

## Drug and Alcohol Treatment Services Additional Grant Funding

- To: Adults and Health Committee
- Meeting Date: 10 October 2024
- From: Patrick Warren-Higgs, Executive Director, Adults, Health & Commissioning
- Electoral division(s): All
- Key decision: No
- Executive Summary: This report asks the Committee to note and consider the following:
- The positive improvement in outcomes to date arising from additional high value grant funding for the Drug and Alcohol Treatment Service.
  - The impact of the ending or a reduction in the additional grant funding.
  - The risks associated with ending or reduction in the value of the grant and the proposed mitigations.
  - The representations made to the central funding body from commissioners, colleagues, and partners.
- Recommendation: The Committee is asked to support the following recommendations relating to the ending or reduction in the additional Drug and Alcohol funding:
- a) The proposed actions for mitigating the associated risks.

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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.  
Specialist drug and alcohol service support this ambition through:

- 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
- Drug and alcohol specialist treatment is a protective factor for overdose and contributes to a reduction in early mortality.
- Specialist drug and alcohol treatment addresses co-occurring mental ill health, physical health needs, and trauma.
- Treatment services provide harm reduction advice and interventions to prevent illness/harm e.g., screening, vaccinations, needle, and syringe provision.

1.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.  
Specialist drug and alcohol service support this ambition through:

- Promotes long term recovery and behaviour change.
- Supports trauma informed care.
- Addresses homelessness increases access to stable and safe accommodation. Promotes stability.
- Increases access to primary care and addresses health conditions
- Provides a personalised care approach.

- Utilises peer led support to promote long term change, reducing relapse and provides a visual demonstration of recovery.

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.
- Provides a dedicated criminal justice team to address dependency, delivers positive continuity of care from prison, reduces chances of re-offending.
- Reduces rough sleeping and any associated anti-social behaviour in communities.

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 included in 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 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/consultations/alcohol-and-drug-prevention-treatment-and-recovery-why-invest)

- 2.2 The current Cambridgeshire Adult Integrated Drug and Alcohol Treatment contract is provided by Change Grow Live (CGL), a large third sector organisation who are one of the market leaders in this sector. It commenced on the 1 October 2018 and ends 31 March 2026. The smaller Young Person's treatment service is provided by CPFT (known as CASUS) this contract also ends on 31 March 2026.
- 2.3 The CGL Adult Drug and Alcohol 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.
- 2.4 Both services are performing well compared to national average indicators and demonstrated strong resilience over the Covid 19 pandemic.
- 2.5 Following concerns about the impact and harm of drug use and the historical cuts to drug and alcohol services in England, the government commissioned an independent review. The review was published in 2020 and concluded:
  - There was a need to reform the funding model for drug and alcohol services.
  - A whole system approach was required encompassing health, housing, criminal justice, and employment
  - There was a need to strengthen harm reduction services
  - There was a need to expand and upskill the workforce
  - There is significant stigma experienced by people with drug and alcohol issues.
  - To recognise the link between co-occurring mental health and substance use.
- 2.6 In response to the findings, the government published a national ambitious ten-year drugs strategy 'From Harm to Hope' in December 2021 with 3 key priorities:
  - i. Break drug supply chains.
  - ii. Deliver a world class treatment and recovery system.
  - iii. Achieve a generational shift in the demand for drugs.

The strategy represents a unique, 'whole-of-government' approach to combat illicit drug use, reduce drug related deaths and ensure people get into high-quality treatment and recover from their addiction. Six departments of state are jointly accountable for delivery.

- 2.7 To accompany the delivery of the strategy, central government committed £900m worth of additional funding over 3 years. Each authority was asked to set up a Combatting Drugs Partnership (CDP) to oversee local delivery and to appoint a local Senior Responsible Officer (SRO). Locally, the Countywide High Harms Board functions as the CDP and the SRO is the Police and Crime Commissioner. The Countywide Drug and Alcohol Delivery Board provides the partnership delivery function. These groups operate across Cambridgeshire and Peterborough.

- 2.8 We are currently in the final year (2024/25) of the three-year drug strategy grant investment cycle which has enabled improvements in the quality and capacity of drug and alcohol treatment services, and wider support services, across Cambridgeshire. The majority of treatment grants have been directly awarded to current service providers to scale up the workforce, ensure treatment consistency, continuity of care and cost efficiency.
- 2.9 Table 1 provides a summary of the national drug and alcohol grant funding streams received by Cambridgeshire County Council in 2024/25 (final year of the grant funding). This funding is additional to local core treatment funding (public health grant). Annual treatment and recovery grant plans (including local performance targets) are developed locally and signed off by the central grants team and the regional Office for Health Improvement and Disparities (OHID).

**Table 1: Summary of funding over the 3-year grant cycle**

Grant allocation	2022/23	2023/24	2024/25
Supplementary Substance Misuse Treatment & Recovery Grant (SSMTRG)	£580,583	£592,030	£1,098,415
Rough Sleeper Drug & Alcohol treatment grant (RSDATG)	£535,073	£494,805	£514,561 (Cams City only)
Individual Placement & Support (IPS)	N/A	£77,147	£162,010
<b>Total grant funding</b>	<b>£1,115,656</b>	<b>£1,163,982</b>	<b>£1,774,986</b>
<b>Total PH core funding for adult &amp; YP treatment service contracts</b>	<b>£5,189,738</b>	<b>5,220,833</b>	<b>5,269,008</b>

- 2.10 Midway through year 3, we are still in the early stages of the delivery of the 10 Year National Drug Strategy ‘from Harm to Hope’. Over the past year OHID has indicated that information about the prolongation of the additional funding was imminent. Due to the change in Government, following the Election and the subsequent uncertainty a on the continuation of the grant, has meant that plans have been put in place by commissioners working with the provider and partner agencies to manage the risks of the ending of such a large grant.

However, given the increased and ongoing uncertainties associated with the Government’s autumn Spending Review this paper is being brought to Committee to describe the current risks. In this context Cambridgeshire County Council’s officers and partners from across the East of England have also worked to actively draw attention to the risks associated with the possible ending or reduction in this grant, by OHID and Government.

### 3. Main Issues

#### The needs

- 3.1 All services that provide structured treatment for drug and/or alcohol users submit data to the National Drug Treatment Monitoring System (NDTMS) which is hosted by Office for Health Improvement and Disparities (OHID). This data is used by local commissioners to understand and manage local need and for performance monitoring and management purposes. Unfortunately, due to national data restrictions, the most recent data available to commissioners cannot be published into the public domain until after the release of the national annual NDTMS report so a narrative summary is provided below.
- 3.2 Table 2 describes the current estimated numbers/rates of people dependent on drugs and/or alcohol (aged 15-64) in Cambridgeshire. Cambridgeshire is statistically significantly below England for all drug types and statistically similar to England for alcohol dependency. However, in terms of unmet need there are still over 600,000 people estimated to be dependent on drugs and/or alcohol.

**Table 2: Cambridgeshire prevalence rates (based on 19/20 data-most recent)**

Drug profile	Area	Rate per 1,000 population	Estimated count
Opiate and or crack use (OCU)	Cambridgeshire	6.1	2533
Opiate and or crack use (OCU)	England	9.5	341,032
Crack only	Cambridgeshire	0.8	323
Crack only	England	1.3	47,168
Opiate only	Cambridgeshire	3.1	1278
Opiate only	England	4.6	164,279
Opiates and Crack	Cambridgeshire	2.3	933
Opiates and Crack	England	3.6	129,584
Alcohol	Cambridgeshire.	10.75	5561
Alcohol	England	13.75	608,416

Source: Prevalence and unmet need report, NDTMS, Office for Health Improvement & Disparities

#### Improvements arising for additional grant funding

- 3.3 There have been considerable improvements in performance outcomes relating to numbers in treatment and prevention outcomes with above national level increases.

#### Increase in numbers in treatment

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.

- 3.4 Reduction in unmet need

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.

### 3.5 Prevention

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% (May 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.

### 3.6 Other impacts and improvements

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 £900k income gain to service users (access to entitled benefits) and £56k worth of debts written off.

### Risks arising from grant funding ending or reducing

3.7 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 £1.8 million in Cambridgeshire. To put this into context the core commissioned treatment service contracts cost is £5.2 million per annum in Cambridgeshire (CGL & CASUS) 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 being eroded.

3.8 The grant funding has focused on addressing the specific needs of complex patient cohorts (e.g., rough sleeper/homeless and those in contact with the criminal justice system) and its withdrawal or reduction will affect the wider system. Areas where the impact will be greatest have been identified as follows:

- Rough Sleeper/Homeless work
- Criminal Justice Pathways
- Social Care (residential rehab placements)
- Co-occurring conditions work covering substance use and mental health
- GP primary care work/alcohol prevention
- Employment support
- Recovery system

3.9 There will be a long-term legacy of expanded numbers in treatment services with a depleted workforce thereby putting a strain on core services and the wider system. This will be especially evident in the complex patient cohort whereby dedicated services have been specifically developed to meet individual need. On average an opiate patient is in treatment for 6 years so expanded numbers will have a long-term legacy impact on service capacity.

3.10 There is the risk that we may lose frontline treatment staff early if the uncertainty of the funding continues which may impact on the delivery of grant related services and grant spend for 2024/25. These are specialist staff who were challenging to recruit.

- 3.11 The grant legacy impact to the treatment system comes at the same time as increased risk of drug related mortality due to the circulation of synthetic opioids in the illicit drug supply chain.
- 3.12 Additionally, there is an increase in pressure on community treatment services to meet the support needs of offenders through 'out of court' disposals (early intervention), court treatment orders and early release of prisoners to reduce the capacity of the prison population. Without this additional funding treatment services will not be able to meet demand.

### Risk mitigations

- 3.13 A countywide grant risk/impact matrix has been developed and has been presented at the Cambridgeshire and Peterborough Drug & Alcohol Delivery Board and to The High Harms Board. Members were provided with detailed information to help identify risk and system impact beyond 31 March 2025. The risk matrix also reflects options available to the partnership if grant investment is ends or continued but at reduced levels i.e., 25%, 50% and 75%. Decisions and priority will be made according to clinical complexity and primarily on the most vulnerable patients (rough sleepers/homeless) and maintaining criminal justice system pathways with following options.
- 3.14 The Drug and Alcohol Service will be re-commissioned during 2025 with a new contract starting in April 2026. This will allow the learning from the additional funding to be incorporated into the new service model within the available cost envelope.
- 3.15. However, to avoid the risks associated with the abrupt end or a reduction of funding and a deterioration in outcomes it is proposed that Public Health Reserve funding is earmarked against the areas where the negative impact of that decision will be most acute.
- 3.16 An allocation of £400k has been included in the Integrated Finance Monitoring Report. This would enable a reduced element of the dedicated rough sleeper team in Cambridge City to be maintained (4 front line outreach workers and some dedicated prescribing capacity) and 4 front line criminal justice workers across Cambridgeshire.

## 4. Alternative Options Considered

- 4.1 This is not a key decision, but the alternative options are described in the risk mitigation section found in 3.13.

## 5. Conclusion and reasons for recommendations

- 5.1 This paper describes the impact of the abrupt ending or reduction in the additional grant funding for drug and alcohol services. It will have wide ranging impact on existing service users, those wanting to access treatment alongside affecting the wider system including health and social care services and the criminal justice system. The recommendations reflect the gravity of these impacts, and the mitigations are aimed at the areas of greatest risk.



## 6. Significant Implications

### 6.1 Finance Implications

The request for the use of Public Health Grant reserves to contribute to the mitigations can be accommodated within the current Public Health reserves and in year savings. Paragraph 2.2 provides the evidence for the cost effectiveness of Drugs and Alcohol treatment services.

### 6.2 Legal Implications

The Health and Social Care Act 2012 places responsibility on local authorities to commission substance misuse services. Due to the risks described in this paper any legal implications will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

### 6.3 Risk Implications

The risk implications are described in the paper in paragraphs 3.7 to 3.12 and the mitigations in paragraphs 3.13 to 3.19. (A full risk assessment is available) If any of the risks escalate any implications will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding

### 6.4 Equality and Diversity Implications

Drug and Alcohol Service users are very vulnerable and experience many inequalities. These are captured in the Equality, Impact Assessment (EqIA) form.

### 6.5 Climate Change and Environment Implications

Not applicable

## 7. Source Documents

### 7.1 N/A