

Modification to the Integrated Drug and Alcohol Treatment System

To: Adult and Health

Meeting Date: 14 July 2022

From: Jyoti Arti, Director of Public Health

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2022/063

Outcome: To provide Committee with an overview of the new drugs strategy and associated new national investment in treatment and recovery services.

To provide Committee with information on the new grant monies from national government and the impact on commissioned services

Recommendation: Adults and Health Committee is asked to approve the following:

- a) The investment proposals for the Drug and Alcohol Services
- b) The commissioning of the current provider of the Drug and Alcohol Services, Change Grow Live (CGL) to provide the additional services.
- c) Approve a contract variation for the estimated value of £1,779,998 to the current CGL integrated treatment contract (subject to confirmation of the final value of the Rough Sleeper Drug and Alcohol Grant).

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1. Background

- 1.1 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..."
- 1.2 There have been changes in the national investment in drug and alcohol services since 2014/15 with overall reductions in the amount local governments have invested in services. However, over the past two years there has been considerable renewed focus and concern in relation to substance misuse resulting in increased funding for the 'treatment and recovery strands' coming down from the centre.
- 1.3 In July 2021 Dame Carol Black published the second of two Independent Reviews which had been commissioned by the Home Office and the Department of Health and Social Care to inform the government's thinking on tackling the harm that drugs cause. Her report concluded that *"the public provision we currently have for prevention, treatment and recovery is not fit for purpose, and urgently needs repair."* Her report detailed thirty-two recommendations for change across various government departments to improve the effectiveness of drug treatment and to help more people recover from dependence.

The National Drugs Strategy from "Harm to Hope;" published in December 2021 was informed and shaped by the Independent Reviews and had three strategic themes.

- i. Break drug supply chains
- ii. Deliver a world class treatment and recovery system
- iii. Achieve a generational shift in the demand for drugs

- 1.4 The Reports and subsequent Drugs Strategy has resulted in additional funding targeted at increasing and improving treatment services to reduce harm and improve recovery rates. This will mean more people receiving better quality treatment, including developing and expanding the treatment workforce, helping to prevent crime. The following are the specific objectives.
- Improve offender drug treatment across the Prisons and Probation Service in England and Wales to get more offenders engaged in treatment.
 - Increased housing support and access to treatment for those at risk of sleeping rough.
 - Roll out individual employment support across all local authorities in England by 2025 based on effective existing models to help people in recovery to get a job by supporting them to be ready for work and helping them to find a job that is right for them.
 - Investment to implement employment support including a peer mentoring programme for those with a drug or alcohol addiction.

- 1.5 Locally Cambridgeshire County Council has received the following short-term grants from central government to deliver treatment and support to target groups.

- Universal grant (Drug Treatment Crime and Harm Reduction grant) 21/22. This Section 31 (S31) £381,000 grant could only be used for drug treatment. The funding was used to increase the number of front-line criminal justice workers in the local treatment system, enhancing current criminal justice pathways into treatment as well as strengthening harm reduction work across Cambridgeshire.
- Rough sleeping drug and alcohol treatment grant (RSDATG) 21/22 and 22/23 Cambridgeshire received £672,000 of grant funding for Cambridge City over a 2-year period 21/22 and 22/23 to set up a dedicated treatment team to meet the needs of rough sleepers with drug and alcohol dependency. The initial S31 grant funding was for a 2-year period for operational use in 21/22 and 22/23. The national team has recently announced that this national funding stream will now be extended until March 2024. The dedicated team consists of front-line outreach workers, prescribing doctor, nurse, psychologists, and recovery staff to engage and support rough sleepers with substance misuse issues into treatment.

The above grant funding was approved in 21/22 by Committee for direct award to the countywide commissioned treatment service provider Change Grow Live.

1.6 Central Government has made further funding available, and Cambridgeshire County Council is to receive the Supplementary Substance Misuse Treatment and Recovery Grant. This grant is to directly address the aims of the treatment and recovery section of the Drugs Strategy. On a national basis the additional funding should deliver:

- 54,500 new high-quality treatment places, including: 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
- a treatment place for every offender with an addiction
- 30,000 new treatment places for non-opiate users and alcohol users
- a further 5,000 more young people in treatment
- 24,000 more people in long-term recovery from substance dependence
- 800 more medical, mental health and other professionals

This grant found in Table 1 covers a 3-year funding period, with an enhancement in year 3. This grant enables local service investment funded through the previous 'Universal Grant' to be continued and expanded. Central government requires planning for allocation of the grant money and a detailed plan for Cambridgeshire has been developed and submitted in consultation with stakeholders and service users for 22/23. This includes a significant investment in front line treatment staff, a service quality improvement focus, increased line management capacity, an increase in funding for residential rehab and assistance with service user transport costs. The plans provide the national team with local trajectories for the following outcome measures.

- Treatment capacity
- Continuity of care from prison to community treatment
- Residential rehabilitation
- narrative on plans to reduce drug and alcohol related deaths

Table 1: Supplementary Substance Misuse Treatment and Recovery Grant

Supplementary Substance Misuse Treatment & recovery grant	2022/23	2023/24	2024/25
Cambridgeshire	£580,583	£591,915	£1,098,415

To be noted this new S31 new supplementary S31 grant funding is dependent on maintaining existing investment in drug and alcohol treatment from the Public Health Grant using the 2020/21 baseline.

- 1.7 The Probation Service has been tasked with improving the numbers of offenders engaging in and accessing drug/alcohol treatment and has received additional investment from Her Majesty's Prison and Probation Service (HMPPS) to drive this work. Cambridgeshire and Peterborough Probation Service are granting £147,500 to Cambridgeshire County Council over a period of 2 years (2022/23 and 2023/24) to deliver this work under a co-commissioning arrangement, funding two dedicated drug/alcohol workers. These workers will be co-located in probation offices and deliver early intervention support to offenders with drug and alcohol issues to prevent escalation, provide screening and advice to court staff as well as delivering the treatment element of community drug and alcohol court orders.

Table 2: Probation Service funding allocated to Cambridgeshire County Council

Probation funding	2022/23	2023/24
Cambridgeshire	£56,500	£91,000

- 1.8 The Government has also announced the national Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) (described in 1.4) will now be extended until March 2024. The original cohort has been extended to include those 'at risk' of rough sleeping.

Table 3: Rough Sleeping Drug and Alcohol Treatment Grant

RSDATG	2023/24
Cambridgeshire	£460k (Subject to confirmation)

- 1.9 There are comprehensive national financial and performance monitoring outcome frameworks linked to the grant funding.

2. Main Issues

- 2.1 The current Cambridgeshire Adult Integrated Drug and Alcohol Treatment contract is with Change Grow Live (CGL), a large third sector organisation who are one of the market leaders in this sector. It commenced on the 1st of October 2018 and ends 31 March 2024.
- 2.2 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, 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.
- 2.3 Local savings had to be realised through the duration of this contract which has been challenging in terms of capacity and Service delivery. The Service pressures have been exacerbated by COVID-19 with an increase in both new presentations and complexity of presentations over the pandemic period which has increased caseloads for staff and challenged the capacity of the service. Despite these challenges the Service is performing reasonably well compared to national average indicators and has demonstrated strong resilience.
- 2.4 The value of the original CGL contract for the full 5.5-year term was £26.8 million. A number of contract variations have been made since its inception in October 2018 totalling £2.3 million and include the grants outlined in 1.5. If CGL undertakes the new work associated with this new funding a variation to the contract of £1,779,998 (Table 4) is required until the end of the contract term (March 2024), giving a total contract value of £30,879,998 million. The 2024/25 funding will be part of any new commission.

Table 4: Summary of additional Drug and Alcohol funding streams

	Supplementary substance misuse treatment and recovery grant	Probation service contribution	Rough sleeper drug and alcohol treatment grant	Total
2022/23	£580,583	£56,500	Previous approval	
2023/24	£591,915	£91,000	£460k (subject to national confirmation)	
Total	1,172,498	£147,500	£460,000	1,779,998

- 2.5 The terms of the grant clearly stipulate how the funding must be allocated. Table 5 describes how the funding has been allocated to different service delivery areas. The Office for Health Improvement and Disparities (OHID) will undertake quarterly financial and performance monitoring. Key outcome measures will be an increase in treatment numbers, increase in rehabilitation placements, increase in those coming through criminal justice pathways-continuity of care.

Table 5: Funding allocation to delivery areas

FUNDING STREAM	VALUE	ALLOCATED FUNDING	ISSUES & NEEDS
Rough Sleeping Drug and Alcohol Treatment grant S31 grant (Cambridge City only)	£460,000 (2023/24) continuation of current grant money, originally due to end 2023	Funds: <ul style="list-style-type: none"> Increased capacity: 12 front line workers (including 4 drug and alcohol outreach workers, floating support outreach worker, team leader, nurse, prescribing Doctor, peer coordinator, 2 psychologists, transitions worker) Contribution towards CCC commissioning capacity, Contribution towards City Council data collection(is City Only) External project evaluation 	Lack of capacity in Services. Staff caseloads affecting quality of service
Supplementary Substance Misuse Treatment & recovery grant	£1,172,498 (£580,583 2022/23 & £591,915 2023/24)	Subject to National agreement Funds: <ul style="list-style-type: none"> Increased capacity: Total 17 new workers (including 10 front line recovery workers, 3 administration/reception support staff, 1x team leader, 1 x hospital discharge worker, 1 team leader, 1 quality assurance manager). Staff training Additional office/clinic space in Cambridge City 1x 0.8 FTE commissioning post Countywide strategic needs analysis Harm reduction/prevention work (including regional campaigns, naloxone kits, sex worker project (fenland)). Pharmacological treatment (new long-acting substitute medication) Project coordination post (split with Peterborough) 5x additional rehabilitation placements Service user transport 	Need increases in numbers accessing services and completing treatment, greater integration of services especially criminal justice system. National OHID grants team in process of agreeing local plan developed in line with menu of defined interventions to meet national outcomes.
Probation funding	£147,500 (£56,500 2022/23 & £91,000 2023/24)	Funds <ul style="list-style-type: none"> 2 dedicated drug and alcohol workers to be co-located in Probation buildings and courts. Delivering early intervention work to offenders under probation caseload (reducing harm/preventing escalating use), supporting delivery of treatment element of court orders and assisting with treatment order suitability assessments in court. 	There is co-commissioning relationship with Probation and key performance indicators have been agreed.

- 2.6 It is proposed that all the additional grant allocations for Cambridgeshire for 22/23 and 23/24 be directly awarded to CGL for the delivery of the treatment delivery plans submitted to and agreed with OHID under a contract variation for the reasons detailed below.
- Both grant applications have been collaboratively developed with CGL (as per requirements of the funding)
 - Grant funded delivery needs to start immediately (as per grant conditions). There would be a risk to breaching the conditions of the S31 grant agreements because of delaying the start to undertake competitive tenders. There is a time limit on the use of the grant and if we delay, we could lose the monies/local investment.
 - The rough sleeping grant is an extension to the original grant period (approvals already in place for 21/22 and 22/23).
 - Cohesion with the existing services is an important element of the grant. There would be a risk of destabilising the treatment system and affecting the continuity of care offer to patients through a competitive tender process. This would undermine the main purpose of the grant.
 - The supplementary funding is for increasing capacity in the current system and extending current provision, not developing new provision.
 - CGL, as a provider, is responsive and flexible and able to deliver on both S31 grants and understands the short-term element to both funding streams. The Service overall has performed well working closely in partnership with other services and willing to adopt new ways of working to benefit patients and the wider system.
- 2.7 The CGL contract can be varied using Regulation 72 of the Public Contract Regulations (2015) which allows for contract modifications where changing suppliers would cause significant inconvenience or substantial duplication of costs providing that the contract value is not increased by more than 50%. This is appropriate in view of the imperative to implement the improvements and that the grants are providing additional capacity to the current service rather than separate provision.”
- 2.8 The CGL contract ends on 31 March 2024, so grant monies for 24/25 will be included in the new recommissioning exercise.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

We are committed to ensuring people in Cambridgeshire enjoy healthy, safe, and independent lives. The report above sets out the implications for this priority in 1.3 & 1.5

3.3 Places and Communities

We are committed to ensuring Communities are inclusive, creative, and equitable. The report above sets out the implications for this priority in 1.3 & 1.5

3.4 Children and Young People

We are committed to ensuring Children and young people have the opportunity to thrive. The report above sets out the implications for this priority in 2.3

3.5 Transport

There are no significant implications for this priority.

4. Significant Implications

4.1 Resource Implications

The report sets out details of significant implications in 1.5, 2.7 & 2.10

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report sets out details of significant implications in 2.7, 2.8, 2.10 & 2.12

4.3 Statutory, Legal and Risk Implications

The report sets out details of significant implications in 2.11

4.4 Equality and Diversity Implications

There are no significant implications for this priority.

4.5 Engagement and Communications Implications

The report sets out details of significant implications in 1.2

4.6 Localism and Local Member Involvement

There are no significant implications for this priority.

4.7 Public Health Implications

The report sets out details of significant implications in 1.1, 1.2, 1.3, 1.5, 1.6, 2.1

4.8 Environment and Climate Change Implications on Priority Areas (See further guidance in Appendix 2):

4.8.1 Implication 1: Energy efficient, low carbon buildings. neutral

Explanation: Not affected by increased funding

4.8.2 Implication 2: Low carbon transport. neutral Status:

Explanation: Not affected by increased funding

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management. neutral

Explanation: Not affected by increased funding

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

neutral

Explanation: Not affected by increased funding

4.8.5 Implication 5: Water use, availability, and management:

neutral

Explanation: Not affected by increased funding

4.8.6 Implication 6: Air Pollution.

neutral

Explanation: Not affected by increased funding

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

neutral : Not affected by increased funding

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes

Name of Officer: Claire Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Jyoti Atri

Have any engagement and communication implications been cleared by Communications?

Yes

Name of Officer: Matthew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Jyoti Atri

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Jyoti Atri

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

5. Source documents

5.1 Source documents

Independent review of drugs by Professor Dame Carol Black 2020 and 2021

www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black

From harm to hope: A 10-year drugs plan to cut crime and save lives 2021

Home Office, Department of Health and Social Care, Ministry of Justice, Department of Work and Pensions, Department for Education, and Department for Levelling Up, Housing and Communities

www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives