakeholders who provided further ideas in relation to what was needed.

To meet the aspirations of those using the services we adopted the UK Drug Policy Commission's Consensus Group statement definition of recovery, with the ultimate aspiration to achieve abstinence 'voluntary sustained-control over substance use which maximises health and well-being, and participation in the rights, roles and responsibilities of society'.

We divided the treatment system into three elements – prescribing services, open access and case management and psychosocial interventions. There was nothing to stop any organisation bidding for and winning one of the three elements. However, if an organisation did not want to take any financial risk and stay with their current financial envelope, they could bid in partnership with other providers (in fact this was actively encouraged). Each element was considered separately in the bids so that bidders did not have to try and do everything, but instead focus upon their own areas of expertise.

With direction agreed, the DAAT Partnership then developed a set of 'commissioning intentions' on which to base the design of the new treatment model. Some of the key areas identified were: a need for greater clarity and less duplication in the treatment system, in other words, commissioning a clear system rather than a number of services; provision of defined and separate open access services alongside targeted time-limited structured treatment; reducing inequity of provision by filling gaps

to ensure that each type of service is readily available and accessible across Suffolk; integrating harm reduction interventions fully within the treatment system and ensuring that these are offered and provided to all clients during their treatment journey; ensuring the provision of interventions that focus on recovery, reintegration and pathways out of specialist treatment; improving each service user's experience of treatment; and ensuring that treatment services are linked in to other services, such as housing and employment.

## OUR MODEL IS A RADICAL OVERHAUL OF THE TREATMENT PROVISION IN THE COUNTY. IT WILL TRANSFORM THE QUALITY AND EFFECTIVENESS OF SUBSTANCE MISUSE TREATMENT

The other added consideration was the cost. We recognised that cheapest doesn't mean best and therefore structured the evaluation to focus 70 per cent weighting upon quality and 30 per cent upon finance. Therefore financially, it was highly unlikely that larger organisations could benefit by offering a significantly cheaper bid. In fact the reverse may be true in that smaller organisations would not have the level of overheads that larger organisation have. This theory proved accurate as the financial range in the bids was small.

The main advantage that larger organisations may have is in their experience of writing tenders (having successfully won tenders to get to become a larger organisation in the first place!) and possibly the resources involved in writing a tender. However, good quality training in tendering was offered to all local providers, most of which took up the offer and plenty of preparation time was given (local providers had also been aware of the intention to tender for some years). The difference in the winning and losing bids was the quality of provision, not the size of organisation in financial terms.

The main focus was achieving the best quality provision at the best cost, regardless of how this may be packaged. The funding was structured to support the development of treatment in all areas of the county, providing organisations with the opportunity to

develop and expand regardless of their size

The bids received reflected the breadth and quality we expected, and in arriving at the final outcome we are confident that we are now well-placed to transform the old model into a system that enables the client to move through treatment, and access the right type of interventions that will enable them to meet their own aspirations.

It was the quality of the bid and the business plan that was key when evaluating individual agencies. For example, if you are confident that your service delivers excellent provision in one town for £200K then your bid could have said "we'll repeat this service in three towns for £600k" – if this was seen by the panel as the best option then the funding would have been awarded, all services had six months to then obtain new buildings and staff before starting. The process was a fair, competitive and open tender based primarily upon the quality of the services offered and the clear demonstration that the organisation can work in partnership, meet the needs of the county and deliver the recovery model required by the partnership.

Competitive tendering is always difficult and organisations will lose out, but progress in drug treatment is vital to ensure the expectations of clients can be effectively met. The Suffolk approach was designed to encourage a plurality of bids and avoid a 'one size fits all' model, but this requires providers to be ambitious, innovative and be able to demonstrate that what they offer meets the expectations of service users and commissioners.

Our model, the 'Partnerships Recovery Model', is a radical overhaul of the treatment provision in the county. It will transform the quality and effectiveness of substance misuse treatment and ensure that the significant amounts of public money being spent in this area are fully performance managed, utilised with the greatest efficiency and accountability to service users and commissioners.

National changes to commissioning, such as Payment by Results, the end of the ring-fenced pooled treatment budget and PCTs, and the advent of Health and Welfare Boards, will affect all areas. However, if DAATs are properly constituted, demonstrate clear and robust performance management, financial accountability and transparent partnership decision making, then the partnership commissioning and strategic decision making will ensure they have

a vital role to play in substance misuse treatment, prevention of harm, crime reduction and improved community and social outcomes. An effective way of tackling the complex social and health issues of substance misuse is through a partnership and the DAATs across the country are ideally placed to bring partners together and effectively tackle these issues. Challenges for smaller charities are apparent and these charities must meet the challenge of good financial planning, business planning and develop cooperative relationships with their funding partners.

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### **BRIAN TOBIN** *Director, Icen*

It is a sensitive topic and one that will resonate with many who have experienced similar processes and results. Attempting to describe the nebulous tendering process we were subject to is extremely difficult and could appear to be a case of sour grapes on our behalf, however, it is as much about the ability of commissioners to set parameters that enable small charities to compete with larger size charities and not stick with the belief that big is always beautiful.

Icen is fighting to survive and has produced a new service aimed at working with the whole family. Primarily it is aimed at keeping children with their birth parents where an addiction is present. Icen, like many other small charities, has lost out in a recent tender bidding process to the growing emergence of large charities, who are cutting swathes across the country, effectively running small local charities like Icen out of 'business'. Icen has, year-on-year, met and exceeded key performance indicators set by the DAAT. A cruel injustice has been served on Icen and the people of Ipswich and Suffolk have been dealt a huge disservice by nothing more than an elitist group of individuals who agreed to proceed with an archaic tendering process that prevented Icen from standing any realistic chance of winning a competitive tender. Based on the flimsiest of evidence, such people are responsible for potentially destroying one of the most well regarded and successful treatment providers in the county.

What makes the decision and situation for Icen even more galling and difficult to comprehend is that the government has committed to return power to communities and charities like Icen, which is an important part of

David Cameron's 'Big Society'. Suffolk County Council declared, prior to the commencement of the tendering process that local charities are highly valued and that they provide vital services to the local communities and that every effort would be made to ensure local services survive post tender. Yet the tendering process and outcome went in the opposite direction, favouring big charities from London and Essex.

It is frequently the case that the organisations that are successful in winning the tenders are those that choose to spend part of their income from such contracts on their business development. Until last year, all service providers have been based in Suffolk. This meant that the money that was used to support their infrastructures was recycled in local communities. We now have a situation where Suffolk County Council is contributing to the running costs and central salaries of organisations based further afield; money that will stay outside the local economy.

## AN ELITIST GROUP OF INDIVIDUALS WHO AGREED TO PROCEED WITH AN ARCHAIC TENDERING PROCESS PREVENTED ICENI FROM STANDING ANY REALISTIC CHANCE OF WINNING A COMPETITIVE TENDER

Contracts to deliver services have largely replaced grants because competition is deemed to deliver value for money and contracts are getting larger in the misguided belief that scaling up reduces costs. Such contracting via a tendering process is suddenly beyond the reach of small charities like IcenI. Whilst not criticising the large organisations who have won these contracts, as I'm sure they did not set out with the intention of undermining IcenI, it is perhaps the contract process itself that is at fault. There is now more focus on the contract and the tendering process than on the service itself and it was this focus that prevented IcenI from bidding as a main contractor, thus greatly reducing the chances of being successful.

National organisations cannot have the same local commitment to Ipswich as IcenI, which has forged enduring ties to its community because it was set up and is run by local people. Partnerships and networks have been formed based on mutual trust and the coming together of like minded individuals and organisations who truly want to make a difference in the communities of Ipswich. IcenI does more than just deliver services, it has worked to make neighbourhoods better places to live. IcenI has the ability to react to local problems and was at the very heart of working to assist women off the streets of Ipswich during and in the aftermath of the murders in 2006.

The government is right to see local charities and community groups as vital in strengthening local communities. The super-sized charities of this world continue to thrive whilst IcenI and others, who operate at the heart of the communities and understand the ethos, culture and individual needs of the places where they work, will simply disappear and the connection with our most hard to reach and vulnerable lost.

Whilst IcenI will always look at improving its performance, I believe we can become even more effective and creative without the shackles of Suffolk DAAT forcing us into providing nothing more than tick box exercises. The time will come when DAAT's are devolved, and not before time in my opinion. In the current climate such entities should be the ones facing closure and not those that seek to genuinely improve the health and well-being of the communities we serve.

IcenI has always delivered a high class service and provided good returns on those that invest in us, however, we have to acknowledge that when it comes to selling ourselves to businesses and new investors we have often fallen short. Doing good without anybody noticing is interesting, but not necessarily economically profitable. This is another example of where super-sized charities gain an advantage on small local organisations.

If we secure the requisite funding for the next 12 months then we will have a little breathing space to work on thriving and not just surviving! We have an application in with the Transition Fund (Home Office) and the outcome of this will give us a clear indication of what shape we will be in.

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## KEVIN CROWLEY *CRI director of operations*

CRI believe that the new commissioning landscape offers greater than ever opportunities for local providers and smaller charities to contribute to the development of services for communities and service users.

## THE NEW COMMISSIONING LANDSCAPE OFFERS GREATER THAN EVER OPPORTUNITIES FOR LOCAL PROVIDERS AND SMALLER CHARITIES TO CONTRIBUTE TO THE DEVELOPMENT OF SERVICES

Not long ago CRI was born of the amalgamation of five small charities which came together to create financial stability and share expertise and resources. We understand the challenges of operating from a small revenue base and recognise the many benefits that collaboration and collective working can bring to service delivery – for service users, providers and commissioners.

CRI is committed to delivering locally managed services. Across the UK we have formal and informal partnerships with other providers, working across prescribing, housing, education and employment services. These partnerships enable us to meet the range of service users' needs in a local context. We also consult closely with service users and incorporate their feedback into our working practices to ensure that services are accessible and responsive to their individual needs.

Where larger contracts are tendered, partnerships between smaller charities can bring together the necessary range of local knowledge and expertise that is required to deliver comprehensive, integrated, local services on a larger scale. CRI welcome the opportunity to work creatively with local providers at all stages of service development.

We look forward to working with our new partners Open Road in Suffolk. We also look forward to becoming part of the Suffolk provider network and will use all our experience of partnership working to ensure that services meet the needs of local users and the communities we serve.