
REPORT FOR: CABINET

Date of Meeting:	12 September 2019
Subject:	Harrow Adult Substance Misuse Service
Key Decision:	Yes Service cost: 5 years = £8,483,535
Responsible Officer:	Carole Furlong Director of Public Health
Portfolio Holder:	Cllr Simon Brown Portfolio Holder: Adults & Public Health Cllr Adam Swersky Portfolio Holder: Finance & Resources
Exempt:	No
Decision subject to Call-in:	Yes
Wards affected:	All
Enclosures:	None

Section 1 – Summary and Recommendations

This report sets out the re-procurement that Harrow Public Health Service plans to undertake for the Harrow Adult Substance Misuse (Treatment and Recovery) Service.

Recommendations:
Cabinet is requested to:

1. Authorise the re-procurement of an Adult Substance Misuse Service.
2. Delegate authority to award a contract for an Adult Substance Misuse Service to the Director of Public Health, following consultation with the Corporate Director of People's Service, Chief Financial Officer and the Portfolio Holders for Adults & Public Health and Finance & Resources

Reason:

Public Health Grant Condition: 7. 'A Local Authority must, in using the grant:

- have regard to the need to improve the take up of, and outcomes from, its' drug and alcohol misuse and treatment services.

The contract in question has a value in excess of £500,000 and therefore Cabinet approval is required to re-procure the service.

Section 2 – Report

Introductory paragraph

The current Adult Substance Misuse Service commenced on 1st October 2015 with a contract length of 2.5 years + 2 years extension. The contract is due to end on 31st March 2020.

As part of the Public Health England (PHE) Requirements laid out in the Health and Social Care Act 2012, local authorities are responsible for commissioning health and social care services for residents.

The commissioning of this Service enables the Council to discharge it's duties in relation to the:

- **Health and Social Care Act 2012:** to commission best value and effective services which deliver better outcomes for local residents in relation to their health/wellbeing.
- **Criminal Justice Act 1991:** to provide community treatment to offenders.
- **Children's Act 1989:** to "safeguard and promote the welfare of children within their area who are in need and so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs".

The current Adult Substance Misuse Service will come to an end on 31st March 2020. The contract value of the Adult Substance Misuse is over £500k so Cabinet approval is required under the Contract Procedure Rules (CPRs) and the Council's Financial Regulations. A competitive tendering exercise will be carried out in accordance with the CPRs.

Substance Misuse Service

Harrow Public Health is committed to fulfilling the requirements of the National Drugs Strategy (2017), The Government Alcohol Strategy (2012), PHE 'Safeguarding and Promoting the Welfare of Children Affected by Parental Alcohol and Drug Use: a guide for local authorities' (2018), and DoHSC - Public Health Outcomes Framework: Improving Outcomes and Supporting Transparency (2016).

Harrow Adult Substance Misuse Service specialises in delivering drug and alcohol treatment, crime reduction interventions for drug and alcohol offenders and support for carers/families affected by substance misuse. The Service minimises the impact that substance misuse has on individuals and the wider community, ultimately making a positive contribution to addressing health inequalities and crime reduction priorities of the Safer Harrow Board. An effective treatment and recovery service can make a significant contribution to reduction in reoffending in Harrow, reducing anti-social behaviour and support early intervention i.e. reducing numbers of children moving into higher threshold care services.

The re-procurement of the existing service model will:

- comply with The Public Contracts Regulations 2015
- deliver improved outcomes for service users by reducing levels of harm caused to health, meet the needs of diverse communities and address health inequalities
- reduce drug and alcohol related crime and anti-social behaviours
- improve harm reduction outcomes for service users in relation to Hepatitis B, C and HIV testing and Hepatitis B vaccination
- continue to improve joint working with statutory and voluntary services i.e. Children Services and Safeguarding services

The service model will be delivered via two elements:

- **Prescribing:** to deliver clinical review, detoxification/rehabilitation. (community and inpatient), harm reduction
- **Recovery:** to deliver a recovery-focused programme (community and inpatient) supporting treatment leavers with life skills, access to employment, training and education (ETE) in order to sustain long-term recovery from substance misuse.

Officers seek authority to tender a new Harrow Adult Substance Misuse Service. The proposed contract term of the Substance Misuse Service re-procurement will be five years commencing 1 April 2020 until 31st March 2025.

Based on current spend (£1,696,710. per annum) the estimated aggregate value of the proposed contract for five years is in the region of £8.5 million. All the above figures are subject to funding.

Evaluation criteria: Quality 50%, Price 40%, Social Value 10%

The Harrow Adult Substance Misuse Service indicative re-procurement project timetable is as follows:

Issue Invitation to Tender	September 2019
Deadline for TUPE confidentiality undertaking	August 2019
Deadline for Tender Submissions	October 2019
Tender Evaluation	Mid October
Successful Supplier Notified	November 2019
Contract Award	Beginning of December 2019
Contract Transition Period(allowing for possible TUPE and sourcing of suitable premises)	December 2019 – April 2020
Contract handover	February 2020
Contract Start	1 st April 2020

Handover of the core services is estimated to take up to six months. Such time is built into the timetable above and supports the request of delegated authority to award the contract. In addition, it enables smooth contract transition ensuring on time contract start. Earlier contract award would also allow for the contract to be handed over on time and for the contract to commence.

Harrow Young People’s Substance Misuse Service

Re-procurement for this Service is not included in this paper. The Harrow Young People’s Substance Misuse Service Contract comes to an end on 31st March 2020. The annual value of this Service is £218,499 and is under the “Light Touch Regime” threshold so a direct contract award for 2 years (until 31st March 2022) will be offered to the current Provider.

Options considered

- Re-procurement of the Adult Substance Misuse Service is required to continue engagement and maintain support for Harrow residents and their families (and wider community) who are affected by substance misuse.
- There is no rationale for L.A. Harrow to deliver the Adult Substance Misuse Service directly as the Council does not have the clinical structure/registration to deliver a clinical pathway. Relevant skills for the delivery of this Service lies within Health and CQC registered Voluntary sector.
- There is no option to extend the current Harrow Adult Substance Misuse Service as the opportunity was not contained in the previous

tender or contract and this would leave Harrow Council vulnerable to challenge bearing in mind the value of this 5 year Contract.

Current situation

Harrow Adult Substance Misuse Service is a single treatment and recovery pathway with a Single Point of Access and 'no wrong door'. The Service is delivered by one Provider from one site in Harrow plus co-locations within other agencies including L.A. Harrow Children's Service, Mental Health Service and Criminal Justice Service. As part of the Harrow Adult Substance Misuse Service in-house Education, Training and Support ETE support, joint work is also undertaken with L.A. Harrow Employment and Training Team.

The Cabinet approved £0.5m reduction in the Substance Misuse Service budget which resulted (as from 2017/18) in a reduced treatment and recovery pathway and workforce including clinical staff (e.g. deletion of Dual Diagnosis and Hospital Alcohol Liaison Nurse posts) and Recovery Practitioners including deletion of the Carers Practitioner post. Consequently Harrow has seen a decrease in clients in treatment:

2017/18	Q3	488
2018/19	Q3	374

L.A. Harrow performance data

and high levels of unmet need across all treatment cohorts: Opiates, Non-Opiates, non-Opiates & Alcohol and Alcohol:

Cohort	Harrow Unmet Need	National Unmet Need
Opiates and /or Crack Cocaine	81.5%	51.9%
Opiates	79.3%	46.3%
Crack	82.2%	61.1%
Alcohol	84.9%	82.9%

PHE 'Alcohol and drug misuse and treatment statistics: The estimated proportion of people in your area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system

Prevalence period 1.4.14 - 31.3.15

Estimated unmet need rate period: 1.1.18 - 31.12.18

The Treatment Hub at Station Road was closed and clients transferred to the Recovery Hub in Bessborough Road which now incorporates both clinical and recovery support. As one site is not enough to manage the Service caseload, the Provider has continued to seek appropriate co-location arrangements with partners.

Reduced recovery support has also affected the rates of successful completions in Harrow as clients may need to remain in treatment for longer to attain recovery.

Parental Drug and Alcohol data – Harrow

PHE published a [toolkit to support LAs in planning services](#) which includes data and advice on how best to meet the needs of children growing up in these situations and those of their parents and carers.

Annual met treatment need estimates, opiate dependency 2014/15 - 2016/17

Adults with an opiate dependency	Harrow			Benchmark	National
	Prevalence	Treatment	% met need	%	%
Total number of adults with a dependency who live with children	308	50	16%	19%	52%
Total number of children who live with an adult with a dependency	559	86	15%	19%	53%

Annual met treatment need estimates, alcohol dependency 2014/15 - 2016/17

Adults with an alcohol dependency	Harrow			Benchmark	National
	Prevalence	Treatment	% met need	%	%
Total number of adults with a dependency who live with children	316	104	33%	24%	21%
Total number of children who live with an adult with a dependency	581	192	33%	23%	21%

Parental alcohol and drug use: understanding the problem

Guidance for local areas to identify problematic parental substance use to help commission services to reduce and prevent harm to children and families. 22 May 2018

<https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem>

The estimated data shows a significant number of Harrow adults who have an opiate dependency/alcohol dependency and who live with children are not accessing treatment.

Substance Misuse and Crime

Information from PHE Police and Crime Commissioners support pack 2019-20: key drug and alcohol data publications.

Gateway number: 2018467 – Released 2019

Drugs and alcohol are identified as two of the key drivers of crime and disorder in the Home Office Modern Crime Prevention Strategy (2016).

Evidence shows that being in treatment itself reduces levels of offending, so the Modern Crime Prevention Strategy focuses on the need for treatment,

prevention and enforcement to mitigate the impact of drug-related crime. Evidence-based drug and alcohol treatment also help in terms of health improvements, reduced drug and/or alcohol related deaths, lower levels of blood-borne infection and wider social harm.

The Drugs Strategy (2017) echoes the commitment to treatment when it sets out the need to support people to address their dependence in order to reduce the risk of reoffending. For drug-related crime, reducing the number of heroin and crack users is likely to have the largest impact on volume crime levels.

The picture for alcohol is slightly more complex. Violence and disorder in the night-time economy or in the home are largely the result of binge drinking. Some binge drinkers are alcohol dependent, and there is good evidence that specialist alcohol treatment for dependence assists with the reduction of such violence and disorder.

Evidence-based drug and alcohol treatment can help reduce harm to the individual and the local community and deliver real savings, particularly in terms of crime costs, but also in savings in terms of health improvements, reduced drug and/or alcohol related deaths, lower levels of blood-borne infection and wider social harm.

Drug Related Deaths

Potent opioid overdose represents a significant Public Health crisis and it is important that local Commissioners and multi-agency partners are prepared for, and able to respond and recover from incidents involving potent opioids.

Drug Related Deaths in Harrow

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations>

2015/17:	19
2014/16:	17
2013/15:	14
2012/14:	12

Established risk factors for drug misuse are:

- Family history of addiction
- Socio-economic deprivation
- Homelessness
- Unemployment, poor working conditions and job insecurity
- Men are more likely to use illegal drugs
- Poor mental health is linked to drug misuse and vice versa

There is also a cohort of people with drug and alcohol problems that consequently have an impact on other public services including adult social care, criminal justice and health.

In May 2018, PHE and Local Government Association (LGA) asked Local Authorities and their partners to prepare for potent opioids appearing in their

area, particularly in light of recent international experience. Fentanyl is causing significant issues in the USA and Canada. Potent opioids such as fentanyl could be sought by people who use drugs, or might be unwittingly added to street heroin. In collaboration with the Borough Resilience Forum and Safer Harrow Board, Harrow Public Health developed a 'Fentanyl: Preparing for a future threat - Potent Opioid Overdose Framework' to provide a threat specific operational response for our borough. On request, this document has been shared with PHE London region for reference by other boroughs.

Implications of the Recommendation

Considerations

At 2019/20, the budget for this Service is £1,696,710. and is currently funded from the existing Public Health budget - please see **Financial Implications**.

This Service will be contracted out to a Health or CQC Registered Voluntary sector provider. TUPE will apply to this contract but there are no implications for L.A. Harrow.

Performance, Environmental Issues, Data Protection Implications

Local Performance

Contract Performance meeting each quarter – also attended by Harrow CCG Designated Nurse Safeguarding Adults.

Performance data taken from L.A. Harrow Substance Misuse Service Case Management System, PHE National Drug Treatment Monitoring Service (NDTMS), PHE Prison Companion Report PHOF 2.16, Reports i.e. LSCB QA sub-group.

CQC

CQC are responsible for regulating Substance Misuse Services: Hospital in-patient based services, community based services and residential rehabilitation services. Inspections have consistent focus on people who are especially in vulnerable circumstances or from specific population groups such as: pregnant women (unborn children), young people, LGBT community, people with complex needs i.e. dual diagnosis, homeless people, older people, victims of domestic abuse, offenders returning to the community and sex workers.

https://www.cqc.org.uk/sites/default/files/20140919_cqc_a_fresh_start_substance_misuse_final_low_res.pdf

In November 2017, following a course of inspections to independent sector residential rehabilitation units, CQC identified a substantial proportion of services not providing good quality care and treatment; and issued a briefing (including recommendations) to Providers, Commissioners and other local and national bodies that play a part in assuring the quality of Substance Misuse Services. The briefing highlighted a number of areas of concern

surrounding care and specified:

- Drug Strategy 2017: CQC and PHE will work together to make those in national and local government responsible for the strategy's implementation including good practice and areas of improvement
- Controlled Drug Regulations 2013: L.A.s have responsibility for the safety of controlled drugs as set out in the regulation.

https://www.cqc.org.uk/sites/default/files/20171130_briefing_sms_residential_detox.pdf

Harrow CQC Inspection

During a challenging year of £0.5m reduction in budget, Harrow Substance Misuse Service received a CQC Inspection (March 2018) which identified four areas of outstanding practice and no areas for improvement, please see CQC Report:

<http://www.cqc.org.uk/location/1-3285253203>

Data Protection Implications

Following a review of documentation for the purposes of compliancy with GDPR, PHE have put in place a Data Sharing Protocol to cover the sharing of data by L.A. Harrow commissioned services. PHE Data Sharing Protocol (for the purposes of sharing some service user treatment data with the PHE NDTMS system) has been reviewed/approved by L.A. Harrow Information Governance Lead and subsequently signed off by L.A. Harrow Substance Misuse Commissioner.

L.A. Harrow currently commission a separate Substance Misuse service Case Management System which our Substance Misuse Service Providers input activity and case notes. The re-procurement of the new Harrow Adult Substance Misuse Service will require a Case Management System to be incorporated within the new Service.

Risk Management Implications

Continuity of Care of service users via the Providers Mobilisation and Clinical Governance Plans will be overseen at monthly mobilisation meetings held by Public Health.

Due to the nature of the service, possible re-location of the new service may meet local opposition. Harrow Public Health will need to work with the local press and politicians to ensure the establishment of the new service is managed effectively. Services users will be updated via Harrow's current Provider's Service User Group.

Risk if Proposal does not go ahead:

L.A. Harrow will be unable to fulfil it's obligation under Health and Social Care Act 2012, Criminal Justice Act 1991 and Children's Act 1989 to ensure effective substance misuse services are in place to meet the needs of

Harrow residents (including families) affected drug and alcohol users and to mitigate the negative effect to the wider community.

Procurement Implications

It is intended that the Council will follow an OPEN Procedure; the contract term will be for five years.

The proposed top level evaluation criteria will be:

Price 40%

Quality 50%

Social Value: 10%

Director of Procurement: Nimesh Mehta

Legal Implications

The Health and Social Care Act 2012 (“the Act”) introduced changes by way of a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

The Harrow Adult Substance Misuse Service Contract has a value in excess of the relevant threshold under The Public Contract Regulations 2015 in relation to contracts for services of this nature so such services need to be competitively tendered under these Regulations.

The Contract value of the Harrow Adult Substance Misuse is over £500k so Cabinet approval is required under the CPRs and the Council’s Financial Regulations. A competitive tendering exercise will be carried out in accordance with the CPRs and Legal note that that the Council will be undertaking an Open procedure. A market engagement event will take place prior to the tender being issued, with a bidders’ day currently being scheduled to take place.

Financial Implications

Public Health allocation of grant for Harrow for 2019/20 is £10,523,000.

The amount of the Public Health grant allocated to the Harrow Adult Substance Misuse Service contract is £1,696,710 plus IT Services for a Case Management System contract value of £28,290.00.

This is the total cash envelope for the Harrow Adult Substance Misuse Service including the Case Management System. The re-procurement of the

Service will require the Case Management System to be incorporated within the new contract and the expectation is for any award of contract to be made within this cash envelope.

The impact of changes in expenditure arising from the re-procurement exercises will need to be contained within the annual grant amount.

The Public Health grant is currently ring-fenced until March 2020, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource, however whilst these services are not statutory, they meet Public Health outcomes and will need to be provided.

The eventual award of contract for these services will result in contractual obligations with the provider for services which are funded by external grant which cannot be guaranteed in the longer term.

Equalities implications / Public Sector Equality Duty

An EQIA has been undertaken and no negative impacts have been identified for the nine protected characteristics since the previous EQIA.

Council Priorities

Through its clinical treatment, psychosocial recovery pathway and working within the wider multi-disciplinary health and social care, Harrow Adult Substance Misuse Service directly links to the Council priorities.

The Service will contribute to ensuring the health and wellbeing of local residents and those vulnerable residents have access to the information, support, diagnosis and treatment they require to achieve optimum health. The service user's engagement in these services also has a positive impact on the family and the wider community.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

For example drug and alcohol dependency goes hand in hand with poor health, homelessness, family breakdown and offending - all of which are associated with significant burden to public services and ultimately the tax payer. Drug and alcohol treatment provides a positive return on investment both financially and socially by reducing costs to health, criminal justice and other sectors and reducing harms to individuals, families and communities.

Providing well funded drug and alcohol services is good value for money because it cuts crime, improves health, and can support individuals and families on the road to recovery.

Figures taken from PHE's alcohol and drug treatment commissioning tool for L.A.s demonstrates:

- Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years.
- Drug treatment reflects a return on investment of £4 for every £1 invested, which increases to £21 over 10 years

<https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

Section 3 - Statutory Officer Clearance

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the * Chief Financial Officer
Date: 6 th June 2019		
Name: Greta O'Shea	<input checked="" type="checkbox"/>	on behalf of the * Monitoring Officer
Date: 28.5.19		

Name: Lisa Taylor	<input checked="" type="checkbox"/>	on behalf of the Head of Procurement
Date: 12.6.19		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 11 th June 2019		

MANDATORY

Ward Councillors notified: NO
Impacts on all Wards

EqIA carried out: YES.

EqIA cleared by: Johanna Morgan
Directorate Equalities
Lead

Section 4 - Contact Details and Background Papers

Contact: Bridget O'Dwyer
Senior Commissioning Manager
Harrow Substance Misuse Service and
Harrow Integrated Sexual & Reproductive Health service

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Bridget.O'Dwyer@harrow.gov.uk

Background Papers: Equality Impact Assessment

Call-In Waived by the Chair of Overview and Scrutiny Committee NO

(for completion by Democratic Services staff only)