

## Recommissioning Drug and Alcohol Treatment Services for Adults and Children and Young People

To: Adults and Health Committee

Meeting Date: 23 January 2025

From: Executive Director, Adults, Health, and Commissioning

Electoral division(s): All

Key decision: Yes

Forward Plan ref: KD2025/005

Executive Summary: This report aims to secure the support of the Adults, Health, and Commissioning Committee for recommissioning both Children and Young People's and adult drug and alcohol treatment services. The report provides the Adults, Health and Commissioning Committee with the background information and complexities associated with the recommissioning of both Children and Young People's and adult drug and alcohol treatment services.

Recommendation: The Committee is asked to approve the following recommendations:

- a) A new Section 75 with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for it to continue to provide the Children and Young People's Drug and Alcohol treatment Service for 7 years at a total value of £3,218,047, with the option of breaks at years 3 and 5.
- b) Undertake a market analysis to determine if a competitive or direct award is the appropriate procurement route for the adult Drug and Alcohol Treatment Service under the Provider Selection Regime regulations.
- c) If the National Drug Strategy additional grant funding is not extended or only to a minimum level, undertake a review of the improvements arising from the funding to inform decisions relating to the allocation of additional funding from any uplift in the core Public Health Grant to the Drug and Alcohol Treatment services.
- d) Bring a report to the Adults, Health and Commissioning Committee with the proposed service model based on the needs assessment currently in train, any confirmed additional grant funding, and the results of the market analysis to determine the appropriate

procurement option. Current base value: £33,282,466 over seven years.

- e) The Adults, Health, and Commissioning Committee to review and approve the recommendations initially and then they will be taken to the Children and Young People's Committee for information.
  
- f) To delegate authority for awarding and executing the Section 75 for providing the Children and Young People's Drug and Alcohol Treatment Service and the Adult Drug and Alcohol Treatment Service contract both starting 1 April 2026, to the Executive Director Adults, Health and Commissioning in consultation with the Chair and Vice-Chair of the Adults, Health and Commissioning Committee for a total of 7 years with the option of breaks at the 3 and 5 years.

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# 1. Creating a greener, fairer, and more caring Cambridgeshire

1.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes  
Specialist drug and alcohol service support this ambition through:

- Commissioned treatment providers encourage the use of nature areas across Cambridgeshire, giving more people in recovery access and experience of green spaces.
- Commissioned treatment providers have worked with service users to regenerate the gardens within their fixed sites to encourage wildlife and growing of plants/vegetables and promoting benefits of green outdoor space.
- Commissioned treatment provider promotes the use of electric bikes to conduct home visits in Cambridge City.

1.2 Travel across the county is safer and more environmentally sustainable  
Specialist drug and alcohol service support this ambition through:

- Providing place-based services, improving accessibility and treatment engagement.
- Supporting travel costs, promoting use of public transport to enable attendance at health appointments.

1.3 Health inequalities are reduced.

People misusing drug and alcohol generally have poorer health outcomes than other population groups. Specialist drug and alcohol service work to decrease inequalities in health outcomes through treatment and supporting service users to address the determinants of health that influence their health outcomes.

- Reducing drug and alcohol dependency and supporting long term recovery will contribute to a reduction in health inequalities and improvements in a wide range of health outcomes.
- Addressing drug and alcohol dependency reduces risk of rough sleeping and homelessness, reduces risks of eviction, and improves chances of maintaining stable accommodation to meet individual needs

1.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.

Specialist drug and alcohol services support this ambition through:

- Promoting long term recovery and behaviour change.
- Supporting trauma informed care.
- Addresses homelessness and increases access to stable and safe accommodation.
- Increases access to primary care and addresses health conditions
- Provides a personalised care approach, peer led support to promote long term change, reducing relapse.

1.5 Helping people out of poverty and income inequality.

Specialist drug and alcohol service support this ambition through:

- Promotes long term recovery.
- Addresses homeless/housing needs, provides access to welfare benefits (dedicated CAB workers), addressing long term debts.
- Provides access to personalised budgets to support recovery.
- Direct access to the dedicated individual placement service (IPS) enabling those with drug and alcohol dependency issues to access employment and return to the workplace.

1.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised. Specialist drug and alcohol service support this ambition through:

- Promotes long term recovery and stability including volunteering opportunities.
- Reduces crisis situations, reduces anti-social behaviour and negative impact of drug/alcohol use on local communities
- Direct access to the dedicated individual placement service (IPS) enabling those with drug and alcohol dependency issues to access employment and return to the workplace.
- Supports access to other local services to address long term health and social issues.

1.7 Children and young people have opportunities to thrive. Specialist drug and alcohol service support this ambition through:

- A dedicated team of practitioners (family safeguarding team) to provide intensive support to parents who use substances to improve the life changes of their children.
- A dedicated service for children who are impacted by parental drug and alcohol use.
- A dedicated young people's service providing prevention, early intervention and specialist drug and alcohol treatment to increase awareness, address issues and prevent escalation of use.

## 2. Background

2.1 Drug and alcohol prevention and treatment services are funded from the local authority Public Health Grant. The services are not specifically mandated, but the Public Health Grant conditions include the following statement: A local authority must, in using the grant, "...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services..."

2.2 The current Cambridgeshire County Council (CCC) Children and Young People's (CYP) and adult specialist Drug and Alcohol Treatment service contracts in Cambridgeshire will end on 31<sup>st</sup> March 2026. All possible contract extensions will have been exhausted and therefore both services will require re-commissioning. Contract awards are planned for December 2025 with contract start dates of the 1 April 2026.

2.3 The Cambridgeshire Children and Young People's Substance Misuse Service (CASUS) is delivered through a Section 75 Agreement with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The Section 75 Agreement commenced on 1<sup>st</sup> July 2019 for an

initial 3-year term. It has been extended on 2 occasions to bring the Agreement in line with the adult drug and alcohol treatment contract which terminates on 31 March 2026 (total contract length 6 years 9 months). The service provides specialist substance use treatment for children and young people across Cambridgeshire, delivering an integrated model of treatment (mainstream, mental health, and criminal justice provision).

- 2.4 The current CCC Adult Integrated Drug and Alcohol Treatment provider is Change Grow Live (CGL), a large third sector organisation and one of the market leaders in this sector. The contract commenced on the 1<sup>st</sup> of October 2018 and ends 31 March 2026. The contract (originally 5.5 years) has been extended by a further 2 years (to 31 March 2026) beyond the original terms of the contract which would have ended on 31 March 2024 (3.5+1+1).
- 2.5 A number of contract variations have been made to the CGL contract since its inception in October 2018 primarily due to the receipt of additional national short term grant funding associated with the new National Drug Strategy “From Harm to Hope”. This requires the delivery of national ambitions for increasing and improving the capacity and quality of treatment services to reduce harm and improve recovery rates. The Drugs Strategy is for 10 years, and the additional funding has been for the first three years. There has not been any formal confirmation that the grants, which have been substantial, will continue after March 31, 2025.
- 2.6 The CGL Adult Treatment Service provides all elements of substance misuse treatment including early intervention advice and support, pharmacological treatment, harm reduction services, pharmacy delivered services (including needle and syringe programmes), psychosocial support, recovery support, community/inpatient detox, and residential rehabilitation. Under the last recommissioning exercise in 2017/18, the Cambridgeshire adult treatment service was completely re-modelled to include a psychology led therapeutic delivery component as well as an innovative co-produced peer led community recovery service.

### 3. Main Issues

- 3.1 There is substantial evidence that demonstrates the value of drug and alcohol treatment services. Estimates show that the social and economic annual costs of alcohol related harm amount to £21.5 billion and from illicit drug use £10.7 million. The combined benefits of drug and alcohol treatment amount to £2.4 billion every year, resulting in savings in areas such as crime, Quality-Adjusted Life Years (QALYs) improvements and health and social care. [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf).

#### CYP Commissioning Model

- 3.2 There are different models for commissioning CYP and adult drug and alcohol treatment services. In Cambridgeshire, the two services are commissioned and delivered separately. In other areas there are examples of services that are integrated into an ‘all age’ service.

The recommended model here is to continue with the separate agreements as there are a number of key benefits of adopting this approach.

- The CYP Service has been developed to meet the specific needs of the patient/user group, and the Service is continuously evolving.
- The current CYP Service is a co-occurring conditions service which means that young people receive combined support to meet their substance use needs alongside any mental health needs.
- The Service has input and oversight from an adolescent psychiatrist, which is a skill set that is difficult to recruit.

3.3 There are examples in the country of integrated ‘all age’ services however there are risks associated with merging services which include dis-investment in the CYP service element (absorbed by the adult service pressure), losing CYP clinical specialism, losing links with CYP partner services and treating young people as mini adults rather than children with needs that require a different treatment approach.

Going forward collaboration and integration with other CYP services would be the preferred model, for example the school-Aged Health Improvement and Prevention Service (SHIPS).

3.4 It is recommended that a new Section 75 is agreed with the CPFT CASUS Service which has consistently performed well across the key indicators. This has been discussed and agreed with the Procurement Team.

Figure 1 shows the number of young people in treatment which is higher than the England comparator figure.

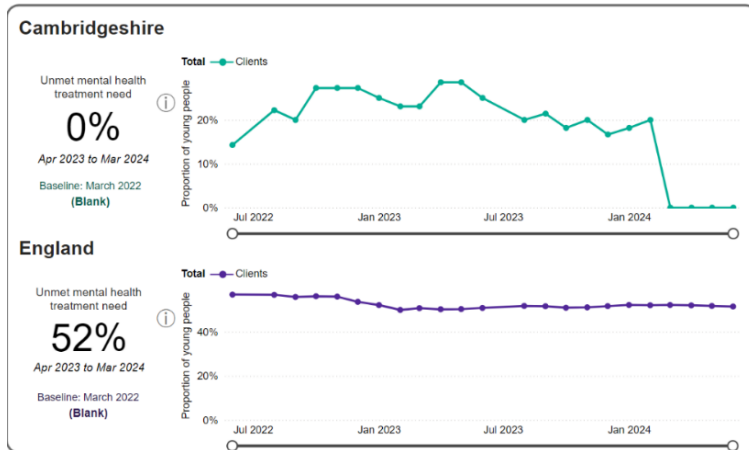
**Figure 1: Cambridgeshire CYP Numbers in Treatment** (Source: NDTMS, Office for Health Improvement & Disparities)

| CYP | Cambridgeshire Baseline performance March 2022 | Cambridgeshire most recent performance March 2024 | Cambridgeshire % difference against baseline March 2022 | England % difference against baseline March 2022 |
|-----|--|---|---|--|
|     | 100  | 152   | 52%   | 28%  |

The unmet

mental health needs for CYP in the current treatment service are significantly lower than the England rates 52% and East of England (30%). (Figure 2)

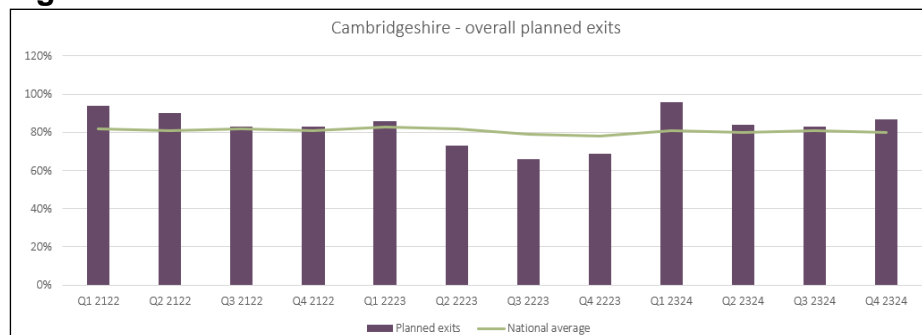
**Figure 2: CYP unmet mental health needs in the current Service**



Source: NDTMS, Office for Health Improvement & Disparities

In terms of planned exits, following a dip during the COVID-19 pandemic planned exits have remained above the national figure.

**Figure 3: Planned exits from the CYP Service**



Source: NDTMS, Office for Health Improvement & Disparities

3.5 The strengths and performance of the Service support the recommendation for a Section 75 Agreement for seven years with potential breaks at years three and five. The rationale for a longer Section 75 Agreement is that the Service is performing very well, with no empty posts and evidence of ongoing development. Any change of provider would run the risk of losing the very skilled and committed workforce.

CYP Drug and Alcohol Treatment Service Funding Model

3.6 The value of the original Section 75 Agreement for the CYP Drug and Alcohol Service was £1.1 million (2.9 months). The Section 75 Agreement has been extended twice and as the service is delivered by an NHS provider it has received NHS agenda for change uplifts (staff pay awards) throughout the term. The total value of the Agreement over the extended term is £2.8 million.

3.7 It recommended that this base level of funding from the core Public Health Grant is maintained in any new agreement with the following values over 7 years. It should be noted that the Service has not received any inflationary uplifts in the course of this Section 75 excepting the NHS Agenda for Change uplifts. Commissioners have worked with the Provider to manage the pressures, but they are under ongoing review.

**Annual base value £459,721**  
**Total base value: £3,218,047**

This excludes any additional Agenda for Change uplifts.

### Adult Drug and Alcohol Treatment Services

- 3.8 As this is a Public Health Service it will be subject to the Provider Selection Regime (PSR) Procurement Regulations. (These are the regulations used by the NHS and must be used for procuring Public Health services). There are a number of procurement options in the PSR regulations which include direct award options as well as competitive procurements.
- 3.9 **PSR Direct Award:** There are a number of PSR direct award options. Direct award C would be the applicable option and is defined as:
- “Where there is an existing provider for the services and that existing provider is satisfying the original contract and will likely satisfy the proposed new contract and the services are not changing considerably.”*
- 3.10 This can provide flexibility in selecting a provider and enables the continued development of stable partnerships and delivery of integrated care. It avoids service instability in treatment provision (services users and workforce) and local performance. National sector guidance [Commissioning quality standard: alcohol and drug services - GOV.UK](#) states:
- “To avoid instability in treatment provision, the partnership only uses competitive tendering if necessary. Where competitive tendering processes are required, they prioritise quality and clinical safety, while also ensuring legal compliance and value for money.”*
- 3.11 The current provider is satisfying the original agreement but information from the needs assessment and financial pressures may necessitate changes in the model.
- 3.12 **PSR Competitive Process:** There are risks associated with direct awards. A competitive approach offers less risks than a direct award in terms of delivering value for money and avoiding a challenge from other potential providers.
- 3.13 The Procurement Team advised that under the PSR regulations a market analysis should be undertaken before proceeding with a competitive tender.
- 3.14 Re-commissioning the adult services present a challenge due to the uncertainty around the continuation of additional funding for delivering the National Drugs Strategy that has significantly increased the value of the adult treatment services. This grant is due to end in March 2025. However, an abrupt ending of this substantial funding stream will have an impact upon the Drug and Alcohol services along with other partner organisations, including the Criminal Justice system. For example, the funding has developed services working with the homeless and for those leaving prison.
- 3.15 This has been widely recognised across the country with representation from many organisations at regional and national levels. The Office for Health Improvement and Disparities (OHID), which manages the additional funding at national and regional levels, is



advising on the post March 2025 funding situation, but has not been able to formally confirm the continuation of this funding at the time of writing this paper.

- 3.16 Given the uncertainty around this funding the risks have been identified, and contingency measures have been developed to mitigate the impact upon services. This includes the allocation of £400,000 of Public Health reserves to support spend in 2025/26 if current grant funding ends on 31st March 2025. This will be targeted at maintaining services for those people already in treatment.

Improvements in Adult Drug and Alcohol Treatment Service Outcomes associated with the National Drugs Strategy additional funding

- 3.17 The additional grant funding has enabled considerable improvements in services.

Increase in numbers in treatment

- 3.18 The top ambition of the National Drug Strategy is to increase overall numbers in drug and alcohol specialist treatment services. Cambridgeshire was set a target to increase the total numbers in treatment to 2843 by 31st March 2025 (baseline in March 2022 was 2555). CGL achieved this target in April 2024 and numbers in treatment continue to grow. Cambridgeshire has seen an increase in treatment numbers across all drug types against baseline (March 2022) except alcohol which has increased but at a slightly lower rate than the national average.

Reduction in unmet need

- 3.19 An increase in numbers of people receiving treatment has influenced Cambridgeshire's unmet treatment need rate. Comparing recent data March 2024 against the baseline March 2022 (grant funding commenced 1 April 2022), the unmet need rates for Cambridgeshire have reduced for all drug types apart from 'opiates only' which have increased but at a slower rate compared to national.

Treatment Outcomes

Treatment rate outcomes have improved and overall, they are above the national figures.

**Figure 4: Adult National treatment outcomes measures**

| National outcome measures (Adults)   | Cambridgeshire March 2024 % | England March 2024 % |
|--|-----------------------------|----------------------|
| Treatment progress measure (successful completions, drug free in treatment or reduction in drug use) | 48%                         | 47%                  |
| Deaths in structured treatment   | 1.20%                       | 1.28%                |
| Criminal justice clients in contact with structured treatment  | 89.0%                       | 64.3%                |

## Prevention

3.20 There have also been some significant gains in prevention outcomes since the introduction of the grant in particular tackling Hepatitis C. Cambridgeshire's Hepatitis C testing numbers have increased by 20% (March 2024) compared to the baseline in March 2022 and remain significantly higher than the England average. Cambridgeshire are thereby making significant steps towards the national Hepatitis C micro-elimination goal where all those in structured treatment are offered testing regularly. Additionally, Cambridgeshire has continued to see increases in the distribution and availability of naloxone in the community (reverses opioid overdoses) which saves lives. The current distribution rate is higher than the England average.

## Other impacts and improvements

3.21 The additional grant has also enabled softer outcomes which includes funding of transport costs to facilitate access to clinical appointments, collection of medication from pharmacies and overall engagement in treatment. The grant has also funded 2 specialist citizen advice bureau workers dedicated to the treatment service to help address cost of living pressures which have resulted in £900,000 income gain to service users (access to entitled benefits) and £56,000 worth of debts written off.

### Adult Drug and Alcohol Treatment Services Funding

3.22 The value of the current CGL contract for the initial 5.5-year term was £26.8 million and with the additional 2-year extension adding £9.7 million. This is funded from the core Public Health Grant. The total value of the current core contract is £36.7 million over 7.5 years with a current annual value of £4,853,000

3.23 The contract variations over the course of the 7.5-year contract total £6.3 million primarily due to the additional Drug Strategy funding. The total CGL contract value over the full 7.5-year contract term (including all variations) is £43 million.

3.24 If the national drug and alcohol grants end in March 2025 this would mean a total reduction of income into the local treatment system of £1.7 million annually in Cambridgeshire. To put this into context the core commissioned treatment service contracts cost is £5.3 million per annum in Cambridgeshire (CYP and Adult) so the additional grant income represents a significant portion of the treatment system spend. This means that the improvements associated, and described above, with the additional grant funding are at risk of being eroded.

3.25 Included in this total contract value is additional funding from the Office of the Police and Crime Commissioner and the Probation Service have provided low value funding for co-commissioning elements of the current adult Drug and Alcohol treatment service. Over the past three years (including 2024/25) this funding totals £480,000, continuation of these grants has not been confirmed beyond 31 March 2026.

3.26 There is uncertainty around the funding allocation for the adult Drug and Alcohol Services due to lack of formal confirmation about continuation of the additional national grant funding. However, it is recommended that the core Public Health Grant funding is

maintained at the current value over seven years, irrespective of any currently unknown additional grant funding. As with the CYP Service the Adult Service has not received any inflationary uplifts over the course of contract and pressures have been managed but they are under ongoing review.

**Annual base value £4,754,638**

**Total base value: £33,282,466**

This excludes any additional Agenda for Change uplifts (if the new provider is an NHS organisation).

- 3.27 Any new commission will take the learning from the service improvements arising from the additional funding, but they will overall be difficult to maintain, and the challenge will be exacerbated by ongoing inflationary pressures. There will be limited mitigation from the agreed additional Public Health funding of £400,000 for 2025/26 if the extra grant funding is not maintained which will help ensure that the additional new service users are able to continue and hopefully complete their treatment. The newly commissioned service will start in April 2026, and it is recommended that the existing funding from the core Public Health Grant is maintained but also any associated uplifts are used in part to maintain these improvements and address any cost pressures that cannot be effectively managed.

#### Contract Length

- 3.28 As with the CYP agreement it is recommended that the contract length is for seven years with potential breaks at years three and five. The rationale for a longer contract is the complexity of the services, the destabilisation that a new provider brings with staff losses and recruitment issues, as it is a very specialist workforce. The financial pressures on adult services mean that there is a need to develop them which given the high and complex level of need will take time to embed.

#### Ongoing development of the new service model.

- 3.29 The re-commissioning of both the Adult and CYP Drug and Alcohol contracts in Cambridgeshire will provide the opportunity for service model change and development.
- 3.30 The new service specification and service model will need to reflect the learning in recent years alongside the needs assessment that is currently being undertaken. The needs assessment will identify the changing demographic of service users, changing profile of drug use, requirements of vulnerable groups and the move towards place-based provision.
- 3.31 In view of the fluid funding for the service and the ongoing needs assessment it is recommended that the final Adult Drug and Alcohol proposed service model, and the available funding is brought back to Adults Health and Commissioning Committee for final approvals. This will enable the final funding pressures to be presented and how this will affect the new service model alongside considering the options of any additional core Public Health Grant funding if necessary.

## 4. Alternative Options Considered

- 4.1 This current Section 75 Agreement for CYP and the contract for Adult Drug and Alcohol Treatment Services cannot have any further extensions and therefore there is not any alternative to them being recommissioned.
- 4.2 The current CYP service is provided through a Section 75 with CPFT. The rationale for the recommendation of establishing a new Section 75 as opposed to undertaking a competitive procurement is described above. The key factors are described in 3.2 as follows.
- The CYP Service has been developed to meet the specific needs of the patient/user group, and the Service is continuously evolving.
  - The current CYP Service is a co-occurring conditions service which means that young people receive combined support to meet their substance use needs alongside any mental health needs.
  - The CYP Service has input and oversight from an adolescent psychiatrist, which is a skill set that is difficult to recruit.

Additionally, the CYP Service is performing very well, with no empty posts and evidence of ongoing development. Any change of provider would run the risk of losing the very skilled and committed workforce.

- 4.3 Two procurement options, (described in 3.7) that are in line with PSR Procurement Regulations, have been considered for the recommission of the adult Service. Based on the advice of the Procurement Team a market analysis will be undertaken to determine if a direct award can be made to the current provider or whether a competitive process will be required to avoid any challenge to a direct award. The outcome of this along with the needs assessment will be included in a future report to the Committee.

## 5. Conclusion and reasons for recommendations

- 5.1 There are number recommendations in this report. In summary they seek approval to proceed to re-commissioning the CYP and Adult Drug and Alcohol Treatment Services, but they also reflect the complexities that this involves. These complexities demand that a further report is brought to Committee for approval when additional information will be presented to inform the Committee's decisions.
- 5.2 The recommissioning is necessary because of the end of the Section 75 Agreement for both the CYP and Adult Services.
- 5.3 The procurement complexity is because PSR Regulations include the option of a direct award to the current provider as well as a competitive procurement process. The recommendation for a market analysis will enable any risks of a direct award to be excluded or minimised.

- 5.4 A second complexity arises from the uncertainty around the future of the additional Drug and Alcohol grant funding that has implications for maintaining the improvements afforded from the funding and also managing the ongoing cost pressures created by inflationary pressures. The planned future report to Committee should be able to confirm if the additional funding will be prolonged. This will enable the new Service to be financially planned with realistic deliverables in the context of ongoing cost pressures but also maintaining the improvements that have been secured with the additional funding. It is recommended that any uplift to the Public Health Grant could be in part allocated to the Drug and Alcohol Service to help mitigate the ongoing cost pressures and maintaining the improvements. This would be if following analysis of the needs and delivery model along with the confirmed funding envelope there are ongoing pressures.

## 6. Significant Implications

### 6.1 Finance Implications

The financial implications are described above.

CYP Drug and Alcohol Treatment Service: 3.6

Adult Drug and Alcohol Treatment Service: 3.22

Key issues for both are ongoing inflationary pressures. The adult services have complex financial issues arising from additional grant funding. Progress and ongoing issues related to these issues will be included in the follow up report to Committee

### 6.2 Legal Implications

We will work with Pathfinder Legal Services Ltd to fully explore any risks and ensure they are addressed and that all legal and governance requirements for both the new Section 75 Agreement and competitive tender are met.

Pathfinder Legal Services Ltd will assist in drafting the new Section 75 Agreement and contract and assist in any other legal issues that arise during the procurement stage.

### 6.3 Risk Implications

The contract and Section 75 Agreement must have strong requirements for early identification of any risks and a clear system for escalation and addressing them in collaboration with commissioners where appropriate.

Both agreements will require robust key performance indicators. The service models and the performance indicators will require ongoing development and review. Poor performance will need to be captured and addressed through contractual levers and the Section 75 agreement.

### 6.4 Equality and Diversity Implications

People who access Drug and Alcohol Treatment Services generally experience health and other inequalities that arise from a range of socio-economic circumstances and are

compounded by misuse of drugs and alcohol. The Services aim to address not only drug and alcohol misuse but also the wider factors that influence their substance misuse and their overall health and wellbeing outcomes.

A completed Equality, Impact Assessment (EqIA) form is attached as an appendix to this report.

## 6.5 Climate Change and Environment Implications

The Drug and Alcohol Treatment services can impact upon the environment and climate change through the delivery of services. Key actions that contribute are as follows.

- Commissioned treatment providers encourage the use of nature areas across Cambridgeshire, giving more people in recovery access and experience of green spaces.
- Commissioned treatment providers have worked with service users to regenerate the gardens within their fixed sites to encourage wildlife and growing of plants/vegetables and promoting benefits of green outdoor space.
- Commissioned treatment provider promotes the use of electric bikes to conduct home visits in Cambridge City.
- Providing place-based services, improving accessibility and treatment engagement.
- Supporting travel costs, promoting use of public transport to enable attendance at health appointments.

In addition, the proposed commissioning approach will embed and support the Council's net zero carbon emissions ambitions through a more place-based approach to service delivery, where feasible. This will mean that service users will be able to access services locally and not have to travel. In addition, any commissioned service will be expected to provide a digital option for accessing services, if appropriate.

The procurement will include a quality question relating to carbon emissions. Carbon emission monitoring will be embedded into the service specification and contract and will be part of performance monitoring.

Any commissioned provider will need to demonstrate how their service will contribute to ensuring that staff and service users are safe when travelling. If service delivery involves staff travelling, environmentally sustainable options should be adopted.

## 7. Source Documents

- 7.1 [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/alcohol-and-drug-prevention-treatment-and-recovery-why-invest).  
National Drug Treatment Monitoring System, Office for Health Improvement & Disparities  
[NDTMS - Home](#)  
[Commissioning quality standard: alcohol and drug services - GOV.UK](#)