

Decision Maker: Executive

Date: For Pre-Decision Scrutiny by Care Services PDS Committee on
2nd October 2014

Decision Type: Non-Urgent Executive Key

Title: **SUBSTANCE MISUSE SERVICES**

Contact Officer: Claire Lynn, Strategic Commissioner, Mental; Health and Substance Misuse
Tel: 020 8313 4034 E-mail: claire.lynn@bromley.gov.uk

Chief Officer: Terry Parkin, Executive Director, Education, Care and Health

Ward: (Boroughwide)

1. Reason for report

- 1.1 Further information was requested by the Executive to provide details of substance misuse services to enable them to take a decision on whether to extend the three contracts with Crime Reduction Initiatives (CRI) to provide an integrated drug and alcohol service for a period of one year from January 2015 until December 2015 as allowed for in the contracts.
 - 1.2 This report is also seeking approval of the Executive to extend the contract with KCA to provide an integrated drug and alcohol service for children and young people for a period of one year from January 2015 until December 2015 as allowed for in the Contract.
 - 1.3 Executive requested that Care Services Policy Development and Scrutiny Committee give further consideration to these services before a final decision is made.
-

2. **RECOMMENDATION(S)**

- 2.1 **That the Policy Development and Scrutiny Committee support the recommendation to Executive for the extension of the contracts described below.**
- 2.2 **That the Executive agrees to extend the three existing contracts - Stabilisation and Assessment Service, Recovery Service and the Intensive Prescribing Service - with CRI and the Contract with KCA for the children and young people's substance misuse service (BYPASS) in line with the Council's Contract Procedure Rules (CPR) for a period of one year from January 2015 until December 2015.**

Corporate Policy

1. Policy Status: Existing Policy:
 2. BBB Priority: Supporting Independence: Safer Bromley
-

Financial

1. Cost of proposal: Estimated Cost: £123,000 2014/15
 2. Ongoing costs: Recurring Cost: £150,000 full year effect
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: £12,266,460
 5. Source of funding: Public Health Grant
-

Staff

1. Number of staff (current and additional): n/a
 2. If from existing staff resources, number of staff hours: n/a
-

Legal

1. Legal Requirement: Statutory : details are set out in para 3.2.4
 2. Call-in: Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1100
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A
2. Summary of Ward Councillors comments: None

3. COMMENTARY

3.1 CONTEXT

3.1.1 Drug and alcohol services for both adults and young people are an integral part of the delivery of both government strategy and of Building a better Bromley priorities. They are part of a spectrum of prevention, early intervention and treatment which informs, advises and supports people to take responsibility for their own health. Services contribute to improving the health and wellbeing of Bromley residents and dependence of health and social care services, increasing feelings of safety (as found in the Crime Survey) ,reducing crime, and homelessness. Public Health England have calculated that for every £1 spent on adult treatment services in Bromley £11 is saved in the local economy on crime, homelessness and the requirement for health and care services. A Department for Education cost-benefit analysis found that every £1 invested in specialist substance misuse for children and young people interventions delivered up to £8 in long-term savings and £2 within two years.

3.2 BACKGROUND

The effects of drug and alcohol misuse are wide ranging and potentially impact on every aspects of an individual's life as well as the society in which they live. Some of the effects are illustrated below:

3.2.1 Alcohol

- Nine million adults drink at levels that increase the risk of harm to their health of these in Bromley this equates to 185,938 people. 1.6 million adults nationally and 17,431 in Bromley show some signs of alcohol dependence.
- Alcohol is the third biggest risk factor for illness and death. Nationally 15,479 people died from alcohol-related causes in 2010, up 30% since 2001. A quarter of all deaths among 16-24 year old men are attributable to alcohol.
- Nationally alcohol is involved in almost half of violent assaults and domestic violence; this is also true for Bromley.
- Nationally 27% of serious case reviews mention alcohol misuse.
- Children whose parents have problems with alcohol often have physical, psychological and behavioural problems this is estimated to be some 2.6 million children nationally.
- 16% of road fatalities nationally involve alcohol.

3.2.2 Drugs

- It is reported that 2.7 million adults used an illegal drug in the past year.
- There are 294,000 heroin and crack users in England. In Bromley this is estimated from prevalence data to be 1,117 people. Deaths among heroin users are 10 times the death rate in the general population. In 2011 the cost of deaths relating to drug misuse was £2.4bn.
- Heroin and crack addiction causes crime and disrupts community safety. Any heroin user not in treatment commits crime costing an average of £26,074 per year. 82% of the public said treatment's greatest benefit was improved community safety.
- 1,200,000 people are affected by drug addiction in their families.

- Deaths involving prescription medicines and 'club drugs' are rising; there has been one known death in Bromley to date.
- Nationally parental drug use is a risk factor in 29% of all serious case reviews.
- The annual cost of looking after children who have been taken into care is £42.5m nationally.

3.2.3 The Government consider substance misuse as one of the key priorities in improving health and reducing crime. The drug strategy and the alcohol strategy outline actions that areas should take to address some of the effects of substance misuse. The 2012 National Alcohol Strategy '*Safe Sensible and Social*', changed the direction of travel for tackling alcohol related issues, it focuses on achieving 'radical change' to reduce alcohol related crime, particularly violent crime, alcohol related ill health and death through a number of measures such as introducing a minimum unit price, the role of Health and Well Being Boards in addressing the health effects, working with the alcohol industry to promote responsible drinking, ending the availability of cheap alcohol and irresponsible promotions, developing a local 'toolkit' to empower communities to tackle alcohol related issues and supporting individuals to change. The 2010 National Drug Strategy entitled, '*Reducing Demand, Restricting Supply, Building Recovery: supporting people to live a drug free life*' focuses on moving from harm reduction to 'drug free' recovery and abstinence although harm reduction still plays a role to support people who are unable to become completely abstinent. The key messages centre on challenging dependent drug use and generating ambition for drug and alcohol users to recover from their dependence as well as reducing the societal costs that illicit drug use causes. The strategy looks to deliver three core aims: reducing demand, restricting supply and building recovery in communities. It sets out indicators with the aim of reducing illicit and other harmful use and increasing the numbers of people recovering from their dependence.

3.2.4 These strategies whilst not a legislative requirement have been shown through subsequent case law to have the same remit in law as national service frameworks. There are also responsibilities in statute for the provision of health and social care services resting with the local authority and NHS as for other care groups. These include the responsibilities to assess people with drug and alcohol dependence for their needs and provide services as defined in the NHS and Community Care Act 1990, National Assistance Act 1948, Children's Act 1989 and Care Act 2014. There is also a range of statutory guidance which reinforces the statutory requirements of assessment and provision of services to people with alcohol and drug dependence. There is also an additional statutory requirement outlined in the Criminal Justice Act 1991 for offenders who misuse drugs and alcohol to be dealt with in the community.

3.3 LOCAL CONTEXT

3.3.1 Alcohol

There are three defined levels of risk associated with alcohol consumption as shown in the table below:

Risk	Men	Woman	Common Effects
Lower Risk	No more than 3 - 4 units per day on a regular basis	No more than 2 - 3 units per day on a regular basis	Increased relaxation Sociability Reduced risk of heart disease (for men over 40 and post-menopausal women)
Increasing Risk	More than 3 - 4 units per day on a regular basis	More than 2 - 3 units per day on a regular basis	Progressively increasing risk of: ~ Low energy ~ Memory loss ~ Relationship problems ~ Depression ~ Insomnia
Higher Risk	More than 8 units per day on a regular basis or more than 50 units per week	More than 6 units per day on a regular basis or more than 35 units per week	~ Impotence ~ Alcohol dependence ~ High blood pressure ~ Liver disease ~ Cancer

In Bromley, the proportion of people in each of the risk groups is similar to the national picture; the national trend is towards an increasing proportion of people in higher risk groups. In Bromley 16.6% of people (over 16 years) abstain from drinking, the vast majority of people (73.6%) drink in the lower risk category, 19.5% have increasing risks associated with drinking and 6.9% are dependent drinkers. The estimated level of binge drinking in Bromley is 13.8%, and this is lower than both the London level (14.3%) and the national level (20.1%).

- 3.3.2 Increasing risk associated with drinking impacts on hospital admissions and mortality. Hospital admission rates in Bromley for alcohol related conditions for both men and women have been increasing since 2008 to a peak in 2010-11, with the rate unchanged in 2012-13. These rates are significantly lower than those for London and for England. The hospital admission rate for males is almost twice the rate for females in Bromley.
- 3.3.3 Whilst alcohol-related mortality in Bromley has been fairly stable in males between 2009 and 2012, there was a rise in alcohol-related mortality in females in 2012. The mortality rate for males is significantly lower than the England rate, but not significantly different for females. The mortality rate for males is almost twice that for females in Bromley.
- 3.3.4 In Bromley the health impact of the risks associated with drinking is clear from the above data and locally there are a range of initiatives in place to inform people of the risks to their health. This starts with teaching/information in schools to young people on the risk of drinking, particularly binge drinking. NHS health checks, GP's and hospitals now ask standardised questions about alcohol consumption which includes providing information on the risks and may for some people lead to a referral to treatment services.

- 3.3.5 Alcohol-related crime is a key measure of the impact of alcohol misuse both on the individual and the community. The alcohol-related crime data is calculated on the proportion of people arrested and who tested positive for urinary alcohol under key offence categories. It is important to note that drunkenness offences are not included due to the fact that intoxicated arrestees are not interviewed. Therefore the data may underestimate the extent of alcohol-related crime. It is also important to note that the data represents crimes committed in Bromley, but not necessarily by Bromley residents. In Bromley, there is a continued reduction in alcohol related crimes compared to previous years. Compared to the national rates, Bromley had a lower crime rate across all categories.
- 3.3.6 If individuals are convicted for an alcohol related offence the Courts may decide following an assessment (53 referrals for assessment in 2012/13) that an Alcohol Treatment Order is required this means that a person has to consent and attend services for treatment for a determined period of time(39 people went into treatment in 2012/13). Failure to attend is breachable (14 people breached in 2012/13). The integrated drug and alcohol service provides substance misuse workers at the Court and to the police cells to ensure that people are contacted immediately to talk about treatment.

3.3.7 Drugs

The annual Glasgow Prevalence Estimation includes national and regional estimates of the number of opiate, crack and injecting drug users in the UK. The table below shows the estimated rates of drug use in these categories in Bromley as compared with London and England.

	Number of Drug Users (Rate per 1000 Adult Population)			
	Opiate & Crack User	Opiate User	Crack User	Injecting
Bromley	1,117 (5.55)	814 (4.05)	750 (3.73)	119 (0.59)
London	54,985 (9.55)	43,918 (7.63)	40,080 (6.96)	11,351 (1.97)
England	293,879 (8.4)	256,163 (7.32)	166,640 (4.76)	87,302 (2.49)

Source: Glasgow Prevalence Estimates (2011/12)

- 3.3.8 Bromley has lower rates of drug use in all the key categories than London and England. The numbers of drug users in Bromley has been falling over the last two years with the exception of opiate and crack users, where numbers have increased. Other drugs both legal and illegal can be misused but the prevalence of use is not documented, although data on the number of people in treatment using other drugs is provided in this report.
- 3.3.9 Individuals who misuse drugs face potential health risks, drugs can become addictive and lead to long term damage to the body. There is also increased risk of being poisoned by drugs and/or overdosing. Injecting drug users may also be exposed to blood borne infections through the sharing of infected needles/syringes, and through the sharing of other injecting paraphernalia. A contract with pharmacies to provide a Needle Exchange service was renewed this year as part of the Public Health Framework to minimise the risks associated with injecting. This service also provides another point of contact to inform people about services and possible treatment and support. For those individuals accessing treatment for substance misuse, who meet clinical criteria, testing can be offered and if appropriate vaccinated against Hepatitis B and C. In 2012/13, 31% (79 people) of eligible new presentations in Bromley accepted Hepatitis B vaccinations, compared with the national

average of 47%. During the same period, 90% (180) of people previously or currently injecting in treatment in Bromley received a Hepatitis C test, as compared with the national average of 72.5%.

3.3.10 Substance use, and misuse may lead to or worsen mental ill health. In 2012-13, there were 318 NHS hospital admissions in Bromley where there was a primary or secondary diagnosis of drug related mental ill health. In addition there were 43 NHS hospital admissions where there was a primary diagnosis of poisoning by illicit drugs. Currently 1.5wte posts are funded within Oxleas NHS Trust to provide a liaison service to ensure that this group of people are linked into drug and alcohol treatment services.

3.3.11 Mortality rates from substance misuse are fairly low both locally and nationally. In 2012, there were just under 1500 deaths related to drug misuse across England and Wales.

3.3.12 There is a strong link between acquisitive crime and addiction to crack cocaine and opiates. The Metropolitan Police Service extended mandatory drug testing across all 32 boroughs in London including Bromley from January 2013 to increase opportunities for diverting drug misusing offenders out of crime and into treatment. A positive drug test for Class A drugs on arrest means that a person has to attend a drug assessment, regardless of whether convicted of the offence. Failure to attend is arrestable. These assessments can result in individuals being persuaded into drug treatment. Between January and June 2013 approximately 39% of people who tested positive were referred into treatment.

If individuals are convicted for an drug related offence the Courts may decide following an assessment (69 referrals in 2012/14) that an Drug Treatment Order is required this means that a person has to consent and attend services for treatment for a determined period of time. (51 people went into treatment in 2012/13) Failure to attend is breachable.(22 people breached in 2012/13). The integrated drug and alcohol service provides substance misuse workers at the Court and to the police cells to ensure that people are contacted immediately to talk about treatment.

3.3.13 Young people

For people under 18 risk taking behaviour, including involvement with alcohol, is very common from around age fifteen. Many young people experiment with alcohol but fewer young people are now drinking alcohol. The vast majority of young people who do drink alcohol go on to drink safely in their adulthood, A key concern is the fact the number of young people who are drinking, are drinking more given that approximately 80% of lifetime alcohol use is initiated before the age of 20. For this reason there are concerns nationally about the use of alcohol amongst some young people. Although alcohol-specific hospital admission rates for under 18 year olds in Bromley have been gradually increasing in the last two years, they are comparable with the London rate, but significantly lower than the rate for England.

Risk behaviours often occur together, engaging in one risk behaviour is a risk factor for other behaviours that can be detrimental to health. Evidence relating to underage sexual activity indicates a positive correlation between early regular alcohol consumption and the early onset of risky sexual activity. The younger a person starts engaging with risk behaviour, such as drinking, the more likely they are to go on to participate in other risk behaviours at a young age. Although it is known that risk behaviours in adolescent years are a normal part of development, the later the on-set of any risk behaviour the less likely it seems to have a long-term impact on health.

3.4 CURRENT SERVICES

Substance misuse services within Bromley are integrated to provide services for drugs and alcohol and cover three main areas of support which are prevention, early intervention and treatment. These services provided are described in detail below.

3.4.1 Prevention

Information is provided to people to enable them to maintain a healthy lifestyle, drinking safely and not misuse drugs. This starts with teaching/information in schools to young people on the risk of drinking, particularly binge drinking and also the risks of taking drugs particularly illegal ones. This is provided in a number of ways, through the curriculum in school, through substance misuse service providing one off sessions into schools. Bromley Healthcare are also contracted with by the Council to provide healthy lifestyle sessions into schools/colleges which include information on drugs and alcohol. These inputs to schools is particularly important given that 80% of lifetime alcohol use is initiated before the age of 20.

The police and community safety have a pivotal role in prevention by restricting the supply of drugs, whilst Licensing, trading standards and community safety ensure that the availability of alcohol is appropriate and managed.

3.4.2 Early Intervention

It is important in any health and care system to intervene at the earliest possible time to try to ensure that people are aware of the risks they are taking and provide detailed information on how to minimise those risks. NHS health checks, GP's and hospitals now ask standardised questions about alcohol consumption which includes providing information on the risks and may for some people lead to a referral to treatment services. Specialist drug and alcohol workers hold "surgeries" in Emergency Departments, specialist outpatient clinics, and mental health units. For children and young people school nurses are being trained in mental health and substance misuse issues and there is a specialist drug and alcohol worker based in the youth offending service all of whom will be able to identify potential issuers with young people and where appropriate refer to specialist services

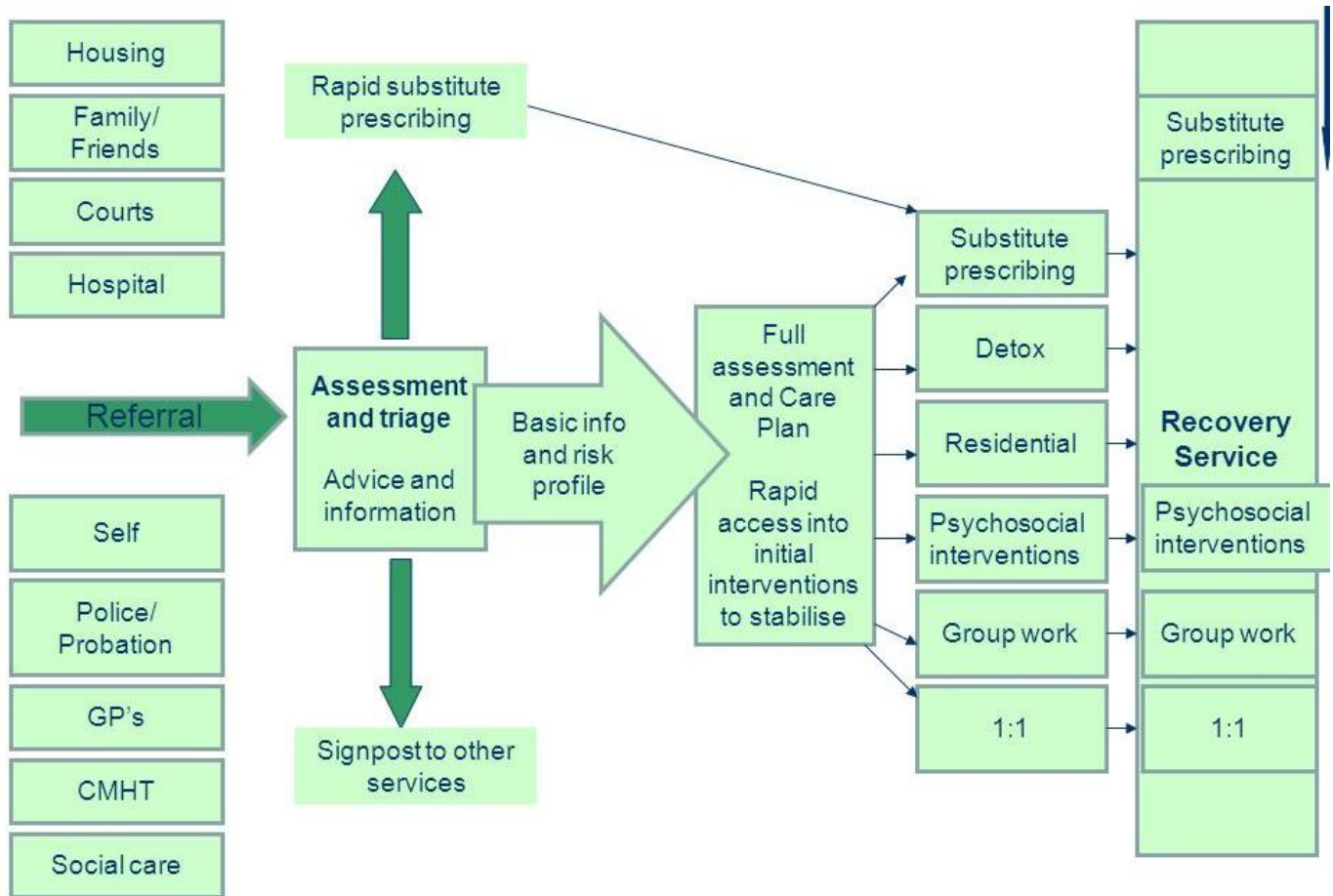
Mandatory drug testing increases opportunities for diverting drug misusing offenders out of crime and into treatment and in a number of cases means that individuals are referred into treatment at a much earlier stage. Drug and alcohol workers working at the police station and at Court will not only talk with individuals who have tested positive but will also see other people who may have a drug or alcohol issue and provide information on the risks associated with these, some may be referred to treatment services.

3.4.3 Treatment services

Treatment services are for people who require support or clinical interventions to enable them to manage reducing their substance misusing and become independent of substances. In 2011 an integrated drug and alcohol provision for people over 18 years, providing a single point of access to all services, a range of therapeutic and support services and a full user led aftercare service. The service has three components

- **Stabilisation and Assessment:** providing a single point of contact, assessment and care co-ordination for people requiring specialist drug and alcohol services.
- **Recovery Service:** delivery of intervention programmes, including a return to employment, to support people to maintain the abstinence or stability from substances.
- **Prescribing Services:** service for people who require stabilisation of their chaotic drug use to reduce dependence on the illicit drug enabling engagement in a process towards abstinence and recovery.

The service was tendered by Bromley Primary Care Trust. Crime Reduction Initiative(CRI) was awarded all three contracts The contracts were awarded in January 2012 for three years plus the option of extending for one year. Other elements of the substance misuse service remained in place under separate contracts and providers to ensure that a full range of treatments and interventions could be provided. A clear pathway for treatment was designed meeting all clinical governance requirements, this is shown below.



Referrals are received to the single contact point for services, from organisations detailed in the figure above. In order to ensure that for critical areas such as Courts, Police, accident and emergency and mental health hospital in patients, outreach workers are provided by the substance misuse provider to engage with people and assess them at the initial point of contact.

Once assessed by the service which is provided by CRI (Crime Reduction Initiative) the individual will have a structured treatment plan drawn up which will include attendance in groups, possible detox either in the community, residential provision or hospital depending on the risks associated with this.

- 3.4.4 For individuals who require substitute prescribing to stabilise them and reduce the risk of using illegal drugs they will be seen by a specialist psychiatrist to establish the prescribing regime. Pharmacies provide a supervised consumption service under the Public Health Framework as part of these services. Previously there were two prescribing services both provided by CRI, the rapid prescribing service provides access to structured prescribing and to other interventions reducing drug related harm. Individuals once stabilised on the substitute prescription would be moved to the Intensive Prescribing service and the Recovery Service. Following a report to this committee in March 2014 it was agreed that the functions carried out under the Rapid Prescribing contract were distributed between the three existing contracts this realised a £55,000 per annum efficiency saving which could be made because of the decrease in demand.

- 3.4.5 Once people are stable or abstinent they will engage with the recovery services, again provided by CRI to begin to move towards requiring less support. Mutual aid groups such as Alcohol Anonymous, Narcotics Anonymous and Smart recovery are integral to this process and work closely with CRI to offer treatment and support.
- 3.4.6 If substitute prescribing is required in the longer term then individuals may move to the Shared Care Service provided by KCA (Kent Council on Alcohol) which enables people have their healthcare in a primary care setting by the service supporting GP's in treating individual's substance misuse. This has a positive impact on the substance misuse treatment system by freeing capacity within the secondary services and providing throughput for stable clients. This contracted was awarded in 2010 by Bromley PCT as a 3 year contract with the provision to extend for a further two years which was agreed by this committee in June 2013.

3.5 Outcome of treatment

- 3.5.1 There are three areas of benefit realised when an individual has treatment for an alcohol or drug dependence.
- When engaged in treatment, regardless of the eventual outcome, people use less illegal drugs, or alcohol, commit less crime, improve their health, and manage their lives better – which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes.
 - Completing treatment successfully which is defined as leaving treatment free from the substance of choice and not re-presenting to services within six months. This is a mandatory Public Health Outcome
 - Reduction in the use of alcohol, drugs or in injecting.

3.5.2 Engagement in treatment

Drugs

Engagement in treatment as has been stated results in less use of illegal drugs, or alcohol, reduction in crime committed and improvement in the individuals health. The information below shows the proportion of adults in 2012-13 who have been in treatment for three months or more – a measure for effective treatment engagement .

Bromley is below the national average in terms of the number of people with drug misuse issues remaining in treatment.

Number of drug users effectively engaged in treatment 2012-13

	Local	Growth from 2011/12	Proportion of the total treatment population	National	Growth from 2011/12	Proportion of the total treatment population
Opiate	344	-12%	93%	148,368	-3%	96%
Non Opiate	120	-2%	80%	33,739	-3%	88%
All	464	-10%	89%	182,107	-2%	94%

Source :NDTMS Public Health England

Opiate users still dominate the numbers in adult drug treatment, and generally face a more complex set of challenges and are much harder to treat. The use of 'club' drugs reported by people entering treatment who are also using opiates is one person. Non-opiate-using and adult club drug users (10) typically have good personal resources including jobs, stable relationships, accommodation meaning they are more likely to stay in treatment for shorter periods of time and to complete treatment successfully.

Alcohol

For people who misuse alcohol the length of time in treatment is shorter unless there is a pattern of complex misuse which includes drugs. A supplementary figure is provided in the table below which shows the number of people in treatment in 2012-13 who stated that alcohol was an adjunctive problematic substance to other primary drug use. These people will be receiving treatment for alcohol dependency as part of their drug treatment.

Number of alcohol users effectively engaged in treatment 2012-13

Indicator	Local	National
Number of adults in alcohol treatment in 2012-13	380	109441
Number of adults starting new alcohol treatment in 2012-13	262	75606
Adults starting new alcohol treatment in 2012-13(% is the proportion of adults starting new treatment in the year out of all clients in treatment during the year)	69%	69%
Number and proportion of adults in drug treatment in 2012-13 who cite additional problematic alcohol use	150 (29%)	42925 (22%)

Source :NDTMS Public Health England

3.5.3 Successful completion of treatment

The indicator which is used to measure the performance of services is that of successful completions - the definition of this is free of drug(s) of dependence who do not then re-present to treatment again within 6 months). These are shown for Bromley in the table below for 2012-13.

Drugs

Successful completions for drug misuse 2012-13

		Number	Local	National
Successful Completions as a proportion of total number in treatment	Opiate	36	10%	9%
	Non Opiate	71	41%	41%
	All	107	19%	15%
Proportion who successfully completed treatment and did not return within 6 months	Opiate	36	69%	80%
	Non Opiate	71	96%	95%
	All	107	81%	88%

Alcohol

Successful completions for alcohol misuse 2012-13

	Local	National
The number of adults leaving alcohol treatment	252	69989
Clients completing treatment successfully	141	44314
% of all exits	56%	63%

Please note that the percentages given are rounded to the nearest per cent. Totals may not add up to 100 due to rounding

3.5.4 Reduction in the use of alcohol, drugs or in injecting

However not all individuals will complete successfully as the outcome is defined. This does not mean that treatment has failed as there can for some be a reduction in the use of drugs or in injecting, as shown below.

	Number of people	Local	National
Opiate significant reduction in use	25	29%	23%
Crack significant reduction in use	8	15%	11%
Cocaine significant reduction in use	2	8%	11%
Adults no longer injecting at review	7	58%	60%
Adults successfully completing treatment no longer reporting a housing need	21	84%	88%

3.4.9 For young people under 18 there is a separate service “BYPASS” which was tendered and procured by the Bromley Primary Care Trust and the Council at the same time as the adult service. The contract was awarded in January 2012 for three years plus one year to KCA. They work directly with children and young people who abuse substances, their parents, schools and other services. It provides an integrated drug and alcohol service with one point of access, important links with the Local Authority Children Services, mental health services and schools. It also ensures that the education training and information remit is undertaken in a proactive way to engage with children and young people.

KCA perform well on this contract working with 150 young people in total during 2012/13. The highest number of referrals came from colleges. The primary substances that young people presented with were cannabis and alcohol misuse. There have been improvements to enable individuals to access the service, These include work with schools and to A&E to ensure individuals are aware of services. BYPASS had a successful discharge of 88% during the year that is individuals who left the service having achieved abstinence or reduction in the use of the substance.

Treatment outcomes for young people 2012-13

	Nos of people	Local	National
Number of young people leaving in a planned way		122	10207
Young people leaving in a planned way who re-present to specialist services within 6 months	4	4%	7%
Involved in unsafe drug use at treatment start	45		
No longer involved at planned exit	36	80%	86%
Involved in self harm at treatment start	9		
No longer involved at planned exit	6	67%	82%
Involved in offending at treatment start	19		
No longer involved at planned exit	16	84%	79%
Involved in unsafe sex at treatment start	11		
No longer involved at planned exit	10	91%	79%
Involved in sexual exploitation at treatment start	2		
No longer involved at planned exit	2	100%	79%

3.5 Contract arrangements

CRI was awarded all three contracts delivering integrated substance misuse services through the assessment, treatment and recovery process in Bromley. The contracts were awarded in January 2012 for three years plus the option of extending for one year permission to extend this is sought in this report.

Substance Misuse funding and contracts were identified as being part of the Public Health portfolio which were transferred in April 2013 to the Local Authority. In the report “Public Health Transfer of Contracts” to the Executive on 28th November 2012 details of the process of stock take, stabilise and shift that needed to be undertaken by the Primary Care Trust (PCT) in order to properly prepare their Public Health Contracts ready to come across to the Local Authority under the Transfer Scheme were outlined and agreed. All the substance misuse contracts which were held by the Bromley Primary Care Trust were novated to the Council as part of this transfer including the contract with KCA. The contractual arrangements are detailed in the table below.

Contract	Annual Value	Contract period
Stabilisation and Assessment (CRI)	£589,045	January 2015 with option of one year extension
Recovery Service(CRI)	£346,143	January 2015 with option of one year extension
Intensive Prescribing(CRI)	£345,803	January 2015 with option of one year extension
Shared Care (KCA)	£228,175	June 2015 no further option to extend
Service agreement with GP's for shared care	£20,000	One year service agreement from April 2014
Oxleas dual diagnosis workers	£64,000	Ongoing agreement now part of the S75 agreement with Oxleas
Needle Exchange /Supervised Consumption	£47,000	One year Service agreement with option to extend for a further year from April 2014
Residential/detox placements	£224,370	Spot placements
Bypass (KCA)	£127,980	January 2015 with option of one year extension

3.6 CONCLUSIONS

There are three possible options in relation to drug and alcohol services which are detailed below.

3.6.1 Option One is not to commission any service for people who misuse drugs or alcohol. The risks to this option are detailed below:

- Aspects of the service provision are statutory and some have a similar remit in law as national service frameworks.
- The services are funded through the Public Health Grant, so there would be no saving to the Council. There are a number of points in the grant conditions which support continued investment in Drug and Alcohol services:
 - *Local authorities have to be ‘mindful of the overall objectives of the grant as set out in the grant conditions, and the need to tackle the wider determinants of health, for example, through addressing the indicators in the Public Health Outcomes Framework (PHOF) such as...successful completion of drug treatment’ (section 27 of the LA letter)*
 - *LAs are also reminded to ‘have regard to the PHOF in deciding how to use their public health funding’. The PHOF specifically measures the number of successful completions as a proportion of the drug treatment population, but successful drug treatment supports a range of health outcomes included in the PHOF and I have attached a presentation which demonstrates this.*
 - *It also notes how the ‘new health premium will be designed to reward communities for improving or reducing inequalities in selected health outcomes’ (however there is no detail yet on the potential impact of this on substance misuse funding in future).*

- If aspects of prevention and early intervention services were withdrawn the health and societal impact of this may be seen in increased health and social care costs an increase in crime.
- As can be demonstrated from the information provided above there are over 1106 people (over 18 years) who all benefit from either being in treatment or completing the treatment. The impact of having people in treatment and successfully completing treatment on crime, homelessness and the cost to health and care services are equally significant. This would affect the performance PHOF which the authority is measured against for the overall health and wellbeing of Bromley residents.

3.6.2 Option Two is to extend the current contracts as requested in this report for a further year with a view to tendering for a new service with the possibility of delivering further value for money through this process. This would enable all requirements to provide services to be met with the benefits identified in this report.

3.6.3 Option Three is to re specify the service and to go out to tender for this immediately. This option would now be problematic in terms of procurement timescales particularly given that Executive are not considering this report until November and would therefore involve a short term extension of the contracts.

3.6.4 It is recommended that Option Two is taken as recommended in the report given the risks associated with the other two options as detailed above.

4. FINANCIAL IMPLICATIONS

The contract values are shown in the table below the change in the contract values for 2014/15 is following Members agreement for a £50,000 waiver on each of the three CRI contracts as part of the ceasing of the Rapid Prescribing contract :

Contract	Contract Value	Contract Value	Contract Value	Contract Value	Contract Value	
	2011/12	2012/13	2013/14	2014/15	2015/16	
	(Jan 12 - Mar 12)					(Apr 15 - Dec 15)
Adult Stabilisation & Assessment	134,763	539,050	539,050	589,045	490,871	2,292,778
Adult Recovery Service	74,035	296,140	296,140	346,143	288,453	1,300,911
Intensive Drug Prescribing	75,060	300,240	300,240	345,803	288,169	1,309,512
BYPASS	31,995	127,980	127,980	127,980	106,650	522,585
	315,853	1,263,410	1,263,410	1,408,971	1,174,143	5,425,786

5. LEGAL IMPLICATIONS

5.1 The Council’s Contract Procedure Rules (CPR) allow for an extension to be made to the four named contracts. CPR 23.7.3 States that: “Subject to any requirements of Financial Regulations statutory restrictions and compliance with the EU Procurement Regulations, (particularly those relating to negotiation), a Chief Officer may authorise the following extension to an existing contract:

- an extension for a particular period provided for within the terms of the contract (but subject to satisfactory outcomes of contract monitoring, such information having been provided where required in these Rules to the relevant Portfolio Holder and/or Executive.

Non-Applicable Sections:	PERSONNEL and POLICY IMPLICATIONS
Background Documents: (Access via Contact Officer)	<p>28 November 2012: http://cds.bromley.gov.uk/documents/s50014515/CS13047%20Public%20Health%20</p> <p>13 June 2013: http://cdslbb/documents/y6664/Public%20Health%20-%20Administration%20of%20ContractsPART%202%20EXEMPT%20REPORT%20TEMPLATE.pdf?T=-2&&\$LO\$=1</p> <p>26 June 2014: http://cdslbb/documents/g4895/Public%20reports%20pack%20Thursday%2026-Jun-2014%2019.00%20Care%20Services%20Policy%20Development%20and%20Scrutiny%20Commi.pdf?T=10&\$LO\$=1</p>