

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

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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.