



Northumberland

County Council

CABINET.

17th January 2023.

Drug and Alcohol Treatment and Recovery Service for Northumberland – Permission to Tender

Report of (Officer Name): Liz Morgan, Interim Executive Director of Public Health and Community Services

Cabinet Member: Cllr Wendy Pattison, Portfolio Holder Adults' Wellbeing

Purpose of report.

The purpose of this report is to outline the need to provide a drug and alcohol treatment and recovery service as part of the Council's statutory public health functions, and to seek permission to proceed with a formal tender exercise.

Recommendations.

Council is recommended to:

- Authorise the Interim Executive Director of Public Health and Community Services to proceed with the commissioning exercise for a value of £21,818,608 as outlined in Key Issues section below (the final paragraph).
- Request officers to bring back the outcome for Cabinet approval.

Link to Corporate Plan.

The delivery of a drug and alcohol treatment and recovery service supports the vision and aims of our Corporate Plan 2021 – 2024 by tackling health inequalities within our communities and helping create economic growth for Northumberland.

People who use drugs and alcohol problematically are among those most likely to experience health and social inequality. They are more likely to be living in areas with high levels of deprivation, to be in poor health, die early, be a victim of crime and be in temporary or unstable accommodation. They are also among the least likely to seek help from services and will often suffer discrimination and stigma. Drug treatment is evidenced

as reducing inequality for individuals and communities, by improving health, reducing crime and improving social functioning¹.

Drug and alcohol treatment is evidenced as being cost effective due to the savings created by the reduced health and social care burden and reduced criminal behaviour². The treatment service will also create economic benefits via employment opportunities for local people, the use of community spaces, attracting additional investment from Government and supporting its client group to become economically active by accessing training and employment.

Key issues.

Under the Health and Social Care Act (2012), local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. As a condition of receiving the Public Health Grant, local authorities are required to 'improve the take up of, and outcomes from, its drug and alcohol misuse treatment services'³

The Council commissions a partnership of Cumbria Northumberland Tyne and Wear NHS Foundation Trust (CNTW), Changing Lives and Turning Point to deliver a structured drug and alcohol treatment and recovery service – The Northumberland Recovery Partnership (NRP).

NRP began delivery in 2017/18 and the contract is due to end in September 2023. A re-commissioning exercise can be delivered throughout late 2022/23 and early 2023/24 to develop and secure a new contracted service.

Though the service has been successful in delivering safe and effective treatment for some of Northumberland's most vulnerable and marginalised residents, substance misuse and addiction presents many challenges. The North East has the highest rates of drug and alcohol related deaths in England, problematic alcohol use is increasing, patient needs are becoming more complex, there is higher demand for treatment services and there is a shortage of skilled staff in the sector.

The proposed contract price - £3,356,709 per annum and £21,818,608 in total across 6.5 years - is based on the need to invest in a modern and innovative service and recognition of the increased running costs and financial pressures it will face. The proposed contract length is reflective of national guidance⁴ which recommends longer contract periods for

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PE_Evidence_review_of_drug_treatment_outcomes.pdf

2 <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

3 <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2022-to-2023/public-health-ringfenced-grant-2022-to-2023-local-authority-circular>

4 <https://www.gov.uk/government/news/acmd-warns-ministers-of-falling-local-funding-for-drug-treatment-services>

treatment services to reduce the impact on resources and minimise issues caused by transition between services for patients and staff.

Cabinet is asked to consider the contents of this report, the key issues and background; note that the total value of the 6.5 year contract (4.5 years plus the option of an additional 2 years) is £21,818,608; and comment on the proposals.

Background.

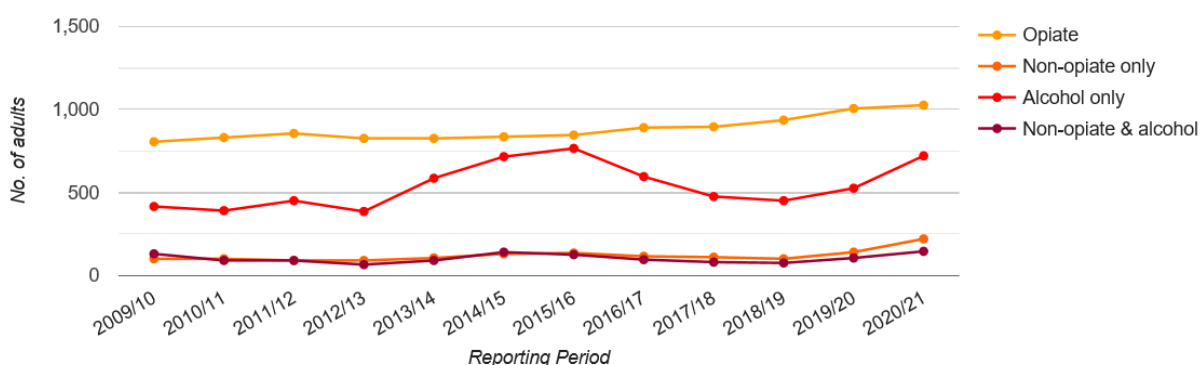
Local Context.

Within Northumberland, NRP deliver a range of treatment and recovery interventions, including:

- Community and inpatient detoxification.
- Substitute prescribing.
- Psychosocial therapies.
- Peer led recovery interventions and support (including access to a 12-step abstinent based programme).
- Harm reduction (including needle exchange, wound care and safer injecting advice).
- Community outreach.
- Support to access education, employment and housing.

Demand for treatment has been increasing since 2018/19. See Figure 1 below for a breakdown of the numbers in treatment since 2009/10, by substance category. Though all substances have seen an increase since 2018/19, opiates have been increasing since 2014/15. Alcohol is showing the most significant increase in recent years. Increased demand is linked to increased harmful use within our communities.

Figure 1: Number of adults in treatment by substance. Source: National Drug Treatment Monitoring System⁵.



⁵ <https://www.ndtms.net/ViewIt/Adult>

Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Opiate	805	830	855	825	825	835	845	890	895	935	1005	1025
Non-opiate only	100	100	90	90	105	130	135	115	110	100	140	220
Alcohol only	415	390	450	385	585	715	765	595	475	450	525	720
Non-opiate & alcohol	130	90	90	65	90	140	125	95	80	75	105	145

The service is reaching the end of its contractual period and during 2022/23, pending approval, the Council will initiate a re-procurement exercise. This will create opportunities to update and develop service provision to ensure it can appropriately respond to new and emerging needs and demands within the local community. Our 2020 needs assessment (updated in 2022), will inform the process, along with further stakeholder consultation throughout the re-procurement period.

The Council (via the Public Health Ring Fenced Grant) has consistently maintained its investment in drug and alcohol treatment and recovery services and as a result, has an effective system with a skilled workforce that creates positive outcomes for some of our most vulnerable and marginalised residents. Throughout its current contract period, our service has shown resilience and innovation in its response to an ever-changing environment and the often complex needs of its patient group. However, there are many ongoing and emerging challenges that must be considered if we are to maintain an effective response to substance misuse and protect our communities from harm.

- Nationally, drug related deaths have been increasing for the past decade and the North East has the highest rate of deaths in England⁶. Though Northumberland has amongst the lowest levels of deaths in the North East, rates are still above the national average. Many deaths are a result of long-term substance abuse, a highly chaotic lifestyle, and often untreated mental health conditions. People with these issues can be difficult to engage in treatment and our services need to be flexible in how they work and ensure a broad range of treatment options are available.
- During the covid pandemic, NRP reduced the number of people being discharged from the service and retained many of its most vulnerable patients in treatment as a means of maintaining their safety. The decision made sound clinical sense, and will have undoubtedly saved lives, but it increased the number of people the service works with, the caseloads of staff and adversely impacted on key performance indicators.
- People who drink alcohol problematically increased their use during the pandemic. Research has shown this has been particularly acute in areas of high deprivation across the North of England⁷. Though at this stage it is impossible to determine the full extent of the harms created, NRP was already experiencing a steady upturn in alcohol referrals and the covid related increase has exacerbated the situation. It is currently estimated that as many as 75% of people who are dependent on alcohol in Northumberland are not accessing treatment⁸

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations#:~:text=3%2C060%20drug%20poisoning%20deaths%20registered,aged%2045%20to%2049%20years>

⁷ [The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019 \(plos.org\)](https://doi.org/10.1371/journal.pone.0238888)

⁸ <https://www.ndtms.net/ViewIt/Adult>

- The service is now dealing with an increasingly complex patient cohort. Poly substance misuse is increasing, mental health issues are more prevalent, patients face growing financial pressures and overall, the average age of those in treatment is rising, which introduces additional health issues for the service to address.
- Nationally, there is a staff shortage within the substance misuse sector and services are struggling to recruit and maintain a skilled and experienced workforce. Throughout 2021/22 and 2022/23 NRP have been unable to recruit to several key posts and this has resulted in some areas of delivery being under resourced.

In order to address these challenges, Northumberland needs a drug and alcohol treatment and recovery service that is able to meet increasing demand, by expanding its capacity and resource, and upskilling its staff. The service must be part of a multi-agency response to reducing drug and alcohol related deaths in our communities and ensure the full range of patient needs are met. We need to ensure the service is accessible and meet the needs of those who are currently unable or unwilling to address their dependency, and so reduce unmet need. It is also essential that the service can attract and maintain, a skilled and motivated workforce by offering competitive salaries, a positive and supportive working environment and professional development opportunities.

NRP is now in its 6th year of delivery (and will enter its 7th year before the end of the procurement exercise) and is still working to the original contract price set in 2017/18. Any uplifts or funding awards during this period have been to deliver additional services and activity rather than to cover any cost of living or inflationary related pressures. When compared to other North East local authorities, Northumberland currently allocates one of the lowest percentages of its total Public Health Grant to substance misuse services. When comparing actual spend to numbers of people in treatment, Northumberland currently invests one of the lowest amounts per head when compared to other North East local authorities.

National Context.

The use of drugs and alcohol is widespread within the UK, and although many people will use drugs and alcohol in moderation, even this can be harmful, and long term and excessive use will often lead to addiction and serious health harms. The harmful use of drugs and alcohol has a far reaching and often catastrophic impact upon the individual, local communities and wider society. Addiction is linked with the breakdown of relationships and families, increased criminal behaviour, loss of employment and a range of health issues including cancer, blood borne viruses, respiratory disease and poor mental health.

Deaths from drug misuse are currently at their highest ever rate across England and Wales, with the most deaths occurring amongst those aged between 40 – 49⁹. The North East currently has the highest rates of drug related death in England and has done for the past 9 years. Similarly, alcohol related deaths in the UK are at their highest rate for the

9

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations#:~:text=3%2C060%20drug%20poisoning%20deaths%20registered,aged%2045%20to%2049%20years>

past 20 years, with most deaths attributed to alcoholic liver disease¹⁰. The North East has the highest rates of alcohol related death in England and saw a 20.5% increase between 2019 and 2020.

It is estimated that the combined social and economic cost (including lost productivity, crime and treatment) as a result of drug and alcohol misuse, is £32.2bn per year in the UK¹¹.

There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both drug and alcohol. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation¹².

People who use drugs and alcohol problematically are often among the most vulnerable in society. They are more likely to be in poor health, die early, be a victim of crime and be in temporary or unstable accommodation. They are also among the least likely to seek help from services and will often suffer discrimination and stigma.

In 2021 the Government published their independent Review of Drugs¹³ which found that drug use is intrinsically linked to violent crime, poverty and deprivation; drug related deaths are at an all-time high; and that disinvestment in the treatment system had resulted in higher unmet need and the workforce had reduced in number and quality. In all, the report made 32 recommendations, including the need for enhanced and protected funding by Government; improved treatment and recovery services; more emphasis on access to employment and housing; and greater Local Authority accountability. The Government's response to the review supported the findings and committed to publishing a long-term drug strategy by the end of 2021, which would focus on reducing demand, supporting treatment, and targeting crime.

The Government's new Drug Strategy¹⁴ outlines four key objectives for local treatment and recovery systems:

- Address unmet need.
- Increase numbers in treatment.
- Reduce drug related deaths.
- Create effective criminal justice pathways.

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcohol-relateddeathsintheunitedkingdom/registeredin2020>

¹¹ <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

¹²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf

¹³ [Independent review of drugs by Professor Dame Carol Black - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/independent-review-of-drugs-by-professor-dame-carol-black)

¹⁴ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

Local authorities have been allocated additional grant funding to support the local delivery of the Strategy's objectives. The grant funding is provided on the conditions that local authorities consent to increased scrutiny and accountability via the creation of Local Combating Drugs Partnerships¹⁵ and that existing investment via the Public Health Grant is maintained to at least current levels.

Procurement and Contract Management.

Assuming authorisation is given to proceed with the commissioning exercise, a new Service Specification will be developed and an Invitation to Tender (ITT) issued by April 2023. Applicants are required to complete a set of questions in the ITT designed to demonstrate their ability to meet the needs of the Service Specification. Each question is given a percentage weighting to reflect its importance and level of detail required. There is the option of including a weighted score for the proposed contract price. Applicants must also provide various assurances, including confirmation that they do not meet any of the grounds for exclusion, have the appropriate insurances in place and can demonstrate a sound economic and financial standing.

Each response is checked for compliance with the requirements of the ITT and then evaluated and scored according to the percentage weighting criteria. A panel of assessors scores the ITTs and agrees the contract award.

Key Performance Indicators (KPI) will be developed alongside the Service Specification and included in the ITT. KPIs must reflect local and national monitoring requirements. It is proposed that the indicators attached to the Combating Drugs Partnerships¹⁶ present the best option to manage local performance, while also meeting the requirements of national oversight and scrutiny arrangements. The proposed indicators will include:

- Reducing drug and alcohol related deaths.
- Increasing the number of people accessing treatment.
- Increasing the number of people leaving prison who then access treatment.
- Improving drug recovery outcomes:
 - Drug and alcohol free or reduced use.
 - Access to stable accommodation.
 - Access to employment.
 - Reduced criminality.

The contract will be performance managed via formal quarterly contract meetings where the provider is required to submit performance data, financial spend and a narrative report. In addition, there will also be a series of ad-hoc meetings with relevant service managers and staff to focus on specific areas of the service or performance.

¹⁵ <https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners>

¹⁶ <https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners>

Implications.

Policy	<p>The delivery of a drug and alcohol treatment and recovery service supports the vision and aims of our Corporate Plan 2021 - 2024 by tackling health inequalities and helping create economic growth.</p> <p>A raft of national policies, strategies and good practice guidelines shape the delivery of services.</p>
Finance and value for money	<p>The proposed contract price for the service is £3,356,709 per annum and £21,818,608 in total (maximum period of 6.5 years – see Procurement section below for detail).</p> <p>The service will be funded via the Public Health Grant.</p> <p>Drug and alcohol services are evidenced as being cost effective. They improve health and wellbeing and reduce crime.</p> <p>It is estimated that, in England, treatment creates an annual saving of £2.4bn based on the reduced costs to linked to social care, health and crime. This equates to a social return of £4 for every £1 invested in treatment¹⁷.</p>
Legal	<p>The provision of drug and alcohol services as described in this report meet the responsibilities conferred by section 18 of the Health and Social Care Act (2012).</p> <p>The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council</p>
Procurement	<p>The existing contract for our drug and alcohol service expires at the end of September 2023. A re-commissioning exercise will be delivered during 2022/23 and 2023/24. The length of the contract will be 4.5 years with the option of extending for a further 2 years. Maximum contract period: October 2023 – March 2030.</p>
Human Resources	<p>In the event of the incumbent organisation(s) not being awarded the contract, TUPE considerations for current service staff will be the responsibility of the new provider and will be built into the contract arrangement.</p>
Property	<p>This is the responsibility of the provider organisation and will be built into the contract arrangement.</p>

¹⁷ <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

<p>Equalities</p> <p>(Impact Assessment attached)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>N/A <input checked="" type="checkbox"/></p>	<p>A drug and alcohol health needs assessment was completed in 2020 and examined the needs of minority and underserved patient cohorts. This will be built into the service specification and contract to ensure equity of service access and provision.</p>
<p>Risk Assessment</p>	<p>Included as part of standard Local Authority commissioning and procurement practice.</p> <p>The Local Authority is required to ensure commissioning of services is competitively tendered. If this tender is agreed by Cabinet, the risk of challenge will be mitigated.</p>
<p>Crime Disorder &</p>	<p>Drug and alcohol misuse is intrinsically linked to offending and criminal behaviour. Treatment is evidenced as being able to reduce the number of people who offend by 44% and decrease the number of offences committed by 33%¹⁸.</p> <p>Within Northumberland, up to a quarter of all referrals to treatment come via the criminal justice system, and over a third of service users have a criminal conviction.</p>
<p>Customer Consideration</p>	<p>The service conducts a quarterly patient feedback survey. Results are shared at contract meetings with Public Health and show a high level of satisfaction with the service</p> <p>A health needs assessment was undertaken in 2020 and surveyed opinions from current and former service users. The results of the needs assessment will be used to develop the new service specification.</p>
<p>Carbon reduction</p>	<p>During the covid lockdown periods, the service introduced various digital and on-line treatment interventions which reduced the need to travel to services. These interventions will be retained and further developed within the new service specification and will contribute towards the Council's climate change and carbon footprint goals.</p>
<p>Health and Wellbeing</p>	<p>The delivery of an effective drug and alcohol treatment and recovery service supports the aims of the Joint Health and Wellbeing Strategy 2018 – 2028 by reducing the number of alcohol related hospital admissions, improving mental wellbeing and creating better outcomes for those living in our most disadvantaged communities.</p>

18

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674858/PE-MoJ-experimental-MoJ-publication-version.pdf

Wards	All.
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Background papers:

An evidence review of the outcomes that can be expected of drug misuse treatment in England.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf

Office for National Statistics. Deaths related to drug poisoning in England and Wales: 2021 registrations.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations#:~:text=3%2C060%20drug%20poisoning%20deaths%20registered,aged%2045%20to%2049%20years>

Office for National Statistics. Alcohol-specific deaths in the UK: registered in 2020.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2020>

Advisory Council on the Misuse of Drugs. What are the risk factors that make people susceptible to substance use problems and harm?

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf

Independent review of drugs by Professor Dame Carol Black. Part 1 & 2.

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

UK Drug Strategy – ‘From harm to hope: A 10-year drugs plan to cut crime and save lives’.

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

Drugs strategy guidance for local delivery partners.

<https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners>

The impact of community-based drug and alcohol treatment on re-offending – A joint experimental statistical report from the Ministry of Justice and Public Health England.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674858/PHE-MoJ-experimental-MoJ-publication-version.pdf

Report sign off.

Authors must ensure that officers and members have agreed the content of the report:

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Monitoring Officer/Legal	Suki Binjal
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