

<b>Committee:</b>	<b>Dated:</b>
Community and Children's Services	13/09/2019
<b>Subject:</b> Recommissioning of the Integrated Drug and Alcohol Service	<b>Public</b> <b>Non-public</b> <b>appendix</b>
<b>Report of:</b> Sue Milner, Director of Public Health Andrew Carter, Director of Community and Children's Services	<b>For information</b>
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### Summary

The current drug and alcohol services in the London Borough of Hackney and the City of London were separately commissioned; however, both tenders were won by the same provider – Westminster Drug Project (WDP) – which has been operating across both areas since October 2015. These contracts are due to end in October 2020.

Following consultation and review events, commissioners in both local authorities recommended that these services be commissioned together as a single service. It is presented to the Community and Children's Services Committee for information, following approval at the Health and Wellbeing Board in June 2019, the committee responsible for carrying out all duties conferred by the Health and Social Care Act 2012.

The new integrated service will replace the current separate arrangements within the local authorities (Hackney Recovery Service and the Square Mile Health Service), managed as a unified system. It is anticipated that this will result in improved outcomes and economies of scale. It is recommended that Hackney Council lead the commissioning, with the contract to be tendered in mid-September 2019.

### Recommendations

Members are asked to:

- Note that Hackney Council will commission an integrated adult drug and alcohol treatment system across the London Borough of Hackney (LBH) and the City of London Corporation (CoL), replacing the current separate commissioning arrangements.
- Note the CoL's annual contribution towards the integrated service, which is paid from the Public Health Grant.
- Note the proposed contract length.

## **Main Report**

### **Background**

1. Drug and alcohol use and its associated issues have a disproportionate impact on individuals, families and communities. This imposes significant economic and social costs on society reflected in the cost of crime, healthcare and provision of public services.
2. Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. The 2015/16 Public Health Grant included a new condition (that has remained in the most recent grant condition) that requires: 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 treatment services...”<sup>1</sup>
3. The current drug and alcohol services in LBH and CoL were separately commissioned; however, both tenders were won by the same provider, WDP, which has been operating across both areas since October 2015. These contracts are due to end in October 2020.

### **Current Position**

4. Under the current arrangements, CoL residents and rough sleepers with ‘a connection to the City’ receiving treatment from WDP are often required to travel to the service hub in Hackney to receive services (for example, opiate substitute prescribing, group recovery sessions, and so on). However, both LBH and CoL pay for separate services, with associated management fees and overheads.
5. The population demographic who engage or require engagement with specialist drug and alcohol services have changed over recent years. This includes, but is not limited to, the following:
  - an ageing treatment population whose complex and/or multiple health and social needs requires additional and ‘wrap-around’ support
  - individuals with co-occurring substance misuse and mental health needs
  - an increase in alcohol-only service users engaging with the treatment service in CoL
  - rough sleepers with ‘a connection to the City’.
6. The needs of Hackney Council and the City of London Corporation for specialist drug and alcohol treatment has been reviewed extensively, including the publication of a Joint Strategic Needs Assessment Substance Misuse Chapter<sup>2</sup>, and a significant consultation exercise was conducted which sought the views of

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<sup>1</sup> Public Health ring-fenced grant 2019/20 circular allocations and conditions, Grant Conditions, point 7

<sup>2</sup> Health and wellbeing profile – Hackney and City of London. Available on [www.hackneyjsna.org.uk](http://www.hackneyjsna.org.uk)

service users (including current and potential), professional drug and alcohol practitioners, direct partners (such as local GPs, police, outreach workers, and so on) and a number of other stakeholders. This has directly informed the design of the new service specification.

## **Options**

7. A range of options were considered before arriving at the recommended procurement and contract model, which included a City-led procurement process. Following several consultation and review events, commissioners in both local authorities determined that it would be better to commission these services together.

## **Proposals**

8. It is proposed that Hackney Council lead on the procurement of an integrated drug and alcohol treatment system which supports adults living (or with a local connection to) in either the CoL or LBH. Hackney Council will issue a jointly designed service specification and procurement tender that will assure a high-quality service that meets the needs of the local populations and offers value for money for the local authorities. The ratio of the tender grading for quality to price will be set at 70:30.
9. The intention is to publish a competitive tender under Hackney Council's terms and conditions. The contract would be held by Hackney Council, with CoL residents and rough sleepers with 'a connection to the City', able to access services. This will be managed through a variation of the existing Public Health service level agreement held with Hackney Council. It is anticipated that the procurement process will be completed by February 2020, with the new service starting treatment delivery in October 2020.
10. As the CoL populations already enjoys a good level of service with regards to drug and alcohol treatment, with very low waiting times for referrals into the service, we intend to retain this under the new arrangements. This will be achieved by requiring that a number of staff be specifically allocated to the CoL and by ensuring that premises remain accessible to those in need of treatment.
11. It is anticipated that rough sleepers with 'a connection to the City' will receive an improved level of care. This will be achieved by: developing strong links with the rough sleeping outreach service; sustained prevention and engagement; providing an additional needle exchange service; and increasing the treatment across both the LBH and the CoL.
12. As well as achieving economies of scale from commissioning together, having an integrated service will provide advantages for service users, as the treatment population will be larger, meaning that more specialist services can be provided – for example, to residents who are, parents, or who need treatment for alcohol-only problems.

13. The procurement of a new contract will also provide opportunities for innovation in the service delivery and design through a flexible drug and alcohol service framework designed to enable greater responsiveness to the changing needs of the treatment population.
14. The service to be procured will provide specialist and community-based drug and/or alcohol treatment for adults (over 18 years) that reside or stay (with 'a local connection') in LBH or CoL. The service will be provided by one provider or by a small number of providers that work together/in consortia with a lead organisation accountable to Hackney Council for the delivery of the overall contract.
15. The service model will be:
- recovery focused
  - outcome and evidence based
  - inclusive
  - shaped by the needs, views and voices of service users, carers, families and communities in the boroughs
  - accessible and offer focused support that will be available at any point during a service user's recovery journey.
16. The following key outcomes will be monitored at CoL level for those actively engaged in the service as a minimum to assure an effective treatment service:
- freedom from dependence on drugs and/or alcohol
  - a reduction in crime and offending
  - prevention of drug-related deaths and blood-borne viruses
  - sustained employment, training and/or education
  - ability to access suitable accommodation
  - improvement in mental and physical health and wellbeing
  - improved relationships with family members, partners and friends
  - the capacity to be an effective and caring parent and the safeguarding and support of vulnerable children.

## **Corporate & Strategic Implications**

17. The new drug and alcohol service will directly support the achievement of the following outcomes set out in the CoL's Corporate Plan 2018–23:
1. People are safe and feel safe
  2. People enjoy good health and wellbeing.
18. This service also links to the following CoL strategies and policies that support the Corporate Plan:
- Joint Health and Wellbeing Strategy, 2017–20
  - Safer City Partnership Plan, 2019–21
  - Anti-Social Behaviour, 2019–23.

19. The approach is consistent with the strategic commitment to pursue an integrated commissioning approach, working as part of a local health and care system with Hackney Council and the Clinical Commissioning Group.
20. As Hackney Council will be procuring the service on behalf of CoL, the advice from City procurement is that the recommendations within the report are to be presented to members of the Community and Children's Services Committee for information.

## **Implications**

21. It is intended that this recommissioning will help to make savings to management costs, while retaining a high standard of service within the CoL. The service will provide value for money as, for example, specialist drug and alcohol treatment is evidenced to have a good return on investment by reducing accident and emergency attendances and/or criminal behaviour.

## **Health Implications**

22. The proposed recommissioning is intended to positively impact on the health of City populations.

## **Conclusion**

23. The report sets out the proposed procurement of an integrated adult drug and alcohol treatment system across LBH and CoL which will enable the two authorities to deliver on their shared visions of improving positive outcomes for some of our most vulnerable residents, as well as improving the life chances of many of the individuals who choose to live, work and visit the City.

## **Appendices**

- (Non-public) Drug and alcohol service budget and contractual information

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