


Executive Decision Taken under Cabinet Delegated Authority

Subject:	Drug & Alcohol Treatment Services Extension
Director:	Director of Public Health, Lisa McNally
Key Decision:	No This report is to enact a cabinet decision, the cabinet report referenced below is the key decision.
Delegation Reference	Cabinet report date: 01 st June 2016 Cabinet report: 07 th December 2016 Cabinet minutes: 203/16 Commissioning of Integrated Drug and Alcohol Service Provision (Key Decision Ref. No. PHP03) Cabinet report date: 30 th August 2017 Cabinet minutes: 144/17 Commissioning of Integrated Drug and Alcohol Service Provision (Key Decision Ref. No. SMBC1607)
Contribution towards Vision 2030:	
Contact Officer:	Mary Bailey, Addictive Behaviours Programme Manager Mary_bailey@sandwell.gov.uk

1. DECISION RECOMMENDATIONS

- (1) **That the Director of Public Health and Director –Monitoring Officer be authorised to utilise the option to extend the Drug and Alcohol Service contract for a further 2 years.**

2 Reason(s) for Recommendation

- 2.1 To enact a Cabinet decision taken in June 2016 to utilise the option to extend the Drug & Alcohol Service contract for 2 years at a maximum budget of £2,509,031per annum. This will ensure delivery covering the period 01st February 2021 to 31st January 2023.

3 Alternative Options considered and discounted

- 3.1 The Council has the option not to extend the contract and allow it to come to a natural end on 31st January 2021. However, this will mean there will be no service provision as of 01st February 2021 and will have a detrimental impact on the client group and the wider community.

The current Drug and Alcohol contract is also very competitively priced (during the round of commissioning to secure current provision all other bidders dropped out of the process citing the low budget as the reason). It is therefore highly unlikely that should we go out to market to re-procure the service with the existing budget we would achieve similar value for money. Furthermore there is limited capacity for a procurement process during the current demands of managing Covid within the Public Health department and within the market of potential providers.

4 Purpose of the report

- 4.1 To enact the decision to extend the Drug and Alcohol Treatment Service contract for two years covering the period 01st February 2021 to 31st January 2023.
- 4.2 The option to extend for 2 years will cost a maximum of £2,509,031 per annum.
- 4.3 Alternative options would be to allow the contract to naturally end on 31st January 2021 however we would not recommend this.
- 4.4 Service users and providers (including the wider market of providers) were consulted with as part of the initial service design and procurement process. Service users and the current commissioned provider were consulted with in respect of the potential to extend existing provision for another two years. It was felt that sustaining current provision for a further two years was positive in allowing continuity of provision.

5 How does this support Vision 2030?

- 5.1 Ambition 1 - Sandwell is a community where our families have high aspirations and where we pride ourselves on equality of opportunity and on our adaptability and resilience: Substance misuse treatment enables people, including parents, to become free of dependency benefitting themselves, their families and the community.
- 5.2 Ambition 2 – Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for: Treatment is evidenced to prevent drug and alcohol related deaths. Therapies available are also associated with reduced risky injecting practices and bloodborne infections.
- 5.3 Ambition 3 - Our workforce and young people are skilled and talented, geared up to respond to changing business needs and to win rewarding jobs in a growing economy: The majority of people

who access substance misuse treatment for support with alcohol and drug dependency are unemployed when they first present. Successful treatment can improve an individual's chances of entering and sustaining employment, training or education.

- 5.4 Ambition 5 – Our communities are built on mutual respect and taking care of each other, supported by all the agencies that ensure we feel safe and protected in our homes and local neighbourhoods: Opiate dependency is often funded via acquisitive crime, and alcohol misuse is a factor in approximately 40% of violent crime -all this has a negative impact on communities, businesses and individuals. Studies show effective treatment and support has a beneficial impact on crime levels including reduced reoffending rates.

6 Current position/Background Details

- 6.1 The impact of alcohol is not only health related. Alcohol misuse also has a detrimental effect on families and society as well as accounting for over 40% of violent crimes locally. The combination of these factors have a considerable adverse impact on the health and wellbeing of the people of Sandwell as whole.
- 6.2 Despite a decrease in the rate of alcohol related hospital admissions since 2010/11, Sandwell remains above the regional and national rate for a number of other alcohol relevant health outcomes including:
- 7,651 alcohol related in-patient admissions during 2012/13 - of which 2,258 were for health problems wholly attributable to alcohol
 - 161 alcohol related deaths during 2012
 - alcohol-specific hospital stays among those under 18 was 43.1 compared to the national average of 40.1 per 100,000. This represents 33 stays per year.
- 6.3 The latest prevalence estimates show that Sandwell has approximately 2,141 heroin and crack users (OCUs) aged between

15 and 64 years living in the borough. This is above both regional and national rates per 1,000 population.

The current position

- 6.4 Drug and Alcohol treatment and has been provided through externally commissioned providers since 2013 and at each contract expiry has been reviewed and the model redeveloped. We currently have a commissioned service delivered via Cranstoun offering integrated drug and alcohol support and treatment. The current service delivers both preventive/early intervention behaviour change work as well as more structured treatment such as pharmacotherapy and complex needs care coordination.
- 6.5 The current service delivery model was procured to ensure integrated provision for substance misuse needs (previously we had 3 separate contracts covering drugs, alcohol and criminal justice focussed activity). The current model of delivery therefore reduced the overall funding amount reasoning that an integrated service could provide efficiencies of scale. The budget amount saw a reduction from £3.7m per annum to £3.1m per annum for the first year of contract reducing by 10% each year to a low of £2.5m by year 3 and for subsequent permissible extension years.
- 6.6 Current performance shows that the service engages a higher level of complex needs clients than is seen nationally (in Sandwell, 66% of the caseload are in the high or very high complexity groups compared to 51% nationally). Despite this the level of Successful Completions (those who complete treatment and do not represent within 6 months) seen locally is only slightly lower than national levels (19% compared to 21% nationally). This outcome is notable given that evidence from the National Drug Treatment Monitoring System (NDTMS) shows clients in the low complexity group are over seven times more likely to complete treatment than those in the high complexity group

In terms of substance misuse related harms, drug related deaths in Sandwell are at 1.2 per 100,000 population compared to 4.5 nationally while alcohol related hospital admissions are at 641 per 100,00 population compared to 664 nationally. A stable, safe and

effective service is key to maintaining current levels of performance

However whilst the service manages to deliver a clinically safe model and has worked hard to achieve the aforementioned outcomes, it should be noted treatment penetration levels remain low. There are still far more individuals who would benefit from treatment. We know that the reduction in budget from the latest procurement exercise has reduced the capacity of the service which means 50% of estimated opiate users and more than 80% of estimated dependent drinkers go without the support they need.

Public Health commissioners continue to work extremely closely with the provider to ensure service provision retains clinically safety and support for our most vulnerable as its core offer.

Consultation:

6.7 Service users and providers (including the wider market of providers) were consulted with as part of the initial service design and procurement process. Service users and the current commissioned provider were consulted with in respect of the potential to extend existing provision for another two years. It was felt that sustaining current provision for a further two years was positive in allowing continuity of provision.

Sustainability:

6.8. The recommended option ensures service provision for another two years until 31st January 2023. This ensures continuity of provision which not only benefits the client group and wider community but ensures a very competitively priced service given all but one bidder dropped out at the initial procurement stage citing the low budget as the reason.

Timescales:

6.9 The proposed recommendation ensures service provision for another two years until 31st January 2023. During the extension period work to re-design and revisit the budget for a future service model will be undertaken to ensure provision ready for 1st February 2023 so that there is no break in support available for the residents of Sandwell.

7 Implications-do this section

Resources:	The permissible two year extension will cost a maximum of £2,509,031per annum and will be funded from the Public Health grant. Given that all but one provider dropped out of the procurement process (citing the low budget as the reason), it is fair to say that risk is limited and value for money can be achieved.
Legal:	The procurement opportunity was advertised in March 2017and a compliant procurement undertaken in accordance with both the Council’s Procurement and Contract Procedure Rules and the Public Procurement Regulations (PCR) 2015. The value of the contracts mean that OJEU requirements were required to be complied with. The extension period was included in the OJEU adverts and documentation and therefore is compliant with the PCR 2015.
Equality:	<p>The proposal will ensure provision of substance misuse support for anyone with needs within the Borough. It is evident from monitoring data that the service manages to engage a high proportion of vulnerable and complex needs clients who would otherwise place disproportionate demand on other local emergency services. Furthermore, commissioning requirements mean the service must identify and create means of engagement with the following groups:</p> <ul style="list-style-type: none">• 18-25 year olds• Eastern European drinkers• Those new to or previously involved with the Criminal Justice system• Injecting drug users

	The proposal would not have any detrimental implications for equality (all aspects and characteristics)
Risk:	If the permissible contract extension period is not enacted there will be no drug and alcohol support available in the borough. This will impact on individuals directly and indirectly affected by substance misuse and will be in contrast to NICE guidance and the Public Health grant condition that requires local public health departments to have due regard to the outcomes from local substance misuse treatment services.
Health and Wellbeing:	If the permissible contract extension period is not enacted the prevalence of drug and alcohol misuse and associate harm will continue to increase leading to higher morbidity and mortality as well as placing a significant burden on the Sandwell health economy
Other:	

In accordance with the authority delegated to Chief Officers to act on matters within the authority delegated to them under Part 3 of the Council's Constitution, I intend to take the action(s) recommended above.

I do not have an interest to declare in this matter

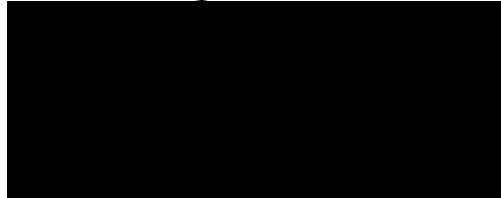

Director Public Health – Lisa McNally

Date 19/10/2020

If the Constitution requires the decision to be taken in consultation with another chief officer, the following signature box should also be included

I confirm that I have been consulted on the above proposals and have no objection to their proceeding.

I do not have an interest to declare in this matter.



Director of Law and Governance & Monitoring Officer

Date 8 January 2021

8. Appendices

Cabinet Paper:  11 - Commissioning Drug and Alcohol Integrated Drug and Alcohol Service 2018 - CabineSandwell Drug and Alcohol Master Template_upc  06 - Redesign of Report_to_Cabinet_

Cabinet Minutes:  Minutes_of_the_Cabi net_7_December_201  Minutes Cabinet June 2016.pdf  Cabinet Minutes 30.08.2017.pdf

9. Source Documents

Local Alcohol Profiles for England accessible via:

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

Public Health Grant Circular:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767140/DHSC_allocations_circular_template_final_1.pdf