

Executive Procurement Committee on Tuesday 13th March 2007

Report Title: **Award of Contract for the Tier 2/3 Stimulant/ Polydrug Treatment Service (Part A): Award of contract**

Forward Plan reference number (if applicable): **Version 57**

Report of: **Justin Holliday, Assistant Chief Executive (PPPC)**

Ward(s) affected: **All**

Report for: **Key decision**

1. Purpose

1.1 To seek Members agreement to award the contract for the provision of the Stimulant/Polydrug Treatment Service.

2. Introduction by Executive Member

2.1 Haringey Drug and Alcohol Action Team (DAAT) are responsible for commissioning services for adult drug and alcohol misusers in the borough. The DAAT is funded through the Department of Health (Pooled Treatment Budget) and mainstream Health (TPCT) and Social Service's (LBH) budgets. While there are a number of well-established treatments available for misusers of opiate-based drugs, e.g. Heroin, there is less available for treating individuals misusing Crack Cocaine and Polydrug misuse. The number of such individuals in the borough needing treatment has grown rapidly and as part of our response to the issues, this Stimulant /Polydrug use Treatment Service has been commissioned to work with some of the most vulnerable residents of the borough. I fully support the recommendation to award the contract as outlined at paragraph 3.1 of this report.

3. Recommendations

That Members agree to award the contract for the Stimulant/ Polydrug Treatment Service to contractor A, with the highest score identified in Part B of this report for the sum of £495,800 (see Part B) for a period of 34 months, commencing 1st June 2007, with an option to extend for a further period of up to 24 months.

Report Authorised by: **Justin Holliday, Assistant Chief Executive (PPPC)**

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4. Executive Summary

4.1 Haringey's Drug and Alcohol Action Team seeks to commission a drug treatment service for crack cocaine and polydrug users. The contract will be for 34 months and will be funded from the Pooled Treatment Budget.

4.2 A procurement exercise started in October 2006. There were twenty five expressions of interest and nine organisations submitted formal bids. One organisation formally withdrew at presentation stage.

5. Reasons for any change in policy or for new policy development (if applicable)

5.1 N/A

6. Local Government (Access to Information) Act 1985

6.1 Procurement Committee Report – 13th March 2007

6.2 The following background papers were consulted in the preparation of this report:

- Contract specification and other contract documentation
- Tender and tender support documents returned by the nine Tenderers
- Evaluation assessments and other relevant papers and files
- Crack Needs Assessment
- National Crack Plan

This report contains exempt and non-exempt information. Exempt information is contained in Part B and is **not for publication**. The exempt information is under the following category (identified in the amended Schedule 12A of the Local Government Act 1972

(3) Information relating to the financial or business affairs of any particular person (including the authority holding that information).

6.3 **See Part B for exempt information.**

7 Background

7.1 According to the National Crack Plan 2002, the supply and use of crack has increased rapidly in the last ten years. The price of crack and cocaine has halved in the early 1990s and has fallen since (GLADA 2004). Problematic crack use is often supported by means that cause harm, not only to the individual, but to the wider community. Haringey is one of the 35 high crack areas in the country. Local drug services report an increase in the number of people presenting with both primary crack problems and poly drug use. This is also evident in the data collected by the National Drug Treatment Monitoring System (NDTMS). In Haringey around 26% of those who presented for structured drug treatment reported crack as their primary drug in the last two financial years (2003/4 and 2004/5). This is higher than the London average of 15% in 2003-2004 (London

Health Observatory - LHO). In 2004-2005 stimulant use overall was at the same level as opiates with 38% for both. The majority of those in treatment whose main drug of choice is heroin also report crack use. High crack areas, like Haringey are expected to have a comprehensive range of services to tackle crack related problems. They should encompass; prevention and information; increase the capability of existing provision drug treatment services to meet the needs of crack users; develop programmes to meet the needs of special client groups affected by crack such as sex workers; and address the needs of most deprived areas as a priority. Haringey Drug and Alcohol Action Team (DAAT) needs to further develop services to meet the needs of stimulant users, especially those who are hard to engage or who do not necessarily engage until crisis point at present. In addition increased funding via the Pooled Treatment Budget makes it imperative that the DAAT increase both the quality and range of treatment available locally.

7.2 To date the DAAT has:

- a. Conducted a needs assessment/evidence base to establish if there is a need for an additional treatment service specialised in crack/polydrug users (inc. alcohol);
- b. Identified geographical areas and underserved groups most acutely in need of support – i.e. sex workers, individuals from Black or Minority Ethnic groups, age 18-24, those in contact with criminal justice system;
- c. Identified barriers and gaps for crack/polydrug users accessing current services across the treatment sector;
- d. Identified how best to reach, engage, and retain crack/polydrug users and underserved groups;
- e. Identified areas of good practice;
- f. Discussed and agreed with partner agencies the model of a potential service and developed a service specification based on findings.
- g. Identified £500k as maximum to come from the Pooled Treatment service per annum.

8 Budget

- 8.1 There is £500k available for this service from the Pooled Treatment Budget (PTB). The PTB is an annual partnership budget made up of Department Of Health (National Treatment Agency), mainstream Health and Social Services monies. The PTB total for 2006/7 £3,988,255 (see Appendix 1)
- 8.2 The Haringey Joint Commissioning Group (JCG) brings together senior representatives of the statutory bodies, which are responsible for the commissioning of the PTB on substance misuse treatment services and interventions for adults in Haringey.
- 8.3 Services are commissioned to meet the objectives of:
 - The Community Plan
 - Local Delivery Plan
 - Community Safety Strategy
 - Adult Treatment Plan
 - National Offenders Management Plan
 - Local Area Agreement

9 Description of Procurement Process

9.1 An open tender procedure was followed in accordance with Contract Standing Orders.

9.2 At the beginning of October 2006 the Drug and Alcohol Action Team placed advertisements in the national Guardian newspaper and on Harinet that sought 'Expressions of Interest' in relation to providing a Tier 2/3 Stimulant/ Polydrug Treatment Service. By the closing date of 24th October 2006, there were twenty five expressions of interest.

9.2 Nine complete bids were submitted to the Joint Commissioner by the closing date.

9.3 Bids were sought on the basis of most economically advantageous tender and not simply the lowest tender.

9.4 The nine bids received were subjected to a detailed evaluation under the Council's agreed tendering process and in compliance with Council Standing Orders. The criteria used for all the bids were :

Value for money – 30%, with a maximum score of 300 points

- Bid price
- Financial Soundness

Ability to meet the requirements of the specification and method statement – 45%, with a maximum score of 450 points

- Specification
- Overall Method Statement - including compliance with Specification & Legislation
- Leadership
- Policy & Strategy
- People Management
- Resources
- Customer Satisfaction
- People Satisfaction
- Quality
- Performance Management

Environmental sustainability – 5%, with a maximum score of 50 points

Impact on society

Equal opportunities – 10%, with a maximum score of 100 points

Equal opportunities proposals

Health & Safety – 10%, with a maximum score of 100 points

Health & Safety

- 9.5 Specialist evaluation of each bid was undertaken by Equalities, Finance on the 7th December and Health and Safety on 8th December.
- 9.6 Evaluation by the specialist panel made up of Senior Officers took place on 12th, 14th and 15th December 2006.
- 9.7 All Tenderer's were informed early on in the process that they may have to give a formal presentation. Eight Tenderer's made formal presentations on 18th and 19th December 06. One organisation withdrew formally on the 18th December just before their presentation date on the 19th December.
- 9.8 The annual costs of the bids are detailed in Part B of the report.
- 9.9 The approximate total project cost for the 34 month contract period is £1,500,000 (Based on the annual Pooled Treatment grant of around £3,900,000.)
- 9.9 Regular contract monitoring meetings will be carried out with the provider to ensure that all relevant Key Performance Indicators are met.
- 9.10 Bids were given points in relation to how well they met each evaluation criterion, the points were calculated and the bidder with the highest total was awarded the contract.

A summary of overall points is set out below:

Tenderer:	Points:	Possible:
A	696	1000
B	605	1000
C	600	1000
D	598	1000
E	506	1000
F	503	1000
G	373	1000
H	349	1000
I	0 <i>Formally withdrew</i>	1000

- 9.11 The award of this contract is a Key Decision and has been placed on the Council's Forward Plan.

10 Consultation

- 10.1 Interviews were conducted with Service Manager from drug and alcohol services. The intention was to speak with a manager and at least one practitioner from each service, but this was not always possible. In addition questionnaires were sent out to SHOC, Step Ahead and Drug Education Team.
- 10.2 Views of service users were gathered in four focus groups with the core members of BUBIC, BUBIC participants, DASH crack workshop participants and sex workers attending SHOC sessions.

11 Key Benefits and Risks

- 11.1 Reaching, engaging and retaining crack/Polydrug users and underserved groups therefore reducing the harm that the individuals are creating for themselves, their families and the community as a whole.
- 11.2 The service would help towards addressing the reduction of crime, particularly in the east of borough.
- 11.3 Finding a suitable building i.e. with D1 planning permission in the area identified by the needs assessment may be an issue as there are not many in Haringey.
- 11.4 The Governments ten year drug strategy '*tackling drugs to build a better Britain*' comes to an end on the 31st March 2008. This to date has been causing some uncertainty in the drugs field however there is a London conference on the 8th and 9th February where more detail will be given as so what the next drug strategy may look like.

12 Contract and Performance Management

- 12.1 The service will be commissioned using a contract that will incorporate voluntary sector compact, National Treatment Agency and Health Care Commission criteria. There will be a steering group that includes all stakeholders, as well as an operational group. The Joint Commissioner will hold quarterly contract performance meetings to monitor performance in detail and report to the Haringey Joint Commissioning Group whilst the service would also be expected to provide monthly performance data to the DAAT and the National Drug Treatment Monitoring service.

13 Summary and Conclusions

- 13.1 That the contract to provide the Stimulant/Polydrug Treatment Service for the period of 1st June 07 – 31st March 2010 be awarded to the recommended organisation for a period of 34 months, commencing on the 1st June 07 with an option to extend for a further period of 24 months.

14 Recommendations

- 6.3 That Members agree to award the contract for the Stimulant/ Polydrug Treatment Service to contractor A, with the highest score identified in Part B of this report for the sum of £495,800 (see Part B) for a period of 34 months, commencing 1st June 2007, with an option to extend for a further period of up to 24 months.

15 Equalities Implications

- 15.1 This client group is among the most disadvantaged of Haringey's communities and includes a high proportion of BME young men who do not readily access drug treatment services but are over represented in the criminal justice system. A relatively low proportion of women drug misusers access treatment services: the Drug and Alcohol Action Team (DAAT) aims to address these imbalances and to encourage as many drug misusing offenders as possible into treatment. All equalities considerations have been addressed throughout this process. The Senior Equality and Diversity Officer was part of the tender evaluation process to ensure that equalities issues were robustly addressed and was satisfied that this was the case.

16 Health and Safety Implications

- 16.1 Any organisation appointed to carry out the services defined above must identify and demonstrate effective health and safety policies and safe working procedures that address the following:
- relevant health and safety training for all operatives in relation to the services to be delivered
 - a system of effective health and safety risk assessment
 - a pro-active organisational structure that ensures comprehensive health and safety communications at all levels
 - Any contractual arrangements that are commissioned should be subject to a defined programme of monitoring in relation to health and safety performance

17 Sustainability Implications

- 17.1 Although the Governments ten year drug strategy comes to an end on the 31st March 2008 there is still clear commitment to reduce crime through drug treatment. It is anticipated that there will a new drug strategy and Central Government funding will continue and be available beyond 2008.

18 Financial Implications

- 18.1 The cost of this contract will be met from available central Government funding as set out at point 8.

19 Comments of the Director of Finance

- 19.1 Grant funding, which covers the full cost of the proposed contract, has been confirmed for the financial year 2006/07 with Central Government commitment to continue funding at similar levels in 2007/08, 2008/09 and 2009/10.

20 Comments of the Head of Legal Services

- 20.1 The Stimulant/Polydrug Treatment Service is not classed as a priority activity under the Public Contracts Regulations 2006 and is therefore not subject to the full EU procurement regime so there was no requirement to tender in Europe.
- 20.2 The then Chief Executive's Service (Strategy) Directorate undertook a domestic tender exercise using the restricted procedure in accordance with CSO 8.02 (b).
- 20.3 The tenders were evaluated on the basis of the most economically advantageous tender in accordance with Contracting Standing Orders 11.01 (b)
- 20.4 The newly restructured Policy, Performance, Partnerships and Communications Directorate now wishes to award the contract to the contractor identified in Part B of this report.

- 20.5 The award of this contract will be a 'key decision' because it will be significant in terms of its effect on two or more wards, and as such has been included in the Council's Forward Plan Version 57.
- 20.6 Due to the value of the contract it must be approved by the Procurement Committee in accordance with CSO 11.03.
- 20.7 The Head of Legal Services confirms that there are no legal reasons preventing Members approving the recommendations in this report.

21 Comments of the Head of Procurement

- 21.1 This contract has been tendered in line with the Procurement Code of Practice.
- 21.2 Although the lowest bid has not been accepted this award recommendation represents best value to the Council. The difference is in terms of a quality service versus a service with the lowest bid price.
- 21.3 Contract monitoring against a service level agreement will ensure contract compliance and minimise any risk of service failure.

22 Use of Appendices / Tables / Photographs

- 22.1 Part B of this report contains exempt information.
- 22.2 Appendix 1 is a letter from the NTA Letter confirming funding



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21 June 2006

Dear Colleagues

PTB Allocation 2006/7

Please find attached as Annex A notification of the Pooled Treatment Budget allocation for your partnership for 2006/7. The national Pooled Treatment Budget allocation for 2006/7 will be £384.6m a 28% increase over 2005/6. This includes a £10m allocation for capital identified through Treatment Plans and 24.6m which will be distributed through the Young Peoples Partnership Grant paid to local authorities. The increase in the allocation to partnerships routed through PCTs is 30%.

For the first time capital allocations have been made available by Department of Health to support PTB revenue funding. £10m capital will be allocated to PCTs via SHAs in support of capital spend identified in Treatment Plans, and to enable a small capital allocation to be made to each partnership (Annex A). A further £10m will be available to partnerships to draw down from SHAs against plans agreed with NTA Regional Teams during 2006/7.

In addition capital resources will be made available to support expansion of residential provision in the period 2007/08-2008/09 and the Department of Health will be notifying partnerships of the amount available and the process for accessing the resources shortly.

This substantial uplift in funding is taking place against a backdrop of severe financial restrictions in many parts of the NHS and reflects the continuing high political significance attached to the delivery of drug treatment targets by the Prime Minister, the Secretary of State for Health and the Home Secretary.

Based on 2005/6 spend funding increases will be sufficient to increase treatment numbers by 25,000 and achieve a 5% improvement in retention

Rationale

In reviewing this years allocation Ministers reflected not only their continuing commitment to the delivery of the drug strategy, but also the experience of what has been achieved since 2001/2. Over that period central funding for drug treatment has grown threefold and this investment has enabled local partnerships and service providers to deliver the targeted improvements in treatment access, and availability two years earlier than had been planned.

NTA

More treatment, better treatment, fairer treatment

PTB Announcement

21 June 2006

Ministers were also aware that many partnerships had consistently failed to spend their full allocation in previous years and that the cost of delivering treatment varies dramatically between different partnership areas. (Annex B)

Taken together these factors indicated to Ministers that the drug treatment sector did not require the full 41.5% uplift originally indicated for 2006/7 in order to deliver the continued expansion in treatment capacity and planned improvement in treatment quality envisaged in this year's Partnership Treatment Plans. Ministers have determined that an increase of 28% in the PTB will be adequate to deliver these outcomes.

Priorities

The NTA's view is that most partnerships will be able to identify efficiencies and savings within their treatment system which will enable them to deliver their treatment plan as agreed with the PTB resource indicated here. An uplift of 28% in the PTB will leave Partnerships with more than 90% of the funding they were expecting and few areas will not be able to identify the efficiency savings required to deliver their treatment plan in full.

Those areas who do not feel able to deliver against the agreed plan will need to prioritise as follows:

Firstly, this level of funding will enable PCTs and SHAs to deliver the current Local Delivery Plan targets for retention and the locally agreed stretch targets for increasing the numbers in treatment from both the community and the criminal justice system.

The second priority will be to ensure that each partnership is able to meet the legitimate expectation of the criminal justice system to refer individuals into treatment via the Drug Intervention Programme and Drug Rehabilitation Requirement so as to enable the treatment system as a whole to be able to absorb 750 such referrals each week.

Thirdly, partnerships will need to expand services for Class A drug users referred via non-criminal justice routes to match the expansion of access for offenders to ensure that criminal justice routes into treatment do not become the only or predominant way to access treatment.

As indicated above the NTA is confident that key aspects of service delivery: services/interventions for young people, harm reduction interventions, accessing hard to reach groups, services targeting dual diagnosis, improving engagement of service users and carers, services for non Class A drug users etc, will be able to be met in most areas by making more effective use of available resources to match local assessments of need, but it is acknowledged that in a small number of areas this may not be possible and service delivery may suffer. NTA Regional Teams will work closely with partnerships to minimise the impact of service reductions.

PTB Allocations

21 June 2006

Young People

Every Child Matters: Change for Children – Young People and Drugs provides strategic guidance for the provision of universal, targeted and specialist provision. Specialist children and young people drug services play a vital role where children and young people have developed drug misuse problems and in providing support to mainstream children's services professionals in addressing drugs issues in their work with vulnerable young people. The Young People Substance Misuse Partnership Grant includes funds for specialist drugs treatment but where services for young people are underdeveloped partnerships may redirect more resources to provision for young people from the Pooled Treatment Budget funding allocated to PCTs provided this can be achieved in addition to the priorities identified above.

Future Allocations

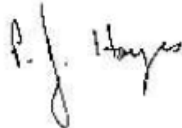
As part of the current review of Government spending the NTA is working with Department of Health, Home Office and Treasury to identify appropriate unit costs for each type of treatment episode and provide benchmark costs to enable partnerships to compare the cost of individual engagement in effective treatment in different treatment systems. It is likely that from 2007/8 partnerships will receive allocations based on an agreed understanding of what it should cost their providers to deliver a high quality efficient and effective drug treatment service to those they successfully attract and retain in treatment, rather than the current formula based allocation. This will enable a level playing field to be established between providers from different sectors. Partnerships therefore need to use 2006/7 to review their current cost structures to ensure the continuity of delivery into 2007/8. Partnerships and service providers from all sectors will be kept informed of this work as it develops.

To assist partnerships with this process average cost per person treated in 2005/6 is set out at Annex B together with the per capita allocation made for 2006/7 based on local stretch targets.

Conclusion

The improvements in the delivery of drug treatment in England achieved over the past five years reflect the hard work of partnerships, commissioners, and service providers. The very significant additional resource provided to the sector to continue to improve delivery during 2006/7 in the face of other pressing needs for the available resource is a vote of confidence in the sectors track record of delivery and an acknowledgement of how much remains to be achieved in what is still a very challenging environment.

Yours sincerely



Paul Hayes
Chief Executive

ANNEX A

Region	DAT Code	DAT	SHA	Total PTB 2006/07	Total PTB 2005/06	Overall increase	PTB channelled through PCT 2006/07	PTB Capital	PTB channelled through YP partnership grant 2006/07
EA	G01B	Bedfordshire	Bedfordshire and Hertfordshire	1,859,611	1,448,686	128%	1,690,725	43,937	124,948
EA	G03B	Cambridgeshire	Norfolk, Suffolk and Cambridgesh	2,727,426	2,122,495	129%	2,366,762	190,442	170,223
EA	G05B	Essex	Essex	6,076,175	4,721,272	129%	5,583,480	155,540	337,155
EA	G08B	Hertfordshire	Bedfordshire and Hertfordshire	5,288,793	4,120,026	128%	4,794,280	139,639	354,875
EA	G02B	Luton	Bedfordshire and Hertfordshire	1,712,734	1,325,508	129%	1,630,740	17,837	64,157
EA	G09B	Norfolk	Norfolk, Suffolk and Cambridgesh	4,622,714	3,612,977	128%	4,199,065	44,646	379,002
EA	G04B	Peterborough	Norfolk, Suffolk and Cambridgesh	1,402,294	1,106,607	127%	1,195,081	30,510	176,703
EA	G06B	Southend-on-Sea	Essex	1,247,910	987,460	126%	1,035,701	39,353	172,856
EA	G10B	Suffolk	Norfolk, Suffolk and Cambridgesh	3,573,507	2,780,981	128%	3,091,336	258,783	223,389
EA	G07B	Thurrock	Essex	996,874	789,215	126%	789,010	67,471	140,393
EM	E05B	Derby	Trent	2,100,823	1,633,125	129%	1,914,109	65,745	120,969
EM	E04B	Derbyshire	Trent	4,196,328	3,285,513	128%	3,787,185	31,451	377,692
EM	E02B	Leicester	Leicestershire, Northamptonshire	3,443,710	2,674,139	129%	3,201,533	60,810	181,367
EM	E01B	Leicestershire	Leicestershire, Northamptonshire	2,621,244	2,035,504	129%	2,403,356	79,646	138,242
EM	E08B	Lincolnshire	Trent	3,381,024	2,625,777	129%	2,514,788	686,340	179,895
EM	E09B	Northamptonshire	Leicestershire, Northamptonshire	3,540,221	2,751,479	129%	3,240,307	99,533	200,381
EM	E07B	Nottingham	Trent	3,994,841	3,120,997	128%	3,644,663	29,941	320,237
EM	E06B	Nottinghamshire	Trent	4,533,305	3,517,933	129%	4,274,000	33,976	225,328
EM	E03B	Rutland	Leicestershire, Northamptonshire	64,400	50,009	129%	55,526	5,483	3,391
LO	H01B	Barking and Dagenham	North East London	1,849,375	1,430,327	129%	1,571,646	213,861	63,869
LO	H12B	Barnet	North Central London	2,029,670	1,575,575	129%	1,900,598	25,212	103,860
LO	H13B	Bexley	South East London	1,286,648	997,236	129%	1,165,192	64,643	56,812
LO	H14B	Brent	North West London	3,604,641	2,795,383	129%	3,300,438	136,016	168,187
LO	H15B	Bromley	South East London	1,510,295	1,175,210	129%	1,405,345	11,319	93,630
LO	H03B	Camden	North Central London	3,914,108	3,033,459	129%	3,593,278	149,336	171,495
LO	H05B	City of London	North East London	57,750	44,322	130%	57,317	433	0
LO	H16B	Croydon	South West London	2,752,548	2,135,057	129%	2,600,768	20,630	131,151
LO	H17B	Ealing	North West London	3,194,619	2,479,971	129%	3,006,747	23,943	163,929
LO	H18B	Enfield	North Central London	2,703,795	2,104,425	128%	2,512,926	20,264	170,605
LO	H19B	Greenwich	South East London	3,261,136	2,538,323	128%	2,866,297	188,442	206,398
LO	H06B	Hackney	North East London	4,920,307	3,806,196	129%	4,703,987	41,877	174,443
LO	H20B	Hammersmith and Fulham	North West London	2,499,516	1,931,108	129%	2,356,354	68,733	74,428
LO	H21B	Haringey	North Central London	3,988,255	3,098,787	129%	3,671,890	95,891	220,473
LO	H31B	Harrow	North West London	1,184,676	914,439	130%	1,115,367	38,879	30,430
LO	H02B	Havering	North East London	1,192,054	924,020	129%	1,119,895	18,934	53,224
LO	H32B	Hillingdon	North West London	1,493,643	1,157,447	129%	1,417,793	11,195	64,655
LO	H33B	Hounslow	North West London	1,612,009	1,250,003	129%	1,500,309	37,082	74,618
LO	H04B	Islington	North Central London	4,506,988	3,510,907	128%	4,136,427	68,629	301,931
LO	H22B	Kensington and Chelsea	North West London	2,698,746	2,098,635	129%	2,519,051	20,227	159,469
LO	H23B	Kingston upon Thames	South West London	977,373	761,089	128%	893,679	19,825	63,869
LO	H07B	Lambeth	South East London	6,083,002	4,738,977	128%	5,487,766	185,591	409,644
LO	H08B	Lewisham	South East London	4,469,253	3,467,621	129%	4,217,134	33,496	218,622
LO	H24B	Merton	South West London	1,388,942	1,080,982	128%	1,291,259	10,410	87,273
LO	H25B	Newham	North East London	5,800,550	4,529,072	128%	5,172,481	178,474	449,594
LO	H10B	Redbridge	North East London	1,797,539	1,397,885	129%	1,604,249	86,734	106,556
LO	H26B	Richmond upon Thames	South West London	1,020,715	793,485	129%	919,246	42,650	58,819
LO	H09B	Southwark	South East London	5,738,534	4,445,711	129%	5,453,924	43,009	241,601
LO	H27B	Sutton	South West London	940,064	733,443	128%	856,408	14,046	69,610
LO	H28B	Tower Hamlets	North East London	5,272,485	4,123,631	128%	4,584,339	239,516	448,629
LO	H11B	Waltham Forest	North East London	2,732,541	2,140,960	128%	2,457,285	20,480	254,776
LO	H29B	Wandsworth	South West London	3,063,498	2,377,948	129%	2,884,696	22,660	155,841
LO	H30B	Westminster	North West London	4,041,613	3,151,995	128%	3,719,568	30,291	291,754
NE	A02B	County Durham	County Durham and Tees Valley	3,878,505	3,018,078	129%	3,608,493	29,069	240,944
NE	A01B	Darlington	County Durham and Tees Valley	878,129	685,288	128%	805,550	6,581	65,998
NE	A09B	Gateshead	Northumberland, Tyne & Wear	1,637,797	1,274,111	129%	1,520,801	17,275	99,720
NE	A03B	Hartlepool	County Durham and Tees Valley	994,528	774,613	128%	921,121	7,454	65,953
NE	A05B	Middlesbrough	County Durham and Tees Valley	2,108,989	1,641,640	128%	1,959,141	15,806	134,041
NE	A07B	Newcastle upon Tyne	Northumberland, Tyne & Wear	3,309,028	2,574,938	129%	3,078,651	24,801	205,577
NE	A08B	North Tyneside	Northumberland, Tyne & Wear	1,741,956	1,356,044	128%	1,617,587	13,056	111,313
NE	A10B	Northumberland	Northumberland, Tyne & Wear	2,154,339	1,675,162	129%	2,011,613	16,146	126,580
NE	A04B	Redcar and Cleveland	County Durham and Tees Valley	1,487,298	1,159,764	128%	1,369,703	11,147	106,448
NE	A11B	South Tyneside	Northumberland, Tyne & Wear	2,098,137	1,632,680	129%	1,947,400	20,725	130,372
NE	A06B	Stockton-on-Tees	County Durham and Tees Valley	1,869,260	1,454,580	129%	1,739,089	14,010	116,161
NE	A12B	Sunderland	Northumberland, Tyne & Wear	3,145,740	2,455,947	128%	2,879,787	23,577	242,377
NW	B03B	Blackburn with Darwen	Cumbria and Lancashire	1,294,012	1,026,972	126%	1,087,442	9,698	196,872
NW	B04B	Blackpool	Cumbria and Lancashire	1,186,760	928,012	128%	1,077,805	8,895	100,061
NW	B14B	Bolton	Greater Manchester	1,905,573	1,537,609	124%	1,454,353	14,282	436,939
NW	B15B	Bury	Greater Manchester	901,339	711,832	127%	777,816	6,755	116,768
NW	B20B	Cheshire	Cheshire & Merseyside	3,128,912	2,441,623	128%	2,821,277	73,451	234,185
NW	B16B	Cumbria	Cumbria and Lancashire	2,995,922	2,326,598	129%	2,814,650	22,454	158,819
NW	B08B	Halton	Cheshire & Merseyside	1,288,471	1,002,878	128%	1,167,327	39,657	81,487
NW	B11B	Knowsley	Cheshire & Merseyside	2,395,809	1,862,513	129%	2,224,471	32,956	138,382
NW	B05B	Lancashire	Cumbria and Lancashire	6,632,557	5,161,142	129%	6,170,895	49,710	411,952