

Public Document Pack



NOTICE OF MEETING

Meeting	Executive Member for Public Health Decision Day
Date and Time	Wednesday, 26th July, 2017 at 10.00 am
Place	Mitchell Room, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

AGENDA

NON-KEY DECISIONS (NON-EXEMPT/NON-CONFIDENTIAL)

**1. SUPPORTING (TROUBLED) FAMILIES PROGRAMME (STFP)
UPDATE REPORT (Pages 3 - 8)**

To consider a report of the Director of Children's Services regarding the Supporting Troubled Families Programme.

2. APPOINTMENTS TO OUTSIDE BODIES (Pages 9 - 10)

To consider a report of the Director of Transformation and Governance on appointments to Outside Bodies.

KEY DECISIONS (NON-EXEMPT/NON-CONFIDENTIAL)

**3. APPROVAL OF NOVATIONS AND DELEGATION OF AUTHORITY TO
APPROVE (Pages 11 - 16)**

To consider a report of the Director of Public Health regarding the modification process for novation of public contracts for Public Health.

**4. APPROVAL TO SPEND FOR SUBSTANCE MISUSE SERVICES
(Pages 17 - 26)**

To consider a report of the Director of Public Health seeking approval to procure and spend for Substance Misuse Services.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	26 July 2017
Title:	Supporting (troubled) Families Programme (STFP) update report
Report From:	Director of Children's Services

Contact name: Ian Langley, STFP Strategic Lead, HCC

Tel: 01962 845722

Email: ian.langley@hants.gov.uk

1. Executive Summary

- 1.1 This paper provides a summary of phase 2 (2015-17) of Hampshire's Supporting (troubled) Families Programme and objectives/risks up to the end of phase 2 in 2020.
- 1.2 Executive Member approval is also sought for delegation to the Director of Children's Services of the proposed spend of the Criminal Justice and Mental Health grant (2017-20) successfully obtained by STFP from the NHS. This grant is for £160,000 per annum, £480,000 in total.

2. Contextual information

- 2.1 The national Troubled Families Programme led by Department for Communities and Local Government (DCLG) commenced in 2012/3. Families with children with poor school attendance, young people offending, family members committing anti-social behaviour or claiming out of work benefits were targeted for support.
- 2.2 By the end of Phase 1 (2012-15) Hampshire had exceeded the DCLG target (1590) by identifying/engaging 1972 families. This gave Phase 2 a head start as 382 families were rolled across into the new phase.
- 2.3 In Phase 1 Hampshire maximised the DCLG grant for attaching families to the programme (£2,400 per family average) and for 'turning families around' (£1600 reward average). This allowed Hampshire to start Phase 2 of the programme (2015-2020) three months early on 1/1/15.
- 2.4 The Government increased the number of families Phase 2 nationally to be targeted for support from 120,000 to 400,000 families. The criterion for identifying families was extended to families with children who need help and those experiencing domestic abuse issues or health problems.

- 2.5 The expansion of Phase 2 nationally has significantly increased the number of families (5540) Hampshire needs to identify/engage and where possible 'turn around' by the end of 2019/20. The target is challenging as Hampshire has to identify/engage 1108 families on average per annum which is over double the Phase 1 average of 530 families each year.
- 2.6 In Phase 2 attachment fees fell to £1000 per family with £800 reward available for 'turning around' families against up to 6 criteria that may apply. This has made the claiming of reward grant significantly harder.
- 2.7 Mental Health is the most prevalent issue within families and the proportion of families nominated under this criterion is now 63%.
- 2.8 Significant numbers of families are also nominated under the school attendance, early help and being in receipt of out of work benefits criteria. The proportion of families nominated under the early help criteria increased by 5% to 51% in total in the last quarter of 2016/17. It is likely that start of the new Family Support Service (FSS) has been a factor in this rise.
- 2.9 Notable numbers of families are nominated for anti-social behaviour, rent arrears/financial difficulties and domestic abuse issues. Comparison with other Local Authority areas indicates the proportion of families identified with domestic abuse issues is lower in Hampshire than other areas. The Police secondee to the STFP central team is strengthening links/processes within Hampshire Constabulary to ensure families where domestic abuse is/has occurred (but who are below the MARAC threshold), and who would benefit from STFP support, are not missed.
- 2.10 Few families with adult offenders are nominated to the programme. Three STFP events for Hampshire Community Rehabilitation Company (HCRC) front line staff have taken place in May/June 2017 to raise the profile of the programme. An STFP 'lift card' specifically for HCRC staff has also been developed. This should assist an increase in the numbers of families with adult offenders with parenting responsibilities nominated to the programme.

3. Finance

- 3.1. In 2016/17 Hampshire fell short of the DCLG target for identifying/engaging families by 170 families. There is a risk DCLG could claw back £170,000 of Attachment fees under their Financial Framework for the Programme. To date DCLG have not indicated any intention to do this.
- 3.2 Cautious budgeting has ensured no financial risk in 2017/18 to the programme. During the last two financial years of the programme (2018-20) DCLG targets significantly fall from the present level so it is likely that ground will be made up during this period which will reduce any risk.
- 3.3 STFP has successfully obtained a NHS Criminal Justice and Mental Health Grant to the value of £480,000 (£160,000 per annum) up to 2020. The Executive Member for Public Health is asked to delegate authority for the spend of these funds to the Director of Children's Services in consultation with the Executive Member.
- 3.4 The grant will be used in two ways:

a) £300,000 (£100,000 per annum) for two trauma/resilience workers based within Hampshire Youth Offending Team (HYOT). Hampshire County Council (HCC) is the statutory lead agency for the HYOT multi agency partnership. The performance of these posts will be monitored by the STFP Health Lead who is employed by the NHS.

b) £180,000 (£60,000 per annum) to fund three annual grant rounds, the timing of which will be aligned with other Children's Services grants to avoid duplication of funding and maximising opportunities for the charitable and voluntary sector. HCC's Small Grants process will be used to ensure open and transparent application/evaluation from organisations. The evaluation of bids will involve Borough/District Councils who have been strong STFP partners since the inception of the programme

The maximum bid allowed in each annual grant round will be £30,000 and it is anticipated that the majority of successful bids will be above the £5,000 threshold where Executive Member approval is required.

Successful applications will be required to target and deliver positive outcomes for families meeting the criminal justice and mental health criteria within Hampshire's Troubled Families Outcome Plan as follows:

- Families with offenders in custody/on licence/supervision and/or recorded anti-social behaviour/noise nuisance incidents.
- Children or adults with identified Tier 1 or 2 mental health needs not engaging with available support.

3.5 Delivery of services by organisations successfully awarded a grant under this process will be monitored to ensure that services are targeted, and outcomes achieved for those meeting the criminal justice and mental health criteria.

3.6 As stated in 2.7 mental health remains the most prevalent issue within (troubled) families.

4 Consultation and Equalities

4.1 An equalities impact assessment was completed by the programme team as part of the initial programme planning in October 2012. This highlighted that the programme may disproportionately impact upon families within particular age groups and families with women in the household due to the DCLG definition of a troubled family in phase 1 of the programme.

4.2 The extended DCLG criteria (see 2.4) used to identify phase 2 families since 2015 means that all families in need of support from the programme can now be considered. This is an improvement from the position in Phase 1 as the issues indicated in 4.1 no longer apply.

5. Other Key Issues

5.1 The commissioning process for the new Troubled Families Intensive Support Service between 1/4/17 and 31/3/20 has been completed. The new contract is delivered on a Framework basis with several providers in each of the ten lot areas (based on District/Borough council areas with Hart and Rushmoor combined).

5.2 The transition from the previous Transform Service to the new providers took place smoothly. It was assisted by the fact that two of the former Transform consortium (Family Lives and Motiv8) were successful in becoming providers for the new contract and retained their existing staff and expertise.

6 Future direction

6.1 The original transformational ambition of the programme to better co-ordinate the way agencies work together with families (rather than just with individuals within families) remains steadfast. Good evidence of transformation emerged from the independent academic report in Phase 1 by University of Portsmouth and has been reinforced by Hampshire's use of DCLG's Maturity Model.

6.2 An independent academic evaluation of Phase 2 has been commissioned from Southampton Solent University (SSU). An interim report will be provided in early 2018 with the final report a year later. The evaluation will be key to the business case for future investment in the programme post 2020.

7. Recommendation(s)

7.1 For the Executive Member for Public Health to;

- a) Note the progress of the Supporting (troubled) Families Programme and the potential financial risk outlined in 3.1 and 3.2 of the report.
- b) Approve delegated authority to the Director of Children's Services to award funding and grants to a total value of £480,000 (£160,000 per annum) up to 2020 (as detailed in 3.4 of the report) from the NHS Criminal Justice and Mental Health grant in consultation with the Executive Member for Public Health.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Maximising well-being:	yes
Enhancing our quality of place:	yes

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Supporting (Troubled) Families Programme	<u>4382</u>	<u>29/10/12</u>
Supporting (Troubled) Families Programme update.	<u>5050</u>	<u>22/7/13</u>
Supporting Troubled Families in Hampshire Programme Update and Preparations for Phase 2	<u>6028</u>	<u>14/12/14</u>
Direct links to specific legislation or Government Directives		
<u>Title</u>	<u>Date</u>	
<u>DCLG Financial Framework for the Expanded Troubled Families Programme</u> https://www.gov.uk/government/publications/financial-framework-for-the-expanded-troubled-families-programme	<u>April 2015</u>	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

Equalities Impact Assessment:

1.2. An equalities impact assessment was completed by the STFP central team as part of the initial programme planning in October 2012. This highlighted that the programme may disproportionately impact upon families within particular age groups and families with women in the household due to the restrictive DCLG definition of a troubled family in phase 1. The extended DCLG criteria used to identify phase 2 families means this is no longer the case.

1.3 This is a positive programme designed to improve the lives of some of Hampshire's most troubled families and communities, and therefore the impacts are likely to be positive.

2. Impact on Crime and Disorder:

2.1. A key objective of the programme remains to reduce offending and anti social behaviour amongst families targeted for support.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption? Not applicable
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? Not applicable

HAMPSHIRE COUNTY COUNCIL

Executive Decision Record

Decision Maker:	Executive Member for Public Health
Date of Decision:	26 July 2017
Decision Title:	Appointments to Outside Bodies
Report From:	Director of Transformation and Governance - Corporate Services

Contact name: Jackie Taylor

Tel: 01962 847479

Email: jackie.taylor@hants.gov.uk

1. The Decision: (PROPOSED)

- a) That the Executive Member for Public Health be requested to make an appointment to the Outside Body shown below. The term of office to expire in May 2021 (unless otherwise stated).

<u>Name of Body</u>	<u>Previous representative</u>	<u>Appointment until May 2021</u>
Solent Sea Rescue Organisation (1 representative required). This appointment was referred by the Executive Member for Policy and Resources on 16 June 2017 following changes to the County Council's Executive portfolios.	Councillor Peter Edgar	

2. Reason for the decision:

- 2.1 To maintain County Council representation on committees and bodies within the community.

3. Other options considered and rejected:

- 3.1. Not to make appointments which would cease County Council representation.

4. Conflicts of interest:

4.1. Conflicts of interest declared by the decision-maker: None

4.2. Conflicts of interest declared by other Executive Members consulted: None

5. Dispensation granted by the Conduct Advisory Panel: None.

6. Reason(s) for the matter being dealt with if urgent: Not applicable.

7. Statement from the Decision Maker:

Approved by:

**Executive Member for Public Health
Councillor Patricia Stallard**

Date: 26 July 2017

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	26 July 2017
Title:	Approval of novations and delegation of authority to approve
Report From:	Director of Public Health

Contact name: Kate Mulford

Tel: 01962 845091

Email: kate.mulford@hants.gov.uk

1. Executive Summary

1.1. The purpose of this paper is to request that the Executive Member for Public Health delegates authority to the Head of Law and Governance and Monitoring Officer to approve the use of the modification process for novation of public contracts for public health which have a modification value in excess of £1million in circumstances where there is no change in the financial impact to the County Council. This would cover novations where there has been or proposes to be universal or partial succession, including takeover, merger, acquisition or insolvency, both following internal corporate restructuring and where there has been or proposes to be novations to an unconnected organisation. This would also align with the approach agreed for adult social care.

2. Contextual information

2.1. These requests are being made in the context of the County Council's Contract Standing Orders and The Public Contract Regulations 2015 ("the Regulations"). Clause 9.5 of Contract Standing Orders states;

"Any proposed modifications to existing contracts which have not been provided for in the initial procurement documents in clear, precise and unequivocal review clauses shall be approved by the Head of Law and Governance and Monitoring Officer where the value of the modification is less than £1 million and by the Executive where the value of the modification is £1 million or greater prior to agreement of such modification."

2.2. Under Regulation 72 (1) (d) (ii) of the Public Contract Regulations 2015 a public contract may be modified without a new procurement procedure where a new contractor replaces the one to which the contracting authority had initially awarded the contract as a consequence of "universal or partial succession into the position of the initial contractor, following corporate restructuring, including takeover, merger, acquisition or insolvency, of another economic operator that fulfils the criteria for qualitative selection initially

established, provided that this does not entail other substantial modifications to the contract and is not aimed at circumventing the application of this Part”.

- 2.3. Consequently, in circumstances where a public contract with a remaining value of over £1 million is proposed to be novated in accordance with Regulation 72 (1) (d) (ii), this shall be treated as a modification requiring approval from the Executive Member for Public Health.
- 2.4. To make sure all future novations of public contracts are dealt with in a timely manner, to minimise the impact on payment to suppliers and to ensure the quality of the services are maintained, it is recommended that authority to approve use of the modification procedure in these circumstances is delegated to the Head of Law and Governance and Monitoring Officer.

3. Proposals

- 3.1. In order to ensure that novations are processed in a timely manner it is recommended that the Executive Member for Public Health delegates authority to the Head of Law and Governance and Monitoring Officer. This would be following consideration by the Public Health Senior Management Team, a written request with reasons would then be sent to Legal Services. It would be for approval for the use of the modification process for novation of public contracts for public health which have a modification value in excess of £1million in circumstances where there is no change in the financial impact to the County Council. This would cover novations where there has been or proposes to be universal or partial succession, including takeover, merger, acquisition or insolvency, both following internal corporate restructuring and where there has been or proposes to be novations to an unconnected organisation.

4. Financial Implications

- 4.1. There are no financial implications of these proposals; the novations would not involve any additional spend or change to the duration of the contracts.

5. HR implications

- 5.1. As the services that are referred to in this report will continue to be provided by an independent Service Provider there are no Hampshire County Council staff issues involved with this process.

6. Legal implications

- 6.1. Any proposed novations of public contracts under Regulation 72 (1) (d) (ii), where the incoming provider fulfils the criteria for qualitative selection initially established and this does not entail other substantial modifications to the contract, will be a permitted modification under the Public Contract Regulations 2015.
- 6.2. All novations will be made in writing requiring the parties consent to the novation.

6.3. In exercising its functions an authority must have due regard to the need to: Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equalities Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7. Equalities impact assessment

7.1. Given that these proposals would have no impact on either people who use these services or the staff working in the services an Equalities Impact Assessment has not been carried out.

8. Recommendations

8.1. That the Executive Member for Public Health delegates authority to the Head of Law and Governance and Monitoring Officer to approve the use of the modification process for the novation of public contracts for public health which have a modification value in excess of £1million in circumstances where there is no change in financial impact on the County Council as set out in paragraph 3.1 of the report.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Maximising well-being:	yes
Enhancing our quality of place:	no

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

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- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2 Equalities Impact Assessment:

The paper is concerned with novating existing contracts. There would be no impact on groups with protected characteristics through a novation. The impact on groups with protected characteristics would be considered when the original proposal for the service being novated was made.

2. Impact on Crime and Disorder:

2.1. No impact has been identified.

3. Climate Change:

3.1. How does what is being proposed impact on our carbon footprint / energy consumption?

There is no impact on our carbon footprint/energy consumption from these proposals

3.2. How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This would be considered when the services being novated were originally awarded.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	26 July 2017
Title:	Approval to spend for Substance Misuse Services
Report From:	Director of Public Health

Contact name: Simon Bryant, Public Health Consultant
Ileana Cahill, Public Health Principal

Tel: 02380 383308

Email: ileana.cahill@hants.gov.uk

1. Executive Summary

1.1 The purpose of this paper is to seek approval from the Executive Member for Public Health to procure and spend for Substance Misuse Services, up to the maximum value of £61.37million for a maximum contract term of 7 years (5 years with an option to extend for a period or periods of up to 2 years) commencing on 1 July 2018 and to request delegation of authority to Director of Public Health to enter into formal agreement with NHS England.

2. Contextual information

2.1 Hampshire County Council's Transformation to 2019 has provided Public Health with the opportunity to transform and redesign substance misuse services to ensure that they deliver effective and improved outcomes that meet our populations changing needs whilst also making efficiencies within the treatment system.

2.2 Currently there are separate contracts with three different providers to deliver substance misuse services to Hampshire residents:

- Hampshire Integrated Adult Substance Misuse Recovery Service - Inclusion Recovery Hampshire. This service currently provides specialist substance misuse treatment in the community to adults with drug and / or alcohol problems and support for their relatives or carers. The contract for its initial 3 year term expires on the 30 June 2018.
- Young Peoples Substance Misuse Service (up to 18 years) – Catch 22. This service provides specialist treatment and support for young people misusing drugs / alcohol. The contract for this service expires on the 30 June 2018 with no further permissions to extend.

- Pharmacy-based Drug Treatment Service – Lloyds Pharmacy. This service works with pharmacies across Hampshire to deliver a needle exchange programme and provide supervised consumption for those clients requiring opiate replacement therapy (substitute medication for those who are opiate dependant to enable stabilisation, followed by either withdrawal regimen or maintenance).The contract for this service expires on 30 June 2018 with no further permissions to extend.

2.3 During 2016/17 the above contracts delivered the following activity:

- 565 people accessed treatment for their alcohol problem
 - 1895 people accessed treatment for their opiate problem
 - 476 people accessed treatment for their non-opiate problem
- (Hampshire Integrated Adult Substance Misuse Recovery Service)

- 268 young people accessed specialist treatment for their drug / alcohol problem
- 113 young people accessed targeted support through an education setting

(Young Peoples Substance Misuse Service (up to 18 years))

- 175 pharmacies across Hampshire are able to offer supervised consumption for those clients requiring opiate replacement therapy (ORT)
- 97 pharmacies across Hampshire are able to offer a needle exchange service to injecting drug users.
- 984 people accessed pharmacies for a needle exchange service
- 403 people accessed pharmacies for their opiate replacement therapy (ORT)

(Pharmacy-based Drug Treatment Service)

2.4 It is proposed to put into place a one combined contract to include all the above services for 1 July 2018 using a procurement process in line with the County Council's best practice. This will enable a consistent and integrated approach for service users and facilitate efficiencies to be made across the whole treatment system.

3. Current Issues

3.1 Alcohol and drugs are some of the leading risk factors for overall burden of disease in the UK. Substance misuse is a complex issue that touches young people, adults, families, communities and society. The current contractual arrangements mean that the current services are delivered and commissioned separately. Whilst there is joint-working between the current services, there is an opportunity for the services to become more "joined up" by having one overall contract. One contract would allow for substantial service re-design, including achieving better outcomes for young people, adults and families.

- 3.2 A recent survey¹ of Hampshire school children aged 11-15 years reported that 49% of young people had consumed alcohol compared to 38% nationally. Those who drink alcohol regularly from an early age are more likely to develop later alcohol misuse or abuse and a range of other negative health and social outcomes when they reach adulthood. Local data identified that 50% of young people (who accessed specialist young peoples substance misuse services) started using a problem substance by age of 15 years and there is a higher proportion of children and young people using two or more substances (including alcohol) than nationally, 81% compared to 60% respectively.
- 3.3 The current young people's substance misuse service only works with young people up to the age 18. Evidence from other local authority treatment systems suggests that a considerable number of individuals who access support in their 20s or later have had issues with substances at an earlier age, but these have not been resolved. Therefore, there may be opportunities to address these needs earlier, reducing the chances of these individuals, and those around them – including their families – suffering more serious effects later in life, and reducing the impact on public services.
- 3.4 In 2016/17, 17% of clients accessing substance misuse services had children living with them and a further 38% of clients were a parent but were not living with children. There is currently limited support for those children whose parents misuse substances. The impact of a parent's drug / alcohol problem can affect the whole family and can be a risk factor for children misusing substances. Local service data reports that a quarter of young people accessing substance misuse services were affected by either a siblings or parents drug / alcohol use.
- 3.5 There are currently a disproportionate number of alcohol clients currently in Hampshire's treatment service, compared to opiate users. There are lower levels of opiate use and higher levels of alcohol-related health harm now apparent in our population. Alcohol has been identified as a causal factor in more than 60 medical conditions, including circulatory and digestive diseases, liver disease, a number of cancers and depression. The increase in risk for these conditions is greatest among those people drinking at harmful levels (ie, in excess of 35/50 units per week, female/male). However, even increasing-risk drinkers (those regularly exceeding the lower risk guidelines) are at significantly increased risk of these conditions. An estimated 26.5% (or 1 in 5) of Hampshire residents drink above the safe recommended levels for alcohol (over 14 units) each week². This represents about 283,000 people in Hampshire. Whilst all these people would not need access to treatment, high risk groups would benefit from a targeted intervention. Estimates suggest that around 9% adult men and 4% of adult women in the UK show signs of alcohol

¹ Smoking, Alcohol & Drugs Survey - Hampshire Public Health. 2015

² <http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/3/gid/1938133118/pat/6/par/E12000008/ati/102/are/E10000014/iid/92778/age/168/sex/4>.

dependence³, but only a minority of these people currently actually access alcohol treatment services.

- 3.6 Alcohol and drug misuse is common among people with mental health problems. Evidence from service user and provider surveys suggests that people with co-existing alcohol, drug and mental health issues are often unable to access the care they require. Whilst work is being progressed county-wide on this from both commissioner and provider agencies, more work is needed to holistically address the needs of those people with dual diagnosis.
- 3.7 Nationally there are an increasing number of long term treatment users, who have been using opiates and accessing treatment services for many years. This is reflected in local services, where in 2016/17 25% of opiate clients (476 people) accessing adult treatment in Hampshire have been in substance misuse services for over 6 years. The length of time clients using drugs who are also accessing treatment services in Hampshire is increasing, where 33% (476 people) have been using opiates for 21 years or more. Evidence suggests that clients that have been in treatment long term (over four years), or those with long drug using and treatment careers, are most likely to remain there. These cohorts are now experiencing cumulative physical and mental health conditions and are at higher risk of death.
- 3.8 In addition to reductions of £5.6million in Public Health grant up to 2017/18 a further reduction of £2.7million is anticipated from 2018/19 to 2019/20. These reductions make it essential that all Public Health services continue to be reviewed with a view to achieving efficiencies. As the contracts for these services expire on 30 June 2018 it provides the ideal opportunity to seek the needed economies of scale from re-procuring a Substance Misuse Service for the Hampshire population.

4. Future Direction

- 4.1 Re-procurement of a new Substance Misuse Service would commence in July 2017 with a start date for the new service by July 2018 (initial contract term 5 years with an option to extend for a period or periods up to 2 years).
- 4.2 Priorities for the new Substance Misuse Service have been identified following a local mapping of services, needs analysis and stakeholder engagement have identified the following priorities for a Substance Misuse Service for Hampshire:

Priority	Rationale
Young people at increased risk of harm, with the aim of strengthening their resilience.	A large proportion of adults who misuse substances, began using drugs and / or alcohol by age 15
Increasing the numbers of alcohol clients (adults) in effective treatment	Alcohol clients are currently under-represented in substance misuse

³ <https://www.alcoholconcern.org.uk/alcohol-statistics>

	services.
Achieving better outcomes for families	Costs of parental substance misuse both on children and on social care costs.
Improving outcomes for clients with Dual Diagnosis	Alcohol and drug misuse is common with people who have a mental health problem and access to services is often fragmented.
Better management and support for long term treatment users with complex needs to encourage recovery	This is an increasing cohort of people who have been in substance misuse treatment services for many years. The longer someone is in treatment for the harder it is to achieve recovery.
Equitable coverage and quality	Ensure that access to services is available on a geographical scale and within vulnerable client groups e.g. homeless, those in the criminal justice system.

4.3. Given the wide range of needs for substance misuse services a core offer will be commissioned complemented by targeted services to address wider needs.

Harm minimisation

- needle exchange provision
- opiate substitute prescribing
- blood borne virus testing
- provision of Naloxone (medication that reverses the life-threatening effects opiate overdose)

Structured treatment

- care planning
- community based detoxification and access to in-patient provision when required.
- opiate replacement prescribing therapy
- counselling therapies
- building recovery capital
- peer mentoring programme
- life skills training
- delivery of the treatment element of Court orders - Drug Rehabilitation Requirements and Alcohol Treatment Requirements

Liaison function with other services which includes (but is not exhaustive) criminal justice organisations, mental health services, domestic abuse services, supporting troubled families intensive family support services, hospital services, and GPs.

Young peoples services

- children and young peoples substance misuse services for up to age 25
- targeted support for vulnerable groups aged 11-18
- provide specialist substance misuse treatment for young people with complex vulnerabilities

Link with other public health commissioned services to ensure robust pathways into lifestyle services.

4.4 The procurement will include £36,470 per annum (which is included in the maximum figure for which approval is sought) for the provision of a substance misuse worker for Swanwick Lodge Secure Estate. The commissioning responsibility for this service lies with NHS England. This element of the service will be in place for two years from contract award, until 2020 to align with other NHS England contracts. It is intended that the procurement will include £72,940 of funding from NHS England for the provision of a substance misuse worker for Swanwick Lodge Secure Estate for the initial two years of the contract. NHS England has commissioning responsibility for this particular service. It is proposed to put in place a formal agreement using S75 NHS Act 2006.

4.5 The Public Health Substance Misuse Commissioning Group are currently planning the re-procurement with a project plan in development and key documents being prepared to be in a position to fully tender the service in September 2017 and award the new contract in January 2018.

Work also continues to transform the existing services through the 2017/18 service specifications and contracts in order to optimise outcomes and achieve best value for the Council and for Hampshire residents.

5. Equality Impact Assessment

5.1 Refer to full Equality Statement in Integral Appendix B.

5.2 Positive impacts of the procurement include the young people's service up to the age of 25. The current young people's service only supports clients up to the age of 18 years. This will avoid issues of transition, where young people sometimes disengage with adult services. Other positive elements include increasing access to substance misuse services and support for women, as they are currently underrepresented in substance misuse services.

6. Finance

6.1 It is proposed that the total maximum spend under the contract would be £61.37million over the term of 7 years. These services will be funded from the Public Health grant for £61.3million, with an additional £72,940 contribution from NHS England.

- 6.2 The Public Health grant funded sum of £61.3million represents the current level of budget available for these services. However, it is anticipated that efficiencies will be achieved through this re-procurement exercise to help meet the expected reduction in future grant levels. Specifically, the Substance Misuse contract will be constructed in a way that provides contractual flexibility to adjust service provision annually to meet any changes in demand and or changes in available funding.
- 6.3 Whilst a maximum spend level for the 7 years has been estimated for this approval the annual spend will be monitored and will need to take into account the value of the annual budget set for these services approved by Full Council in February of each year.

7. Recommendation(s)

- 7.1 That the Executive Member for Public Health gives approval to procure and spend for Substance Misuse Services up to the maximum value of £61.37 million, for a maximum contract term of 7 years (5 years with an option to extend for a period or periods of up to 2 years) commencing on 1 July 2018 and delegates authority to Director of Public Health to enter into and finalise terms of the agreement with NHS England.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Maximising well-being:	yes
Enhancing our quality of place:	yes

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Direct links to specific legislation or Government Directives		
<u>Title</u>		<u>Date</u>
The Health and Social Care Act 2012 http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted		2012

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2 Equalities Impact Assessment:

A full Equality Impact Assessment has been carried out. If funding is approved to commission substance misuse services for Hampshire residents there will be a neutral impact for the majority of people with protected characteristics. Within the service being developed there will be an expectation that providers will demonstrate how they will support/reach out to people from the different protected characteristics. There will be a positive impact on young people, where the new service have a specific focus on those up to the age of 25 years. This will ensure robust transitional arrangements are in place and transferred to an adults service when most appropriate. The service will also benefit and have a positive impact on women, where women are currently under-represented in substance misuse services. There will be provision in the contract to increase access to substance misuse services and support for women. There will also be a positive impact on those living in poverty and rural communities, where the new service will consider delivery of services in local communities, in-reach / out-reach workers and home visits will be utilised to maximise access for clients who live in areas of deprivation and dispersed rural populations.

2. Impact on Crime and Disorder:

- 2.1. By definition, interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and health outcomes.
- 2.2. Alcohol and drug misuse is linked to crime and disorder. Alcohol can be linked to approximately half of all violent assaults that take place and can contribute towards domestic abuse and marital breakdown. Heroin and crack addiction causes crime and disrupts community safety. Drug treatment nationally prevents an estimated 4.9million crimes every year and treatment saves an estimated £960million costs to the public, businesses, criminal justice and the NHS.

3. Climate Change:

- 3.1. Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.