DECISION-MAKER:		CABINET		
		COUNCIL		
SUBJECT:		**COMMISSIONING SUBSTANCE MISUSE SERVICES FOR ADULTS AND YOUNG PEOPLE IN SOUTHAMPTON**		
DATE OF DECISION:		18 SEPTEMBER 2018		
		19 SEPTEMBER 2018		
REPORT OF:		**CABINET MEMBER FOR COMMUNITY AND WELLBEING**		
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY
A range of services are commissioned through the Integrated Commissioning Unit (ICU) and Public Health to provide specialist services for people concerned by their own or someone else's use of drugs and/ or alcohol. The current contract arrangements end on 30 June 2019. The ICU is seeking approval, following a review of current services, national guidance and relevant stakeholder's view, to procure new services to commence from 1 July 2019.
The review has considered whether there needs to be a redesign of the current service provision, and while there will be some changes, they will remain reasonably comparable to the current arrangements as follows • Two existing adult contracts (for those aged 25 and above) will be combined into one contract. • The young person (YP) contract will remain the same. • Primary Care services will continue to be commissioned separately. • A separate contract will be set up for a small independent advocacy service, previously incorporated within one of the adults' contracts.
The review considered a wide range of information including national guidance, scope and performance of current services and feedback from service users, carers and stakeholders. The review was carried out between Dec 2017 and March 2018, followed by a number of Challenge and Confirm sessions, enabling the findings from the review and emerging service model to be considered and discussed. The age split (up to 18 or 24 years of age in young people services) and associated resources featured in a number of the discussions, with equal support for both options. Feedback and views were taken into account and informed the service model and allocation of resources.
Services should have harm reduction as the principle aim and 'recovery' as a desirable and achievable outcome. In Southampton, recovery is defined as '*Voluntarily - sustained control over problematic substance use which maximises health and wellbeing and*

participation in the rights, roles and responsibilities of society'. In addition, commissioned services, combined with the work of key partners across the city, led by the Drug Strategy Implementation group will, as its primary focus seek to check the rise and reverse the numbers of Drug related deaths in Southampton. This will build on both learning from non-fatal overdoses and ensuring our pathways in these instances are effective.		
This report seeks approval from Cabinet for the award of a contract to provide Substance Misuse advice and assistance support following a tender process. Tenders have been evaluated according to the most economically advantageous criteria, taking into consideration the criteria of quality and price.		
RECOMMENDATIONS:		
CABINET		
	(i)	To consider the findings from the review of substance misuse services and to note, as a result of the review, there is no proposal for a substantial redesign of services.
	(ii)	To authorise the procurement of a substance misuse service for adults and young people in Southampton.
	(iii)	To delegate authority to the Director of Quality & Integration to carry out a procurement process for the provision of services as set out in this report to provide substance misuse services to adults and young people in Southampton and with the Director of Legal & Governance to enter into contracts in accordance with the Contract Procedure Rules.
	(iv)	To delegate authority to the Director of Quality & Integration following consultation with the Cabinet Member for Community Wellbeing to decide on the final model of commissioned services to support the provision of a substance misuse service and all decision making in relation to this recommissioning.
	(v)	To authorise the Director of Quality and Integration to take all necessary actions to implement the proposals contained in this report.
COUNCIL		
	(i)	To approve a financial envelope of up to £20,862,737 for a maximum period of 7 years (5 + 2 years extension when applied to contracts) and maintaining the current level of annual investment.
REASONS FOR REPORT RECOMMENDATIONS		
1.	There is a requirement to recommission Substance Misuse services for adults and young people in Southampton to comply with procurement rules. Current contracts come to an end in June 2019. This report and the recommendations provide an informed proposal and seek approval to carry out a procurement to secure new services from July 2019.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2	Other options were considered prior to the development of the current model, for example, continuing to contract with the current provider. However, these were rejected as they did not comply with the procurement rules. Other options included a single service (contract) to cover all service areas, which was	

	rejected as it restricts the market to a smaller number of providers and potentially excludes small local voluntary agencies from applying. Consideration was also given to separating out all elements of the contracts (e.g. adults, young people and carers) or combining primary care services within the main contract. The advantages and disadvantages of each option was fully considered by Substance Misuse Review and Redesign project group and the proposed service model decided upon.
3	Joint commissioning with other Local Authorities: The possibility of tendering jointly for substance misuse services with other local authority and CCG areas (Hampshire, Portsmouth and IOW) was considered but the timeliness of commissioning cycles alongside different priorities meant this was not a viable option.
DETAIL (Including consultation carried out)	
Context	
4	The impacts of problematic use of drugs and alcohol to individuals, their friends, families and communities are well known. Problematic use of drugs can negatively impact physical and mental health and drive people to engage in criminality, become homeless, and disrupt personal relationships and negatively impact child development. Problematic use of drugs is also present in a high number of safeguarding cases and Looked After Children (LAC). As well as the human cost of substance misuse, people's use and misuse of drugs have financial implications to the public purse, whilst difficult to estimate due to the range of impacts our government has presented a number of estimates in recent years
5	Southampton has higher need (larger prevalence rates) and similar or higher unmet need (people not accessing support or treatment) than the national average. Furthermore, the needs of an aging population will, in future, require specific work to consider how best to meet their needs, particularly the cohort of older people with complex and entrenched use of alcohol.
6	Addressing Drug Related Deaths is a priority of Southampton's Drug Strategy while reducing alcohol-related harm is a priority of Southampton's Alcohol Strategy. Furthermore, continuing to develop strong, joint working relationships, with Mental Health Services remains key to addressing the needs of people with co-occurring conditions. There is also recognition of the resources available, which are constantly under pressure, can impact a services ability to meet the significant treatment and support needs of Southampton. At the same time services need to consider specific interventions to encourage more women to access treatment and support.
7	Recommendations from the recent Scrutiny Enquiry into Drug Related Litter (DRL) will inform elements of the future service model, including help with the displacement of drug litter, sharing information on how to report DRL and exploring opportunities to extend the opening hours of Needle Exchange services, subject to need and resources. This will target the estimated 636 injecting drug users in Southampton, in particular the 45% who are not accessing the existing services (on average 350 (55%) access the service each quarter).
Current services	

8	The Southampton Drug and Alcohol Recovery Partnership (SDARP) was re-designed in 2017 and services commenced on 1st July 2017. There have been four main contracts: 1. **Drug and Alcohol Support and Health (DASH)** – A children and young people's service commissioned to deal with young people between the ages of 11 – 24 years. This service provides care co-ordination and structured interventions for young people experiencing problems with drugs and alcohol use. 2. **Assessment, Review and Monitoring Service (ARM)** – Adult care co-ordination and recovery planning service. The service also provides clinical interventions such as prescribing, health assessments, harm reduction services and assessment and treatment for blood borne viruses. Southampton Alcohol Brief Interventions and Counselling service – A service which was commissioned to provide high volume, low intensity brief interventions and short term structured counselling for adults aged 18+ years experiencing a problem with alcohol use. 3. **Southampton Alcohol Brief Interventions and Counselling service –** A service which was commissioned to provide high volume, low intensity brief interventions and short term structured counselling for adults aged 18+ years experiencing a problem with alcohol use**.** 4. **Psychosocial Intervention Service** – A service which provides individual key-work to service users and a wide selection of groups addressing substance misuse issues, abstinence and recovery. The service also provides a variety of structured activities aimed at enabling service users to adapt to a structured lifestyle, gain certificates and qualifications and build non substance using networks. The service has been particularly successful in this regard and more service users are attending groups than at any time previously.
9	There is a range of other services commissioned or sourced by the Council and noted here for ease and reference. These have been considered in the review and will not be included in the proposed new service model contracts. • **Purchased services** (includes detoxification, residential rehabilitation, personalisation, personal health budgets – administered by the ARM service). This is a sum of money provided for the purposes specified above and will continue for the foreseeable future. • **Supervised consumption** (Pharmacies). Community pharmacists provide a service to dispense, support and monitor the consumption of methadone and other medicine used for the management of opiate dependence. • **Pharmacy Needle Exchange** (Pharmacies). This service provides access to sterile needles and syringes, and a sharps container for the return of used equipment to promote safe injecting practice and reduce transmission of infections. It acts as a gateway to other services. The service is open to over 18 year olds only. • **Shared Care provision** (GP practices). Shared Care provision enable GP's to pick up the prescribing and monitoring of medicines/treatments in primary care, in agreement with the initiating specialist, for people who are stable and no longer require more intensive treatment. Care is provided by a Shared Care GP and the Shared Care liaison worker based in specialist substance misuse services. • **Alcohol Care Team** (specialist nurse service provided by UHS). The Alcohol Care Team (ACT) is a specialist nurse service established to provide a range

<table>
<tr><td></td><td>of alcohol interventions of patients who have been admitted to the local general hospital (planned or unplanned) and whose health is affected by alcohol. Patients are referred to community services in order to complete any treatment commenced while in hospital. The CCG has recently enhanced the project funding to establish community in-reach into the hospital, which has led to a significant increase in the number of patients, identified and taking up longer term treatment in the community services. This has further been enhanced for a year to include extra care coordination in the community for the enhanced referrals. The outcome of these pilots will establish the on-going need and possible extension to include weekends.</td></tr>
<tr><td colspan="2">Current performance</td></tr>
<tr><td>10</td><td>Southampton is currently underperforming on successful completions and representation outcomes (NDTMS DOMES Q4 2016/17). It is much harder to evidence the positive impact our services have in reducing harm. The most recent data, that we are able to publish publically, [DOMES Q42016/17 – NDTMS] indicates that Southampton’s Drug and Alcohol Recovery partnership performs well in terms of waiting times for individuals to engage with ‘first interventions’ with no incidence of people waiting longer than the target of 3 weeks wait for first interventions</td></tr>
<tr><td>11</td><td>Young Person’s NDTMS reports can split data for people aged 24 and under and people aged under 18. The table below shows treatment exits for those aged 24 and under and under 18)
<table>
<tr><td></td><td colspan="2">Under 18</td><td colspan="2">24 and under</td></tr>
<tr><td></td><td>Southampton</td><td>National</td><td>Southampton</td><td>National</td></tr>
<tr><td>Planned</td><td>68%</td><td>82%</td><td>51%</td><td>79%</td></tr>
<tr><td>Treatment Completed – drug free</td><td>14%</td><td>33%</td><td>13%</td><td>31%</td></tr>
<tr><td>Treatment Completed – occasional user</td><td>55%</td><td>49%</td><td>39%</td><td>48%</td></tr>
</table>
Young People’s Activity Report Q4 2016/17 (NDTMS)
Our commissioned young people’s service consistently meets (100%) its 3 week target for first intervention following assessment compared to a national average of 98% (Young People’s Activity Report Q4 2016/17 (NDTMS))</td></tr>
<tr><td>12</td><td>Analysis of the data shows that fewer people leave our services in a planned way, drug free than the national average. Our current services are working hard to reduce the harm and facilitate recovery. More recent locally generated data indicates that following the reconfiguration of services there have been some significant improvements to most measures. More detailed information about the local areas performance is contained in the final report attached as appendix A.</td></tr>
<tr><td></td><td>Ethnicity</td></tr>
<tr><td>13</td><td>The census data from 2011 indicates that 77.7% of people (whole Southampton population/ all ages) identify themselves as White British.
70% of people, aged under 18, accessing structured treatment, identify themselves as White British.
83.4% of people aged 18 and over accessing structured treatment, identify themselves as White British</td></tr>
<tr><td></td><td>Needs analysis</td></tr>
</table>

14	The following outlines some of the key information about Southampton's need for services. More detailed information is contained in the Substance misuse review & redesign report (see appendix A).
15	People who use **opiates and/ or crack** • An estimated 1273 people in Southampton use opiates. • We have more need (prevalence estimates) but similar percentage of unmet need, for Opiate and or Crack Users, to the national average, i.e. a local unmet need of 49.0 % (Lower Confidence Interval (LCI) 31.6% - Upper Confidence Interval (UCI) 59.6%) compared to 50.1% (LCI 49.6% - UCI 51.8%) for England. • The largest cohort of people who use opiates and or crack fall within the age group 35-64yrs with an estimated 821 people in this cohort. People who use **other drugs** • There are 161 901 residents of Southampton aged between 16 and 59. An estimated: • 56,665 people have taken an illicit drug in their lifetime • 13,600 people took an illicit drug last year • 10,524 people took cannabis • 3,562 people took powder cocaine • 2,429 people took ecstasy The prevalence of **drug use in young people** • There are 47,666 residents of Southampton aged between 16 and 24 • An estimated: • 8,580 young people took an illicit drug last year • 7,531 young people took cannabis • 2,145 young people took ecstasy • 2,097 young people took powder cocaine
16	Southampton has experienced, in recent years, the impact of **synthetic cannabinoid** use. Anecdotally, it is a limited cohort that use this drug, predominantly people who use opiates and who are experiencing homelessness, however, the impact on their mental and physical health and the associated anti-social behaviour of the use of this drug are significant.
17	PHE 'Estimates of **opiate and crack** cocaine use prevalence: 2014 to 2015', published in 2017, estimates 636 (LCI 491 – UCI 778) people in Southampton inject drugs. On average, 350 people access the needle exchange hub each quarter, i.e. c55% of those injecting.
18	PHE's Local **Alcohol Profiles** for England, estimates Southampton had 3459 (LCI 2732 UCI 4643) people drinking dependently in 2014/15. NDTMS 'Adult Activity Report' (Q4 2016/17) indicates 587 people accessing structured treatment with an alcohol or alcohol and other drug concern. This indicates that we are engaging with 17.0% of our estimated dependent drinking population – leaving an 'unmet treatment need' of 83% (LCI 78.5% UCI 87.4%)
19	PHE's Local Alcohol Profile for England, when considering evidence from 2016/17, evidenced that Southampton experienced significantly 'worse' **incidence of alcohol related admissions** for people, men and women aged under 18 when compared to the South East Region and when compared to England as a whole.
20	Whilst it is acknowledged that the data for **parental substance misuse** may include some inconsistencies, by identifying the number of episodes with drugs

	or alcohol identified as a factor in assessment information within a recent consideration of Single Assessments Completed on Southampton's Children's Social Service records (PARIS), during the period 01/04/2017 and 31/03/2018, indicates an average burden when compared with statistical and regional neighbours.
21	In 2016/17, there were 531 alcohol and 623 drug misuse episodes identified as a risk factor in **children in need** assessments, out of a total of 2356 records in Southampton.

22	There is limited data available on the prevalence of substance misuse within adult social care support services. It is known of the 2,590 adult social care clients, 2,150 of these are in long term care (duration more than 12 months). Of these
	• 67 (3%) are in long term care with substance misuse as an identified care reason.
	  ○ 46 (69%) of this 67 receive domiciliary care in their own accommodation
	  ○ 10 (15%) of this 67 have substance misuse as a Primary Support Reason
	• 3 (30%) of this 10 are in permanent residential or nursing care
	  ○ 7 (70%) of this 10 receive domiciliary care in their own accommodation

	Co-occurring conditions
23	A proportion of people with substance misuse needs have depression, anxiety or other more common mental health conditions too. SCC Drugs needs assessment (2017) reports that: *"27% (n= 103) of people accessing adult drug treatment services in Southampton had received care from a mental health service for reasons other than substance misuse (compared with 20% nationally). The proportion of people with a comorbid mental health problem was highest in those clients using non-opiates and alcohol (40%, n= 30)."*
	Gender
24	Public Health England (PHE) 'Estimates of opiate and crack cocaine use prevalence: 2014 to 2015', published in 2017, estimates that 343 (LCI 219-UCI 471) women in Southampton use illicit opiates. The same report estimates that 930 (LCI 735-UCI 1257) men in Southampton use illicit opiates. NDTMS reports that of the 738 people who use opiates, who engaged in structured treatment in 2016/17, 209 were women. 529 men engaged in structured treatment in the same period
	Drug related deaths
25	43 people died in the 3 years from January 2014 to December 2016. This compares to 36 in 2013 to December 2015.The significant majority of deaths are related to Alcohol, Benzodiazepines and Heroin in some combination. Rates are calculated to take account that the size of our population is growing and to allow us to compare ourselves to other areas. The rates of drug related deaths in Southampton have increased slightly over the last 10 years, although the increase is not statistically significant. The rate of drug-related deaths in Southampton is similar to the rate in like authorities but became higher (worse) than the England average in 2014-16. While recognising that each death is a tragedy, in statistical terms because these are a relatively small numbers we

	would expect some fluctuation year on year. Commissioned services are central to the Council's drug-related death action plan.
Consultation	
26	During the review period engagement with a wide range of stakeholders was carried out. The methods of communication and engagement for this project have been: • A working group involving a wide range of stakeholders including providers, partner agencies and commissioners Partner agencies have included the police, probation and carer support services. • A representative group from the drug and alcohol treatment services and associated agencies has been formed and used to inform areas of discussion. This included young people and adult services, primary care, police, probation and the local carer support agency. • Attendance at providers team meetings; • Face to face meetings with service users and/or relatives and friends; • Survey's completed either online of face to face with stakeholders, including primary care, GPs, carers, service users and stakeholders
27	Information from the engagement and surveys were as follows • The project team also sought the views of those using the **Needle exchange** (NEx) service, All responses were positive about the NEx • There were 72 responses from **adults** who use services, with a significant proportion of the responses being very positive about the services they receive. Concerns were raised about staff time and waiting times, particularly 'restarts' being too lengthy. • There were 20 responses from **young people** using services, again with a significant proportion very positive about the services they receive, with mixed views about the use of the adult service setting to access services**.** • Those **working in the services** provided a wide range of views, in particular there was very mixed and divided views about where services for those aged 18 – 24 should be provided (in the adult or young person setting). Other views related to data management being over burdensome, disjointed services and the need for more specialist services (alcohol, Needle Exchange, mental health and criminal justice). • There were 12 responses from a **wider stakeholder** network, all positive about the service and the strong stakeholder relationships in the City. There was some confusion about multiple provider model and recognition of the need for more joined up working with Mental health Services. • **Primary care** responses were positive with the main suggestion seeking to improve access, reduce waiting times and provide more support to service users**.** • 16 responses were received from people engaging with **Parent Support Link**. Most responses included positive reflections around provision of services to their family member/ friend. There were some concerns about poor family involvement and communication and the open access periods which can be chaotic and intimidating.
	Challenge and confirm sessions

28	Once the engagement period had ended and the findings collated into a proposed service model, targeted and open Challenge and Confirm sessions were set up and involved • One specifically focussed on Alcohol Use Disorders (AUD) in and extraordinary meeting of Southampton's Alcohol Strategy Implementation Group (ASIG) • A stakeholder event and • sessions with the three main provider staff groups There was general consensus that the model proposed is correct.
29	Apart from points of clarity the following areas led to amendments or agreements in regards to future service delivery: **Young people:** There were differences in opinion on how best to meet the needs whilst addressing the risks of young adults (18-24) with majority of support for those aged up to 24 years to be supported by the young people services. Particular concerns were also raised around the distribution of resources between adult and young people services and the effect on ability to deliver effective prevention and/ or interventions for complex adults. **Alcohol and drug access routes:** There was discussion about the need for separate access routes for drug and alcohol services, resulting in agreement that providers will be required to describe in their tender submissions • how services for people with AUD are presented and delivered to best meet need and mitigate risk and • how services are delivered to older people, particularly those with AUD **Mental Health:** Mental health concerns were also raised and agreement of partners in attendance to improve pathways and interventions for people with substance use disorders and Mental Ill health (co-occurring conditions). **Detoxification:** The role detoxification has within the overall treatment pathways was discussed, with requests for providers to see detox within the treatment pathway and not a separate isolated entity.
Wider considerations	
30	Members of the project group were asked to consider whether some other service areas could be combined or connected to any future substance misuse service. Areas that were considered included • Street Based Vulnerable Adults • Behaviour change services • Access to specialist services (e.g. mental health) and • Hospital and community based substance misuse services. Following the work by the project group, in discussion with relevant stakeholder groups, it was agreed • There was no support to bring elements of the current commissioned behaviour change service within the substance misuse contract.

	• There is a need to review and improve pathways from hospital treatment into community detox, but these services would not benefit from being combined. • The level of integration between service areas coupled with robust and proactively used pathways was decided as the most supporting and appropriate way forward**.**
Future service model	
31	Futures services are expected to provide a comparable service offer to our current provision (reconfigured in 2017), albeit with a small variation in the way the service model is configured (from 2 adult contracts to one and independent advocacy service commissioned seperately). Services would have harm reduction as the principle aim and 'recovery' as a desirable and achievable outcome. In Southampton, recovery is defined as '*Voluntarily - sustained control over problematic substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society'*.
32	Services will be tasked with improving successful completions and reducing representations whilst maintaining robust and effective harm reduction interventions to reduce drug related deaths, the incidence of blood borne virus infections and the broader harms to individuals, their friends, families and communities. This will be reflected in robust performance indicators and subject to close monitoring and oversight. Services will work proactively, flexibly and collaboratively with stakeholders to increase engagement and improve outcomes of those impacted by substance use disorders.
33	There is no intention to separate alcohol from drug services. However it is an intention to work with providers to consider how better to 'present' alcohol services to the population with consideration to be given to deliver a distinct route of entry into support and some separation of interventions for people with alcohol use disorder, some of whom have, historically, been reluctant to approach integrated services.
34	All services will work with people with the following problematic substance use: • Alcohol • Opiates and crack cocaine and other illegal substances • Prescribed medication that is being used problematically • Prescription medication that is being used illicitly • Performance and Image Enhancing Drugs o Harm reduction o addressing other drug use
35	Commissioned services will be required to work with a wide range of client groups and priority issues, including parental substance misuse, women, older users and those from black, minority and ethnic communities. In addition, the future service will need to keep abreast of future challenges posed by New Psychoactive Substances and Synthetic Opioids. Planned improvements to the drug warning process and Non-Fatal Overdose reporting systems will assist the new providers in this area of work.
36	Commissioned services already work closely with Sexual Health Services, including: • Joint outreach to women working in on street prostitution • Outreach provision at TULIP clinics

	• Regular meetings and sharing of good practice Commissioned services also offer Blood Borne Virus (BBV) interventions • Hepatitis C/ HIV testing and referral to treatment • Hepatitis B inoculations A weekly Hepatitis C clinic (staffed by UHS Hepatology nurses) is hosted at substance misuse services. These services will be expected to continue under the new contracts.
37	It is our intention to procure services in three lots with the possibility of one provider bidding for both Lots 1 and 2. • Lot 1: **Young person** service (24 years of age and under) • Lot 2: **Adult service** (25 years of age and over), including support for people concerned by their own or someone else's use of drugs and/ or alcohol. • Lot 3: **Independent Advocacy** service (18 years and over) It is our intention, subject to approval, for these new services to be procured to commence on the 1st of July 2019 for a maximum period of 7 years (5 years with a possible extension of 2 years) from July 2019 to June 2024, with potential to extend to June 2026.
<u>Capital/Revenue</u>	
38	A substantial amount of funding for the commissioned services comes from the Public Health grant. This comes to an end in 2020 and while the future funding approach remains uncertain, the Director of Public Health and Service Director – Finance & Commercialisation confirm their support to proceed with procurement based on the current budget, with assurance that any contract has a clause that allows us to renegotiate the value of the contract at relatively short notice should government funding change (potentially in either direction, up or down).
39	Services were reconfigured in 2017 and achieved a significant saving of £400,000 as part of the overall budget savings required. As such there are no plans to pursue savings during this procurement, other than any reduction on the contract values submitted by providers, if at all given the current financial pressures and increasing demands.
40	Southampton City Clinical Commissioning Group have agreed to provide additional funding of £35,000 over the life of the contract towards additional work supporting reductions in hospital admissions.

41 The financial envelope over 7 years is £20,862,737 and equates to £2,980,391 per annum. This incorporates £2,767,590 to commission the Adult, Young People and an Independent Advocacy contract as set out in the table below, as well as a budget of £177,801 to purchase predominantly detoxification services and £35,000 to support a reduction in hospital admissions.

Adult and young people contract values

	Historical spend £	Anticipated Future spend £
Adult contract value per annum	£2,226,022	£2,270,000
Young People contract value per annum	£541,568	£482,500
Independent Advocacy contract value per annum	£0	£15,090
Purchased Services budget per annum	£177,801	£177,801
Support to reduce hospital admissions	£0	£35,000
Total	**£2,945,391**	**£2,980,391**
Funded by		
Total annual budget GP180 4162	£2,945,391	£2,945,391
Additional CCG contribution		£35,000
	£2,945,391	**£2,980,391**
Total budget over 7 years		**£20,862,737**

42 Supervised consumption, Pharmacy Needle Exchange, Shared Care provision and the Alcohol Care Team are all funded through separate identified funding streams, and as a result of the review and careful consideration, will remain separate for the life of the contracts set out above.

Property/Other

43 Services for people concerned by their use of drugs and alcohol are delivered from a city centre hub that is comprised of three buildings. Commissioned services rent these 3 buildings from private landlords. The three different buildings have three separate tenancies that are due to end in the near future. Current providers have previously raised concerns that the current buildings are limited in their suitability. Historically, providers have found acquiring permission to deliver services from new buildings difficult. A request has been made to the Southampton City One Public Estate Board.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

44 The Council has the power to offer substance misuse services in accordance with s.1 Localism Act 2011 (the General Power of Competence) subject to complying with the Council's Contract and Financial Procedure Rules as set out in the Council's Constitution.

Other Legal Implications:

45	Section 17 of the Crime and Disorder Act 1998, (as amended), requires responsible authorities to consider crime and disorder and the misuse of drugs, alcohol and other substances, in the exercise of all of their duties, activities and decision making. Such authorities must exercise their functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can, to prevent crime and disorder in its area.
46	The services provided will be delivered in accordance with this Section 17 duty, as well as the Council's duties under the Human Rights Act 1998 and the Equality Act 2010
RISK MANAGEMENT IMPLICATIONS	
47	**Financial**: The cessation of the public Health grant in 2020 presents a significant risk to the financial envelope for the future provision of substance misuse services. Continued engagement with SCC Director of Finance, Director of Public Health and officers reduces the risk of any difficulties not being foreseen and managed. This will be mitigated through appropriate contract clauses, which will allow SCC to renegotiate the value of the contract.
48	**Service Delivery:** Historically the substance misuse service has experienced difficulties with the delivery of services and associated performance levels being achieved. Wide engagement and consultation on the future model for substance misuses service, both in 2017 during a mid contract reconfiguration and the most recent engagement process reduces the risk of future service delivery risks. There is the potential for increasing demand for the service as well as pressures arising from increased medications costs, thereby reducing the resources available for service delivery. In the absence of additional resources being available changes to service delivery may be required.
49	**Reputation**: There is no identified reputational risk arising from the proposal to recommission adult and young people substance misuse services in Southampton. Reputational risks may arise from a lack of submissions (as occurred in other cities) as a result of reduced budgets. As the value has been retained following a substantial saving in substance misuse service in recent years, this is not seen to be a high risk.
POLICY FRAMEWORK IMPLICATIONS	
50	The recommendations in this paper support the delivery of outcomes in the Council Strategy. They also contribute to the City Strategy and the Health and Wellbeing strategy. The proposals particularly support Council Priority Outcomes: o All children and young people have a good start in life o People in Southampton live safe, healthy and independent lives
51	Local policy drivers broadly mirror the national drivers e.g. the 2010 Drug Strategy, personalisation, better outcomes, effective prevention, value for money and increasing demand. Local priorities for health and social care have been identified through a process of service user consultation, review of current service provision, trend analysis (of demographics, social, health, economic and environmental issues) and data analysis of spend and budget.

KEY DECISION?	**Yes**
WARDS/COMMUNITIES AFFECTED:	All Wards

SUPPORTING DOCUMENTATION

Appendices	
1.	Substance Misuse Services Review and Redesign Final Report
2.	Equality and Safety Impact Assessment
3.	Data Protection Impact Assessment

Documents In Members' Rooms

1.	None

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**Yes**
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	**Yes**

Other Background Documents
Other Background documents available for inspection at:

	Title of Background Paper(s)	**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1.		
2.		