

SHARED SERVICES JOINT COMMITTEE 16 August 2023

Report Title	Recommissioning of Drug and Alcohol Treatment, Recovery and Support Services
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Executive Member (NNC)	Cllr Helen Harrison
Cabinet Member (WNC)	Cllr Matthew Golby

Key Decision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in by Scrutiny?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there public sector equality duty implications?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information (whether in appendices or not)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicable paragraph number for exemption from publication under Schedule 12A Local Government Act 1974	

1. Purpose of Report

- 1.1 The purpose of this report is to seek approval from the Shared Services Joint Committee for an approach to re-shaping our drug and alcohol prevention, treatment and recovery services in North and West Northamptonshire to ensure they best meet the needs of our residents.

2. Executive Summary

- 2.1 Currently, drug and alcohol services are commissioned across Northamptonshire as part of seven contracts:
- Adult Structured Treatment Services
 - Substance Misuse Recovery Services (including housing offer)
 - Young People's Prevention and Treatment Services
 - Family Support Services
 - Targeted Support for Youth Offenders
 - Workforce Training
 - Case Management System

- 2.2 Two of the contracts, namely the Adults Structured Treatment Service and the Substance Misuse Recovery Service, represent 89% of the total value of the contracts. These contracts have options to continue until 31st March 2026. The remaining smaller value contracts all expire on 31st March 2024.
- 2.3 On considering the two available options to us to either recommission the majority of services for 1st April 2024 or align all contract end-dates to 1st April 2026. The latter option presents greater opportunities for delivering a holistic and effective service offer that meets the needs of North and West Northamptonshire councils' local residents.

3 Recommendations

3.1 It is recommended that the Shared Services Joint Committee:

3.1.1 Consider and approve the alignment of all substance misuse contracts up to 31st March 2026, which will entail:

- Utilising the existing extension within the Adults Structured Treatment Service contract from 1st April 2024 to 31st March 2026.
- Continue to explore utilising a compliant government framework to award the contract for the Case Management System to the incumbent provider, should new requirements be met, from 1st April 2024 to 31st March 2026.
- Recommissioning the Family Support Service, Children and Young People's Prevention and Treatment Services, and the Youth Offending Service offer from 1st April 2024 to 31st March 2026 through a competitive process.
- Awarding the contract for Workforce Training via a negotiated procedure, due to an absence of alternative providers being identified through the expression of interest

3.2 **Alternative Options Considered:**

3.2.1 To recommission drug and alcohol treatment provision (excluding recovery services) for 1st April 2024.

3.2.2 Whilst there is an option to re-commission the Adult Structured Treatment for 1st April 2024 (thereby not utilising the contract extension) this option would not allow us to develop a holistic prevention, treatment and recovery model as the recovery service contract does not expire until 31st March 2026.

3.2.3 The procurement and tendering process will also be highly disruptive to both our adult treatment providers and service users at a time when the focus is working together to implement the National Drug Strategy and deliver local priorities, particularly through use of the supplementary grants.

3.2.4 The preferred option recognises the instability of the drug and alcohol provider market, as highlighted in the national review by the Government's

supplementary treatment funding grants. This grant supports workforce sustainability and improvements in treatment services.

4 Report Background

4.1 National Strategy

4.1.1 In December 2021, the Government published “From Harm to Hope”, a 10-year drugs plan to cut crime and save lives by delivering on three core priorities: to break drug supply chains, deliver a world-class treatment and recovery system, and achieve a shift in the demand for recreational drugs.

4.1.2 Local partners working together on these long-term ambitions will be key to the strategy’s success, and so there has been a requirement for each local area to establish a Combating Drugs Partnership (CDP). National Guidance supporting the formation of CDPs was published in 2022.

4.1.3 In addition, the Government is investing £900 million to support delivery of this strategy, of which £780 million is being invested in rebuilding drug treatment and recovery services, including for young people and offenders, with new commissioning standards to drive transparency and consistency.

4.1.4 This follows the findings of the independent review of drugs by Dame Carol Black that noted:

“The drug treatment and recovery workforce has deteriorated significantly in quantity, quality and morale in recent years, due to excessive caseloads, decreased training and lack of clinical supervision.

The disruption caused by frequent retendering of drug treatment services has made recruitment difficult and has caused many to leave, particularly professionally trained staff such as psychiatrists, psychologists, and nurses...”

4.2 Local Strategy

4.2.1 The Northamptonshire CDP was established and held its inaugural meeting in December 2022. The Directors of Public Health for both West and North Northamptonshire councils will alternate the chairing of the partnership annually.

4.2.2 Since its formation the CDP has produced a drug and alcohol local needs assessment and, using the findings of this developed a strategic plan.

4.2.3 The CDP Strategic Plan is themed around the three national strategy priorities of reducing supply, reducing demand and improving treatment, as well as focus on enabling or cross-cutting priorities including improving use and sharing of data and intelligence and ensuring that people with lived experience are directly involved in shaping services.

4.3 Commissioned Services

4.3.1 The statutory responsibility for providing drug and alcohol prevention, treatment and recovery services sits with local authorities. The current suite of drug and alcohol services delivered across the county were commissioned by Northamptonshire County Council in 2018.

4.3.2 The current commissioning arrangements involve seven contracts to provide the following services is provided in **Table 1** below.

Table 1. Northamptonshire's Current Substance Misuse Commissioned Services annual contract values.

Service / Name	Provider	Current term	North Northampt on 48.6% £000's	West Northampt on 51.4% £000's	Total Annual Contract Value £000's
Adult structured treatment – Substance 2 Solutions	Change Grow Live (CGL)	To 31/03/24 (with option to extend to 2026)	2,622	2,772	5,394
Children & Young people prevention and treatment service - Ngage	Aquarius	To 31/03/24 (using option to extend from 2022)	146	154	300
Substance misuse recovery service including a housing offer	Bridge	To 31/03/26 (with option to extend no more than 8 years)	389	411	800
Family support service	Family Support Link	To 31/03/24 (no option to extend)	78	82	160
Support to youth offenders	Youth Offending Service	To 31/03/24, annual SLA	39	41	80
Workforce training in Drugs and Alcohol – Healthy Futures	Aquarius	To 31/03/24 (no option to extend)	76	80	156
Case management system – Care Path	Illy Systems	To 31/03/24 with waiver (no option to extend)	45	48	93
Total Contract for Substance Misuse contract Services			3,395	3,588	6,983

Funded By:

The above £6.983m is to be funded from The Core Public Health Grant Funding of both authorities as per the % share shown above. Within this £6.983m there is an element that is funded from the Police Fire & Crime Commissioner this total's £0.239m.

4.3.3 As part of the Government investment in treatment and recovery, Northamptonshire councils have received three grants, and West

Northamptonshire an additional fourth grant, from the Office for Health Improvement and Disparities (OHID) in order to improve drug and alcohol treatment outcomes in our area.

4.3.4 These grant programmes are intended to improve both the numbers of people entering treatment, and the numbers successfully completing treatment and maintaining recovery by increasing capacity and capability in the workforce.

4.3.5 Details of the grant's programmes are provided in **Table 2**.

Table 2 Supplementary Substance Misuse Grants provided by OHID.

County-wide Grants	2023/24			2024/25		
	North Northampton 48.6% £000's	West Northampton 51.4% £000's	Total £000's	North Northampton 48.6% £000's	West Northampton 51.4% £000's	Total £000's
Supplemental Substance Misuse and Recovery Grant (SSMTRG) (West host and receive grant)	664	702	1,366	1,090	1,153	2,243
The Housing Support Grant (HSG) (Separate grants, West host)	290	306	596	290	306	596
Inpatient Detoxification Consortium (IPD) (West Host and receive grant)	56	59	115	56	59	115
Total County Wide	1,010	1,067	2,077	1,436	1,518	2,954
West Northamptonshire only	North Northampton 48.6% £000's	West Northampton 51.4% £000's	Total £000's	North Northampton 48.6% £000's	West Northampton 51.4% £000's	Total £000's
Rough Sleepers Drug & alcohol Treatment Grant (RSDATG) (West only grant in receipt)	0	811	811	0	811	811
Total Rough Sleepers Grant	0	811	811	0	811	811

5 Issues and Choices

5.1 In approaching the expiry of some of the drug and alcohol contracts, and optional breaks in others. There are two available choices to either recommission the majority of services for 1st April 2024 or align all contract end-dates to 1st April 2026. The alignment of contract presents greater opportunities for delivering a holistic and effective service offer that meets the needs of North and West Northamptonshire councils' local residents.

5.2 **Option 1: To re-commission drug and alcohol treatment provision (excluding recovery services) for 1st April 2024.**

Advantages:

- 5.2.1 Opportunity to use contractual arrangement to deliver changes to the adults treatment services to better meet needs of the population.
- 5.2.2 Encourages competition which could drive improvements in quality and value for money.

Disadvantages:

- 5.2.3 Whilst there is an option to re-commission the Adult Structured Treatment for 1st April 2024 (thereby not utilising the contract extension) this option would not allow us to develop a holistic prevention, treatment and recovery model as the recovery service contract does not expire until 31st March 2026. However, a commissioned service will give us the option to amend the contract.
- 5.2.4 The procurement and tendering process will also be highly disruptive to both our adult treatment providers and service users at a time when the focus is working together to implement the National Drug Strategy and deliver local priorities, particularly through use of the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG).
- 5.2.5 The preferred option recognises the instability of the drug and alcohol provider market, as highlighted in the national review by the Government's supplementary treatment funding grants. This grant supports workforce sustainability and improvements in treatment services.

5.3 **Option 2: To align treatment and recovery service contracts to re-commission together for 1st April 2026**

Advantages:

- 5.3.1 Alignment of contracts offers an opportunity to be able to shape a holistic model that includes recovery services for adults and young people to be commissioned from 2026.
- 5.3.2 Provides opportunity to integrate a new drug and alcohol service offer with new and emerging landscape of children's and adults services in West Northamptonshire including our Local Area Partnerships, Family Hubs and emerging youth offer.
- 5.3.3 Maintaining the existing contract, particularly for the adult treatment service, offers greater likelihood of continuity of care for service users, which is a core objective of the OHID supplementary grant funding.

- 5.3.4 Stability of the adult's treatment service also offers greater opportunity for us to continue to work collaboratively to effectively use our supplementary grant funding to deliver wider strategic objectives.
- 5.3.5 Provides opportunity to plan a meaningful co-production exercise, working closely with those with lived experience, families and carers, community engagement and professional networks in planning new services.
- 5.3.6 Provides opportunities to explore joint commissioning across areas of mental health, criminal justice, employment support, housing, primary and secondary care, also to explore differential needs of North and West Northamptonshire.
- 5.3.7 Provides greater opportunity to explore more options that address cost pressures and deliver greater value for money.
- 5.3.8 Will consider the future decision from the Office of Health Improvements & Disparities regarding the Drug & Alcohol Grant Programmes.

Disadvantages:

- 5.3.9 Service improvements to address gaps identified in the needs assessment will have to be undertaken voluntarily by providers and/or using contract variation and therefore will rely on cooperation of providers.
- 5.3.10 This option may limit the opportunity for introducing new approaches and innovative practices, with a risk that focus is on delivering KPIs using existing delivery models.

6 Next Steps

- 6.1 The following are considered as the next steps:
- 6.1.1 Undertake a comprehensive programme of remodelling prevention, treatment and recovery services for children and adult services. To ensure key milestones and timeframes will be met by commissioners for contracts starting in 2026.
- 6.1.2 Re-commission of the four contracts below to commence 1st April 2024, through an open and competitive tender process:
- Young People's Prevention and Treatment Services
 - Family Support Services
 - Workforce Training
 - Support for Youth Offending Service
- 6.1.3 Continue to explore utilising a compliant government framework to award the contract for the Case Management System to the incumbent provider, should new requirements be met, from 1st April 2024 to 31st March 2026.
- 6.1.4 Award the contract for Workforce Training via a negotiated procedure, due to an absence of alternative providers being identified through the expression of interest from 1st April 2024 to 31st March 2026.

7 Implications (including financial implications)

7.1 Resources and Financial

- 7.1.1 The total value of the current county-wide contracts is £6.983m per annum, of which North Northamptonshire spend is £3.395m and West Northamptonshire spend is £3.588m.
- 7.1.2 The public health grant funds these contracts from the core public health grant. Within this there is an element of external funding of £0.239m from Police Fire & Crime Commissioner.
- 7.1.3 As noted above for further reference, the government have made available to local authority's additional grant funds up to 2024/25 (further funding beyond this year has not been announced). County-wide the values of these grants for 2023/24 totals £2.077m (the allocation will be North Northamptonshire 48.6% £1.010m and for West Northamptonshire 51.4% £1.067m with an additional £0.811m committed to West Northamptonshire to focus on substance use in rough sleepers (further details of grant allocations in Section 4 Table 2).

7.2 Legal and Governance

- 7.2.1 Commissioners have liaised with legal colleagues regarding potential legal implications. No legal implications have been identified in relation to these proposals.

7.3 Relevant Policies and Plans

- 7.3.1 This proposal will align with the North and West Northamptonshire Council's corporate policies and our:
- (a) responsibilities under the CDP strategic plan
 - (b) responsibilities working in an integrated system across Northamptonshire
 - (c) responsibilities commissioning children's services.

7.4 Risks and Mitigations

Risks	Mitigations	Residual Risk
Providers do not agree to the extension. Contract variations will likely come with additional costs (etc cost of living).	Consultation with providers evidences they are keen to move forward with the extension.	Low
Providers refuse contract variations	Commissioners have currently established strong working relationships with providers.	Medium
Gaps and performance issues in current contracts will continue to be problematic	Rigorous performance monitoring will take place to ensure value for money and quality is maintained.	Medium

Management attention will be diverted to supplier performance	Option to utilise additional resource via the drug grants (Commissioning Support Officers).	Medium
Procurement Activity is delayed	Commissioner working closely with Procurement to ensure this remains on track. Procurement timeline drafted.	Low
Challenges from Public/Providers	Commissioners have liaised with Procurement & Legal colleagues to ensure there are no risks/implications. Continued communication and engagement to be completed with users, families, carers, providers and the public over the extended period.	Low
Cost in time providers engaging in more procurement exercise	This has not been highlighted as a potential issue for providers during informal discussions with the Commissioner.	Low
No bids received for the re-commissioning activity	All current Providers have provided feedback that they are likely to bid.	Low

7.5 Consultation

7.5.1 There has been consultation with Executive Advisory Panel in the North Northamptonshire council and with Executive Programme Board in West Northamptonshire.

7.5.2 There has been some informal consultation with current providers with regards to the two options identified. There was a consensus that the option 2 would be the most effective due to the limited time available to design and implement a model that will meet the current needs, demands and gaps. Providers stated that due to the additional demands of the drug strategy, Option 1 will pose capacity issues for the market to respond to a tender. There were concerns identified that this would have a detrimental impact on service users and staff retention due to potential TUPE implications.

7.6 Consideration by Scrutiny

7.6.1 This decision has not been considered by Overview and Scrutiny

7.7 Equality Implications

7.7.1 Equality of Access: Ensures that individuals from all backgrounds, including diverse ethnicities, ages, genders, sexual orientations, disabilities, and religions or beliefs, have equal access to the services being recommissioned.

7.7.2 Inclusivity: Design and deliver services in a manner that is inclusive and sensitive to the needs of individuals from different protected characteristic groups.

- 7.7.3 **Non-Discrimination:** Prevents any direct or indirect discrimination based on protected characteristics in the delivery of services and access to support. This includes addressing any potential bias or prejudice that could affect the equitable provision of services.
- 7.7.4 **Cultural Sensitivity:** Promotes cultural sensitivity and awareness within the workforce and service delivery to ensure that individuals from diverse cultural backgrounds receive appropriate and respectful support.
- 7.7.5 **Intersectionality:** Recognises and addresses the intersectionality of protected characteristics to avoid compounding disadvantage or discrimination experienced by individuals with multiple identities.
- 7.7.6 **Consultation and Engagement:** Engages with service users and relevant stakeholders to ensure their voices are heard, particularly from underrepresented groups. Involve individuals from different protected characteristic groups in the decision-making processes to ensure their needs are considered.
- 7.7.7 **Monitoring and Evaluation:** Regularly monitor and evaluate the effectiveness of the recommissioned services to identify any potential inequalities in access or outcomes. Use this data to make improvements and address any disparities that may arise.

7.8 Climate and Environment Impact

- 7.8.1 **Waste Generation and Management:** The operation of drug and alcohol services can produce various types of waste, such as medical waste, hazardous materials, or general waste from service facilities. Proper waste management practices need to be implemented to minimise the environmental impact, including appropriate disposal, recycling, and treatment methods.
- 7.8.2 **Energy Consumption:** The energy requirements of service facilities, including lighting, heating, and cooling systems, can contribute to greenhouse gas emissions. Efforts to improve energy efficiency, utilise renewable energy sources, or implement energy-saving measures can help reduce the carbon footprint associated with service delivery.

7.9 Community Impact

- 7.9.1 **Accessibility and Equity:** The provision of drug and alcohol services should ensure equitable access for all community members, regardless of their location or socioeconomic status. It is important to consider the distribution of services within the area to ensure that vulnerable populations or underserved communities have adequate access to support.
- 7.9.2 **Cultural Sensitivity:** Localities within the Council's area may have diverse cultural backgrounds and specific needs related to drug and alcohol services. Understanding and respecting the cultural nuances of different communities can help tailor services to be culturally sensitive, ensuring they are inclusive and effectively meet the needs of the local population.

7.9.3 **Community Engagement:** Engaging the community in the decision-making process and service planning is crucial. This involvement can help identify specific community needs, preferences, and concerns. It can also foster a sense of ownership and increase community support for the services provided.

7.9.4 **Collaboration with Local Organisations:** Collaborating with local community organisations, non-profits, and grassroots initiatives can strengthen the impact of drug and alcohol services. These organisations often have a deep understanding of the local context and established relationships within the community. Partnering with them can enhance service delivery and ensure that interventions align with the community's values and goals.

7.10 **Crime and Disorder Impact**

7.10.1 **Crime Prevention:** Policies and decisions should aim to prevent and reduce crime by addressing underlying factors that contribute to criminal behaviour. This can include initiatives such as improved lighting, enhanced security measures, community policing, and targeted interventions.

7.10.2 **Community Safety:** The impact on community safety should be considered, including the potential to reduce fear of crime and increase public confidence. This may involve implementing measures to enhance community cohesion, promote reporting of crime, and provide support to victims.

7.10.3 **Offender Rehabilitation:** Assessing the impact on offender rehabilitation is crucial. Policies and decisions should consider measures that help offenders reintegrate into society, reduce reoffending rates, and provide support for their rehabilitation and reintegration into the community.

7.10.4 **Vulnerable Groups:** It is important to consider the impact on vulnerable groups such as children, elderly individuals, individuals with disabilities, and marginalized communities. Policies and decisions should strive to protect these groups from victimization and ensure their safety.

7.10.5 **Partnership and Collaboration:** Collaboration with law enforcement agencies, local authorities, community organizations, and relevant stakeholders is vital to effectively address crime and disorder impact. Policies and decisions should foster partnerships and encourage joint efforts to tackle crime and improve community safety.

7.10.6 **Evaluation and Monitoring:** Regular evaluation and monitoring of policies and decisions are crucial to determine their impact on crime and disorder. This can help identify any unintended consequences, assess effectiveness, and make necessary adjustments to improve outcomes.

8 **Background Papers**

None