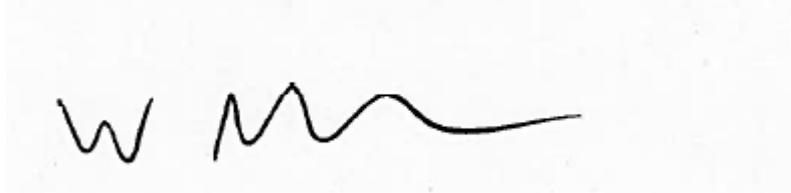


**Report for:** Cabinet 9<sup>th</sup> October 2019

**Title:** Award of Contracts for Integrated Haringey Adult Substance Misuse Treatment and Recovery Services



**Report authorised by :** Will Maimaris, Interim Director of Public Health

**Lead Officer:** Sarah Hart 020 8489 1480 [sarah.hart@haringey.gov.uk](mailto:sarah.hart@haringey.gov.uk)

**Ward(s) affected:** All

**Report for Key/  
Non Key Decision:** Key Decision

## 1. Describe the issue under consideration

- 1.1. To request cabinet approval to award the contracts for provision of adult substance misuse services to Haringey residents experiencing drug and alcohol problems, their families and friends, in accordance with Contract Standing Order (CSO) 9.07.1 (d).
- 1.2. In an open tender process, the recommended providers submitted a strong tender bid that clearly demonstrated their expertise and commitment to providing the services required and meeting the service outcomes as specified. They have a strong track record of delivery of substance misuse services in Haringey and were able to demonstrate a number of areas of added value.
- 1.3. Subject to approval being granted, the contract shall be awarded for a period of four years commencing from 1<sup>st</sup> January 2019 to December 2023 with an option to extend for 2 years and a further period of 2 years.

## 2. Cabinet Member Introduction

- 2.1. Problems with alcohol and drugs remain an issue for many of our residents but I note that it is often those from the most economically deprived areas that seek help. As well as a reduction in life expectancy, substance misuse can potentially affect other areas of their life such as employment, education, social interactions with family and friends, wellbeing of children and may result in crime. There continues to be a high demand to provide accessible, integrated and robust service for our residents.

- 2.2. Therefore, it is important for the Council to continue funding substance misuse treatment services for early prevention and ongoing help and to continue to deliver improved performance and outcomes for Haringey residents. This will enable the Council to meet its responsibilities in line with Corporate Plan priorities 2 and 3; Improve health and wellbeing of local populations and reduce health inequalities across the life course, particularly in hard to reach groups and reduce drug and alcohol-related crime in the borough.
- 2.3. I would therefore support the outcome of this tender process to award the contracts as stated in 1.3 to fully embed the substance misuse service for the benefit of Haringey residents.

### 3. Recommendations

- 3.1. For Cabinet:  
To approve the award of contracts to the successful providers in accordance with Contract Standing Order (CSO) 9.07.1(d) for an initial term of 4 years commencing from 1<sup>st</sup> January 2019 to December 2023 with an option to extend for a period or periods of up to a further 2 years and another 2 years at a total value of £14,671,695.53 for the initial 4 years and the total value of £29,508,286.21 over the 8 years as follows:

Lot 1 – Specialist Drug Service	Lot 2 – Specialist Alcohol Service	Lot 3- Recovery Service
The successful tenderer to commence on 1st January 2019 for a 4-year contract.	The successful tenderer to commence on 1 <sup>st</sup> January 2019 for a 4-year contract.	The successful tenderer to commence on 1 <sup>st</sup> January 2019 for a 4-year contract.
With an option to extend the contract for 2 years and another, further 2 years.	With an option to extend the contract for 2 years and another, further 2 years.	With an option to extend the contract for 2 years and another, further 2 years.

Table 1. Brief summary on the outcomes of the tender

### 4. Reasons for decision

- 4.1. The Council is responsible for ensuring that there are accessible effective substance misuse treatment services for the local residents. In 1 April 2013, the responsibility of commissioning of substance misuse services was transferred from the NHS to local authorities, resources for these services were transferred within the ring fenced Public Health Grant.
- 4.2. The recommendations as outlined in section 3 are based on those providers who scored the highest Most Economical Advantageous Tender (MEAT) scores and therefore would offer the best value to Council in terms of quality and price. The quality component of this tender was 60% and 40% price. The quality

component is deemed to be of importance as part of the service provision is of a clinical nature and as such compliance with standards are crucial.

## **5. Alternative options considered**

- 5.1. The tendering of these services is part of public health's wider commissioning plan and an agreed Business Case for the tendering of drug and alcohol contracts. The existing Council-held contracts for these services are due to end in December 2018.

## **6. Background information**

- 6.1. It is estimated in the UK that 595,131 adults are alcohol dependent drinkers and drink at levels that increase their risk of health harm. Alcohol is a casual factor in over 60 medical conditions such as cancer, cardiovascular disease (CVD), liver disease and mental health problems. Furthermore, drug misuse and dependence is a key contributor to premature death. In 2016, England reached the highest record of 2,383 drug deaths.
- 6.2. Drugs: In Haringey the current prevalence estimates of crack, cocaine and opiate users is 2424, a rate of 14.96 per 1000 population higher than in London and England averages. There were 1296 drug users in treatment during the last financial year.
- 6.3. Alcohol: An estimate of 20.1% of the local population are consuming alcohol at increasing risk and 6.4% at high-risk levels. Haringey has high rates of alcohol related hospital admissions, a rate of 2,685 per 100,000 adults, which is significantly higher than London (2,254 per 100,000 adults) and England averages (2,185 per 100,000 adults).
- 6.4. Substance misuse disproportionately effects those who suffer economic and social deprivation. Haringey's use of substance misuse services reflects this, the majority of those in treatment come from the most deprived areas. These residents enter treatment with complex needs. Of those entering alcohol treatment last year; 63 were parents with children living with them, 27% had a diagnosed mental health problem, 34% were long term unemployed, 6% reported having a critical housing need and further 14% experiencing housing problems. Admissions data from the drug service shows similar levels of complexity with additional health issues like Hepatitis C. Drug use is also associated with crime. The 100 drug-users entering treatment via the criminal justice service were estimated to have committed 90,733 offences in the previous year.
- 6.5. In 2014 Haringey redesigned it's substance misuse services into three main services – drug service, alcohol service and recovery service. The drug and alcohol services are the first access point, offering services that are more clinical. From these services residents progress into the recovery service which offers psychosocial help i.e. counselling, group work, education and employment services. The recovery service also has a strong focus on self-help and peer support. The redesigned model has had successful outcomes and positive feedback from service users.

- 6.6. In retendering the service, it was decided to keep the existing model and just refresh the specifications. A number of stakeholders inputted into the revised specifications including children’s services, community safety and service users. Service users expressed a strong desire for increased co production within treatment services and for the recovery service to become more peer led. A brief breakdown of services to be provided in each of the three services can be found at appendix 1.
- 6.7. As part of the re-tendering commissioners agreed to pool resources into the new alcohol service contract. The current Alcohol service is funded separately by Adults Commissioning, Housing Related Support, Clinical Commissioning Group (CCG), Better Care Fund and Public Health (See appendix 2 for full details on external funding). Going forward joint commissioning will ensure best use of resources.
- 6.8. The retendering process took into account the wide variety of expert stakeholders (see table 2). Experts inputted into service specifications, method statement questions and bid scoring. Providers were asked to demonstrate their delivery skills in the treatment of substance misuse and other areas including safeguarding the children of substance misusers, tackling domestic violence, reducing reoffending and co-production with service users.

Table 2. Key Stakeholders involved in the evaluation process

Lot 1 Drug treatment and Criminal Justice Service	Lot 2 Alcohol Service	Lot 3 Recovery Service
Public Health Senior Commissioner, Substance Misuse Services	Public Health Senior Commissioner, Substance Misuse Services	Public Health Senior Commissioner, Substance Misuse Services
Public Health Adult Commissioning Manager	Public Health Adult Commissioning Manager	Public Health Program Manager
Public Health Program Manager	Public Health Program Manager	2 Service Users
Early Help Operational Manager	Early Help Operational Manager	Strategic Lead for VAWG
Interventions Manager and Substance Misuse Lead, (London Community Rehabilitation Company)	Commissioning Manager (Housing Related Support)	
Public Health Assistant Director	Mental Health Commissioner (CCG)	
Integrated Offender Management (IOM) Strategic Lead	Strategic Lead for VAWG	
Strategic Lead for Violence Against Women and Girls (VAWG)		
Public Health Trainee Dr		

- 6.9. A key objective of the tender was to maximise service user input into the new contracts. To facilitate this Haringey Council commissioned Inspirit Training and Development Ltd to train and support service user co production in the tender process. Service users from local treatment and recovery services participated in all stages of the tender process for Lot 3. This represents a major step forward for Haringey residents in the planning and commissioning of treatment and recovery services. The new substance misuse services will continue to support increasing levels of co-production with service users, friends, family and significant others.
- 6.10. Because need remains static the capacity within the services remains the same, this ensures that residents do not have to wait for treatment and they can access the full range of services. In terms of capacity, the overall contract will provide:
- Advice, information and prevention services to over 2,000 residents.
  - 1000 problematic drug users will be engaged in structured drug treatment.
  - 600 people with alcohol dependency will be treated.
  - 1000 service users will be supported in the recovery service.
- Full details on service targets can be found at appendix 3.
- 6.11. Contract monitoring will be carried out in accordance with key performance indicators as set out in the contract conditions for these services. The intention is to empower service users to be involved in monitoring. Performance is reported up to the Performance Management Group of the Community Safety Partnership Board and to the Health and Wellbeing Board.
- 6.12. The clinical and quality standards of these services are laid down by guidance from the National Institute for Health and Clinical Excellence (NICE) and Public Health England. Public Health undertakes audits against these standards to ensure they are compliant.
- 6.13. At an operational level, Public Health organises a clinical governance group, which is attended by all service managers of local drug and alcohol services in the borough.

## **7. Procurement process**

- 7.1. A market engagement event was held on 26<sup>th</sup> April 2018 to communicate commissioning intentions and offer potential suppliers the opportunity to raise any questions and present their views. An open tender process was deemed to be the best route to market following the market engagement event.
- 7.2. The tender was advertised by placing a contract notice via the Official Journal of the European Union (OJEU) and Contracts Finder on 23<sup>rd</sup> May 2018. The tender process opened on the 23<sup>rd</sup> May 2018 and closed on the 29<sup>th</sup> June 2018.

A total of 17 organisations, expressed an interest, of which 4 submitted a tender by close of tender. A total of six tenders were submitted across all the three lots.

- 7.3. Tender evaluations were carried out by a panel consisting of Service user representatives as well as experienced officers from the Council and Haringey's Clinical Commissioning Group, including commissioning officers and service leads. The service user representatives were supported by Inspirit to carry out evaluations.
- 7.4. The tenderers were evaluated on the basis of the Most Economical Advantageous Tender (MEAT) with a split of 60% quality and 40% price. Quality was evaluated by a combination of method statements, presentations and clarification meetings.
- 7.5. The tables below detail the score for the successful tenderers for the respective lots. Further information about the tender evaluation is contained in Part B (exempt part) of the report.

## Tender scores

### LOT 1 Adult Specialist Drug Treatment Service

Tender	Price Scores out of 400 points	Quality Scores out of 600 points	Total Tender Scores	Ranking
Successful Tenderer	391	502	893	1
Tenderer B	400	353	753	2

Table 3. Scores for Lot 1

### LOT 2 Adult Specialist Alcohol Service

Tender	Price Scores out of 400 points	Quality Scores out of 600 points	Total Tender Scores	Ranking
Successful Tenderer	398	482	880	1
Tenderer B	400	335	735	2

Table 4. Scores for Lot 2

### LOT 3 Adult Recovery Service

Tender	Price Scores out of 400 points	Quality Scores out of 600 points	Total Tender scores	Ranking
Successful Tenderer	400	532	932	1
Tenderer B	213	340	553	2

Table 5. Scores for Lot 3

- 7.6. Contract monitoring will be carried out in accordance with key performance indicators as set out in the contract conditions for these services. The intention is to empower service users to be involved in monitoring

### 8. Contribution to strategic outcomes

These services are directly linked to the Corporate Plan, in particular Priority 2: 'Empower all adults to live healthy, long and fulfilling lives', which will form part of the strategy to increase successful discharge from drug and alcohol treatment and in Priority 3: 'A clean, well maintained and safer borough where people are proud to live and work' by reducing substance misuse related crime. In addition crosscutting themes within the Communities plan; fair and equal borough; prevention and early help; and working with communities.

### 9. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

#### 9.1 Finance

The new tender price realises annual savings in year 1 against the current price of £167k for Lot 1, £68k for Lot 2 and £485k for Lot 3.

There are slight movements in each of the 4 years of the contract, but in each year the savings equate to £0.7m.

These figures are based on agreement on third party contributions from Public Health, MOPAC, Commissioning, Housing Related Support, Better Care Fund and the CCG.

The successful tender was chosen based on corporately agreed procurement protocols using 60% for quality and 40% for price.

The savings that will result from this re-tender will allow further resources to be applied to the delivery of the council's public health objectives. This work will happen over the next 4-6 months and will be addressed in subsequent council reports.

#### 9.2 Procurement

The tender was carried out by Strategic Procurement aligned with the requirements of both Contract Standing Orders and PCR 2015, the 'Light Touch Regime' (LTR) under which Health & Care provision falls. The LTR requires that contracts with a value exceeding £681k must be advertised in the Official Journal of the European Union and Contracts Finder to ensure adequate competition and wider access to contract opportunity. Further, that such tenders are equitable, transparent and non discriminatory.

The structure of the tender, and integrated service provision supported by pooled budgets of several departments in concert with Haringey CCG provides service efficiencies and secured a best value outcome in the tender. The tender delivered a saving of some £2.8m over the first 4 years of the contract, which should be repeated in the subsequent 2 +2 years if the contract is extended.

Given the profile of substance misuse in borough and its disproportionate affect on the most socially deprived, coupled with its insidious affect on eg criminality, homelessness, family breakdown it is important that this provision meets performance and service outcomes. The contract will be regularly monitored by several means including joint internal /external audits, service user led reviews, consultation and feedback, as well as national drug and alcohol treatment monitoring systems thereby mitigating any risk of service failure, or poor outcomes.

### 9.3 Legal

9.3.1 The Assistant Director of Corporate Governance notes the contents of the report.

9.3.2. Pursuant to CSO 9.07.1(d), Cabinet may approve the award of a contract if the value of the contract is £500,000 or more and as such Cabinet has power to approve the award of the Contract in this Report.

9.3.3. The Assistant Director of Corporate Governance sees no legal reasons preventing the approval of the recommendations in the report.

### 9.4 Equality

The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

The service by its nature provides support to our diverse community, including those with the protected characteristics. These contracts have been developed to address health inequalities as identified through the Joint Strategic Needs Assessment. A full Equality Impact Assessment screening form has been completed for this service at the start of this commissioning process.

Providers collect profile data of Haringey residents who access the adult substance misuse treatment services against the protected characteristics on the national database. This gives us quarterly local information, which typically matches the trends for England and London averages. Services will continue to be required to monitor their fulfilment of equalities duties ensuring the equality data is matching the wider need profile and equalities issues is addressed in the next contract.

National evidence suggests women consistently make up a quarter (25%) of the local drug treatment population; The largest proportion of people in treatment in Haringey, are aging whilst younger generations are increasingly less likely to use these drugs; 6% of our clients are from LGBT groups and the largest group of all clients in treatment are White British (34%), followed by Other White (18%) and Black Caribbean (14%).

Recognised from above the new service provision needs to be able to deal with the compounding health issues amongst these groups and therefore the providers were asked to describe how they will identify and involve underrepresented groups in their treatment services such as women with complex needs particularly domestic violence, older people, BME and LGBTQ groups. The new innovations in the services will provide additional support directly relevant to equality groups from BUBIC (peer led service), an Eastern European Communities Lead, Over 50's lead and Female Domestic Violence Worker. The approach of these services will also ensure a range of services are providing choices, geographical access and provision which is culturally sensitive in meeting the needs of our service users and effective in tackling any inequalities and impact on groups that share the protective characteristics or other disadvantaged groups.

## **10. Use of Appendices**

Appendix 1 Brief Description of services to be provided in each lot

Appendix 2 Funding sources for each service

Appendix 3 Targets for each service

## **11. Local Government (Access to Information) Act 1985**

a. Background documents

Information within this report is sourced from:

<http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna>

<https://www.alcoholconcern.org.uk/alcohol-statistics>

<https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths>

## **Appendix 1: Brief Description of services to be provided in each lot**

The principle of the treatment system is that a service user will have one key worker coordinating their care.

### **Lot 1 – Drugs**

- Specialist criminal justice team covering 6 days a week attendance in custody suite, courts, prison, probation, alcohol Identification and Brief Advice (IBA) and Extended Brief Interventions (EBI), key working and reduction of re-offending.
- Harm reduction, pharmacy needle exchange, Hepatitis C testing and treatment.
- Opiate substitute treatment (OST)
- Benzodiazepines treatment
- Engagement and stabilisation services for crack users
- Group and psychosocial interventions for cannabis users, stimulants users, club drugs including legal highs and Chem Sex
- Peer led and mutual aid
- GP led care/ Shared Care
- Parenting work with the Substance Misuse Young Peoples/parenting project and Early Help
- Psychiatry support to the other lots
- Psychology input covering lot 1 and 3
- Friends and family services
- Community care assessment for drug users
- Joint reviews with lot 3

### **Lots 2 - Alcohol**

- Strategic work with the Public Health team in areas including licensing
- Identification and Brief Advice (IBA) training and roll out
- Alcohol awareness and social marketing

- Assertive outreach with street drinkers and homeless reduction services
- Harm reduction groups for those not ready to stop drinking
- Polish/migrant service
- Older persons service
- Substance misuse domestic violence service
- Hospital liaison
- Community detoxification
- Peer led and mutual aid services
- Abstinence day program
- Alcohol services based in GP surgeries
- Alcohol Treatment Requirement (ATR) assessment and provision and links to the criminal justice workers in lot 1 and to Probation.
- Short term counselling for those not requiring recovery services in lot 3
- Community care assessments alcohol

### Lot 3 - Recovery

- Pre-contemplative recovery work with lots 1 and 2
- Abstinence and non-abstinence based recovery day programs
- Peer led and mutual aid services
- Referral into Education, training and employment support
- Key working
- Counselling

### Appendix 2: Funding sources for substance misuse services

Funding source	Contribution to Drug service	Contribution to Alcohol service	Contribution to recovery service
Public Health	✓	✓	✓
MOPAC	✓		
Adult commissioning – ADP		✓	
Housing related support – street outreach etc		✓	
CCG – hubs and mental health		✓	
Better Care Fund – hospital liaison and link worker		✓	

## Appendix 3: Targets

### Lo1 1: Drug treatment service

<b>Outcome 1 – improvement in healthy life expectancy</b>	
<b>Indicator</b>	<b>Target</b>
Waiting times within 3 weeks	100%
Number of service users in effective treatment (all adults) a year	1000
Proportion of <b>opiate</b> users in treatment completing successfully <sup>1</sup>	Top quartile
Proportion of <b>non-opiate</b> users in treatment completing successfully <sup>2</sup>	Top quartile or within 5%
A minimum threshold completion of TOP at all of these stages will be achieved every month.	80%
Percentage of injecting drug users tested for Hep B and Vaccinated fully (those dropping out before completion can be exempt)	90%
Percentage of injecting drug users accepting Hep C testing (the reason for every one assessed as non appropriate will be reported to the commissioner)	80%
Percentage of those accepting Hep C testing tested	90%
Number of professionals outside of the drug service trained in Naloxone	97% of those in treatment
Percentage of OST clients given Take Home Naloxone	Outside of treatment - THN provision schemes should aim to provide 20 times the number of THN

<sup>1</sup> The denominator includes everyone *in treatment* during in a 12 month period

<sup>2</sup> The denominator is everyone in treatment during in a 12 month period

	kits as there are drug-related deaths to achieve adequate coverage in the population.
Proportion of new presentations who accept the HBV offer have had a HBV Vaccination	75%
Proportion of Individuals in treatment with a history of injecting with a Hep C Test	90%

<b>Outcome 2 - Reduction of re offending</b>	
<b>Indicators</b>	<b>Target</b>
Inspectors authority (service to support)	Above 15
% offenders tested positive	53%
RA1's and RA4 follow-up appointments	70 (including reasonable excuses )
DRR starts	4.7 per month
DRR completions	To be confirmed
ATR starts	3 per month
ATR completions	To be confirmed
Criminal justice completions opiates	Above 5%
Criminal justice completions non opiates	Above 39%
Criminal justice completions alcohol	Above 40%
Criminal justice representation opiates	Below national average
Criminal justice representation non opiates	Below national average
Criminal justice re presentation alcohol	Below national average
Criminal justice re presentation no opiate and alcohol	Below national average
(a) picked up within 42 days / all referrals from the community Criminal Justice system in the reporting period	Above national average
(b) picked up within 21 days / all journey exits of 'transferred in custody' in the reporting period n (community to prison)	Above national average
(c) picked up within 21 days / all exit dates within the reporting period where exit destination is a partnership and discharge reason is 'transferred not in custody' (prison to community )	Above national average

<b>Outcome 3 - Where a parent using the service has children living with them the service will ensure it has a Think Family approach</b>	
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<b>Indicators</b>	<b>Target</b>
Those entering treatment will be screened for parenting responsibilities	100%
Parent offered an appointment with Parenting services Insight Platform	100%
% of those parents will engage	80%

<b>Outcome 4</b> - Improved social, economic wellbeing and community involvement: To improve service user outcomes for those with an identified support need in each area	
<b>Indicators</b>	<b>Target</b>
20% of residents using the service are earning and/or spending Time Credits in the service. At least one service user led event per quarter where people are earning Time Credits. All paid events or activities have an option for people to spend Time Credits. At least six events per year where people can spend Time Credits, either at the service, or at a spend partner where the trip is organised by staff/ service	20% earning time credits

## Lot 2: Alcohol treatment service

<b>Outcome 1 - Early intervention and prevention: To have a wider strategic focus in the borough on prevention and early intervention avoiding the need for more intensive interventions</b>	
<b>Description</b>	<b>Target</b>
Universal IBA screening –	Allowing on average 300 Haringey residents per month to screen themselves. Of these, we expect 50% to be high risk or dependent.
Total workshops and training attendees	400 90% attendees will feel competent to deliver IBA.
Service will participate in national and lead local alcohol awareness campaigns The service will use a variety of universal and targeted social marketing	1300 health conversations per year

<b>Outcome 2 - Improve health - where appropriate abstinence: Successful completion of alcohol treatment – i.e. reduction of alcohol use to within safe limits</b>	
<b>Description</b>	<b>Target</b>
<b>All programmes</b> - Starting a planned programme (structured treatment) to reduce alcohol use per year	600
<b>All programmes</b> % of those in alcohol treatment who successfully complete	Top quartile
<b>Structured day programme</b> -  Minimum of 50 residents wishing to be abstinent completing the programme  % completion of the planned programme and or reduction to within safe limits	70%
<b>GP Hubs</b> - Number of service users receiving brief treatment in the GP hubs and number of sessions provided  Outcomes as for main services	100 unique individuals and 430 attended appointments
<b>Mental Health Counselling</b> - Number of service users receiving alcohol mental health counselling in hubs % with improved mental health (GAD score)	80 70%
<b>Alcohol Liaison</b>	
80 hospital staff trained on Alcohol-related topics staff trained on IBA Including both IBA and staff trained on managing alcohol withdrawal syndrome (AWS)	At 6 months 90% staff feel the training gives them the skills to complete IBA /manage AWS CQIN targets being met by the service Audit score positives being referred to ALS
400 patients reviewed on wards (including PHE dataset relevant IBA score)	
50 patients supported undergoing medicated alcohol treatment on wards (including PHE dataset relevant medication) 20 early discharges supported	Survey demonstrating satisfaction of medical staff with support offered
Patients accepting EBI receiving “motivational interventions” or “EBI”(provider to provide number ) Targeted case study follow-up of one patient per quarter for narrative report of satisfaction of service	60% successful completion of EBI 50% reduced to within safe limits on discharge 90 % satisfaction

	of patients
<b>Link worker</b>	
Quarterly creation/review of Haringey frequent attenders, with monthly review of hospital's ED shared care cohort for alcohol-related repeat attending patients to target	Awareness of who are FA so that they can be targeted
Caseload of 20 to be worked with over 12 months, with outcomes against A&E, Ambulance and Admission activity at NMUH to be provided as each patient reaches 6 months and 12 months post engagement into repeat attending pathway.	Reduction of alcohol related attendances by 70% (if CCG can identify mechanism to do this evaluation)
AUDIT score on exit Alcohol consumption (days out of 28 and units on drinking days) on exit A&E Attendance, ambulance and admission data and relative cost measured against 6 or 12 month period prior to engagement.	Successful completion and reduction of alcohol use 50% to below score 16 50% below 20 70% reduction in attendances directly attributable to alcohol

<b>Outcome 3 - Early intervention and prevention: To prevent homelessness and support service users to sustain independent living</b>	
<b>Description</b>	<b>Target</b>
% of individuals identified as at risk of homelessness or are homeless resolve their housing issues	90%
% of individuals maintained independent living	95%
Number of Street and Community Outreach interventions provided	250 individuals annually
% of homeless individuals referred to the service who began structured treatment	100%

<b>Outcome 4 - Reduce offending and antisocial behaviour: Engagement of those not accessing treatment who are vulnerable or causing antisocial behaviour and/or on social work case loads</b>	
<b>Description</b>	<b>Target</b>
Brief interventions delivered off site	200 individuals annually
Support via key-working	120 unique individuals annually

street drinkers engaged	100 annually
Deliver off site key work sessions	90 annually

<b>Outcome 5 - Improved social, economic wellbeing and community involvement: To improve service user outcomes for those with an identified support need in each area</b>	
<b>Description</b>	<b>Target</b>
<p><b>Time credits</b> - 20% of residents using the service are earning and/or spending Time Credits in the service</p> <p>At least one service user led event per quarter where people are earning Time Credits</p> <p>All paid events or activities have an option for people to spend Time Credits.</p> <p>At least six events per year where people can spend Time Credits, either at the service, or at a spend partner where the trip is organised by staff/ service</p> <p>Employment to support the successful of the Individual placement support trial - engage up to 275 Service Users for the IPS pilot</p>	20% earning time credits

<b>Outcome 6 - To ensure the welfare of the children of substance misusing parents</b>	
<b>Description</b>	<b>Target</b>
Those entering treatment will be screened for parenting responsibilities	100%
Parent offered an appointment with Parenting services Insight Platform	100%
% of those parents will engage	80%

**Lot 3: Recovery service**

<b>Description</b>	<b>Yearly</b>
Number of clients who have recovery plan input from the service	2000
Number of clients active in the recovery service (tier 2 and 3)	1000
% with positive improvements in TOP	90%
Number attending intuitive thinking skills	30
<b>Haringey Time Credits</b>	
Residents using the service are earning and/or spending Time Credits in the service, or at other opportunities in Haringey.	50%
Service user led event/activity where people are earning Time Credits. (All paid events or activities have an option for people to spend Time Credits)	At least one per month
Event where people can spend Time Credits with the recovery service (i.e. celebration event, competition, sports activity, board game session, training, film club) - this could be delivered by volunteers/clients too.	At least eight events per year (two per quarter)
<b>Volunteering, education and work</b>	
Nos supported who are on the IPS trial (these will come via the other services )	Up to 275
Nos securing volunteering	To be identified in method statement
Number of peer mentors	To be identified in method statement
Numbers helped to access ETE services not on the IPS trail	100
<b>Harm reduction</b>	
Smoking cessation	To be identified in method statement
<b>Friends and family</b>	
Number of referrals received per month	10
Number of carers assessed	5
Number of case load	15
Carers assessed to have a support plan	100%
Carers assessed to be provided with onward referrals to Haringey Support services ( if appropriate)	100%
Responsibility once identified to contact the carer and arrange a home or community visit	48 hours
End of engagement questionnaires provided to all carers will show an improvement in ability to deal with substance misuse	100%
Improvements in health, wellbeing and employment	100%
<b>Think-Family approach (welfare of the children of</b>	

<b>substance misusing parents)</b>	
Those entering treatment will be screened for parenting responsibilities	100%
Parent offered an appointment with Parenting services Insight Platform	100%
% of those parents will engage	80%