Report No.
CS14134

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: **Executive**

Date: **20th May 2015**

Decision Type: Non-Urgent Executive Key

Title: **GATEWAY REVIEW OF SUBSTANCE MISUSE SERVICES**

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Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Borough Wide

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1. Reason for report

1.1 Further information and policy review was requested by the Executive to enable them to consider the future funding and commissioning of these services.

1.2 This report is seeking approval to tender for substance misuse services as detailed in this report.

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2. RECOMMENDATIONS

2.1 That the Executive agrees to tender for the following substance misuse services in line with the Council's Contract Procedure Rules (CPR):

- **Stabilisation and Assessment Service**
- **Recovery Service**
- **Intensive Prescribing**
- **Children and Young People Substance Misuse Service**

2.2 That the Executive agrees to grant a waiver to extend the Shared care contract for 3 months (Oct-Dec 2015) to align it and incorporate within the above contracts.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £1,854,786
2. Ongoing costs: Recurring cost. £1,835,286
3. Budget head/performance centre: Public Health
4. Total current budget for this head: £12,600,800
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

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Legal

1. Legal Requirement: Statutory requirement.
2. Call-in: Call-in is 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 BACKGROUND

3.1.1 This Committee has received two reports in the last year on substance misuse services identifying the local needs, the performance of the services and recommendations for extensions of contracts (please see links at the end of this report). Following the meeting on 15 October 2014, the Committee requested that a policy review be undertaken, including information on the effectiveness of substance misuse treatments, in preparation for procurement of a new contract effective from January 2016.

The work conducted to address the above request includes the following:

1. Clarification of the legal basis for provision of substance misuse services
2. Assessment of the local population need for substance misuse services, including review of the effectiveness of treatments
3. Commissioning options in relation to 1&2.

3.2 LEGAL BASIS FOR PROVISION OF SUBSTANCE MISUSE SERVICES

3.2.1 Statutory responsibilities

3.2.1.1. Prior to 2012, Substance Misuse was the responsibility of the Primary Care Trust. When the PCTs were abolished, that statutory responsibility was transferred to Local Authorities (together with the associated budget). An estimated minimum cost has been calculated and, in broad terms, it would cost £2.1m against a budget for 2015/16 of £2.12m.

3.2.1.2 Health and Social Care Act 2012

It was the Health and Social Care Act that effected the transfer of responsibility from the NHS to Local Authorities

In terms of minimum statutory delivery for treatment services, the provision of substance misuse services falls into *"such other services or facilities as are required for the diagnosis and treatment of illness".* Under the International Statistical Classification of Disease and Related Health Problems 10th revision (ICD-10, World Health Organisation 2015) both drug and alcohol dependencies are defined as diseases.

This Act also specifies that services are prescribed by the Secretary of State which is generally done through subsequent statutory guidance and strategies (these are detailed below).

The Act is also the basis for the ring-fenced Public Health Grant to Local Authorities to meet the responsibilities under this Act. The grant is formulated to spend one third on substance misuse services. If this was applied to Bromley, it would equate to just over £4m pa. The current substance misuse budget is in total £2.26m pa. In line with this statutory guidance, the minimum service to be provided is what is already in place and equates to approximately £2.1m pa.

Recently published Local Authority Circular on Public Health Grant conditions, LAC(DH)(2014)2, stipulates that *"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 services."*

3.2.1.3 NHS and Community Care Act 1990

The Local Authority has a statutory duty to carry out assessments of requirements for community care, including domiciliary and other services Section 47 (1), "where it appears to a local authority that any person for whom they may provide or arrange for the provision of community care services may be in need of any such services, the LA must carry out an assessment". The Authority: "may provide" services because of 29 (1) in the National Assistance Act 1948, which states the provision of services to *"other persons (aged eighteen or over) who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister".* The "prescribed by the Minister" is as with other legislation through subsequent statutory guidance and strategies (these are detailed below).

Local Authority Circular LAC(93)2 underlines the duty to ensure the assessment process takes account of drug and alcohol misuse. This duty is discharged currently through the provision of 1.5 care manager posts and also through the assessment process in treatment services.

Purchasing Effective Treatment and Care for Drug Misusers (EL (95)114) outlines specific services which ought to be available for drug misusers, including detox, rehabilitation, methadone reduction counselling and harm minimisation. This duty is discharged through the currently commissioned treatment services.

3.2.1.4 Criminal Justice Act 1991

There is a duty upon Local Authorities to provide community treatment to offenders. This was delivered under what was the Drug Intervention Programme which has partly been taken into the Public Health Grant. Currently this is discharged through the provision of treatment services and services to the Courts and Police in response to positive drug tests. It is likely that this will increase with the changes to the law relating to driving under the influence of drugs.

3.2.1.5 National Assistance Act 1948

There is a specific duty to provide a range of services to "other persons (aged eighteen or over) who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister". The "prescribed by the Minister" is as with other legislation through subsequent statutory guidance and strategies (these are detailed below). LAC(93) 10 specifically mentions services for persons who are alcohol or drug dependant

3.2.1.6 Care Act 2014

There is a statutory requirement that an assessment is undertaken wherever "it appears to a local authority that an adult may have needs for care and support". Following assessment, a determination of eligibility is made. The Regulation states "An adult's needs meet the eligibility criteria if – the adult's needs are caused by a physical or mental impairment or illness". Sections 18-20 in the Care Act state that where eligible unmet needs are identified by a care assessment, the Local Authority must arrange provision such that the risks from these needs of well-being are sufficiently mitigated.

3.2.1.7 **Children's Act 1989**

The Local Authority has the responsibility 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". Young People's Substance misuse service is part of a range of services for young people. Adult substance misuse services contribute to this responsibility through working with parents.

3.2.1.8 **Statutory Guidance**

Following "*Models of care: for treatment of adult drug misusers, July 2006*" (Department of Health and Home office), the national drug strategy "*Reducing Demand, Restricting Supply, Building Recovery: supporting people to live a drug free life'* 2010, outlines provision of services which should be commissioned to meet the local population need.

The national Alcohol Strategy 'Safe Sensible and Social' 2007 outlines measures to reduce alcohol related crime, alcohol related ill health and death through a number of measures including supporting individuals to change, based on the Models of Care for Alcohol Misusers". In law the strategy has the same legal standing as a National Health Service Framework and places statutory responsibilities on Local Authority and others.

3.3 ASSESSMENT OF LOCAL POPULATION NEED FOR SUBSTANCE MISUSE SERVICES

A full needs assessment for both alcohol and drugs has been conducted. Please see links for the full documents on the front agenda sheet for this meeting. Additionally, copies of the documents can be found in the Members' room. Key points are presented below.

3.3.1. **<u>Alcohol</u>**

Epidemiology of alcohol use in Bromley

- Estimates suggest that approximately 80% of adult population in Bromley drink alcohol. The majority (73.6%) are in a lower risk category and drink within recommended levels.
- Information recorded by GPs show that in Bromley just over 10,000 men and 5,600 women drink at hazardous levels (increased risk of damage), whilst around 1,000 men and 400 women drink at harmful levels (causing physical and/or mental damage). This is likely to be an underestimate as only 38% of adults on GP registers disclose a record of alcohol consumption.

Impact of alcohol use in Bromley

- Alcohol-related hospital admissions have been rising in recent years. In 2012-13 there were around 1,400 admission for men and around 750 for women.
- Alcohol-related mortality has risen for women whilst remaining stable for men. There were 68 alcohol-related deaths (2.79% of all deaths) in Bromley in 2013.
- There were 2703 alcohol-related recorded crimes of which 1,269 were alcohol-related violent crimes and 31 alcohol-related sexual offences in Bromley in 2012-13.

Evidence of the effectiveness of treatment for alcohol misuse

1. *Psychosocial interventions*: cognitive behavioural therapies, behavioural therapies or social network and environment-based therapies.

2. *Pharmacological interventions*: prescription drugs which may be used in conjunction with psychosocial interventions or on their own. They are also used when there has not been a response to psychosocial interventions.

1. Psychosocial interventions
Good evidence of effectiveness from an extensive review (2006) based on large national and international studies and two large treatment trials.
A large trial reported that 58% of patients were improved at 12 months follow-up, out of which 30 % were abstinent, 16% had no problems, 23% were much improved and 30% were somewhat improved.

2. Pharmacological treatment
Detoxification is achieved by prescribing medicine to minimise withdrawal symptomology (tremulousness, seizures, and delirium).
Chlordiazepoxide is the recognised best treatment for uncomplicated withdrawal.
Chlordiazepoxide is in a class of drugs known as benzodiazepines.

A Cochrane review of 64 studies of benzodiazepines in 4309 participants undergoing alcohol withdrawal found that for reduction in seizures, benzodiazepines were significantly more effective than placebo.

3. Nutritional supplements
People who misuse alcohol, particularly regular heavy drinkers, often have a poor diet. It is usual to consider vitamin supplements at detoxification. Severe vitamin deficiencies may lead to a variety of severe and potentially life threatening conditions.

4. Relapse prevention
Sensitising agents – these medications produce an unpleasant reaction when taken with alcohol.
A number of studies have demonstrated increased rates of abstinence with the use of Disulfiram compared to alternative treatments. Abstinence was achieved in 42% of subjects receiving a therapeutic dose of Disulfiram.

Anti-craving agents - these medications decrease voluntary intake of alcohol.
One meta-analysis which included 33 trials compared Acamprosate and Naltrexone to placebo treatment. Over a 3 to 24 month period, Acamprosate was associated with significant levels of abstinence. A number of multi-centre trials have also demonstrated the efficacy of Acamprosate.

3.3.2 **Drugs**

Epidemiology of drug use in Bromley

- Approximately 15,000 residents took illicit drugs in Bromley in 2012-13
- It is estimated that approximately 1,117 people used opiates and/or crack in 2012
- All drug use is more common in males, single adults and people of the white ethnic background

Impact of drug misuse in Bromley

- 80 drug-related deaths occurred in Bromley between 2006-2013. The average age of death was 48 years
- There were 518 drug-related hospital admissions in Bromley in 2013-14 and they have been steadily increasing

Evidence of effectiveness of treatment for drug misuse

1. Needle and syringe programmes – provision of clean injecting equipment, blood testing, education and brief psychological interventions
Good evidence of effectiveness from several systematic reviews and number of studies (NICE 2014).

2. Opioid substitution therapy (OST)
Good evidence of effectiveness (NICE TA 114) – 40-65% of patients maintain complete abstinence, 70-95% able to reduce their use substantially; other benefits include better mental health, reduction in blood-borne virus transmission, social benefits.

3. Opioid detoxification- using substitute drug alone or in combination with reduction in the dose over time
Good evidence of effectiveness of combination of detoxification and psychosocial interventions.

4. Psychosocial interventions
Good evidence for brief interventions (one or two 45 min sessions) (NICE 2007).
Strong evidence for contingency management and in combination with OST (NICE 2007)
No evidence for cognitive behaviour therapy alone, but only for patients with co-morbid mental health problems.

5. Residential programmes
Good evidence for patients with significant physical, mental and social problems

3.3.3. **Current treatment services for substance misuse in Bromley**

From 2011 there has been an integrated drug and alcohol service in Bromley. The service provides a single point of contact, assessment and care co-ordination for people requiring specialist drug and alcohol services. The specialist services include the above identified effective treatments and interventions.

There are three areas of benefit realised when an individual has treatment for an alcohol or drug dependence.

- *Engagement in treatment*
  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. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

- *Completion of treatment*
  Completing treatment successfully is defined as leaving treatment free from the substance of choice and not representing to services within six months. This is a Public Health Outcome Framework (PHOF) indicator against which the Local Authority is measured.

- *Reduction in the use of alcohol, drugs or injecting*.

Data, as previously reported, indicates that services have become more effective, both in engaging the clients who present to treatment, and treating them successfully. While the proportion in effective treatment in Bromley is a little lower than for England, successful completion rates are higher, suggesting that Bromley services are working effectively and meeting all statutory requirements**.**

3.4 COMMISSIONING OPTIONS

3.4.1. Current commissioning arrangements

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 . The current contractual arrangements are detailed in the table 1. below:

Table 1. Current commissioning arrangements 2014-15

Contract	Annual Value	Contract period
Stabilisation and Assessment (CRI)	£589,045	December 2015 no further option to extend.
Recovery Service(CRI)	£346,143	December 2015 no further option to extend
Intensive Prescribing(CRI)	£345,803	December 2015 no further option to extend
Shared Care (KCA)	£186,175	October 2015 no further option to extend. It is proposed that a waiver is granted to extend the contract for three months to align with the other contracts
Service agreement with GPs for shared care	£26,000	One year service agreement from April 2015 (with a three months notice period)
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.
Residential/detox placements	£209,140	Spot placements Reduction of £80,000 funding for 2015/16
Bypass (KCA)	£127,980	January 2015 with option of one year extension
Total	**£1,941,286**	

3.4.2 Options

Two options are presented in relation to commissioning drug and alcohol services:

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

  - De-commissioning these services may lead to the deterioration in individuals' health and circumstances and for some may result in death.

  - Most 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. There are a number of points in the grant conditions which require continued investment in drug and alcohol services

  - If aspects of prevention and early intervention services were withdrawn there could be an increase in health and social care costs and an increase in crime.

  - A large number of people (latest figures suggest 1106 people over 18 years) benefit from either being in treatment or completing the

treatment. The impact of having people in treatment and successfully completing treatment on crime, homelessness, cost to heath and care services is equally significant.

- Reduction or cessation of these services would affect the performance against substance misuse PHOF indicator and consequential loss of health premium money.

- **Option Two** is to continue funding substance misuse services to provide a full range of treatments as outlined in guidance and to tender for these services. It is proposed that this would be as laid out in the table 2 below. This is expected to achieve greater efficiencies and will also provide an opportunity to revise service specifications.

It is recommended that Option Two is taken as outlined in the report.

3.4.3. **Proposed commissioning arrangements**

We are proposing to make current commissioning arrangements more efficient as described in Table 2:

1. To amalgamate three services (stabilisation and assessment, recovery service and prescribing) and tender as one with the efficiency savings of £50,000

2. To cease the shared care and GP shared care service and instead to add the substitute prescribing element of it to the overall prescribing service. This will achieve £26,000 saving (GP shared care).

3. To reduce funding for residential detox placements by £80,000

4. To invest the £50,000 efficiency saving into Children and Young People Substance Misuse Service. This service has experienced increased activity and it is unlikely that a provider will be found to provide this service at the current cost and with the increased need.

This will achieve a more efficient service and realise £106,000 savings.

Table 2. Proposed commissioning arrangements 2016-17

Contract	Annual Value 2015-16		Proposed annual value 2016-17 (from Jan 2016)
Stabilisation and Assessment	£589,045	To tender as one service, with an increase in prescribing services to take account of ceasing Shared care service (80 people). There will be the potential to realise efficiencies by amalgamating the contracts	£1,417,166
Recovery Service	£346,143		
Prescribing	£350,240		
Shared Care	£186,980	Cease this service by increasing the intensive prescribing specification.	Nil
Service agreement with GP's for shared care	£26,000	Cease this service by increasing the intensive prescribing specification	Nil
Oxleas dual diagnosis workers	£64,000	Ongoing agreement now part of the S75 agreement with Oxleas	£64,000
Needle Exchange /Supervised Consumption	£47,000	One year Service agreement extension agreed to March 2016.	£47,000
Residential/detox placements	£129,140	Spot placements Reduction of £80,000 funding for 2015/16	£129,140
Children and Young People Substance Misuse Service	£127,980	To tender this service in line with an increase in activity specification	£177,980
Total	**£1,866,530**		**£1,835,286**

4. FINANCIAL IMPLICATIONS

Table 3. Financial implications for 2015/16 and 2016/17.

Contract	Annual Contract Value (14/15)	Proposed Contract Costs for 15/16*	Proposed Contract Costs for 16/17
Stabilisation and Assessment	£589,045	£1,474,166	£1,417,166
Recovery Service	£346,143		
Intensive Prescribing	£345,803		
Shared Care	£186,175		
Service agreement with GP's for shared care	£26,000		
Dual diagnosis workers	£64,000	£64,000	£64,000
Needle Exchange /Supervised Consumption	£47,000	£47,000	£47,000
Residential/detox placements	£209,140	£129,140	£129,140
Children and Young People Substance Misuse Service	£127,980	£140,480	£177,980
	£1,941,286	**£1,854,786**	**£1,835,286**

*Figures for 15/16 and 16/17 are different as figures for 15/16 cover period of 9 months under current contract and 3 month under new contract. Figures for 2016/17 cover period under new contract.

5. LEGAL IMPLICATIONS

5.1 The Council's Contract Procedure Rules (CPR 5.3) require that "Where the value of the intended arrangement is £1,000,000 or more the Executive will be *Formally Consulted* on the intended action and contracting arrangements."

6. PERSONNEL IMPLICATIONS, POLICY IMPLICATIONS

Non-Applicable Sections:	PERSONNEL IMPLICATIONS, POLICY IMPLICATIONS
Background Documents: (Access via Contact Officer)	16 July 2014 Executive – **ITEM 10** http://cds.bromley.gov.uk/documents/g4919/Public%20reports%20pack%20Wednesday%2016-Jul-2014%2019.00%20Executive.pdf?T=10 15 October 2014 Executive - **ITEM 7** http://cds.bromley.gov.uk/documents/g4921/Public%20reports%20pack%20Wednesday%2015-Oct-2014%2019.00%20Executive.pdf?T=10