

Item No.	Classification: Open	Date: 16 March 2015	Decision Taker: Cabinet Member for Public Health, Parks & Leisure
Report title:		Extension of Awards and Grants to Substance Misuse Treatment Services	
Ward(s) or groups affected:		All	
From:		Strategic Director of Environment and Leisure	

RECOMMENDATIONS

1. That the Cabinet Member for Public Health, Parks & Leisure approves the extension of grant awards to the substance misuse treatment providers named in paragraph 17 for the periods stated.
2. That the Cabinet Member for Public Health, Parks & Leisure notes the intention to re-commission the adult substance misuse treatment system in 2015/16 with a view to the extension of the majority of grant awards detailed in this report enabling continuity of treatment provision until the new service contract is in place in January 2016.

BACKGROUND INFORMATION

3. The Health and Social Care Act 2012 placed responsibility for the public health functions to be transferred from the National Health Service (NHS) to local authorities.
4. On 1 April 2013, by virtue of two statutory transfer schemes signed by the Secretary of State for Health, a number of public health staff and contracts transferred from Southwark Primary Care Trust (PCT), which was then abolished, to Southwark Council.
5. A number of the PCT contracts that transferred to the council were due to expire on 30 September 2013. These included contracts for substance misuse (drug and alcohol) treatment services provided by Blenheim CDP (BCDP), Crime Reduction Initiatives (CRi) and Foundation 66 which transferred into the community safety and enforcement division of the council.
6. An IDM report dated 12 September 2013 sought approval to extend the current service provision for the existing providers for a period of 12 months between 1 October 2013 and 30 September 2014 by transferring the contracts into grant awards. The approval was granted on 20 September 2013 by the then Cabinet Member for Finance, Resources and Community Safety.
7. Prior to the public health transfer on 1 April 2013, Southwark Council had previously awarded a contract to BCDP in April 2010 for a period of 3 years at an annual estimated value of £460,000 to deliver the Young People's Substance Misuse Service (Insight Southwark). A Gateway 2 report recommending the original award of contract was agreed by the Strategic Director of Environment and Housing on 9

March 2010. A contract extension was granted in early 2013 for 11 months, lasting until 31 March 2014 and approved by way of a Gateway 3 report on 12 June 2013.

8. An IDM report dated 28 February 2014 sought approval to extend the contract to BCDP for the Young People's Substance Misuse Service for a further 6 months commencing on 1 April 2014 and ending on 30 September 2014. This was to align the dates of service delivery of this grant with the 12 month grants awarded to substance misuse providers which commenced on 1 October 2013. Approval was granted by the then Cabinet Member for Finance, Resources and Community Safety.
9. An IDM report dated September 2014 sought approval to extend the grant awards to the providers detailed in paragraph 18 for a further period of six months between 1 October 2014 and 31 March 2015 to enable the Drug Action & Alcohol Team (DAAT) to plan and make decisions as to the future commissioning framework for the borough-wide substance misuse treatment system. The approval was granted on 2 October 2014 by the Cabinet Member for Environment, Recycling, Community Safety & Volunteering. The substance misuse portfolio has subsequently been confirmed to be the responsibility of the Cabinet Member for Public Health, Parks and Leisure.

KEY ISSUES FOR CONSIDERATION

10. The Cabinet meeting of 12 February 2013 noted its new public health responsibilities and agreed an approach to commissioning related services under which it committed to a steady state of transition for the first year after the transfer in order to minimise the risk of disruption to services.
11. Whilst it is not mandatory under primary or secondary legislation for the council to provide the Relevant Services, commissioners consider it essential that existing services continue to be provided without a detrimental impact to vulnerable users and their families for whom there could be serious negative consequences if existing service provision ceases on 31 March 2015.
12. The benefits of providing effective drug and alcohol treatment has been researched and demonstrated through clinical trials, government and private funded research. Public Health England estimates that for every £1 invested in substance misuse treatment in Southwark, £2.77 is saved for the borough in costs as well as benefiting communities and individuals.
13. The majority of the individuals accessing the Relevant Services have complex and multiple needs including physical and mental health issues, involvement with the Criminal Justice system, safeguarding, social exclusion and impaired social functioning. Continued engagement with the Relevant Services is essential to help reduce escalating costs being incurred by council and health services. Engagement with effective substance misuse treatment services helps prevent premature death, the transmission of blood borne viruses and overall deterioration of health and wellbeing. The emotional and financial costs associated with antisocial and criminal behaviour can be prevented by effective substance misuse treatment.
14. Effective substance misuse treatment also impacts on cross council priorities including the Troubled Families' agenda, reduction of offending behaviour and safeguarding.

15. A joint strategic needs assessment was published in 2013 which assessed current and projected substance misuse needs in Southwark focusing on adult substance misuse needs. Specific alcohol and young people's needs assessments were undertaken in 2009. These will be reviewed and updated by Q4 2014/15. These reports will be used to inform commissioning decisions, in line with Southwark's Joint Health and Wellbeing Strategy.
16. It is considered essential that the Relevant Services are able to continue without disruption. The Council can best extend the current service provision period by extension of grant awards.
17. The scope of the Relevant Services is as follows:

1 April 2015 – 3 January 2016

Adult Drug & Alcohol Treatment Services

- a. BCDP – Kappa Project (open access drop in for opiates users and shared care provider with GPs)
- b. BCDP – Evolve Service (structured stimulant treatment service for stimulant, cannabis and party/club drugs users)
- c. BCDP - Rise Day Programme (structured group programme)
- d. BCDP – Restart (Assertive Engagement Project)
- e. BCDP – Party Drugs Project
- f. BCDP – Access (cannabis and cocaine service)
- g. Foundation 66 – Direct Enhanced Service (Tiers 2 & 3 alcohol and drug services)

Adult Criminal Justice Substance Misuse Services

- h. BCDP – Integrated Drugs Intervention Programme (Criminal Justice substance misuse service)
- i. BCDP – DIP workers in RADAR
- j. CRI – Integrated Drugs Intervention Programme (Criminal Justice substance misuse service)
- k. CRI – DIP workers in RADAR
- l. CRI – REACH Structured Day Programme (recovery programme for criminal justice service users with substance misuse issues)
- m. CRI – Single Point of Contact service
- n. CRI – Provision of Drug Testing

1 April 2015 – 31 March 2016

Young People's Substance Misuse Service

- o. BCDP – Insight Southwark (Young People's drug & alcohol service)

Substance Misuse Support Services

- p. Foundation 66 - Southwark Service User Council
- q. Foundation 66 - Southwark Peer Support Scheme

General overview of all services

18. Currently 34% of the Public Health grant allocation is apportioned to substance misuse treatment, although this is set to be reduced in the 2015/16 financial year in accordance with the drive towards investment in early intervention and preventative services to reduce the likelihood and need for acute specialist treatment at a later date. Substance misuse treatment is monitored in accordance with activity and outcomes for numbers of drug users engaged in effective treatment and the number of successful completions. Public Health England is in the process of revising activity and outcomes indicators at present.
19. Core monitoring arrangements under grant will remain the same throughout the extension periods with a renewed focus on the use of innovation within service delivery in order to meet presenting need and evidencing positive outcomes for service users.

Economic considerations

20. The benefits of drug and alcohol treatment provision have been extensively researched and demonstrated to have a positive impact on individuals, families, communities and society in general.
21. There is significant evidence that effective drug and alcohol treatment reduces the harm to communities from dependency and is effective in improving a range of outcomes for individuals. Positive outcomes do not arise from the successful completion of treatment alone, but are evidenced from the improved health, stability, social functioning and reduction in crime that is observed on treatment commencement. The absence from treatment engagement of many adults and young people imposes significant economic and social costs on the borough. These costs are primarily reflected in the cost of crime committed by adults and young people using substances and costs to the NHS associated with the treatment of acute and chronic drug and alcohol related conditions. Individuals who are actively using substances are less likely to be in education, employment or training and leave school without qualifications, which has a cost to the local authority in relation to welfare and to the individual in terms of lower wages and poorer employment prospects.

Policy implications

22. The Health and Social Care Act 2012 states that local authorities are responsible for public health commissioning. It sets out a duty for the authority to “take such steps as it considers appropriate for improving the health of the people in its area”. The new role for local authorities is to lead work to tackle health inequalities across the system, and to champion improvements in health and wellbeing outcomes for local populations.
23. Following the transfer of public health accountabilities from the NHS, local authorities receive a ring-fenced public health budget (until 31 March 2015) set by the Department of Health. Local authorities are expected to be guided by their local joint strategic needs assessment and joint health and wellbeing strategy, and the objectives within the national Public Health Outcomes Framework (PHOF). The grant award requested here is in accordance with the Council’s responsibilities for commissioning of public health services and Southwark’s Joint Health and Wellbeing Strategy.

Contract management and monitoring

24. A comprehensive performance and contract management framework is already in place for substance misuse service provision. All providers are required to comply with the National Drug Treatment Monitoring system (NDTMS) and in the provision of treatment data to the Department of Health. All NDTMS adult data is collected, collated and analysed with monthly reports on performance that are reviewed by the DAAT Performance and Data Manager and commissioners.
25. All providers are subject to formal quarterly contract meetings with the DAAT. There is a monthly partnership meeting with all substance misuse providers to assess performance and service improvement which is attended by directors and senior managers of all services.

Community impact statement

26. The joint strategic needs assessment identified the current and projected needs for substance misuse treatment in Southwark. Due to the referral process and the specialised nature of the services being offered there is currently no detrimental impact to any of the protected characteristics identified within the Equality Act 2010 as considered within the Public Sector Equality Duty.
27. A key initial principle of the public health transition was that it would maintain 'steady-state' of delivery and the continuation of award of the proposed grants will be aligned with this.
28. The involvement of communities is a key part of the work of all parts of the health system. The value of including the wider views of individuals and communities is critical to both understanding and tackling the health and wellbeing issues in the borough. Engagement with the community and with people accessing commissioned public health services is a core principle within commissioning strategies for the public health services within the council. The impact of this service on the community, and the views of the local community about this service, continues to be a core element of the review work of public health services described within this report for future commissioning and procurement strategies.
29. The cost and impact on society increases if an individual misuses drugs and/or alcohol. Whilst only a small proportion of those in treatment commit crime, the levels are such that treatment brings about significant savings to society overall. In addition those in treatment are often vulnerable with social exclusion issues. This is highlighted in over 50% of the council's care proceedings currently having a substance misuse element.

Resource implications

30. The extension of grant awards for the named substance misuse treatment providers for the periods stated is to be funded from a combination of resources – Public Health Grant (including CCG contribution), LBS Children's Services and MOPAC.
31. All funding contributions have been confirmed for 2014/15 with the exception of MOPAC funding which will be confirmed in March 2015. Should there be a reduction in MOPAC funding confirmed; the service will be re-configured accordingly.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Legal Services

32. This report seeks approval of the award of further grants to providers of substance misuse treatment services, as detailed in paragraph 18.
33. The decision to approve the report recommendation is one which is to be taken by the Cabinet Member under Part 3D of the Council Constitution.
34. The proposed grant awards are consistent with statutory duties and with corporate policy in this area. The Director of Legal Services is aware that an equality analysis had been carried out as part of an earlier review of service needs and advises that officers should review it periodically, in line with the requirements of the Public Sector Equality Duty imposed by the Equality Act 2010.

Strategic Director of Finance and Corporate Services (E&L/14/016)

35. This report seeks approval to the extension of grant awards to the named substance misuse treatment providers. The financial implications are contained in the body of the report.
36. The strategic director of finance and corporate services notes the award for the financial year 2015/16 including the unconfirmed MOPAC funding and that action will be taken should funding be reduced or no longer available.
37. The grant awards will be monitored on a regular basis as part of the departmental revenue monitoring process.

BACKGROUND PAPERS

Background Papers	Held At	Contact
Approval and Award of Grants to Substance Misuse Treatment Service Providers http://moderngov.southwark.gov.uk/mg/IssueHistoryHome.aspx?IId=22349&Opt=0 http://moderngov.southwark.gov.uk/mg/DecisionDetails.aspx?IId=22349&Opt=1 .	160 Tooley Street London SE1 2TZ	Donna Timms 020 7 525 7497
Extension of grant awards to substance misuse treatment providers http://moderngov.southwark.gov.uk/mg/DecisionDetails.aspx?IId=50004713&Opt=1		

APPENDICES

No	Title
None	

AUDIT TRAIL

Lead Officer	Deborah Collins, Strategic Director, Environment & Leisure	
Report Author	Jonathon Toy, Head of Community Safety & Enforcement, E&L	
Version	Final	
Dated	11 March 2015	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	Yes	Yes
Strategic Director of Finance and Corporate Services	Yes	Yes
Cabinet Member	Yes	
Date final report sent to Constitutional Team		16 March 2015