



ADVANCED PUBLICATION OF REPORTS

This publication gives five clear working days' notice of the decisions listed below.

These decisions are due to be signed by individual Cabinet Members
and operational key decision makers.

Once signed all decisions will be published on the Council's
Publication of Decisions List.

- 1. EXTENSION OF THE SUBSTANCE MISUSE RECOVERY SERVICE
CONTRACT (Pages 1 - 18)**

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MUNICIPAL YEAR 2019/2020 REPORT NO.**MEETING TITLE AND DATE:**

N/A

REPORT OF:

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Agenda – Part: 1	Item:
Subject: Extension of the Substance Misuse Recovery Service Contract	
Wards: All	
Key Decision No: KD5043	
Cabinet Member consulted: Cllr Uddin	

1. EXECUTIVE SUMMARY

- 1.1 In July 2016 a competitive tender process was undertaken to select a suitable provider to deliver adult substance misuse services in Enfield. This service provides specialist treatment for adults with a drug and alcohol issue including substitute prescribing, harm reduction initiatives, counselling and groupwork programmes and recovery support. Access to drug and alcohol specialist treatment is also provided to drug and alcohol offenders as part of the crime reduction agenda.
- 1.2 In December 2016 the Cabinet approved the award of contract for the Adult Substance Misuse Recovery Service Contract to Barnet, Enfield & Haringey Mental Health NHS Trust (BEH-MHT) for a contract term of up to eight (8) years (KD4302). This consisted of an initial period of three (3) years with option to extend on a consecutive basis of three (3) years and two (2) years, rolling up to a further five (5) years.
- 1.3 This contract commenced on the 1st April 2017 and is due to come to an end on 31st March 2020. The first contract extension of three (3) years is sought to ensure stability in service provision.
- 1.4 Since the commencement of the contract in April 2017 Barnet, Enfield & Haringey Mental Health NHS Trust has been working towards achieving their three (3) year contractual targets for 'Numbers in Treatment' and 'Successful Treatment Completions'.
- 1.5 In 2018 due to MOPAC funding reductions locally, it was agreed by the Safer & Stronger Communities Board (SSCB) that there would be a reduction in contributions towards the Adult Substance Misuse from the Mayor's Office for Policing and Crime (MOPAC) grant for 2019/20 and 2020/21 should the contract extension be enacted.
- 1.6 Barnet, Enfield & Haringey Mental Health NHS Trust have agreed to this reduction in their total contractual value for 2019/20 and are working towards reconfiguring the service to ensure that key deliverables of the contract are still being met.

2. RECOMMENDATIONS

- 2.1 The first extension of the Adult Substance Misuse Services Contract with BEH-MHT is approved for the next three (3) years.
- 2.2 To note that this extension is subject to the successful achievement under the current contract of the contractual performance targets for numbers in treatment and successful treatment completions.

3. BACKGROUND

- 3.1. The Council is responsible for the commissioning of public health services for residents with substance misuse needs as part of its Public Health England (PHE) Grant requirements. This service provides specialist treatment for adults with a drug and alcohol issue including substitute prescribing, harm reduction initiatives, counselling and groupwork programmes and recovery support. Access to drug and alcohol specialist treatment is also provided to drug and alcohol offenders as part of the crime reduction agenda.
- 3.2. Together with the young people's substance misuse service the service aims to minimise the impact that substance misuse has on individuals, families and the community including making a positive contribution to addressing health inequalities in the Borough and supporting the crime reduction priorities for the Safer & Stronger Communities Board.
- 3.3. In 2016 a successful competitive tender process was undertaken to select a suitable provider for the Adult Substance Recovery Service. The successful provider was Barnet, Enfield & Haringey Mental Health NHS Trust (BEH-MHT) with the award of contract agreed by Cabinet in December 2016.
- 3.4. The contract agreed by Cabinet was for an initial period of three (3) years, with options to extend on a consecutive basis of three (3) years and two (2) years rolling up to a further five (5) years, subject to satisfactory year on year performance being achieved.
- 3.5. The annual contract price was capped at a maximum fixed price level with no increase for inflation or other such health payments. The contract price is less than 2016/17 contractual commitments.
- 3.6. The Adult Substance Misuse Recovery Service provides a range of clinical, therapeutic and recovery interventions across two sites. The majority of the clinical interventions are delivered from the Claverings

and redesigned to improve treatment access and engagement for all residents of Enfield with a substance misuse issue.

- 3.13 The Adult Substance Misuse Service continues to support the most complex and vulnerable patients in society and is working towards increasing the number of treatment naïve individuals accessing treatment through use of community outreach and GP Hub models thereby reducing the level of unmet need in the Borough.
- 3.14 The service continues to provide specialist targeted provision to the most of complex of users but through linkage with non-substance misuse services including primary care, adult and children's services, community safety, criminal justice initiatives and the VCS offering low level interventions to those misusing alcohol and non-opiates in the Borough.
- 3.15 The extension of the contract will provide stability for the service for a further three (3) years, allowing the service to be fully reconfigured. This will improve accessibility within the community to support the increase in numbers and successful treatment completions within a smaller financial envelope from 1st April 2020.

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1. There are no alternative options, this is a specialist service which offers support to adults with a range of complex needs and therefore is best provided by an externally commissioned service.
- 4.2. Enfield Council is unable to directly provide such a specialist treatment service in-house, without incurring serious risks from delivering health services to highly complex service users whose behaviour is often strongly correlated with social and criminal detriments.
- 4.3. BEH-MHT is currently working towards achieving its end of three (3) year contractual target on an already reduced contractual value as well as the potential for a financial rebate should contractual targets not be achieved; these options were discounted.

5. REASONS FOR RECOMMENDATIONS

- 5.1. BEH-MHT have been delivering the Adult Substance Misuse Recovery Service in Enfield since 2017 when this contract was awarded to them.
- 5.2. The award of an initial three (3) year contract with the option to extend on a consecutive basis of three (3) years and two (2) years, rolling to a further five years was agreed by Cabinet in 2016.

Site in Edmonton, N9 with Vincent House, EN3 providing a wide range of therapeutic and recovery focused interventions.

- 3.7. The service aims to reduce or stop the harms from drug and alcohol use through a variety of treatment interventions including but not limited to:
- Pharmacological interventions including substitute and symptomatic prescribing;
 - Tailored intervention for those involved in the Criminal Justice System to reduce re-offending rates;
 - Harm reduction initiatives including BBVs and overdose prevention;
 - Range of psychosocial interventions including counselling, CBT based therapeutic interventions and access to IAPT as well as group work and key working;
 - Providing access to funded treatment for inpatient detoxification, residential rehabilitation or structured day programme;
 - Mutual aid, peer support groups and aftercare, i.e. complementary therapies, Education Training and Employment (ETE), housing and welfare support;
 - A specialist team to support with parenting and the impact of parents' substance misuse may be having on their children;
- 3.7 The Adult Substance Misuse Service is predominately funded from the Public Health Grant with additional funding from the Mayor's Office for Policing and Crime (MOPAC) with the specific aim to reduce substance misuse and reoffending locally.
- 3.8 However, from the 1st April 2019 it was agreed by the SSCB that the funding to the Adult Substance Misuse Service from MOPAC would be reduced in order to support local priorities on youth violence, gangs and knife crime.
- 3.9 MOPAC funding has been confirmed from 1st April 2019 to 31st March 2020 at £50,000. This is a 11% reduction of the overall contract value of this service. Performance data in relation MOPAC targets has been consistent demonstrating effectiveness of this intervention.
- 3.10 The service will still provide a core offer for criminal justice clients who have a substance misuse issue, providing the statutory requirements for Testing on Arrest and provision of the Drug Intervention Record (DIR), Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR).
- 3.11 Support to the IOM Team and provision of rapid access to prescribing for those released from prison continues to be a priority within this service.
- 3.12 To enable a better response to changing drug and alcohol related needs and trends in Enfield the service is currently being reconfigured

- 5.3. Since the commencement of the service BEH-MHT have been working steadily to increase levels of engagement and improve quality in service provision in line with their three-year contractual targets.
- 5.4. The service offers support to adults with a range of complex needs and contributes to addressing such areas as criminal behaviour, domestic violence, adult safeguarding, poor health and mental wellbeing, homelessness and social functioning.
- 5.5. This includes specialist support to adult drug and alcohol misusers through a range of clinical and psychosocial interventions offering substitute prescribing and detoxification, harm reduction initiatives including BBV screening, vaccination and treatment as well as Needle Exchange and Naloxone provision for previous and current injecting users.
- 5.6. This is complemented by access to GP Shared Care Services for those opiate users who are stable in the community, brief interventions for alcohol users through dedicated GP Hubs and extended brief interventions for non-opiate users.
- 5.7. Quality measures for waiting times and harm reduction have been consistent meeting PHE targets. Performance data in relation to MOPAC targets has been good demonstrating effectiveness of this intervention.
- 5.8. Key service developments since 2017 have included the establishment of a Hep C treatment clinic at Claverings through joint working with North Middlesex Hospital NHS Trust. Patients now have access to Hep C treatment locally, reducing attrition and improving outcomes for those substance misusing patients who are Hep C positive.
- 5.9. The implementation and expansion of GP Hubs at Palmers Green, Oakwood and Cockfosters surgeries have proved to be successful in engaging patients with low level needs. The Hubs provides brief interventions (BI) and extended brief interventions (EBI) to alcohol and non-opiates users respectively in a non-substance misuse environment.
- 5.10. The service through co-location and partnership working with the Hidden Harm Service has continued to support those parents misusing substances and offers access to play therapy sessions for children affected by parental substance in a recovery based safe hub at Vincent House.
- 5.11. Vincent House continues to provide recovery focused interventions to substance misusers who are or working towards becoming abstinent. There has been increased referrals to this recovery hub since its inception in 2017 through access to counselling interventions and IAPT

services. Access to complimentary therapies and peer support programmes continues to engage users to support their recovery.

- 5.12. Focussed partnership working with key stakeholders and agencies across Enfield has outlined increases in referrals into substance misuse treatment and has enabled the development of robust third-party referral systems. This combined with tightening of engagement protocols and conducting of regular audits on discharges has ensured that the service meets its completion targets for patients that are discharged drug free or an occasional user.
- 5.13. The expansion of community outreach and Tier 2 work through use of peer mentors and volunteers as part of the new service redesign will increase access and engagement for the most vulnerable of communities. This includes attendance at community events, developing pop-up stalls and linking with the VCS and other agencies.
- 5.14. The service has established good links with non-substance misuse services including primary care, mental health services, adults & children's social care, community safety, criminal justice agencies including prisons, housing, education & training providers and mutual aid organisations. The service is working towards becoming fully integrated into processes and procedures in Enfield through the redesign and reconfiguration of the current service model.
- 5.15. BEH-MHT are a key stakeholder in improving joint working between adult services and the substance misuse treatment system. This includes the young people's substance misuse service, Hidden Harm Service and Mental Health Services including the Enfield Dual Diagnosis Service.
- 5.16. Public Health England evidence-based review 'Alcohol and drugs prevention, treatment and recovery: Why invest?' outline that investing in drug and alcohol treatment saves money.
- 5.17. Drug and alcohol treatment results in savings in a number of areas, such as Crime, QALY improvements and health & social care. Drug treatment reflects a return on investment of £4 for every pound invested with alcohol treatment reflecting a return on investment of £3 for every pound invested.

6. COMMENTS FROM OTHER DEPARTMENTS

6.1. Financial Implications

6.1.1. Please Refer to Part 2.

6.2. Legal Implications

6.2.1 Section 111 of the Local Government Act 1972 permits local authorities to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of their functions.

6.2.2 Furthermore, the Council has a general power of competence under section 1(1) of the Localism Act 2011 to do anything that individuals may do, provided it is not prohibited by legislation and subject to Public Law principles.

6.2.3 Legal Services has been advised that the original contract was competitively advertised and that the tender provided for the proposed extension. This is compliant with European procurement processes as set out in the Public Contracts Regulations 2015,

6.2.4 The award of the extension is a Key Decision and, as such, the Council needs to comply with its governance process for Key Decisions (see Contract Procedure Rule 1.22.4).

6.2.5 The Council must comply with the process set out in the contract for the implementation of an extension.

6.2.6 The Council must ensure that it obtains Best Value as set out in the Local Government Act 1999.

(Legal imps provided by MO'C on 29 November 2019).

6.3. **Property Implications**

6.3.1. There are no Property Implications.

6.4. **Procurement Implications**

6.4.1. There are no Procurement implications.

7. **KEY RISKS**

7.1. Failure to provide the contract will result in a loss of this service provision and an immediate need to transfer the care of these patients to an alternative provider.

7.2. Current patients would be released into the community without continuity of care which will create additional pressures on the wider health and social care system and increasing the risk of early mortalities.

7.3. Under such circumstances, Enfield Council could be held to account for such risks if the Conditions outlined in Annex C of the Public Health

Grant were not complied with through making such provisions available.

- 7.4. Contractual mechanisms and levers are in place and could be activated should BEH-MHT fail to meet agreed performance targets and quality indicators as set out in the contract.

8. IMPACT ON COUNCIL PRIORITIES – CREATING A LIFETIME OF OPPORTUNITIES IN ENFIELD

8.1. Good homes and well-connected neighbourhoods

- 8.1.1. The Adult Substance Misuse Recovery Services are delivered across two key locations across the borough. The Edmonton site, based at Claverings provides access to clinical, harm reduction and psychosocial interventions and is co-located with Probation & IOM Services as part of the reducing reoffending agenda.

Vincent House located at 2E Nags Head Road in Ponders End, offers recovery focused interventions through counselling, access to IAPT, groupwork, peer support and mutual aid, complementary therapy and access to play therapy and Hidden Harm Services for parents with a substance misuse issue as well as children affected by their parents' drug or alcohol use.

To improve access and engagement the service is being redesigned to become more outward facing through a community-based outreach-based model. This will ensure better access for those patients that are treatment naïve and do not access or want to attend services, improving engagement and retention whilst reducing unmet need in the borough.

8.2. Sustain strong and healthy communities

The Service delivers health interventions to those with a drug and alcohol issue, co-morbid mental health issue and those with offending history and substance misuse.

The interventions range from clinical treatment through prescribing and community detoxification to harm reduction through screening and testing of BBVs, access to Needle & Syringe Exchange Programmes, general health checks and access to a specialist Hep C clinic at the Claverings site.

Substance misuse can negatively impact on a range of health outcomes. Public Health have identified the correlation between substance misuse and several long term and short-term health needs. In addition to this there is the impact on the wider family including the harm to the well being of children and young people.

There is a clear correlation between substance misuse and offending behaviour, national research has shown that the delivery of drug treatment directly reduces offending behaviour.

The service delivers support as part of a multi-agency approach ensuring adults with a substance misuse issue and their children have access to support for their wider health, social and emotional needs.

8.3. Build our local economy to create a thriving place

The service supports adults to achieve abstinence and recovery for their drug and alcohol use enabling them to lead a more healthy and productive life.

Improving the health outcomes of adults accessing adult substance misuse services in Enfield will prevent a range of longer-term negative health outcomes in areas such as mental health, offending behaviour, domestic violence, cardiovascular disease, cancer and diabetes. This in turn will lead to a reduction in sickness rates, recovery and the ability to make a positive contribution to society.

9. EQUALITIES IMPACT IMPLICATIONS

- 9.1. As this DAR is for a contract extension that has already been agreed by Cabinet this is not required.

10. PERFORMANCE AND DATA IMPLICATIONS

- 10.1. Substance misuse provision is subject to robust monitoring processes for service delivery and service quality. PHE provides the Chief Executive, Director of Public Health, Substance Misuse Partnership Board Chair and Head of Strategy & Service Development with quarterly Diagnostic Outcome Monitoring Executive Summary Reports (DOMES); providing a snapshot against all key performance measures and affording a comparison to other similar Local Authority areas, as well as the National perspective.
- 10.2. These reports are based on the mandatory monthly provider activity data submissions to the National Drug Treatment Monitoring System (NDTMS) database managed by Public Health England and enabling PHE to have the scrutiny role it requires to determine how each Local Authority is complying with the Grant Conditions.
- 10.3. On a local level, Public Health Service Development Officers have in place appropriate and robust contract monitoring arrangements and have access to timely activity and process data through the LBE commissioned case management system Theseus.

- 10.4. Regular contract monitoring of the service will continue to be undertaken by the Public Health Service Development Officers on a quarterly basis but will be moved to monthly intervals should there be any concerns with regards to the achievement of any of the two key indicators for 'Numbers in Treatment' and 'Successful Treatment Completions'.
- 10.5. Please refer to Part 2 for further information.

11. HEALTH AND SAFETY IMPLICATIONS

- 11.1. BEH-MHT are responsible for executing H&S guidelines.

12. HR IMPLICATIONS

- 12.1. There are no HR Implications.

13. PUBLIC HEALTH IMPLICATIONS

- 13.1. Drug and alcohol misuse impacts upon the health and wellbeing of individuals, families and communities across Enfield. Substance misuse is both a cause and effect of family dysfunction. It damages life chances, increases criminality, harms health, spreads communicable diseases and, as a result, increases the need and demand for public sector services.
- 13.2. Substance misuse is common, and the numbers of people affected in Enfield are significant: - more than 1,654 people are dependent on crack or heroin with 18% having children who live with them. There are an expected 2,826 people dependent on alcohol; all of whom need support from specialist Public Health Services.
- 13.3. Substance misuse drives widespread need and demand for all public sector services, absorbing scarce resources. It is preventable and treatable. People who are intoxicated respond less well to their children's needs. UK estimates suggest 22% of children live with a parent whose hazardous drinking puts them at risk in relation to issues such as neglect. In Enfield 39% of all children on a child protection plan have been registered because of parental substance misuse. Furthermore, 78% of young offenders who misuse alcohol were found to have grown up in homes with parental alcohol abuse and domestic abuse.
- 13.4. Drug and alcohol problems can be both a cause and a symptom of homelessness. Significant proportions of homeless people have drug or alcohol problems. Providing support to address housing need is vital and can have a positive impact on motivation to change. The Adult Substance Misuse Service has built good links with Thamesreach

ensuring access to treatment and support for substance misusing patients who are homeless.

- 13.5. People dependent on drugs and alcohol are far more likely than their peers to have mental health problems, be economically unproductive and to be homeless. Over 60% of acquisitive crime is found to be driven by drug misuse. Every year it is estimated that the impacts of drug and alcohol misuse cost society a total of £36.4 billion. Alcohol misuse alone costs the criminal justice services £11 billion; the NHS 3.5 billion and causes £7 billion of lost productivity.
- 13.6. Alcohol misuse increases the risk of a range of health harms. The harms range from alcohol specific conditions such as serious withdrawal effects and alcohol related brain damage to mental health issues such as depression and anxiety.
- 13.7. Alcohol is now the third biggest risk factor associated with death and illness. Mortality from alcohol related liver disease has more than doubled in the past 3 decades. There are around 1 million alcohol-related admissions to hospital each year with nearly half of the admissions are accounted for by cardiovascular conditions.
- 13.8. Acquisitive crime, violent crime and domestic abuse are particularly associated with drug and alcohol misuse. Analysis of Ministry of Justice and drug & alcohol treatment data has shown that drug and alcohol specialist treatment results in significant reductions in offending behaviour in dependent drug and alcohol users. Drug/alcohol treatment results in a 44% reduction in the number of individuals re-offending in the 2 years after starting treatment for dependency, with a 33% decrease in the number of offences committed.
- 13.9. Alcohol misuse has been estimated to cost £7bn in lost productivity nationally. Most individuals seeking drug or alcohol treatment are unemployed and treatment/recovery services actively seek to provide opportunities and support to individuals to find meaningful activities and employment. Employment and recovery are mutually reinforcing. The service has established a peer mentoring programme to support those in recovery and has developed pathways to volunteering and ETE initiatives.
- 13.10. Therapy services, focusing on the whole family unit support children affected by parental substance misuse, thereby reducing the number children at risk of being placed into care through access to support and treatment for the whole family unit. This is complimented by services for pregnant women with substance misuse issues to increase early uptake of antenatal care and post-natal care offered to families.
- 13.11. Harm reduction services are essential components of the drug treatment system. Needle and syringe programmes and services to test for and treat blood borne viruses are evidence-based and reduce the

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risk of transmission. They can also act as a point of engagement with drug users where they can access pathways to other treatment and health services.

- 13.12. Harm reduction within the Adult Substance Misuse Service is integral part of prevention and treatment and a key quality indicator for service provision. The provision of naloxone can reduce the risk of death from opiate overdose, the service continues to provide naloxone to injecting drug users, their carers and those released from prison as a priority.
- 13.13. The importance of drug and alcohol treatment services is recognised by their inclusion as a Condition in the Public Health Grant made to Local Authorities by the Department of Health. The Condition requires the Council to *'have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse services'*. The full cost of the Service in Enfield is covered by the Grant and funding from the Mayor's Office for Police and Crime. Without this Service there would be significant detriments and harms to the Enfield community and unnecessary pressures on other Council budgets.

Background Papers

DAR KD4302

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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