

OPEN

Adults and Health Committee

Monday, 20 January 2025

Substance Misuse Recommission

Report of: Helen Charlesworth-May, Executive Director – Adults, Health and Integration

Report Reference No: AH/25/2024-25

Ward(s) Affected: All

For Decision or Scrutiny: Decision

Purpose of Report

1. To seek approval from Adults and Health Committee to award the All-Age Drugs and Alcohol Service (also known as the Substance Misuse Service) through the Provider Selection Regime.
2. This work aligns with the priority within the Cheshire East Corporate Plan of: “a council which empowers and cares about people”. It also aligns with the Government’s 10-year drug strategy: “From harm to hope” and with the Cheshire East Joint Local Health and Wellbeing Strategy 2023-2028.

Executive Summary

3. The All-Age Drugs and Alcohol Service provides prevention, early intervention, treatment and recovery, community prescribing, and harm reduction services to those with substance addiction in Cheshire East.
4. The service enables the Council to meet its statutory duty to protect the health of the local population under the Health and Social Care Act 2012. Moreover, there is pronounced need for this service as reflected in population health data.
5. This report details the engagement and coproduction that underpins the commissioning intentions and discusses evidence of population need relating to drugs and alcohol.

RECOMMENDATIONS

The Adults and Health committee is recommended to:

1. Approve the procurement of the Cheshire East Substance Misuse Service through the Provider Selection Regime
2. Delegate authority to the Executive Director – Adults, Health and Integration to award the contract.

Background

6. In Cheshire East, an estimated 14,000 residents are considered higher risk drinkers, with 3,500 being alcohol dependent. However, only 1 in 3 are currently in treatment. Additionally, around 1,400 Cheshire East residents are thought to have substance misuse issues involving opiates or crack cocaine (processed cocaine which is smoked), with 62% receiving treatment.
7. For younger populations, approximately 1,100 boys and 1,200 girls aged 11-15 may have used drugs in the past year. Among 16–24 year-olds, up to 7,000 are estimated to have taken drugs, with cannabis being the most common, followed by nitrous oxide and ketamine.
8. Cheshire East has higher rates of alcohol-specific hospital admissions than the England average and this rate has been steadily increasing since 2008/09. Alcohol-specific hospital admissions in under-18-year-olds are also significantly worse than the national average.
9. The health and wider societal costs to society in England of illegal drug use is approximately £20 billion per year, with the harms from alcohol use estimated to cost another £25 billion. Since 2012, the number of drug-related deaths has more than doubled, and there are now approximately 5,000 UK deaths annually due to drug misuse ¹. In addition, there are over 10,000 annual UK deaths from alcohol, a figure which has been rising since 2019 ².
10. People who misuse substances are more likely to live in areas of high socio-economic deprivation and to experience a range of other risk factors, including adverse childhood experiences (ACEs), housing problems and homelessness, unemployment and crime. Drug misuse is highest among groups with a household income of less than £10,000 or more than £50,000, but the substances of choice are very different ³.

¹ UK Government, Addiction Healthcare Goals, 6 December 2024

² Office for National Statistics, Alcohol-specific deaths in the UK: registered in 2022, April 2024

³ Cheshire East Council, Cheshire East Substance Misuse, JSNA, September 2023

11. Substance use is a source of health inequality, and some research suggests that this is greater than the impact of socioeconomic inequality ⁴.
12. The current substance misuse service was commissioned in 2018 and is delivered by Change Grow Live (CGL). This contract runs until March 2025. The service delivers prevention, early intervention, treatment, community prescribing, and harm reduction services to those in need of drug/alcohol support in Cheshire East. CGL have also subcontracted Emerging Futures; who led on delivering psychosocial (PSI) groupwork, and The Growth Company; who deliver education, training and employment opportunities to those who are receiving substance misuse treatment.
13. There are currently 2,024 adults in treatment and 104 children and young people (CYP) Additional investment throughout the length of the contract has supported the provider to engage more and more people with the service.
14. CGL have been consistently performing well and achieving positive outcomes for the residents of Cheshire East since they commenced the contract in 2018. This includes exceeding performance targets. Highlights include (for October 23- September 2024):
 - Success in continuity of care - in Cheshire East, 75% of prison leavers are accessing treatment within three weeks of leaving, performing higher than the England average (rolling 12-month data).
 - Being above the England average for numbers showing substantial progress within treatment - Cheshire East currently has 51% showing substantial progress.
 - A total of 32% of people reported to be in paid work, which is higher than the England average.
 - A lower unmet mental health need for both children and young people and adults than the England average.
 - A higher percent of successful completions (27%) than the England average. Alcohol and drug conditions require intensive long-term treatment and support, so this is a positive result locally.
 - A huge 3,674 CYP attending substance misuse information, advice and guidance sessions across Cheshire East, delivered at schools, colleges, and community events.
15. Of additional note, is that in May 2024, CGL marked the significant public health achievement, of achieving micro-elimination of hepatitis C among its Crewe clients. This milestone signifies a major step forward in protecting the

⁴ Advisory Council on the Misuse of Drugs Report, 2018

health of the community and reducing the burden of this chronic liver disease. This achievement is a result of the combination of vaccination and syringe exchange programmes run locally.

16. Further performance data, including feedback and case studies, can be found in Appendix 1. This assessment follows the approach required under the Provider Selection Regime (see paragraph 39).
17. CGL are well established in Cheshire East and have worked hard to build relationships with key system partners. They have also been an integral part of the work done to co-produce our local drugs and alcohol plan and are committed to working in partnership to achieve required outcomes.
18. CGL promote their service through a range of networks. This includes through close work with youth services, community mental health teams, schools, police networks and by attending community events. They also deliver training to professionals, which promotes the support the service can offer.
19. In 2021, the Government introduced a 10-year drug strategy, 'From harm to hope,' focusing on prevention, enforcement, treatment, and recovery, with three main goals: breaking drug supply chains, delivering a world-class treatment and recovery system, and reducing drug demand.
20. The Cheshire East drugs and alcohol plan for 2024-2029 aligns with this strategy, incorporating national actions and insights from extensive local engagement. The plan emphasises early intervention, prevention, and harm reduction to improve health outcomes for individuals, families, and communities.
21. Recommissioning work on the substance misuse service follows the approval of the plan at Adults and Health Committee and Health and Wellbeing Board in November 2024. As such, it focuses on early intervention, prevention and harm reduction. It is also heavily informed by the Joint Strategic Needs Assessment (JSNA), which was published in September 2023.

The Proposed Service Model

22. It is planned that the new service takes a whole-system approach to providing person-centred, recovery-orientated, high-quality care, which is safe, effective and represents value for money. The new service would retain the core treatment functions from the current model but would increase support in those areas highlighted as priorities in the Cheshire East plan and JSNA. This includes outreach, training and education as well as taking services to people. It would also have a stronger focus on collaboration with the wider system.
23. To support people where they are located, the new service would be delivered across the borough of Cheshire East as a 'hub and spoke' model. This would

make best use of multiple access points and locations including community-based venues. It will also provide support on both a virtual and a physical basis.

24. Offering a range of structured and brief interventions for all substances, the person-centred assessment and care planning process would address factors contributing to service user circumstances, with the service working collaboratively with system partners to support each service user to achieve their recovery goals. Alongside this, a range of interventions would be offered at the start of the treatment journey. This would include both one-to-one key worker sessions and interventions aimed at recovery, including group work.
25. The new model would see psychosocial support move from a subcontracted arrangement to be part of the main service. This will demonstrate better value for money whilst ensuring residents still get the key psychosocial support they need.
26. In addition to this, needle exchange, substitute prescribing, and supervised consumption would continue. The service would also offer a variety of options for detoxification and rehabilitation (including in-patient settings) and work collaboratively with primary care and other health partners to create a holistic treatment journey for service users.
27. The new service would see the shared care element being gradually phased out; this is currently only used by 1% of service users and will cause minimal disruption to service. Shared care involves GP's providing drug and alcohol treatment support for patients in collaboration with the provider. The phase out of shared care will take pressure off GP surgeries and ensure more consistent care for residents.
28. The Children and Families Treatment Team element would continue to offer a comprehensive range of specialist interventions. As part of this, the provider would take a holistic whole family person-centred approach, that is integrated with early years services, family support services, youth services and targeted and specialist services.
29. It is planned that the service will continue to work collaboratively with stakeholders across the system to identify opportunities to intervene early and mitigate risk of harm from substance misuse.
30. The provider will build on the existing offer to deliver consistent and accessible training and education support to increase the reach and impact of drug and alcohol information, upskill the workforce across all sectors and take a targeted approach where need is greatest. The new service would include the development of a modular training package tailored to specific audiences (including professionals and children and young people), taking a 'train the trainer' approach, to build confidence across the system workforce, raising awareness of services available whilst reducing stigma.

31. The new service would also work more collaboratively with mental health services to develop a holistic approach to supporting service users with co-existing conditions. Collocation would occur with primary and secondary mental health services to facilitate integrated assessment and support planning. CWP have been key partners in the development of our local plan and are committed to this more joined-up way of working moving forward.
32. Additionally, building on the current model, the service would create a new, visible, and thriving recovery community, adopting an asset-based approach to empower those with lived experience to have a strong voice and lead on the design, delivery and evaluation of the service model.
33. Dedicated outreach provision would be increased and will be integrated with Cheshire East Council's strategic Housing Services, taking an intensive and bespoke approach to engaging those hardest to reach. Outreach will also support those who disengage following detox, people with disabilities who struggle to access provision, and those in rural areas whose transport is a barrier to access.
34. The new contract would see the continuation of the work taking place in partnership with criminal justice agencies including Probation, the Prison Service and Police (currently this is subsidised with grant funding until March 2025 through the dependency and recovery grant).
35. The service would take an employment-first approach to the treatment and recovery journey, ensuring that those service users who can and wish to work/learn are supported to do so. This element would continue but be subcontracted to an employment specialist (currently subsidised with individual placement support until March 2026).
36. There are several grants that contribute to increased delivery within the service. This additional funding, along with additional Public Health payments, has supported the increase in capacity of the workforce. However, this new core model has been planned based on the Public Health grant only. Currently, we have further grant funding confirmed until March 2026 for the Supplementary Substance Misuse Treatment and Recovery grant, Individual Placement Support and Inpatient Detox. However, we are still awaiting confirmation of funding after this date.

Contract & Procurement

37. It is currently proposed that the service will have an initial contract length of 5 years, plus two possible 12-month extensions.
38. The price envelope is circa £3,094,306 per annum funded through the Public Health Grant (this amount does not include any external grants). This is an increase of 5.5% from the previous value due to inflationary pressures. For instance, there has been a substantial rise in the national living wage raise of

just under 28% since 2021. Further financially related information can be found in Appendix 1, Section 2.

39. The new contract will be procured through the Provider Selection Regime (PSR). The PSR was introduced by regulations made under the Health and Care Act 2022 and is a new set of rules for procuring health care services in England. The regime is designed to promote collaboration, ensure decisions are made in the best interest of patients, and reduce bureaucracy.
40. The Office for Health Improvement and Disparities (OHID) Commissioning quality standards guidance for alcohol and drug treatment and recovery, advises – “In order to avoid instability in treatment provision, competitive tendering is only to be used if necessary”. They also state there is evidence to show that numbers in treatment drop during transition to a different provider, impacting service performance. Furthermore, it can be highly disruptive to service users in treatment and also mean increased costs.
41. With this in mind, and with the provider performing effectively against outcomes and key performance indicators, the current preferred route is to directly award to CGL (under direct award process C of the Provider Selection Regime). However, if this does not turn out to be viable, an alternative option such as running a competitive tender process would be used. Further information on the decision to direct award can be found in Appendix 1.

Consultation and Engagement

42. The proposed new model for the new substance misuse service has been coproduced with a large range of stakeholders, including service providers, professionals (including health, social care and the police) and most importantly people with lived experience and their families.
43. Between March 2023 and August 2024, 43 focus groups and 33 one-to-one interviews were held with a total of 434 participants, to gain feedback around the recommission and to feed into the development of a local action plan. Insights-based discussions focussed on the following questions, seeking a breadth of intelligence from a wide range of stakeholders:
 - What are support and services for people with addiction currently like?
 - At its best, what does support for people with addiction look like?

Stakeholders engaged in this process are summarised below:

- | | |
|---|---|
| • Young people (Youth council, JIGSAW, Youth service) | • Substance misuse provider forum |
| • Service user groups | • Substance misuse providers, commissioned and non-commissioned (AA/NA) |
| • Service user family and friends | • LGBTQ+ residents |
| • Police | |
| • Probation | |
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- CWP
 - Health (CWP, 0-19, GP's)
 - Lived Experience Recovery organisations
 - Integrated Care Board
 - VCFSE Sector
 - Headteachers / Education
 - Care Communities
 - Family Hubs
 - Hospital trusts
 - Housing
 - Elected members.
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Reasons for Recommendations

44. The Council has a statutory responsibility to improve the health of the population under the Health and Social Care Act 2012. The substance misuse service is a vital means by which this is achieved. There are also key indicators set in relation to this by the Office for Health Improvement and Disparities which the Council must achieve against.
45. There are numerous benefits to the health of the local population through the provision of substance misuse services. This includes reductions in hospital admissions for drug and alcohol related conditions and reductions in drug and alcohol related deaths. It will also reduce pressure on the health and social care system as a whole.
46. CGL have been consistently performing well and achieving positive outcomes for the residents of Cheshire East since they commenced the contract in 2018. Transferring to an alternative provider would cause unnecessary disruption and go against the advice provided by OHID.

Other Options Considered

47. Decommissioning the service (do nothing): This would mean that there would be no drug and alcohol service in Cheshire East and no support for residents, therefore the Council could not help to deliver the government's 10-year strategy and there would be minimal early intervention capacity. This would lead to substantial pressure on Adult Social Care Services, Housing, Primary Care, Accident and Emergency, Mental Health Services, Police and Probation services.
48. The alternative option would be to go through a competitive tender, this would be against OHID advice and be disruptive for staff, partners and service users. There would also need to be consideration of a contract extension to allow this to happen which would need to be justifiable within the regulations of procurement law.

| Option | Impact | Risk |
|--|---|--|
| Decommissioning the service (do nothing) | There would be no dedicated drug and alcohol treatment service. | Drug and alcohol use will increase, leading to worse health and social outcomes and pressures on other related services. |
| Competitive tender | Disruption for staff, service users and partners. | Disruption of care, cost implications from mobilisation. |

Implications and Comments

Monitoring Officer/Legal

49. The procurement of the proposed services will be undertaken in accordance with one of the Direct Award procedures set out under the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR).

- The intention is to rely on Direct Award process C which is set out in Regulations 6(5) and 9 of the PSR. This process will apply where:
- the relevant authority is not required to follow direct award processes A or B .
- the term of an existing contract is due to expire and the relevant authority proposes a new contract to replace the existing contract at the end of its term.
- The proposed contracting arrangements are not changing considerably.
- The relevant authority is of the view that the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard.

Once it has been ascertained that direct award process C can be used, commissioners are to follow the below steps:

- Publish a notice containing its intentions to award the contract to the chosen provider and observe the standstill period.
- Enter into a contract with the chosen provider after the standstill period has concluded
- Publish a notice confirming the award of the contract within 30 days of the contract being awarded.

50. Alternatively, commissioners may choose to award in reliance on the most suitable provider process (Regulations 6(6) and 10 or the competitive process (Regulations 6(7) and 11).

Section 151 Officer/Finance

51. The proposed service will be delivered within the designated service budget. The budget for this service is £3,094,306.56 per year and is funded from the Public Health Grant. This is a ring-fenced grant that is signed off on an annual basis by the Director of Public Health and either the Chief Executive or Section 151 Officer. As such, there are no implications for the Medium-Term Financial Strategy (MTFS).
52. The following grants have been awarded throughout the current contract duration:
- Supplementary Substance Misuse Treatment and Recovery grant - £1,224,775
 - In Patient Detox grant - £143,244
 - Individual placement support - £159,252.42
 - Criminal justice grant - £242,095
 - Rough sleeper grant (Strategic housing)- £204,790.

Policy

53. The all-age substance misuse service supports the Council's aim to reduce inequalities, promote fairness and opportunity for all and supports our most vulnerable residents.

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| An open and enabling organisation Promote and develop the services of the council through regular communication and engagement with all residents | A council which empowers and cares about people Work together with residents and partners to support people and communities to be strong and resilient Reduce health inequalities across the borough | A thriving and sustainable place A great place for people to live, work and visit Welcoming, safe and clean neighbourhoods |
|--|--|--|

The all-age substance misuse service also supports the following outcomes of the Joint Health and Wellbeing Strategy 2023-2028 by

- Creating a place that supports wellbeing for everyone living in Cheshire East.
- Improving the mental health and wellbeing of people living and working in Cheshire East.
- Enabling more people to live well for longer.

Equality, Diversity and Inclusion

54. An Equality Impact Assessment has been completed in parallel with the extensive consultation and engagement exercise and recommissioning work (appendix 2).

Human Resources

55. At this stage, there are no human resources implications identified.

Risk Management

56. Procurement of the service would follow a project management approach which includes the identification of risks. Any significant risk will be controlled and escalated for action where appropriate.

Rural Communities

57. The service would operate a hub and spoke model, ensuring access for those in rural areas through the provision of support, both on a physical and digital basis. Work would also continue to take place with care communities.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

58. Young people have been involved in the coproduction of this service and specialist services for young people and their families will be provided. This includes targeted work to support care leavers and support for those with SEN and disabilities.

Public Health

59. The recommissioning of the substance misuse service has had involvement from the Public Health team throughout and has been developed in line with the Joint Local Health and Wellbeing Strategy for Cheshire East 2023-2028, and the Cheshire East Substance misuse JSNA.
60. Substance misuse negatively affects health both directly and indirectly. The delivery of this service will reduce the health harms of drug and alcohol misuse and will support those in recovery to rebuild their lives through treatment and

employment opportunities. The service will focus on members of the population who are most in need and will be delivered as a hub and spoke model ensuring people can access services locally.

Climate Change

61. The design and delivery of the drug and alcohol service will be underpinned by environmental and sustainability considerations.
62. The services will be centrally located enabling service users to travel via public transport. It will also reduce the use of single use needles and will reduce the use of health care resources which have a substantial impact on the environment through single use equipment and incineration of waste practices.
63. The recommissioning process will include social value questions, including one specific to the environment.

| Access to Information | |
|------------------------------|--|
| Contact Officer: | Hannah Gayle hannah.gayle@cheshireeast.gov.uk |
| Appendices: | Appendix 1 – Supporting Information Appendix 2 – Equality Impact Assessment |
| Background Papers: | Cheshire East Corporate Plan The Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028) Cheshire East Drug and Alcohol JSNA From harm to hope: A 10-year drugs plan to cut crime and save lives |