

	<b>Health and Wellbeing Board</b>  <b>30 July 2015</b>
<b>Title</b>	<b>Draft – Substance Misuse Strategy 2015-2020</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Date added to Forward Plan</b>	January 2015
<b>Status</b>	Public
<b>Enclosures</b>	Appendix 1: Draft Substance Misuse Strategy Appendix 2: Equality Impact Assessment report
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<b>Summary</b>
<p>London Borough of Barnet has a responsibility to provide substance misuse services in the Borough. Barnet and Harrow joint Public Health service has recently recommissioned the contracts for adults and young people for 2.5 years from 1<sup>st</sup> October 2015 - to 31<sup>st</sup> March 2018 with an option to extend for a further period of up to 2 years.</p> <p>However, the actions to address the use of drugs and alcohol are broader than just treatment service provision; and in light of this, the proposed five year strategy outlines what we can do to prevent substance misuse, how we can protect families and the wider community from harm and how to identify those who need treatment early and support them to recover from dependence and lead fulfilling and healthy lives.</p>

<b>Recommendations</b>
<p><b>1. That the Health and Wellbeing Board agrees the three key strategic priorities of the draft Substance Misuse Strategy;</b></p> <ul style="list-style-type: none"> <li>• To prevent Barnet residents from harmful use of drugs and alcohol</li> <li>• To protect Barnet residents and their families/carers including children and vulnerable adults from indirect harm caused by substance misuse.</li> <li>• To promote and sustain recovery of Barnet residents identified as</li> </ul>

<b>misusing substances.</b>
<b>2. That the Health and Wellbeing Board notes the proposed actions for each strategic priority.</b>
<b>3. That the Health and Wellbeing Board supports the proposal to set up a strategy implementation group.</b>
<b>4. That the Health and Wellbeing Board approves the Substance Misuse Strategy as final.</b>

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 Substance misuse, in this report, refers to both drug and alcohol misuse. Substance misuse is an important public health issue not just because it causes harm to the individual's health but because it is also associated with indirect harm to families and the wider community. It limits an individual's potential as well as compromising economic development. The adverse impact is marked among young people with regard to their education, health, family and social cohesion and long term opportunities in life. By taking a holistic approach and working in collaboration with key frontline team, we can reduce these harmful impacts. There is good evidence that drug and alcohol treatment is cost effective – for every £1 invested in specialist alcohol treatment £5 is saved on health, welfare and crime costs and for every £1 spent on drug treatment £2.50 is saved in costs to society. Similarly, every £1 spent on young people's drug and alcohol interventions brings a benefit of £5-£8.
- 1.2 Barnet's Substance Misuse Needs Assessment (2014) identified an estimated 70,000 residents in Barnet who are drinking alcohol above the maximum recommended level and are putting their health at risk. In 2013/14, there were 595 people using alcohol treatment services in Barnet - a rise of 53% compared to 5 years ago. Nearly a third of these patients had been in treatment at least once before.
- 1.3 With regard to drugs misuse, the most up to date prevalence data (2011/12), estimates around 1,492 problematic opiate and/or crack users (OCU) in Barnet. The proportion of OCU's in treatment in Barnet was 42.6%, which is lower than the estimated national rate (53.4%).
- 1.4 In addition, substance misuse is also responsible for a significant proportion of hospital admissions, ambulance callouts, crime, disorder and antisocial behaviour and compromising economic development in the borough.
- 1.5 As Barnet and Harrow joint Public Health service is responsible to provide substance misuse services in the borough, it is essential to have a robust substance misuse strategy that addresses the needs of the local population and encourages multiagency working relationship between health, social care, safeguarding and enforcement agencies. The key actions are listed below and in appendix 1 of this report.
- 1.5.1 **Prevention from the harmful use of drugs and alcohol by influencing supply and demand;**

- Review the availability of alcohol and location and number of licensed premises
- Consider action on alcohol pricing through a responsible retailer programme or similar schemes (where locally we can have an influence)
- Support action that can be taken to reduce the supply of harmful substances
- Change behaviour in high risk groups through the provision of information and brief advice (IBA)
- Take collaborative action on the social determinants of substance misuse
- Review and recommend action to prevent substance misuse in young people
- Promote healthy behaviours in the general population

**1.5.2 Protection from indirect harm caused by substance misuse** – a whole family approach i.e. children and vulnerable adults

- Refer children at risk of sexual exploitation to appropriate services
- Minimise the potential risk to children with parent who misuse substances by increasing the early identification of children within the family and through increased information sharing
- Consider opportunities to link with the Troubled Families programme
- Ensure appropriate internal and external links are made with Community Safety team and Domestic Violence and Violence against Women and Girls coordinator, Licensing team, Early Intervention and Prevention team, Children and Adults Safeguarding teams, Families services, Primary Care services, Secondary Care services including mental health, sexual health and A&E teams, Education and Police

**1.5.3 Promote and sustain recovery** – by intervening early and offering comprehensive services which rebuilds lives.

- Improve action on blood borne viruses in injecting drug users
- Partnership working between hospital teams and community substance misuse services
- Data sharing protocols and referral pathways
- Accessible and integrated specialist treatment and recovery services for adults and young people
- Ensure individuals with a mental health and substance misuse problem gain rapid access to the support they require to recover
- Ensure all stakeholders have easy access to up-to-date information which explains the substance misuse services available and the pathways for referral
- Assure that substance misuse services are safe and effective, auditable, continuously improving and evolving to need

**1.6** Substance misuse services for both adult and young people have now been recommissioned. The successful providers are Westminster Drug Partnership (WDP) in partnership with Central North West London NHS Trust (CNWL). The new contract will commence on 1st October 2015 however, much work

will be undertaken between now and then to ensure a smooth transition from the current to new service.

- 1.7 The recent re-procurement of substance misuse services has resulted in efficiencies of £560k over the extended period of the contract due to redesigned pathways and streamlined contract management.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 To ensure that the Public Health Commissioning Plan has the support of members in light of consultation with residents.

- 2.2 The Health and Wellbeing Board is asked to note that the consultation feedback was overwhelmingly supportive, although in low numbers. Therefore the Health and Wellbeing Board is asked to approve the above actions and strategic priorities attached in appendix 1.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 It would be possible to focus attention solely on treatment services but a broader substance misuse strategy presents significant opportunities for partnership working to deliver improved outcomes for patients, to protect the wider community and contain the costs.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 We propose the development of strategy implementation group to be led by Public Health and comprised of representatives from stakeholder organisations and service users. The group will be expected to meet on a quarterly basis and jointly propose a detailed implementation plan with attention to other related areas the Council's strategy e.g. in relation to Community Safety, Domestic Violence and Violence against Women and Girls, and Early intervention and Prevention.

- 4.2 Actions to be taken forward for each strategy priority.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 Our strategic priorities for substance misuse closely align with the broader strategic direction set in Barnet's Health and Wellbeing (HWB) Strategy and the London Borough of Barnet's Corporate Plan; the points below cover the key themes highlighted in these documents.

- 5.1.2 *Healthy communities:* The three key themes from Barnet HWB strategy are; preparation for a healthy life, wellbeing in the community and how we live. Drugs and alcohol misuse has a direct adverse impact on all three of the above themes. Preventing drug and alcohol misuse among our population will support the Council's vision for providing a good start in life to our children and young residents and will also offer our adults and older population to remain healthy and active. Prevention and protection will also mean that our residents live well, age well and stay well and feel safe in their communities.

- 5.1.3 *Safety of our children and giving them a great start in life:* Children living with

parents with alcohol problems are at risk of physical, psychological and behaviour problems. Prevention and protection activities focused on controlling the sale of alcohol with strict processes for new licensing applications; more collaboration between different agencies along with early intervention and supporting parents and carers during treatment journey will help to ensure children and young people are safe in their homes and in the borough. These activities will also play an essential role in providing every child a best start in life and to enable them to have control over their lives.

5.1.4 A cleaner and safer place to live: Litter due to alcohol misuse, particularly, street drinking, is an issue in the borough. Introducing measures that reduce the availability of high strength alcohol and addressing street drinking especially among young people and rough sleepers will help deliver a cleaner borough. Drugs and alcohol misuse is associated with violent assaults, crime, fear of crime and fatalities related to road traffic accidents. Reducing opportunities for harmful substance misuse and treating dependency will provide clients with the opportunities to live healthy lives and will also reduce the crime activities linked with substance misuse. Similarly, it will offer residents with a sense of security and harmony in their communities.

5.1.5 Better housing and economic prosperity: Substance misuse can be both a cause and an effect of multiple underlying problems such as unemployment, debt and homelessness. Prevention, protection and effective treatment can help prevent and reverse this vicious cycle. It can help individuals to retain their homes, recover and end their risk of future homelessness by gaining employment and making positive contributions to society.

**5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 For 2015/16, the Public Health ring-fenced grant allocation for Barnet is £14.335m.

5.2.2 The existing contract spend (for Lot 2: Substance Misuse) if continued over the next 4.5yrs would be approximately £13.197m (see below).

<b>Annual Value</b>	<b>Contract Value 2.5 years</b>	<b>2 year extension</b>	<b>Contract Value 2.5 + 2 years</b>
£ 2,932,667.00	£ 7,331,667.50	£ 5,865,334.00	£ 13,197,001.50

5.2.3 The spend under the new contract following re-procurement (excluding one-off costs 265k for the next 4.5 years (2019-20) will be £12.998m – a reduction of £199k (1.5%) over the full contract term. The bid price amended to include value for money and multi-lot discounts reduces the new contract spend by a

further £33k to £12.965m, a reduction of 1.76% on the existing contract spend.

Public Health (Barnet) - Substance Misuse - Lot 2	Bidders Submitted pricing value for money (vfm) clarification	Bidders Submitted pricing value for money (vfm) clarification excluding one off costs
WDP	£13,229,654.80	£12,965,004.80

5.2.4 The available budget over the full term of the contract (before planned savings of 2.5% per annum) totals £13.790m. This assumes Adults MOPAC external grant funding of £398k (agreed annually) and contributions from the Adult Social Care budget of £715k. This results in a saving of £825k (6% reduction in the budget) over the full term of the contract, excluding the one-off costs.

5.2.5 There are costs of £265k in the first year of the contract relating to the cost of change, such as TUPE, IT and premise set up costs. These costs will reduce the revenue savings that can be delivered from 2016/17, unless these can be funded in year potentially from capital (if this is available and for legitimate elements of these costs such as premises and IT).

5.2.6 The commissioning intentions for Barnet assumed savings of 2.5% per annum, the cumulative effect of which totalled £711k over the four years to 2019/20 from 2016/17. If the costs of change cannot be funded in year or through capital, the phasing of the savings will be delayed until 2017/18 to enable the one-off costs to be recovered and will reduce the cumulative savings to £560k.

5.2.7 This spend is currently contained within the Public Health ring-fenced grant allocation for each council. Whilst the ring-fence is maintained, any efficiencies achieved on public health expenditure enable capacity in the grant, against which expenditure appropriately incurred across the council delivering the wider determinants of health to be charged to the grant. It should be noted that award of this contract results in contractual obligations with the provider for services which are funded by external grant and which cannot be guaranteed in the longer term.

5.2.8 The contract price delivers a reduction in cost of 2.5% per annum. The contract will be open book which may result in additional benefits during the life of the contract and there is no automatic inflation or annual uplift.

### 5.3 Legal and Constitutional References

5.3.1 Under the NHS Act 2006 as amended by the Health and Social Care Act 2012 local authorities are required to take particular steps in exercising public

health functions, and the (regulations) cover commissioning of services.

5.3.2 The Local Authority's responsibilities for commissioning services are detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

5.3.3 The terms of reference (Responsibility for Functions – Annex A) of the Health and Wellbeing Board are set out in the Council's Constitution and include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- Receive the Annual Report of the Director of Public Health and commission and oversee further work that will improve public health outcomes.
- Specific responsibilities for: Overseeing public health and developing further health and social care integration.

5.3.4 The Local Authority, in respect of the services that it commissions from NHS providers, must have regard to the NHS Constitution in accordance with s2 Health Act 2009.

## 5.4 Risk Management

5.4.1 Treatment service risks are owned by the D&A programme board.

5.4.2 Risks to the broader strategy would be related to engagement, finance (to note that all activity will be within PH's available funding as outlined in the PH commissioning plan etc).

5.4.3 The Substance Misuse Service Procurement has been entered onto H&BJPHS Risk Register which is overseen by the H&BJPHS Substance Misuse Programme Board and Senior Management Team Meeting

5.4.4 The following risks have been identified:

- Breach in delivery of Service during transition to new providers
- Performance - reduction
- Performance - Drop in Activity
- Information Governance
- Environment

## 5.5 Equalities and Diversity

5.5.1 The Council needs to comply with the Equality Act 2010 in the provision of public health services in the area. An initial equalities impact assessment has been carried out on the above recommendations. There is no indication of

adverse effects to local population. It is anticipated that as the new recommendations offer more integration and robust pathways between health, social care, safeguarding and enforcement agencies, they will offer better services and improved outcomes for all residents (appendix 2).

## **5.6 Consultation and Engagement**

5.6.1 The draft version of the strategy was sent for consultation and feedback to the following teams and organisations:

- Community safety team with Domestic Violence and Violence against Women and Girls (DV&VAWG) coordinator
- Prevention and Wellbeing team including carers lead
- Trading standards and licensing team
- Family services
- Adults and children safeguarding board members
- Barnet Clinical Commissioning Groups
- Head of Joint Children's Commissioning
- Council's Partnership Boards
- Barnet Healthwatch

## **6. BACKGROUND PAPERS**

- 6.1 Public Health England Return on Investment from Public Health Interventions: <http://www.local.gov.uk/documents/10180/5854661/Making+the+case+for+public+health+interventions/b6e8317e-dd06-492b-a9a3-c7da23edbe43>
- 6.2 Public Health England Alcohol and drugs prevention, treatment and recovery: why invest: <http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf>
- 6.3 Barnet drug and alcohol needs assessment & treatment system review (Adults) 2014 (available on request from author)
- 6.4 Barnet Young People & Substance Misuse Needs Assessment & Specialist Services Review 2014 (available on request from author)