

TRAFFORD COUNCIL

Report to: Executive
Date: 20th June 2022
Report for: Decision
Report of: Executive Member for Health, Wellbeing and Equalities

Report Title

Drug and Alcohol Services

Summary

Trafford Council, together with Salford and Bolton local authorities, previously jointly commissioned a 5-year Lead Provider model substance misuse contract with Greater Manchester Mental Health (GMMH) NHS Foundation Trust. The current contract term commenced in January 2018 and expires in January 2023.

It is proposed that the term of the current contract with GMMH for Drug and Alcohol services is extended for a further period of two years and two months to 31 March 2025

Recommendation(s)

It is recommended that the Executive approve the proposal to extend the current substance misuse contract for a further period as detailed in the report.

Contact person for access to background papers and further information:

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Background Papers: *None*

Implications:

Relationship to Policy Framework/Corporate Priorities	<i>Poverty reduction - by ensuring individuals access substance misuse treatment, this increases the likelihood of sustained, long-term recovery. Reducing health inequalities – those with substance misuse issues suffer much poorer health outcomes than the general population.</i>
Relationship to GM Policy or Strategy Framework	<i>Greater Manchester Drug & Alcohol Strategy greater-manchester-drug-and-alcohol-strategy.pdf (greatermanchester-ca.gov.uk)</i>
Financial	<i>The annual cost of the contract is £1,985,689 and the extension for 2 years and 2 months would be £4,302,326 which will be met from within the public health budget.</i>
Legal Implications:	<i>Legal advice has been provided in respect of contract modification requirements.</i>
Equality/Diversity Implications	<i>Not applicable</i>
Sustainability Implications	<i>Not applicable</i>
Carbon Reduction	<i>Not applicable</i>
Resource Implications e.g. Staffing / ICT / Assets	<i>Some of the additional funding will pay for increased in drug & alcohol workforce across the system, including increased commissioning support and system coordination.</i>
Risk Management Implications	<i>Entering into a procurement process at this time carries the risks below:</i> <ul style="list-style-type: none"> • <i>It would be highly disruptive to our planning for the system improvements with our provider if we have to build in a recommissioning process</i> • <i>Missed opportunity for the Council to embed legislative changes brought about by the Provider Selection Regime into its procurement strategy going forward.</i> • <i>A recommissioning process would also be highly disruptive to the service at a time when we need to focus on working together to implement the new Drugs Strategy</i>
Health & Wellbeing Implications	<i>We have an opportunity to significantly improve the substance misuse treatment and recovery system in Trafford, improving service capacity & quality, improving health outcomes, and reducing Trafford's drug and alcohol related deaths.</i>
Health and Safety Implications	<i>Not applicable</i>

1.0 Background

1.1 Current contract

Trafford Council, together with Salford and Bolton local authorities, have jointly commissioned a 5-year Lead Provider model substance misuse contract with Greater Manchester Mental Health (GMMH) NHS Foundation Trust. Salford Council is the lead contracting party. The current contract term commenced in January 2018 and expires in January 2023.

The brand name for the service is 'Achieve'. Within this contract, GMMH as lead provider have a number of nominated sub-contractors, specialising in specific areas of expertise.

The cluster-wide recovery service brings together NHS and third sector providers to offer support, treatment and advice to adults and young people to enable them to improve the quality of their lives. The partners are Early Break (providing young people and family treatment, support and advice), Great Places Housing, THOMAS Recovery Housing, The Big Life Group (assertive outreach, promptly re-engaging those who drop out of treatment and encouraging those who require treatment) and Intuitive Thinking Skills (classroom-based resilience course, aimed at giving substance misusers required coping skills to remain substance-free, for good), Breaking free online, Salford CVS and Salford Royal Foundation Trust.

1.2 The services provided by the partnership include:

- Clinical help to support the physical aspects of addiction such as opiate substitute medication
- Access to inpatient and community detoxification
- Health promotion and health screening, e.g. smoking cessation, dental care, physical health assessment
- Drop in and structured sessions
- Brief interventions
- Family interventions
- Psychosocial interventions
- Therapeutic activities
- Harm reduction, needle exchange provision and safe injecting advice.
- Group work and service user groups
- Access to vaccinations
- Testing for blood-borne viruses
- Overdose training and naloxone prescribing
- Access to a Consultant Psychiatrist for mental health and medical reviews
- Cognitive Behaviour Therapy (CBT)
- Development and mentoring support for service users and carers
- Holistic recovery service, involving families and carers
- Advice and support with education, training and employment opportunities
- Support with development of physical and virtual recovery networks and links to mutual aid organisations

1.3 Strategy context

In response to Dame Carol Black's review of drugs, which makes it clear that the drug treatment and recovery system in England is not able to operate to the standard needed to address current challenges, the Government published its 10 Year Drugs Strategy 'From Harm to Hope' in December of last year. It aims to reduce crime and both the supply and demand for drugs by enhancing drug and alcohol treatment.

Part 2 of the Dame Carol Black review focused on prevention, treatment and recovery from drug addiction and advocated the need for a whole system approach to tackling this issue. Among its 32 recommendations was the establishment of a new cross-government unit which would link health, treatment and recovery, employment, housing and the criminal justice system. Dedicated funding with performance metrics would seek to build capacity within the system, with local authorities required to develop partnerships with housing and employment support and criminal justice partners. There was a focus on rebuilding workforce through competency frameworks and occupational standards, with improvements sought for those with dual diagnosis needs (often denied MH treatment, until they are abstinent).

The Trafford system is well placed to deliver against these recommendations, as it has harm reduction at its core, underpinned by effective care planning. Additional capacity is set to improve criminal justice outcomes, via more manageable caseloads, and an opportunity to increase investment in more complex users, via increased inpatient provision and improved access to residential rehabilitation. To effectively deliver against the Government's Drugs Strategy we will need a whole system approach to prevention, treatment, and recovery.

1.4 Current Contract Value

The total contract value for 3 Councils is £8,679,877 per year (total contract value £43,399,385 over 5 years for the 3 authorities). Trafford's portion of this is £1,985,689 per year, met from within the public health budget. Salford Council acts as lead commissioner for the cluster.

1.5 Additional Government funding

In 2021/22 The government announced an additional £80 million to fund drug treatment in 2021/22, as part of a £148 million funding package for reducing crime. Local Authorities received additional 'universal funding' in the form of a Section 31 grant from Office for Health Improvement and Disparities (OHID). The funding was new money for 1 year to enhance drug treatment, focused on reducing drug-related crime and the rise in drug-related deaths. Trafford received a total of £201,000 universal grant funding.

The Government has recently announced that they will be extending this funding. Trafford, along with all other England Local Authorities, will be receiving additional funds (Supplemental Substance Misuse Treatment and Recovery Grant) via OHID over at least the next three years to support the implementation of the treatment and recovery elements of the Government's 10 Year Drugs Strategy published in December 2021.

As well as offering every local authority at least as much additional funding as last year in 2022/23, the government intends to build on this in a phased way through enhanced funding for up to 50 areas starting in 2022/23, with another 50 areas receiving enhanced funding in 2023/24 and the remaining areas, including Trafford, starting in 2024/25.

We have now been given confirmed allocations for the next three years. It is hoped that the additional funding will continue beyond 24/25, but due to the 3-year spending review cycle this remains uncertain.

1.6 Changes to procurement regulations

The Provider Selection Regime (PSR) will be a new set of rules replacing the existing procurement rules for arranging healthcare services in England. The new rules will be introduced by regulations made under the Health and Care Bill (currently before Parliament) and will apply to the commissioning of drug and alcohol services.

The aim of the PSR is to make it easier to integrate services and enhance collaboration, and to remove the rigidity associated with the current procurement rules, and the related bureaucracy and cost. The regime is intended to make it straightforward for systems to continue with existing service provision where the arrangements are working well and there is no value for the patients, taxpayers, and population in seeking an alternative provider. And, where there is a need to consider making changes to service provision, it will provide

a sensible, transparent, and proportionate process for decision-making that includes the option of competitive tendering as a tool decision-makers can use.

2.0 Extension Proposal

It is proposed that the term of the current contract with GMMH for Drug and Alcohol services is extended for a further period of two years and two months to 31 March 2025.

The contract value is £1,985,689, so a two year and two month extension would have a budgeted cost of £4,302,326 and would be met from within the public health budget.

2.1 Rationale for contract extension

There are a number of factors at play which together create a strong case for extending the current contract and these are summarised below:

1. Going to market now would mean passing over any potential opportunities which the introduction of PSR could present, leaving us tied in to a contract for years to come. It would therefore be imprudent to embark upon a procurement process at this time.
2. We are required to submit plans for how we intend to spend our additional three years funding in April 2022, and while the plans will be high level for years two and three at this stage, we need to be in a position to undertake that planning with our service provider, to some extent jointly with cluster partners. It would be highly disruptive to our planning if we have to build in a recommissioning process.
3. A recommissioning process would also be highly disruptive to the service at a time when we need to focus on working together to implement the new Drugs Strategy appropriately to meet the needs of Trafford's population.
4. The way our cluster contract has been designed is innovative. The award to GMMH followed a full tender exercise, with a detailed new specification which clearly outlined the outcomes commissioners expected, but afforded the incoming provider the flexibility to decide how best to pursue these. The focus of the Trafford system is on universal harm reduction, providing both psychosocial and pharmacological support, for example, the provision of Naloxone to reverse effects of an opioid overdose, and thereby reduce drug-related deaths. Care planning and risk stratification help to manage service user complexity in treatment and ensure caseloads are manageable.
5. Performance is good and consistently above the national average. GMMH have a CQC rating of 'outstanding' for its substance misuse service. Trafford continues to be a high performing drug and alcohol system within Greater Manchester (GM) as evidenced by the data metrics available in the National Drug Treatment Monitoring System (NDTMS).
6. The service has progressed massively over the term of the contract by forming effective partnerships with Council teams such as safeguarding and homeless prevention teams. This has strengthened existing arrangements and added value to Trafford's approach to managing complex individuals. Recently, Trafford Achieve have worked to increase support with Community Sentence Treatment requirements (CSTR) and Out of Court disposals. Work with the National Probation Service has seen co-location being adopted, which improves partnership working.
7. The Big Life group, via their Assertive Outreach provision, have worked alongside Recovery Co-ordinators to complete welfare checks and give wellbeing advice. Homeless figures for Trafford are minimal, which evidences the benefits of increased multi-agency input to the existing Council approach.
8. Early Break (Young People's Service) have established a substance misuse professionals meeting, which seeks to identify any new emerging trends in drug use

and best practice in working with Young People with substance misuse needs. Early Break have also participated in street outreach with Young People, by partnering with Big Life and has established ongoing links with Trafford schools, to promote awareness of substance misuse.

9. Furthermore, the service has maintained a good level of performance in spite of the challenges created by the Covid-19 pandemic.
10. An advantage of having an NHS provider is their ability to provide good clinical oversight. As the complexity of clients in treatment increases (as we have seen over the past two years) along with the level of both physical and mental co-morbidities, the need for excellent clinical oversight becomes greater.
11. As GMMH are also the Trafford adult mental health provider, this permits a more seamless provision for dual diagnosis cases and improved pathways with mental health services.
12. GMMH have developed excellent relationships with system partners and with commissioners, enabling effective collaboration and whole-system responsiveness. The cluster contract is also an excellent example of a partnership between the NHS and voluntary sector providers.

Other Options

The alternative option would be to embark on a procurement process which would carry the risks set out above, and would carry the disbenefits outlined in the rationale above.

Consultation

There are no public consultation requirements in respect of this report.

Reasons for Recommendation

An extension of the current contractual arrangement will:

- Provide consistency of service delivery until 2025;
- Enable the Council to secure grant funds in respect of these services; and
- Provide an opportunity for the Council to embed legislative changes brought about by the Provider Selection Regime into its procurement strategy going forward.

Key Decision: Yes

If Key Decision, has 28-day notice been given? Yes

Finance Officer Clearance *(type in initials).....HZ.....*

Legal Officer Clearance DS

[CORPORATE] DIRECTOR'S SIGNATURE *(electronic)...*  Director of Public Health.....

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.