Cabinet 10 May 2016	
Report of: Corporate Director, Communities, Localities and Culture	**Classification:** Unrestricted
Substance Misuse Commissioning (2)	

Lead Member	**Councillor Shiria Khatuin, Cabinet Member for Community Safety**
Originating Officer(s)	Service Head, Safer Communities
Wards affected	All wards
Key Decision?	Yes
Community Plan Theme	**Safe and Cohesive, Healthy and Supportive**

Executive Summary

The Drug and Alcohol Action Team (DAAT), within CLC, currently commissions drug / alcohol treatment interventions via 23 individual contracts with statutory and third sector providers. There is an urgent need to re-procure this provision.

A new treatment system and contract model to be subject to procurement has previously been agreed by Cabinet (March 2015). The three core services identified in that model have now been subject to a competitive procurement exercise. The remainder of services to be commissioned were not considered appropriate for inclusion in these core contracts and an alternative approach to procurement was recommended. Options for the procurement of these services are outlined in this report.

It was also agreed at Cabinet (March 2015) to commence consultation on the decommissioning of the Harbour Recovery Centre, an inpatient detoxification unit in Westferry, commissioned solely by LBTH. The consultation has now been completed and options for the future of this service are presented.

Recommendations:

The Mayor in Cabinet is recommended to:

1. Agree the proposal to decommission the Harbour Recovery Centre.

2. Agree the recommendation that the Council pursue a restricted competition process with the potential provider routes being those set out in paragraph 3.2.6

3. Agree the recommendation for a direct award to ELFT for the Health E1 Homeless Substance Misuse service.

4. Agree the recommendation to pursue a section 75 agreement with Tower Hamlets Clinical Commissioning Group (CCG) for the commissioning of the Specialist Midwifery Service and the Hospital Alcohol and Drugs Service.

1. REASONS FOR THE DECISIONS

1.1 The Harbour Recovery Centre service is not cost effective for the borough and the current pathway does not fit best practice with regards to substance misuse treatment modelling. The current contract terminates on 30/09/16 and a decision must be made regarding the future of this service.

1.2 Services outlined (Shared Care (GP) service, Health E1 Substance Misuse Service, Specialist Midwifery Service and the Royal London Hospital Alcohol and Drugs Service) are contracted until 30/09/16 with authority to extend to 31/12/16 (Mayoral Decision December 2015). A procurement approach must be agreed for all of these services.

1.3 The decision to make a direct award to ELFT is proposed on the grounds that the Council has no control over commissioning general practice and ELFT is the sole provider of general practice health services to the homeless in the borough.

2. ALTERNATIVE OPTIONS

2.1 Harbour Recovery centre options (detailed further in report):
- Maintain current position and continue to purchase current service
- Significantly reduce the value of the current contract
- Remodel the service to provide a mixed use option

2.2 Service procurement approaches have been outlined for each of the services concerned to comply with the Council's best value duty. Alternatively services could be decommissioned.

3. DETAILS OF REPORT

3.1 Harbour Recovery Centre

Introduction

3.1.1 Having opened in 2007, The Harbour Recovery Centre is a borough based inpatient opiate detoxification unit.

3.1.2 On 4 March 2015, Cabinet considered the Council's Substance Misuse Commissioning Intentions, which included a proposal for the decommissioning of the Harbour Recovery Centre. This is part of the corporate savings plan to reduce funding for alcohol and drug treatment by £500,000.

3.1.3 Cabinet granted approval for a consultation on the decommissioning of Harbour Recovery Centre, which focused on the views of key stakeholders, the results of which are contained in the Equalities Assessment (Appendix 1).

3.1.4 There are existing processes and pathways for this cohort to access inpatient detox and rehabilitation which mitigates any risks associated with the closure of Harbour Recovery Centre.

Service Description/Model of Harbour Recovery Centre (HRC)

3.1.5 In 2007, the substance misuse needs assessment highlighted gaps in the provision of opiate detoxification and that a significant number of service users had been going overseas for detox, often under clinically unsafe conditions.

3.1.6 In response to this need, the Salvation Army was contracted to provide the Harbour Recovery Centre, a male only, 8 bed inpatient opiate detoxification facility. Its primary aim was to provide detoxification to males with a history of non-injecting opiate use.

3.1.7 The Harbour Recovery Centre service is largely based on a "detox on demand" model, where service users undertake minimal preparatory work prior to admission. In addition, many service users do not transfer to aftercare programmes that could sustain their recovery. The model perpetuates multiple instances of self-referral and this model is not recognised as best practice by Public Health England.

3.1.8 Following Mayoral approval to extend all DAAT contracts, there is the flexibility to extend Harbour's contract up to 30/12/2016. This contract has never been subject to a competitive tender process.

Harbour Recovery Centre Performance

3.1.9 The Partnership is measured on its successful treatment completion rate. The rate is calculated on the number of people who successfully complete treatment who do not re-present to treatment within 6 months. The "detox on demand" model offered by HRC is seen as contributor to the high re-presentation rate.

3.1.10 Harbour Recovery Centre's successful treatment completions come at a high cost. In 2014/15, there were 33 successful completions and with an annual contract cost of £577,000 this represents a cost of £17,484 per completion. This is expensive compared with another (non-residential) local treatment provider that successfully completed treatment with 78 service users with an annual contract value of £690,000. This represents a cost of £8,846 per successful treatment completion.

3.1.11 Admissions to the service have decreased from 146 in 2013/14 to only 116 in 2014/15. This is partially attributed to an increased level of pre-detox preparatory work that service users undertake prior to admission to the service. This is aligned with the mainstream pathway to treatment that is approved by the tier 4 panel. The decrease in admissions has resulted in a significant increase to the unit price. The downturn in admissions is despite a significant effort on the part of the DAAT and the provider to address the occupancy rates. In addition the DAAT and provider have worked together to improve the treatment outcomes within the current model with limited success.

3.1.12 In 2013/14 there were 146 admissions to the unit and with an annual budget of £577,000 this represents a unit cost of £3,723 per admission. With the total number of admissions having decreased to 116 in 2014/15, the unit cost has risen to £4,690 per admission. The average cost for other units is £3,529 so there is the potential to save at least £134,676 per annum by spot purchasing the same number of treatment places from other units.

3.1.13 The provider has until very recently also run an inpatient detoxification centre (Greig House) situated next door to the Harbour Recovery Centre. This unit was utilised by councils nationwide on a spot purchase basis, including LBTH. Unfortunately in November there were a number of concerns raised by CQC during a scheduled inspection which led to the unit being temporarily closed and then permanently closed by the provider. Whilst the Harbour Recovery Centre is a separate unit and not affected by this inspection, oversight of the unit rests with the same management team. The DAAT has worked with HRC to ensure the issues highlighted in the CQC report for Greig House are not a concern at HRC.

Inpatient Detoxification Pathways

3.1.14 **Existing non-Harbour pathway** - there is an existing pathway to access inpatient detox and rehabilitation that comprises pre-treatment groups and application to a multi-disciplinary panel.

3.1.15 Service users using this route undertake a significant amount of pre-treatment preparation work in the community prior to being presented to the panel, which is contrasted with Harbour's where there is significantly less due to the self referral mode of entry. This preparatory work is in line with National Institute for Clinical Excellence (NICE) guidance. The pre-treatment work is beneficial in that it prepares service users for inpatient treatment by managing their expectations and enhances their motivation to change.

3.1.16 The panel has been in existence since 2011 and has proven to be successful in ensuring treatment ready service users are admitted for inpatient detox and rehabilitation. There has been an increase in the number of successful treatment completions due to the scrutiny provided by the panel and ensures the Council achieves improved value for money.

3.1.17 Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. This panel is a multi-disciplinary panel with medical and non-medical professionals who are experts in the treatment of substance misuse. The panel meets on a fortnightly basis to consider and approve applications with service users usually commencing their inpatient treatment within 3 weeks of presentation to panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users.

3.1.18 The nearest inpatient opiate detoxification facility to Harbour Recovery Centre is the City Roads service provided by Cranston. Located at City Roads, Islington, it is a 20 bed 24 hour inpatient detox, crisis intervention and stabilisation service. The cost for a 14 day opiate detox at this unit is £3,640.

Consultation results

3.1.19 An extensive consultation process was undertaken with key stakeholders around the decommissioning of the unit. The process involved a series of focus groups with service users and an online survey.

3.1.20 There were a total of 23 service users attending the focus group sessions with 7 of them having used Harbour Recovery Centre before. 37 individuals responded to the online survey.

3.1.21 Of the online survey respondents, 52% disagreed with the proposal to decommission. Of the professionals that responded, 48% supported the proposal with 66% of doctors also agreeing with the proposal and 53% of drug workers agreeing with the proposal too. All Harbour service users participating in the survey disagreed with the proposal.

3.1.22 Reasons cited for not agreeing to the proposal were "no quick and easy access to detox", "Bangladeshi males to lose out on easy access route",

"savings not fully used for inpatient treatment" and "family support in detox lost".

3.1.23 In response to these concerns are some mitigating factors. Clinicians have long stated that a "detox on demand" model is neither conducive to long term successful treatment outcomes and therefore offers poor value for money. The treatment route and access issue is mitigated by the existence of the already established tier 4 panel application process which provides fair and equitable access to all groups in Tower Hamlets. The savings realised by the decommissioning of the service can be used for the spot purchase of inpatient detox beds and also be used for improved preventative initiatives. Service users are often in need of an out of Borough treatment programme as their social networks are often not conducive to sustaining long term recovery.

Options Analysis

3.1.24 **Maintain current position:** This presents a financial risk in that the DAAT may not be able to realise savings plans objectives. Maintaining the current contractual arrangement with the associated service model is neither sustainable nor does it produce long term recovery from addiction. The service has also never been subject to a competitive tender exercise and it is unlikely the provider (who owns the building) would agree to anyone else running the service within that building.

3.1.25 **Significantly reduce value of current block contract:** This would not be a viable option for the current provider which is struggling to keep the service operating on the current contractual arrangements. More local authorities are sourcing beds on a spot purchase basis as it offers service users and commissioners more flexibility on the treatment model and location of service. The service has attempted in the past to sell vacant beds to other Boroughs but has not been successful.

3.1.26 **Mixed use option:** Many consultation responses suggested the unit would be more successful if females were also allowed to access the service. Based on current referral and admission levels this option would not be viable as current levels of demand would still lead to vacant beds even if every Tier 4 applicant was admitted to the Harbour. This option would also offer little flexibility around the package of treatment with the offer being too rigid to meet the needs of a mixed cohort.

3.1.27 **Decommission service:** Decommissioning the service presents a number of advantages and is the recommended way forward. There is the opportunity to make significant savings (outlined in paragraph 3.1.12) by moving to a spot purchase model. The risks identified in the Equalities Impact Assessment (Appendix 1) can be mitigated by the accompanying action plan. Additionally all service users will follow the same application process via the panel and undertake a programme of pre-treatment prior to any admission.

Communications

3.1.28 A communications plan has been developed to ensure the community are informed of any decision to decommission the service. Messages relating to the pathways (described in paragraphs 3.1.14, 3.1.15, 3.1.16 and 3.1.17) will be clearly communicated through a number of channels such as the existing community groups, health services, community based treatment providers and the service user networks and supporters. The Council website will also run an advert outlining any changes and the alternative pathways to treatment. Following the procurement of drug and alcohol treatment services the pathways to treatment will be clearer with a "one front door" model adopted.

Equalities considerations:

3.1.29 There are a number of equalities considerations relating to the closure of Harbour Recovery Centre and they are detailed in the attached Equalities Impact Assessment and checklist. In summary, as a result of performing the QA checklist, this proposal does not appear to have any adverse effects on people who share protected characteristics which cannot be mitigated.

3.1.30 The most significant equalities issue with Harbour Recovery Centre is that it offers no access to female service users. A more fair and equitable treatment pathway is described in paragraphs 3.1.14, 3.1.15, 3.1.16 and 3.1.17.

3.1.31 The service has not been successful in engaging young people aged 18-24 and this is a group that is generally underrepresented in treatment.

3.1.32 The proposal to decommission will contribute to the One Tower Hamlets objectives of reducing inequalities and strong community cohesion and also supports the community plan themes 'A safe and cohesive community' and 'A Healthy and Supportive community'.

3.2 <u>Service Description/ Model of Alcohol and Drug Shared Care (NIS)</u>

Introduction

3.2.1 The Shared Care service involves the shared responsibility of delivering treatment and other interventions between general practice and specialist treatment services. These services include health checks, opiate substitute prescribing, alcohol identification and brief advice, referral to structured treatment and community alcohol detoxification.

3.2.2 The services are currently delivered via two Network Improvement Service (NIS) agreements where general practice is paid based on activity. The Council contracts with the CCG to oversee these services.

3.2.3 In addition to the activity based payments, there is a Shared Care Manager, Clinical Lead and Project Administrator responsible for the management of the project. The annual contract value is £464,476 which includes activity and management costs.

3.2.4 Mayoral approval has been given to extend this contract in its current form for up to one year. The current NIS arrangements end on 31/12/2016.

Options Analysis

3.2.5 The three procurement approaches being considered are direct award, restricted competition and open competition. The case for open competition is significantly weakened by the fact Tower Hamlets residents are registered with local GPs - they do not access primary care out of Borough and therefore services cannot be delivered by outside Tower Hamlets providers. However, an element of competition can still be exercised through a restricted competition approach. The restricted competition approach would be appropriate for testing the local market so a direct award would not be appropriate. The London Borough of Newham is pursuing a restricted procurement approach with this service.

3.2.6 It is recommended that the Council pursue a restricted competition process for 2 + 1 year contracts with the following potential provider routes:

Contract with 37 GPs: There are a number of disadvantages to this approach. The management of and monitoring of each individual contract would require a significant amount of commissioning team capacity and would lead to inconsistencies in how the interventions are delivered across the Borough. This presents risks around ensuring delivery meets quality standards.

Contract with GP Networks: This is the current approach where the Council contracts with the 8 GP networks.

Contract with GP Provider Arm: This approach would mean that the Council has a contract with one provider that would be responsible for ensuring consistency in quality standards across the individual practices. The contract and performance management would require less commissioning team capacity than the other options. This network approach offers more opportunities for developing innovative practice than individual contracts with practices.

3.3 Health E1 Homeless Substance Misuse Service

3.3.1 The Homeless Substance Misuse Service is currently provided by East London Foundation Trust (ELFT) within the Health E1 Homeless Medical Centre.

3.3.2 The Health E1 Homeless Medical Centre delivers services for problematic substance users who are registered/or register with the practice due to being of no fixed abode or a hostel resident within Tower Hamlets. Commissioned by NHS England, this is the only general practice in Tower Hamlets that will accept registrations from homeless individuals. There are currently 223 patients receiving this service.

3.3.3 The annual contract value is £122,000 which funds direct staff salary costs.

3.3.4 The Council has no control over the commissioning of general practice and therefore as ELFT is the sole provider of general practice health services to the homeless cohort, the recommendation is for direct award of specialist substance misuse services to ELFT via a 2 + 1 year contract.

3.4 Specialist Midwifery (Substance Misuse) and Hospital Alcohol and Drug Service

3.4.1 The **Specialist Midwifery (Substance Misuse)** service is currently provided by Barts Health and is located within the generic midwifery team at the Royal London Hospital.

3.4.2 The generic midwifery service for Tower Hamlets residents is commissioned by Tower Hamlets CCG and provided by the main local acute Trust, Barts Health. This is where the vast majority of Tower Hamlets residents access secondary care and importantly midwifery services. The service is currently embedded within the generic midwifery service provided by Barts Health and is subject to the same management and clinical governance structures of this Trust. They are also subject to the same information sharing and patient consent protocols.

3.4.3 The Specialist Midwifery (Substance Misuse) service delivers a specialist maternity service to pregnant women who experience problematic drug or alcohol use in order to achieve improvement in health for both mother and baby, welfare and life chances; encourage harm reduction in relation to sexual and drug using behaviour and optimise maternal and foetal outcomes.

3.4.4 The contract value is £43,347 per annum which funds direct staff salary costs.

3.4.5 The **Alcohol and Drugs Service**, based at the Royal London Hospital, is provided by Barts Health.

3.4.6 The service delivers a programme of training to teams throughout the hospital to raise drug and alcohol awareness and embed screening processes, identification, and management and referral pathways. Provide information and advice to hospital staff to support the care of drug and alcohol misusing patients whilst in the hospital and to facilitate referral upon discharge. Support the implementation of screening processes, management and referral pathways within departments to enable medical and nursing staff to identify and manage patients with a substance misuse problem.

3.4.7 The current contract value is £100,000 per annum. This funds direct salary costs.

3.4.8 Both of the above services rely upon close integration with the rest of the hospital to be effective and are integrated within wider services commissioned via the CCG. The services are both funded at a rate that covers direct staffing costs only with no management fee or overheads (including premises costs).

For these reasons, a competitive procurement exercise would not be advantageous.

3.4.9 It is recommended that the council pursue a section 75 partnership arrangement with Tower Hamlets CCG for the services in paragraphs 3.41 and 3.45 annually for up to 3 years. This offers the opportunity of an integrated model that achieves greater economies of scale with the generic midwifery and hepatology services already provided in Barts Health.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 The report recommends approval of the proposals for each of the contracts totalling £1,306,823 that were not included in the core contract procurement process.

4.2 The options presented for the future of the Harbour Recovery Centre following consultation on decommissioning are set out in the report. The cost of the annual contract is £577,000 and there is the option to extend the current contract up to 30th December 2016. Any extension of the contract will have an impact on the DAAT service ability to achieve the £560,000 MTFP reduction as part of the Public Health grant savings target. The treatment is also seen as expensive when compared with other providers. The report considers that there are existing processes and pathways that provide value for money, and delivers a saving of £134,676, that would contribute towards mitigating the risks associated with decommissioning the service.

4.3 The analysis of the options for providing the Alcohol and Drug Shared Care (NIS) is currently contracted through the Clinical Commissioning Group at a cost of £464,476. The recommendation is that a restricted competition process is followed for award of a 2 years plus 1 contract.

4.4 The Homeless Substance Misuse Service is currently provided by East London Foundation Trust (ELFT) at an annual contract value of £122,000 which funds the staff cost of ELFT. The recommendation proposed is that the contract is directly awarded to ELFT. A decision to award the contract must be made on the grounds of best value consideration. The recommendation is made on the grounds that the council has no control over commissioning general practice and ELFT is the sole provider of general practice health services to the homeless in the borough.

4.5 The report recommends that a section 75 agreement is pursued with Tower Hamlets Clinical Commissioning Group for the both the Specialist Midwifery Service annual contract value £43,347 and the Hospital Alcohol and Drugs Service annual contract value £100,000. The funding in both cases is used to cover the staff cost. The recommendation made is that the section 75 provides the opportunity for an integrated model and delivery of economies with services already provided by Barts Health.

5. LEGAL COMMENTS

5.1 Section 2B of the National Health Service Act 2006 (as amended by section12 of the Health and Social Care Act 2012) introduced a new duty for all local authorities in England to take appropriate steps to improve the health of the people who live in their areas. Subsection 12(4) of the 2012 Act gives local authorities powers to make grants or lend money to organisations or individuals in order to improve public health; it is for the local authority to determine the appropriate terms of such grants or loans. The Council is therefore responsible for improving the health of its local population and for public health services including services aimed at reducing drug and alcohol misuse.

5.2 This is consistent with its duties under Sections 1-7 of the Care Act 2014 the Council has a number of general duties, including a duty to promote integration of care and support with health services and a duty under section 6 to co-operate generally with those it considers appropriate who are engaged in the Council's area relating to adults with needs for care and support. Further, there is a general duty under to prevent needs for care and support from developing.

5.3 Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the Health and Wellbeing Board to prepare and refresh a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment, so that future commissioning/policy decisions are based on evidence. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the Health and Wellbeing Board.

5.4 In preparing this strategy, the HWB must have regard to whether these needs could better be met under s75 of the National Health Service Act 2006. Further, the Board must have regard to the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies published on 26 March 2013, and can only depart from this with good reason

5.5 The decommissioning of the Harbour Recovery Centre does not have any procurement implications in itself. However, it should be noted that where the Council opts to provide similar services through a different route that the acquisition of such similar services would attract the Council's Best Value Duty as described below and potentially the application of the Public Contracts Regulations 2015.

5.6 However, it should also be noted that it is likely that persons who have a protected characteristic for the Purposes of the Equality Act 2010 will be affected by the decision to decommission the service. Therefore, the Council should first ensure that it has complied with its Equality Duty (as stated under section 149 of that Act) prior to making the final decision to decommission the service. This is detailed further in paragraph 5.10 (below)

5.7 As regards the decision to directly award a contract to ELFT the Council has an obligation as a best value authority under section 3 of the Local Government Act 1999 to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness". This obligation extends to the purchase of all goods works and services. The Council usually meets this obligation by subjecting the purchase to the appropriate level of competition. However, the Council is able to go some way to justify at least the cost element by benchmarking pricing with other similar contracts in other areas. Also, as regards quality it is fundamental that the contract terms include appropriate mechanisms and sanctions to safeguard the delivery of a particular quality of service.

5.8 The Council is obligated by the Public Contracts Regulations 2015 to submit certain procurements to advertising and methods of procurement in accordance with these regulations. However, these services are of the type that fall into Schedule 3 of the regulations which means that whilst the regulations may still apply the formalities of the procurements is less stringent

5.9 In respect of Schedule 3 services the regulations only apply to a procurement that has a value greater than £650,000 therefore, it can be seen that a one year contract with ELFT has a value less than this threshold and so the Public Contracts Regulations 2015 do not apply to it.

5.10 Where the regulations do apply, Schedule 3 services' procurements are only subject to a "light touch regime". Broadly speaking at the current time the Council is free to determine an appropriate procurement methodology provided that it is fair open and transparent.

5.11 In order to satisfy the Best Value duty in accordance with Section 3 Local Government Act 1999 as detailed above, the Council must ensure that it awards any tendered contract on the Most Economically Advantageous Tender basis. In these procurement processes, this means awarding to the provider in each lot that has attained the best score on a blend of quality and price and in accordance with the advertised evaluation criteria. It is notable also that even where the Public Contracts Regulations 2015 do not apply, the Council's Procurement Procedures in its Constitution also require a certain level of competitive exercise to be undertaken.

5.12 Also, where a service is of a value that falls below the current Schedule 3 threshold the Council must still subject these tenders to a reasonable level of advertising in conformity with the Treaty for the Operation Of the European Union as interpreted by the *Parking Brixen* case

5.13 Therefore, any decision to directly award a contract will open the Council to the risk of challenge.

5.14 When carrying out the procurement exercise or taking the decision to decommission a service, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons

who share a protected characteristic and those who don't (the public sector equality duty).

5.15 The nature of the public sector equality duty is that the Council must carry out all reasonable activities to ensure that it has a proper understanding of how the effects of any changes in contracting affect any person who have a protected characteristic and to have regard for such effects when making the decisions.

5.16 Such activities may include desktop assessments and consultation with affected persons, and their families in order for the Council to gain the proper understanding required to absolve this duty. It is likely that where a service is to be decommissioned that a high level of activity will be required

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The impacts of decommissioning the Harbour Recovery Centre have been analysed via an Equalities Impact Assessment and an action plan produced to mitigate against any potential negative impact. For some populations, there are noted to be positive impacts.

6.2 The procurement approaches outlined for the NHS services detailed above will not have any equalities impacts as the services commissioned will continue.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The Harbour Recovery Centre does not deliver best value as it is an expensive unit to run and often has unoccupied beds. Decommissioning this service would generate savings as well as facilitate improved performance outcomes.

7.2 LBTH has a duty to secure best value. The proposals for securing the services outlined have been formed to maximise economy, efficiency and effectiveness. There are very specific and clearly identified reasons for the proposal to make a direct award to ELFT that keep it fully aligned to Best Value principles.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 The proposals within this paper do not have any environmental implications.

9. RISK MANAGEMENT IMPLICATIONS

9.1 Procurement of DAAT services is recorded as a directorate risk. Current drug / alcohol services in place cannot be extended beyond 31/12/16 as there have already been a number of contract extensions presenting significant legal risk. A robust procurement approach to all of the above services will mitigate against this risk.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 It is estimated that every ten addicts not in treatment in 2010-11 committed 13 robberies and bag snatches, 23 burglaries, 21 car-related thefts and more than 380 shoplifting thefts (Public Health England). LBTH has the 8th highest rate of alcohol related crime in London.

10.2 The prescribing of Opiate Substitution Therapy is a well evidenced approach to stabilising Opiate addicted individuals and reducing their criminal behaviour and much of this in Tower Hamlets is currently undertaken by GPs. A renewed contract for this service and other services that encourage engagement in substance misuse treatment will ensure this valuable intervention can continue to support individuals to recover from their addictions as well as deliver improved performance outcomes.

11. SAFEGUARDING IMPLICATIONS

11.1 Safeguarding issues within drug / alcohol treatment services are significant. Provider contracts for these services include requirements for policies, protocols and staff competence in relation to safeguarding children and vulnerable adults.

11.2 The specialist maternity service in particular has a significant role to play in safeguarding and is an essential element of the multidisciplinary decision making with regards to unborn / newborn babies whose mothers have drug / alcohol issues.

Linked Reports, Appendices and Background Documents

Linked Report

- Substance Misuse Commissioning (1) – Cabinet 10/05/16.

Appendices

- Appendix 1: Equalities Impact Assessment.

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

Officer contact details for documents:
N/A