

Appendix 1

OPEN

Assessment of current provider against key criteria:

The Provider Selection Regime mandates a review of the provider's performance against five key criteria whenever a direct award is considered. The analysis below highlights why this option is recommended in this case. Note: this is not the formal assessment document itself.

Note – outcomes are drawn from the National Combating Drugs Outcomes Framework

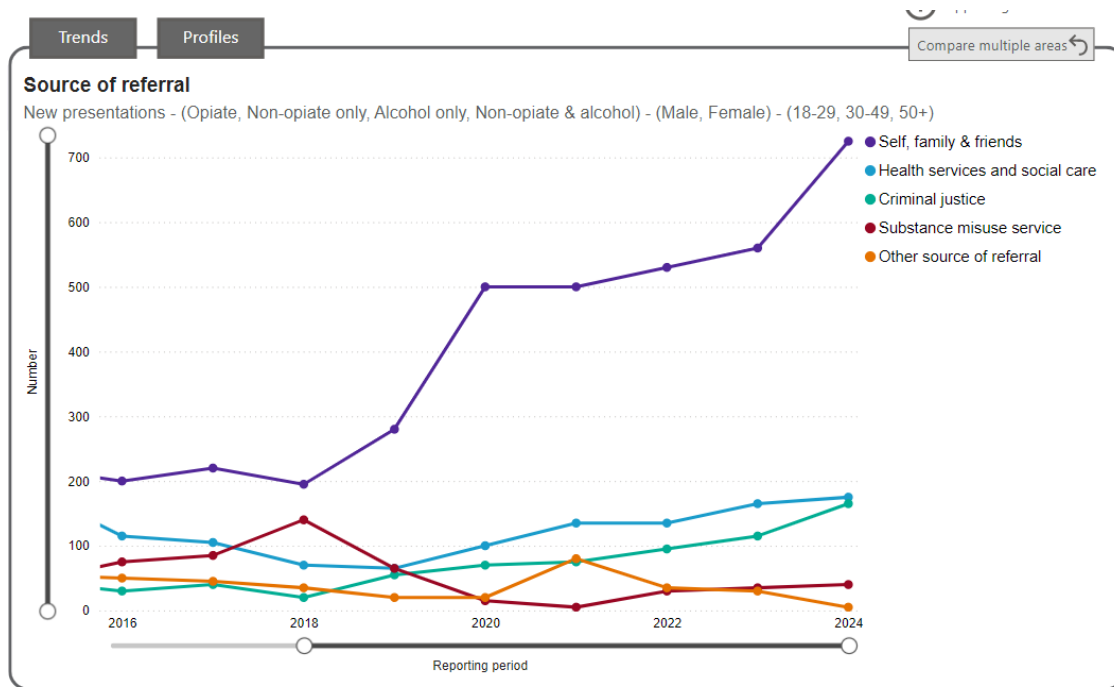
1a. Quality – performance against National KPI's

Outcome 1) Increased engagement in treatment

Indicator	Cheshire East	England
Adults accessing treatment <i>The number reflects both, progress in getting people into treatment and increased demand for these services. There has been a steady increase in numbers throughout the contract</i>	2,024 Baseline 1660	No average available
Unmet mental health need adults <i>The percentage of adults in treatment that reported a mental health need who are not receiving mental health treatment or interventions</i>	13%	18%
Unmet mental health need CYP	CYP figures suppressed due to low numbers.	

Additional Information:

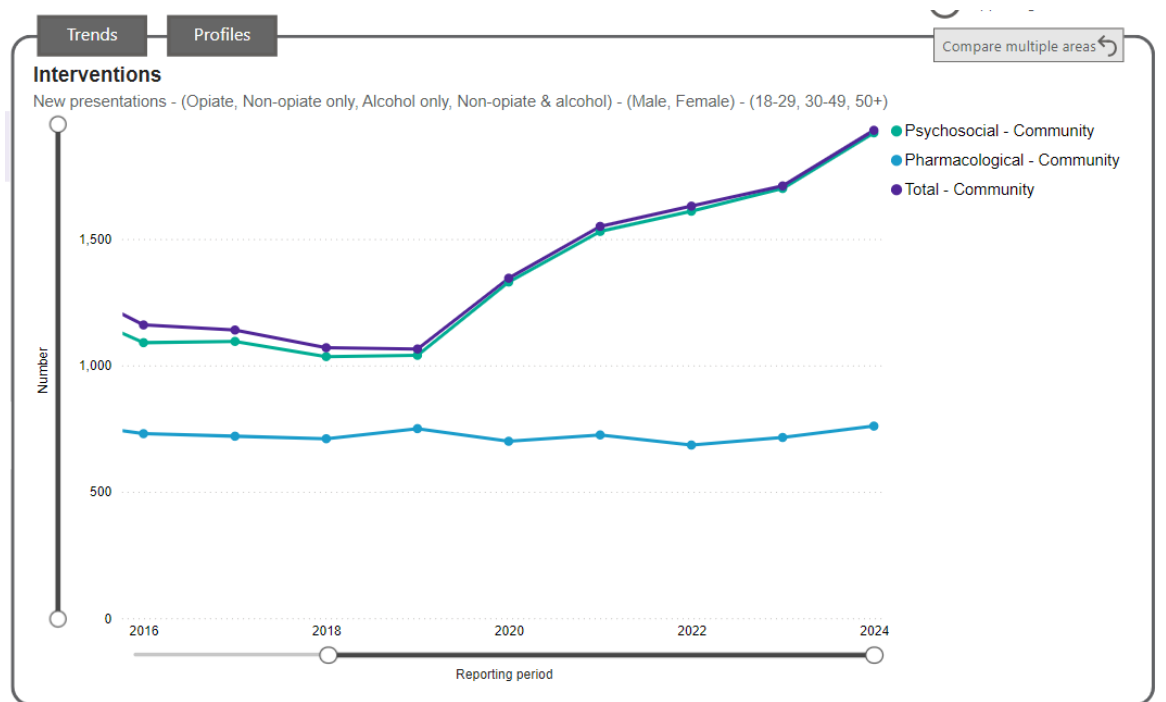
The graph below shows referral sources into treatment, which demonstrates a large increase in self-referrals into CGL. The numbers of health and social care and criminal justice referrals have also increased. This increase is illustrative of the work conducted by the provider to raise awareness of the service amongst local residents and professionals.



Source (NDTMS)

➤ Interventions

The graph below shows an increase in the uptake of psychosocial interventions and a consistent flow of pharmacological interventions since 2018. Psychosocial interventions are used to treat many different types of drug problems and behavioural addictions. They can be used at different stages of drug treatment to identify the problem, treat it and assist with social reintegration. They can address the underlying reasons that contribute to use of substances and promote resilience.



Source (NDTMS)

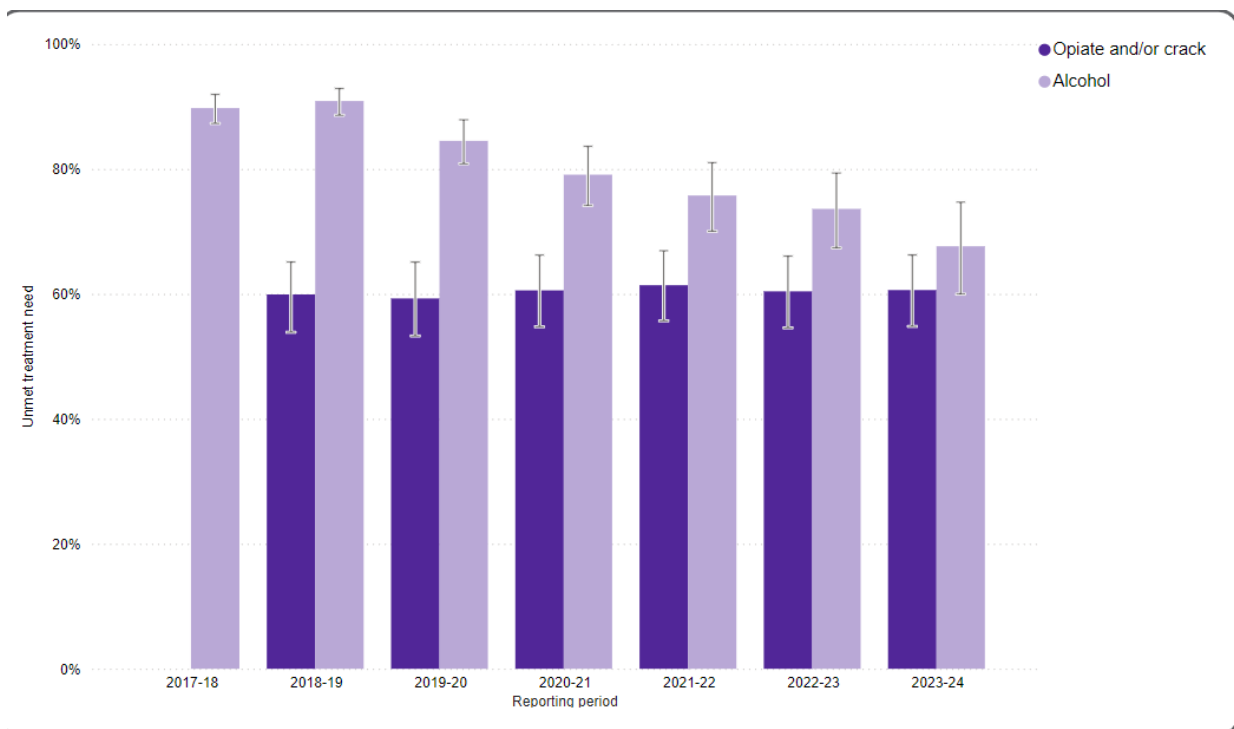
Outcome 2) Reduced Drug Use

Indicator	Cheshire East	England
Successful completions <i>The number and proportion of clients in treatment in the latest 12 months</i>	27%	21%
In stable accommodation	91%	86%
Continuity of care (rolling 12 months) <i>The percentage of prison leavers with a continued treatment need picked up within the community within 3 weeks.</i>	93%	51%

Additional Information:

➤ Unmet need

The below graph demonstrates a reduction in unmet alcohol need within Cheshire East. This demonstrates that more people amongst our local population with this issue are being reached. The unmet need for opiates has remained unchanged, this reflects the national picture and is not unique to Cheshire East.



Outcome 3) Reduced Drug-Related Deaths and Harm

Indicator	Cheshire East	England
Deaths in Treatment <i>The percentage of people in treatment that have died during their time in contact with the treatment system</i>	1.04%	1.30%

Outcome 4 - Improved Recovery Outcomes

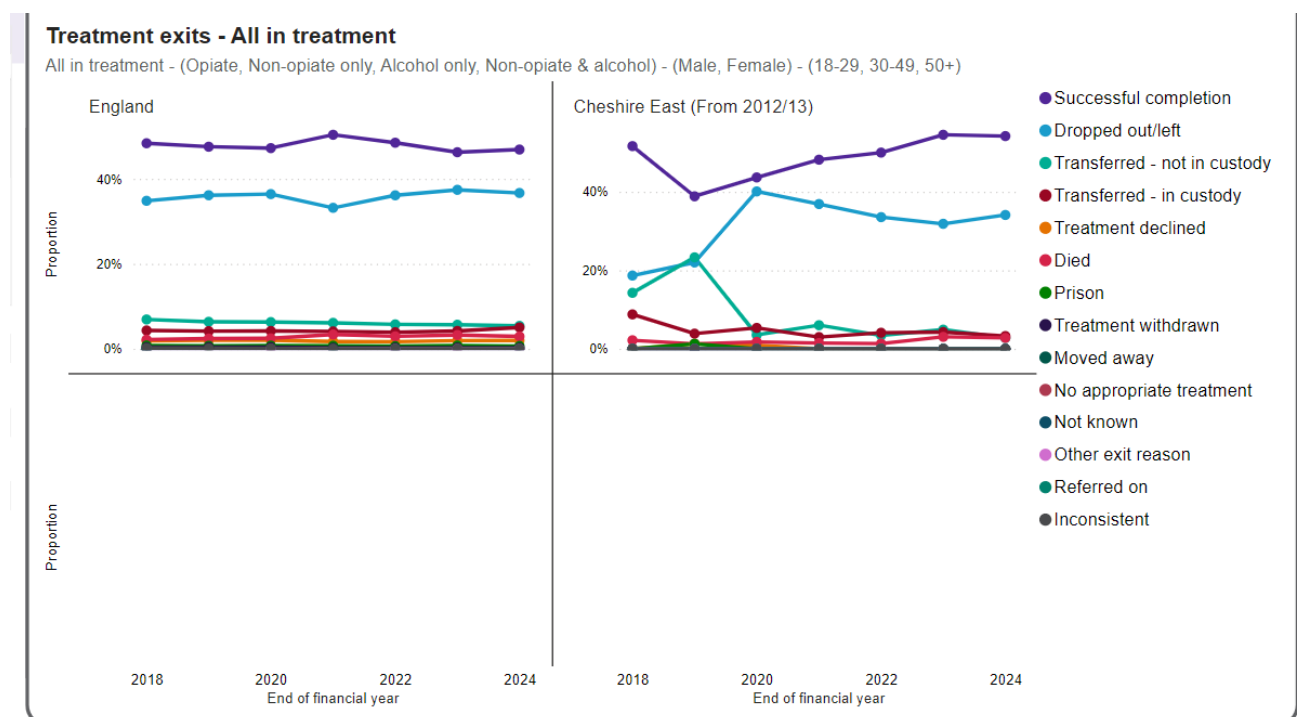
Indicator	Cheshire East	England
Paid employment <i>The percentage of people in treatment that have reported at least one days paid work in the last 28 days</i>	32%	25%
Parental support <i>The percentage of parents that have received specific family or parent interventions</i>	7%	15%

Note – CGL have reported that this figure is partially down due to data entry issues.		
<p>Young people accessing treatment</p> <p>The number of people under 24 in contact with services.</p> <p>Although there has been some fluctuation with this figure it has remained above or around baseline since January 2021.</p>	104	No average available

Additional Information:

- Treatment exits – The number of people exiting treatment in each year and the type of exit.

The graphs below show the outcomes of treatment received. This demonstrates a higher percentage of successful completions in Cheshire East compared to England, and a lower percentage of people dropping out. There has also been a sustained rise in successful completions over time.



Source (NDTMS)

1b. Innovation

Demonstration of innovation by the provider is best illustrated by case studies. Two examples are given below.

- CGL supported volunteers to create ConNEXTions: a Lived Experience Recovery Organisation delivering drop-ins, groups (including Recovery In Cheshire East) and therapeutic activities (e.g. mindfulness/gardening) in Crewe.

CGL continue to provide guidance, referrals, promotion and funding for room hire to this organisation. They have also partnered with Cheshire East Council and behaviour change marketing organisation 'ICE', to create a co-produced blueprint for developing lived experience-led organisations/activities.



- CGL have introduced rapid prescribing; meaning someone can be referred, assessed, and receive a prescription within 24 hours. They have achieved this through both hubs having a daily appointment slot reserved for those who are new to treatment. This means if someone referred needs a prescription, they are offered that slot.

Assessment Workers and Prescribers then complete a joint comprehensive assessment (including naloxone advice/provision, BBV screening and safe storage advice/equipment). Once assessed, the Prescriber liaises with the pharmacy to arrange the individual's prescription. This can take as little as 30 minutes.

Rapid prescribing helps to keep people safe (particularly in the context of the increasing prevalence of New Synthetic Opioids nationally), improves access for a priority cohort and supports them to re-engage people who have dropped out of service. Opiate (only) new presentations to treatment prior to introducing rapid prescribing were at their lowest in over 6 years (18.44% of new presentations, Feb 2023). In June 2024, opiate (only) new presentations had increased to 25.71% (NDTMS).

2. Value

It is well evidenced that investment in public health provides good value for money over the longer term through the prevention of harm. National data shows that for drug and alcohol services, the return on investment is:

- £4 for every £1 invested in drug treatment (estimated to increase to £21 or every £1 invested over 10 years).
- £3 for every £1 invested in alcohol treatment (estimated to increase to £26 over 10 years).

However, in Cheshire East, the Drug and Alcohol Service for adults is achieving a higher return on investment. The service is currently delivering a social return on investment of over £4.70 for every £1 invested within one year (using OHID methodology specifically designed for drugs and alcohol services). This increases to more than £30 over 10 years. This reflects the social and economic benefit of bringing people into treatment for the individuals, the NHS, local authority, and criminal justice system. The 10-year social return on investment figure has been calculated using the provider's current caseloads.

Benchmarking has also taken place against neighbouring local authorities. This is always difficult for complex services due to variation both in service and place characteristics. However, the proposed price ranks at 8/12 Local Authority areas considered on a cost per user in structured treatment basis.

3. Integration, Collaboration and Service Sustainability

➤ 3a. Integration/Collaboration

CGL work collaboratively with system partners and people with lived experience. This includes:

- the Police - attend Integrated Offender Management meetings, support with county lines investigations
- Probation – co-locate to support those leaving prison or on Alcohol Treatment Requirement (ATR)/ Drug Rehabilitation Requirement
- Mental health services (CWP & CEC) - supporting a multi-disciplinary team approach to those with dual diagnosis
- Acute trusts - work with local trusts to support pathways into treatment, in response to high alcohol attributable admissions
- Housing - work with the rough sleeper team to support those with multiple disadvantage
- Northwest Ambulance Service - supporting the non-fatal overdose pathway practitioner role, improving the emergency response for people in Cheshire East.

CGL Cheshire East's training offer builds system-wide capacity. The Community Prevention and Education Practitioner delivers training to a broad range of agencies across Cheshire East, including BASE; Cheshire East Talking Therapies; The Kings Trust; GPs, and Cheshire and Merseyside Police. The 'Information and Brief Advice' training contributes to a 'no wrong door' approach.

The Community Prevention and Education Practitioner attends schools, alternative learning facilities and colleges across Cheshire East (e.g. Titherington Macclesfield, Adelaide Crewe, and Cheshire College South and West). They tailor content to age and can deliver information in different formats (e.g. assemblies, PSHE lessons, small groups/1:1s and pop-ups). This maximises the number of young people who receive judgement free advice and guidance about drugs and alcohol, supporting

young people into service where needed, and preventing escalation in their substance use requirements.

The Community Prevention and Education Practitioner also delivers training to teachers/staff (e.g. on county lines, following requests from pastoral staff). CGL's 'What's the Score?' tool supports professionals to identify young people with substance misuse needs and refer into support.

➤ 3b. Service Sustainability

CGL are a charity which has been in existence since 1977. Financial checks completed by the Council's Procurement Team have established that the service continues to enjoy financial sustainability including holding sufficient reserves.

Staffing has remained stable, with no major disruptions to service. Additionally, the service offer has also been improved through an increase in staff being funded through external grants.

4. Improving access, reducing health inequalities and facilitating choice

Change Grow Live Cheshire East improve access for service users and people with unmet need through:

- The provision of community satellites in areas of need - which supports place-based delivery (e.g. Open Arms group in Wilmslow; satellite hub in Beech House, Congleton)
- Mobile delivery - including needle exchange via Exchange Supplies mobile library bus
- Targeted engagement - e.g. attending Young Farmers groups in rural locations/ 'frequent flyers' meetings at Macclesfield Hospital
- Stigma-free delivery locations - e.g. Recovery Coordinators co-locating monthly at Broken Cross 'super-surgery' delivering shared care for people who would not attend hubs
- Peripatetic young people's support - meaning young people can engage wherever they feel comfortable (e.g. in community locations/schools)
- Partnership working - co-locating to identify unmet need, support people into service and jointly meet people's needs (e.g. at acute trusts, probation)
- Attendance at local events - promoting the service and having de-stigmatising conversations about drugs and alcohol with the local population (e.g. at Nantwich, Alsager and Knutsford Pride).

CGL were key partners in the production of the Cheshire East Joint Strategic Needs Assessment and work hard to reduce inequalities across Cheshire East. They do this in several ways:

- i) CGL provide nurse-led healthcare assessments at entry-into-service (refreshed annually) include blood borne virus screening, ECGs for at-risk cohorts and wound care;
- ii) where required, staff make onwards referral to primary and secondary care.
- iii) Staff liaise with service users' GPs (e.g. clinical staff screening medical summaries) and support individuals to access primary care services (e.g. support registering with GP and dental practices).
- iv) Integration with primary and secondary care is essential to meeting people's needs. Partnership arrangements to tackle health inequalities and increase service users' access to healthcare include:
 - Agreements with Leighton Hospital Hepatology to do monthly in-reach to CGL hubs for Hep-C treatment starts and reviews, supporting people who struggle to attend hospital appointments (e.g. due to stigma/accessibility issues).
 - Attending monthly multi-disciplinary teams with the Cheshire and Wirral Partnership NHS Foundation Trust Community Mental Health Teams, supporting information sharing (with consent) and joint risk management for shared service users.
 - Working to support those with multiple disadvantage in partnership with Strategic Housing.

5. Social Value

Note - Social value is a concept that emphasises the positive impact of an organisation or initiative on society beyond its core business activities. It goes beyond financial profit to consider the broader benefits created for local community and the environment.

CGL ensure their workforce is diverse, including people with lived/living experience. In 2018 when CGL were awarded the contract, none of the workforce (which included transferred staff) reported lived/living experience. Now, 13% of paid staff and 100% of volunteers are experts by experience, inspiring others and shaping service delivery.

They also provide an accredited volunteering training offer which supports people with lived experience to gain skills and experience to access paid employment with CGL or within Cheshire East's wider system. Several current members of staff have progressed through this pathway, starting in treatment, then going onto volunteering with CGL before entering paid employment.

In relation to environmental sustainability, CGL have a commitment to achieving net zero emissions by 2040 and have a number of energy saving initiatives in place to support achieving this.

Additional information – Care Community data.

Care Community	<i>Number in Structured Treatment</i>
Crewe	519
Nantwich and Rural	192
SMASH	383
Macclesfield	712
Congleton, Holmes Chapel	295
Knutsford	104
Alderley Edge, Chelford, Handforth, Wilmslow	214
Bollington, Disley, Poynton	109
Other	396
<i>Total</i>	<i>2924</i>