

Report to Cabinet

13 April 2022

Subject:	Drug Strategy Grant: Enhanced Substance Misuse Treatment Provision
Cabinet Member:	Cabinet Member for Adults, Social Care and Health Cllr Hartwell
Director:	Dr Lisa McNally Director of Public Health
Key Decision:	Yes An executive decision which is likely to incur significant expenditure or have a significant effect on the community
Contact Officer:	Mary Bailey Addictive Behaviours Programme Manager mary_bailey@sandwell.gov.uk

1 Recommendations

- 1.1 That the Director of Public Health, in consultation with the Director of Law and Governance and Monitoring Officer, be authorised to vary the current Adult Alcohol and Drug Service Contract to fund additional enhanced provision totalling £280,066 allowing the additional enhanced provision for the remaining period of the contract term which will end 31 January 2023



2 Reasons for Recommendations

- 2.1 Following the 2021 Dame Carol Black national review of drug treatment servicesⁱ, Government provided an additional £80 million funding for drug treatment services to be spent in 2021/22. Sandwell's allocated amount for the 2021/22 period was utilised in line with the Grant conditions resulting in a previous variation to the current Alcohol & Drug Service Contract (see Appendix 1: Decisions of Cabinet held 16th June 2021)
- 2.2 Further to the national review and the subsequent release in December 2021 of the National Drug Strategy '*From Harm to Hope: A ten-year drugs plan to cut crime and save lives*'ⁱⁱ the Government has announced further additional funding for substance misuse treatment services for a period of 3 years covering the following financial years: 2022/23, 2023/24 and 2024/25
- 2.3 Sandwell's indicative allocated amount for the 2022/23 period (the period of overlap with the current Alcohol & Drug Service Contract term) is £530,000. The funding is to be additional to existing Public Health grant expenditure on substance misuse treatment services.
- 2.4 The funding must be spent on interventions that aim to achieve the Drug Strategy ambition to reduce drug and alcohol related deaths and harms. The Strategy therefore requires that local areas rebuild and reinvest into treatment services towards "*a world class drug treatment and recovery system*"ⁱⁱⁱ
- 2.5 The expectation from government is that the additional enhanced delivery commences from Quarter 1 of 2022/23 and continue throughout the 3-year period of enhanced funding (2022/23, 2023/24 and 2024/25).



- 2.6 Many of the permissible spend interventions can only be delivered by our existing substance misuse treatment provider (Cranstoun), for example, expansion of pharmacological and psychosocial intervention capacity. To not have these delivered by our existing treatment provider could compromise client experience and continuity of provision.
- 2.7 We therefore propose to secure approval to allow a variation of the current Adult Alcohol and Drug Service Contract value to fund additional enhanced provision totalling £280,066 for the remaining period of the contract term which will end 31 January 2023
- 2.8 The period of the Drug Strategy funding (3 years covering the following financial years: 2022/23, 2023/24 and 2024/25) takes us beyond the life of the current contract term. Approval to procure treatment service provision beyond the current contract term has been secured through a previous report to Cabinet (see Appendix 2: Decisions of Cabinet held 09th February 2022) including use of future Drug Strategy funding within future contracting arrangements.

3 How does this deliver objectives of the Corporate Plan?

	<p>Best start in life for children and young people:</p> <p>Maximising access and engagement with substance misuse support enables people (including those affected by someone else's use such as children, family members and the wider community) to benefit</p> <p>Parental substance misuse can have a negative impact on children and young people. Evidence suggests that in Sandwell over 500 adults with an opiate dependency live with children, of these 48% accessed treatment.^{iv}</p>
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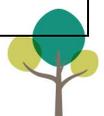


People live well and age well:

Problematic substance misuse can cause ill health and impact on mortality rates. Ensuring engagement and support with drug treatment, will help individuals live longer and enjoy a better quality of life – *adding years to life and life to years*.

Enhanced delivery capacity and treatment options afforded from the Universal Allocation grant monies will ensure increased health outcomes as follows:

- Increasing the range of long acting opioid substitute medications (Buvidal) available is particularly suited to people for whom there are concerns about the safety of medicines stored at home or for people who have difficulties adhering to daily supervised opioid substitution medication^v.
- Enhancing needle/syringe packs through the addition of foil will help reduce the harms of heroin use by encouraging smoking rather than injecting, thus reducing the risk of fatal overdose and the transmission of blood borne viruses. The provision of foil is exempt from the Misuse of Drug Act 1971 and therefore permissible in law^{vi}
- Expanding the provision of the overdose reversal medication Naloxone through a peer to peer distribution scheme will reduce drug related deaths by ensuring it gets to those who need it most. Local drug related death findings showed 43% of those who died from an opiate overdose did not have naloxone. Naloxone can be given out by people employed or engaged in the provision of drug treatment services (including volunteers) without the need for a prescription.
- Employing a small number of Referral Generation workers who will work across the system to increase referrals into treatment by working across a range of partners including children and family services, criminal justice agencies, job centre plus and primary care. This will ensure a greater number of individuals benefit from accessing drug treatment



	<ul style="list-style-type: none"> • Employing an additional Drug Treatment Worker to increase treatment capacity meaning more individuals benefit from accessing drug treatment and its range of benefits including reduced crime, reduced drug-related deaths, improved health and social functioning
	<p>Strong resilient communities</p> <p>It is estimated that around 45% of acquisitive crime is committed by heroin and/or crack cocaine users in order to fund their dependency. Evidence suggests that in 2016/17 substance misuse treatment helped to prevent 4.4 million crimes^{vii}.</p> <p>Crime can have a significant impact on communities; people may feel less safe, home insurance can increase, property prices can be affected and businesses may avoid the area.</p> <p>The proposals aim to increase the number of drug dependent people accessing treatment which is likely to reduce crime.</p>

4 Context and Key Issues

Background

4.1 Additional Government funding was made available to Local Authority Public Health teams to help bolster their local drug treatment response following the 2020/21 Dame Carol Black review of drug treatment services^{viii}. The review highlighted sustained funding cuts to local drug treatment services together with increasing drug related harms, resulting in government providing an additional £80 million funding for drug treatment services to be spent in 2021/22.

Sandwell's allocated amount for the 2021/22 period was utilised in line with the Grant conditions resulting in a previous variation to the current Alcohol & Drug Service Contract (see Appendix 1: Decisions of Cabinet held 16th June 2021)



- 4.2 Further to the national review and following the subsequent release in December 2021 of the National Drug Strategy '*From Harm to Hope: A ten-year drugs plan to cut crime and save lives*'^{ix} the Government has announced further additional funding for substance misuse treatment services for a period of 3 years covering the following financial years: 2022/23, 2023/24 and 2024/25
- 4.3 Sandwell's indicative allocated amount for the 2022/23 period (the period of overlap with the current Alcohol & Drug Service Contract term) is £530,000. The funding is dependent on maintaining existing Public Health Grant investment in substance misuse treatment and therefore must be additional to existing Public Health grant expenditure.
- 4.4 The funding will be made available through Section 31 grant provisions. Local areas are expected to receive confirmed allocation amounts by mid-March 2022 with spend activity to commence as early as possible in Quarter 1 of 2022/23.
- 4.5 The funding must be spent on interventions that help reduce drug and alcohol related harms. The list of permissible spend options include:
- offering more treatment places and reducing treatment worker caseload levels
 - increased use of residential rehabilitation
 - expanding needle and syringe programmes to reduce blood-borne viruses
 - providing more naloxone to prevent overdose deaths
 - improving treatment pathways from the criminal justice system including courts, prisons and police custody
 - other interventions (subject to approval from the national team)



Please see Appendix 3 for a copy of the indicative menu of permissible spend interventions issued from the Office of Health Improvement and Disparities (OHID)

4.6 In order to ensure local proposed spend fulfil national requirements as well as benefitting local treatment provision, consultation with the local treatment provider commenced during the week of 21st February 2022 just after the indicative allocation amount was announced. Partners including members of the local Strategic Drug & Alcohol Partnership (SDAP), local treatment service providers including acute sector and CCG, and regional Public Health colleagues will be consulted throughout March 2022 and during the SDAP meeting scheduled for mid-March 2022. The achievability of intended aims, feasibility, additionality to existing provision as well as fit within the permitted list of interventions outlined by the national criteria will inform spend proposals.

4.6 **Current Position**

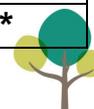
4.7 The proposed spend options include a number of elements that are best delivered by our currently commissioned substance misuse treatment provider, Cranstoun, e.g. expansion of pharmacological and psychosocial intervention capacity. To not have these delivered by our existing drug treatment services could compromise client experience and continuity of provision. Other proposed spend elements outside of the proposed variation amount (such as increasing the role of the voluntary sector towards recovery activities and purchasing of residential rehabilitation) will be managed internally within the Public Health team in accordance with permissible grant spend options

4.8 The proposed variation to the current Adult Alcohol and Drug Service Contract would be to fund additional enhanced provision as listed in Table 1 for the remaining period of the contract term which will end 31 January 2023



4.9 Proposed variation interventions and amount: Table 1:

Intervention	Descriptor/Rationale	Amount
Enhanced Harm Reduction: Peer-to-peer naloxone provision	400 additional naloxone kits (including kit bags and handwipes), peer development and support provision to ensure overdose reversal medication gets to those who need it	£13,626
Enhanced Harm Reduction: Foil in Needle Syringe Packs	Enhance current Needle pack kits with addition of foil: replace usual purchase of kits to kits containing foil - 1000 packs at a cost of £1 per pack	£1,000
More Treatment Options: Novel Long Acting Opioid Substitution Therapy (OST) provision :Buvidal	Cost of £3100 OST per individual per annum: additional cost to existing provision £1852 per individual -allowing an additional 30 people in receipt of Buvidal	£55,560
Increased Integration and Improved Care Pathways: 4 FTE Referral Generation & Outreach Workers	Posts will work across the system to increase referrals into treatment by working across a range of partners including children and family services, criminal justice agencies, job centre plus and primary care.	£93,564
Additional Treatment Staff Capacity including: <ul style="list-style-type: none"> • 1 FTE Peer Coordinator Role • 2 FTE Treatment Workers • 1 FTE Team Leader 	Workers to provide additional capacity to support those accessing treatment and to reduce caseload levels. Additional management capacity to ensure appropriate clinical supervision and support to keyworkers	£116,316
TOTAL		£280,066*



*The proposed variation will allow for budget to be reallocated between the delivery elements listed above should any slippage in one specific element occur. Any such reallocation will be subject to approval from the Director of Public Health on behalf of the Council and the national Office of Health Disparities & Inclusion (OHID) Grants team

- 4.10 The proposed additional interventions would add value to the existing substance misuse treatment contract through increased integration and improved care pathways, additional treatment capacity, enhanced harm reduction and the expansion of options in relation to opiate substitution therapy (in line with current NICE guidance). Furthermore, Cranstoun, the current provider of adult drug treatment services is performing to a satisfactory standard and could fully integrate the additional services into existing provision within a minimal timescale, subject to recruitment
- 4.11 The original contract value, proposed variation amount, aggregated with previous variation amounts made to the contract with Cranstoun means that the light touch threshold of the Public Contract Regulations 2015 was and remains above threshold. A Voluntary Ex Ante Transparency (VEAT) notice to utilise Regulation 72 is advised for the purposes of the current proposed variation. For further details please see Legal & Governance implications in section 6
- 4.12 The period of the Drug Strategy funding (3 years covering the following financial years: 2022/23, 2023/24 and 2024/25) takes us beyond the life of the current contract term. Approval to procure treatment service provision beyond the current contract term has been secured through a previous report to Cabinet (see Appendix 2: Decisions of Cabinet held 09th February 2022) including use of future Drug Strategy funding within future contracting arrangements.



5 Alternative Options

- 5.1 Do not approve the variation. An alternative method of delivery of the proposed variation interventions would be to secure provision through a competitive tender process. Risks with this option are as follows:
- There are no guarantees that providers would be forthcoming given the maximum contract length would be for 10 months only (to cover the remaining period of the current Alcohol and Drug Treatment Contract).
 - Both the procurement exercise and lead-in time mean that activity would be unable to commence until at least the latter half of Q2 2022/23. This means there is a risk that we would be unable to make use of all the funding.
 - This would delay the commencement of interventions that would be of benefit to Sandwell residents.
 - If the proposed interventions are delivered by a different provider it could result in the fragmentation of services and care pathways into treatment
- 5.2 Do not approve the variation and not utilise the additional funding but simply return the monies to government. This will mean that the local treatment service and ultimately those who could benefit from accessing such a service will not benefit from the potential quality and capacity improvements that the monies could afford



6 Implications

<p>Resources:</p>	<p>Financial, staffing, land/building implications:</p> <p>Sandwell has been allocated an indicative amount of £530,000 from Central Government to be spent on enhancing existing drug treatment provision. The money has been transferred by government and can only be spent on drug treatment services in line with a specific menu of interventions.</p> <p>The funding will be made available from Government through Section 31 grant provisions and the Section 151 Officer will need to confirm that spending has been on additional services.</p> <p>Of the total £530,000 Sandwell allocation amount, the proposed variation to the current commissioned adult drug treatment contract is £280,066.</p>
<p>Legal and Governance</p>	<p>Legal implications including regulations/law under which proposals are required/permitted and constitutional provisions:</p> <p>With regards to the variation to the main Alcohol & Drug Treatment Contract, the contract for this service was awarded for three years with a reducing annual budget of £3.1 million 2018/19, £2.8 million in 2019/20 and £2.5 million in 2020/21 with an option to extend the contract for two years at £2.5 million per annum. The total value of the contract across the 5 years including the approved permissible 2-year extension period is £13,152,031. Under the Public Contract Regulations 2015, Regulation 72(5) (b) allows for modifications to a contract as long as the modification does not alter the nature of the contract and falls below the relevant procurement threshold and 10% of the aggregated contract value.</p>



	<p>This original contract value, the proposed variation amount, aggregated with previous variation amounts made to the contract means that the light touch threshold of the Public Contract Regulations was and remains above threshold. A VEAT notice will be published, to utilise Regulation 72 (1) (C), which allows for modification without a new procurement procedure where all of the following conditions are fulfilled:—</p> <ul style="list-style-type: none"> (i)the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen; (ii)the modification does not alter the overall nature of the contract. (iii)any increase in price does not exceed 50% of the value of the original contract or framework agreement. <p>Due to the timescales associated with this funding and following approval from Cllr Hartwell, Cabinet Member for Public Health, this notice has been published in advance of this Cabinet variation request.</p>
<p>Risk:</p>	<p>Risk implications, including any mitigating measures planned/taken, health and safety, insurance implications:</p> <p>A risk assessment exercise has been undertaken in line with Council policy. Risks identified along with mitigations to manage the risk to acceptable levels are as follows:</p> <p>A risk associated with making the variation for the amount of £280,066 (and therefore continuing to take the Authority over the originally advertised contract value) is the potential for a challenge to the VEAT notification. This could delay the process further and mean we are unable to utilise the full funding. It's anticipated that such a challenge is unlikely given the Authority has sought to act in accordance with internal and national procurement approval processes for contract delivery to date. Furthermore, the previous VEAT notification linked to the previous contract variation (ref Cabinet report of 16th June 2021 attached in Appendix 1) utilising the Government's first year of additional drug treatment funding was not challenged.</p>



	<p>The period of the Drug Strategy funding (3 years covering the following financial years: 2022/23, 2023/24 and 2024/25) takes us beyond the life of the current contract term.</p> <p>Approval to procure treatment service provision beyond the current contract term has been secured through a previous report to Cabinet (reference Cabinet report of 9th February 2022 attached in Appendix 2) including use of future Drug Strategy funding within future contracting arrangements. This means that the additional enhanced provision can be included within any future contract term covering the entirety of the grant period. Beyond the 3-year grant period, additional enhanced support would be withdrawn unless additional funding is found, or a subsequent round of funding is made available from national government again (subject to the outcome of the next Government Comprehensive Spending Review).</p> <p>To mitigate risk where possible, sustainability of approaches (particularly those such as the system-wide referral generation work) will focus on embedding and changing workforce practice and culture towards the client group</p>
<p>Equality:</p>	<p>Implications for equality (all aspects and characteristics) including how meeting Equality Duty, equality impact assessments:</p> <p>An Equality Impact Assessment has been conducted and the proposal would have no negative impact on protected groups. The proposal ensures that some of the boroughs most vulnerable individuals are supported.</p> <p>For further details please see Appendix 4 – Equality Impact Assessment</p>
<p>Health and Wellbeing:</p>	<p>Implications of the proposals on health and wellbeing of our communities:</p> <p>This proposal would result in positive implications for health and well-being. Should the proposal not be accepted, and the additional interventions are not delivered through the proposed variation with our existing Drug Treatment contract, this would delay the commencement of interventions that would be of benefit to Sandwell residents. It may also mean</p>



	that, if the proposed interventions are delivered by a different provider, it could result in the fragmentation of services and care pathways into treatment.
Social Value	<p>Implications for social value and how the proposals are meeting this (for e.g. employment of local traders, young people):</p> <p>The proposal will result in continuing and expanding trainee/apprenticeship placements as well as additional posts at Cranstoun Sandwell which will provide skills, knowledge, experience and further employment opportunities for Sandwell residents.</p> <p>The proposal aims to further continue and develop peer-to-peer naloxone provision which provides opportunities and skills for those in recovery.</p>

7. Appendices

Appendix 1 – Decisions of Cabinet held 16th June 2021 (previous contract variation approval)



Decisions of
Cabinet - 16 June 2021

Appendix 2: Decisions of Cabinet held 09th February 2022
(approval to procure future treatment service provision)



Cabinet Decisions
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Appendix 3 –indicative menu of permissible spend interventions



Additional
substance misuse fu

Appendix 4 – Equality Impact Assessment





9 Evidence references:

ⁱ Dame Carol Black Review of Drug Treatment Services:

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

ⁱⁱ National Drug Strategy 2021: 'From harm to hope':

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

ⁱⁱⁱ National Drug Strategy 2021: 'From harm to hope':

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

^{iv} <https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem>

^v <https://www.nice.org.uk/advice/es19/chapter/Key-messages>

^{vi}

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/564151/monitoring-legal-provision-foil-heroin-users-horr92.pdf

^{vii} <https://app.box.com/s/p52mrjh78yryshd9smogm350s7ougg1>

^{viii} <https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

^{ix} National Drug Strategy 2021: 'From harm to hope':

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

