

Report to Interim Director of Public Health

January 2021

Variation to the Contract for the Provision of Service for Children, Young People and Adults who use Alcohol and/or Drugs

**Report by Head of Children Families and Working Age Adults
Commissioner**

Electoral division(s): All

Summary

The Council, through its contract with Change Grow Live (CGL), provides a service to support children, young people and adults affected by alcohol and other drug use.

The contract was awarded to the national health and social care charity, CGL in May 2016 following an OJEU procurement process. The contract was for the period of 5+2 years, commencing 10th May 2016 expiring 9th May 2021. The extension has been executed to cover the period 10th May 2021 to 9th May 2023. ([Report ref: OKD31 19/20](#))

The Council now wishes to vary the contract to secure provision for three additional services:

- Support children of alcohol and drug dependent parents.
- 'Growing Families' Service; a team of front-line workers, working across the multi-agency early help system, to support children and families from pre-birth, early years and school age children.
- Specialist support for adults with co-occurring substance misuse and mental health difficulties.

The start date for the contract variation is 1 April 2021, and the expiry date 9 May 2023.

Recommendation

The Interim Director of Public Health is asked to approve the variation of the contract for the Provision of Service for Children, Young People and Adults who use Alcohol and/or Drugs with effect from 1 April 2021 to 9th May 2023.

Proposal

1 Background and context

- 1.1 The Council has a contract with CGL for the provision of Service for Children, Young People and Adults who use Alcohol and/or Drugs ("the Contract").

- 1.2 The provision of drug and alcohol services is a non-prescribed function of the Public Health Grant.
- 1.3 The Contract started on 10th May 2016 and expires 9th May 2023.
- 1.4 The overall CQC rating for the services (last updated January 2020) is 'Good'.
- 1.5 A variation to the contract is requested to secure provision for three different elements. This is provision for:
 - A) Children of Alcohol and Drug Dependent Parents;
 - B) 'Growing Families' Service; a team of front-line workers, working across the multi-agency early help system, to support children and families from pre-birth, early years and school age children;
 - C) Adults with co-occurring substance misuse and mental health difficulties.

1.6 **A) Children of Alcohol and Drug Dependent Parents and B) the Growing Families Service**

Within this aspect of the service, there are two distinct elements;

- i) A Therapeutic Service for Children; and
 - ii) A team of front-line practitioners, working across multi agency early help system to support children from pre-birth and early years.
- 1.7 This provision is already in place via a grant funding agreement from Public Health England's "*Funding to Support Children of Alcohol Dependent Parents Innovation Fund (PHE Funding Scheme)*" jointly with CGL as the provider of the service. This grant funding ends on the 31 March 2021.
 - 1.8 Research has shown that this group experience greater likelihood of poor school attendance and engagement; physical and emotional difficulties in later life including greater risk of substance misuse; and parental conflict.
 - 1.9 The proposal is that the provision is converted to a services contract between the Council and CGL with no change to high level outcomes, which are to improve support and outcomes for children by identifying and intervening earlier to reduce parental conflict and harms arising from parental substance misuse.
 - 1.10 Expected deliverables are that 132 children will receive a programme of therapeutic support. This represents a 10% increase on current activity.
 - 1.11 Performance will continue to be measured against validated outcome measures and qualitative returns.
 - 1.12 **B) Support to Adults with co-occurring substance misuse and mental health difficulties**

This will be a new service. The proposal will address a recognised gap in the substance misuse care pathway.

- 1.13 It is recommended by Public Health Commissioners that the specified service is provided by CGL, as the existing prime contractor for substance misuse treatment services.
- 1.14 Misuse of alcohol and/or drugs often goes hand in hand with mental health issues or mental distress. National policy and best practice guidance clearly outline the need to address these issues, and that when combined these are typically more complex than the existence of two separate issues. Adults with co-occurring difficulties have increased risk of other health problems and early death.
- 1.15 Local intelligence and audits illustrate the need:
- In West Sussex, 2018/19, roughly half of all adults accessing alcohol or drug treatment services were identified as also having a mental health need. Of those with mental health needs, roughly 20% of alcohol treatment service users and 30% of drug treatment services users were not accessing any support for known mental health problems.
 - Nearly half (45%) of all those identified in a West Sussex rough sleeping/homelessness audit in Summer 2020 were identified as having both mental health and substance misuse needs.
 - In a three-year period (2015-17), 66% of those who died from drug misuse or other drug poisonings in West Sussex were identified as having mental health needs (60% of those who died specifically from substance misuse).

The investment will increase capacity to more effectively respond to this cohort.

- 1.16 Expected deliverables are that this will provide specialist support to an additional 100 adults who have multiple and complex needs. There will be a strong focus on outreach, assertive engagement and multi-agency working. Interventions will be evidence-based as specified in NICE (National Institute for Health and Care Excellence) guidelines and will include specialist assessment; prescribing support (for opiate and alcohol treatment); and psychosocial support.

2 Proposal details

- 2.1 It is proposed that the contract is varied to include the new services described from 1 April 2021 to 9th May 2023.

3 Other options considered (and reasons for not proposing)

3.1 De-commission Services A and B: Not recommended

West Sussex has higher than national average rates of treatment presentation for adults who live with dependent children. The strategic priorities are currently being met with the current service delivering against required outcomes.

3.2 Tender Services A and B: Not recommended

The current service has delivered against outcomes. It has established working protocols/pathways across the partnership. There is no identified benefit to service users in a tendering exercise

3.3 Develop an in-house fully integrated service for A, B and C: Not recommended

There would be insufficient time to develop an in-house service to commence 1st April 2021. The model relies upon strong clinical governance and will include delivery of CQC regulated activities and specialist prescribing to adults with complex and often high-risk presentations.

3.4 Variation of the current Contract to incorporate A, B and C: Recommended

Start-up costs (licences; recruitment; art therapy equipment) will not be required and funded through the current agreement with PHE. The current provider has been a key part of national and local evaluation, and recommendations for service delivery. The levels of service delivery are high, and it is recommended to continue with the same provider. The Council will be starting the process of procuring the core substance misuse service early 2021, and the intention is to include this additional work in the specified requirements of the new contract.

4 Consultation, engagement and advice

- 4.1 For the existing services that support children of alcohol dependent parents, there has been standard quarterly returns (Performance and Financial) to satisfy PHE requirements. In addition, these services have been subject to comprehensive national evaluation by the Tavistock Institute and local evaluation by Public Health Data Analysts in the Council. Annual narrative reports have been submitted to the Cabinet Office as part of grant management. Learning has been shared in webinars and at local and national events, including attendance by senior policy makers and ministers. PHE have undertaken site visits. The evaluations demonstrate the value of continued investment.
- 4.2 The (draft) Drug and Alcohol Needs Assessment Study currently being completed by the Public Health Research Team gives a clearer understanding of service demand and the pathways for adults with co-occurring substance misuse and mental health conditions. It is a strategic priority to address the substance misuse gap in this pathway.
- 4.3 Contracts may be varied (also known as "modified") without a new procurement procedure in accordance with regulation 72 of the Public Contract Regulations 2015 ("PCR"). Regulation 72(1)(b) permits modification where additional services by the original contractor have become necessary and were not included in the initial procurement, where a change of contractor;
- a. Cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement; or
 - b. Would cause significant inconvenience or substantial duplication of costs for the Council.
- 4.4 If the Council is satisfied that the modification meets the requirement of the regulation, then the Council must publish a notice as required by the PCR.

4.5 Having taken advice from Legal Services and Procurement Services, it is considered that the variation will be permitted in accordance with PCR 72(1)(b)(i) and (ii) because:

- CGL has established protocols and joint working in place across the partnership;
- Care pathways have been established for parents / carers to be fast tracked into the substance misuse treatment service;
- Interventions have been evaluated at a local and national level; the model has put families at the centre of expanding existing provision and has developed new approaches to tackle the impact of parental substance misuse on children and families.
- CGL will bring substance misuse expertise, working alongside the Sussex Partnership NHS Foundation Trust (Mental Health Trust) and other partners with the common goal of improving the care pathway for adults with co-occurring conditions.
- Local Audits confirm that there are already a significant number of adults on the CGL service caseload who have mental health difficulties and who will benefit from this enhanced offer.
- No new investment would be needed in validated outcome measures or in reporting to the National Drug Treatment Monitoring System as this infrastructure is already in place as part of core contract between the Council and CGL.
- CGL has senior representation at key strategic groups (Reducing Drug Death Panel; West Sussex Suicide Prevention Steering Group) which support local action planning around this client group.

5 Finance

5.1 Revenue consequences

| | Current Year 2021/22 £m | Year 2 2022/23 £m | Year 3 2023/24 £m | |
|----------------------|-------------------------------|-------------------------|-------------------------|--|
| Revenue budget | 5.127 | 5.442 | 5.442 | |
| Change from Proposal | 0.315 | | | |
| Total budget | 5.442 | 5.442 | 5.442 | |

The increase in cost will be funded from within the existing Public Health Grant funding.

5.2 The effect of the proposal:

(a) **How the cost represents good value**

West Sussex is a PHE priority area for alcohol and is currently below national and CIPFA benchmarks for met need. This project supports a minimum of 50 and maximum of 90 alcohol dependent parents. Working with 50 parents would increase met need by 3% to a total of 20% - bringing West Sussex much closer to the 21% benchmark.

New Economy Manchester unit costs estimate that in 2013/14 the average fiscal cost of a child taken in to care across different types of care setting in England is £52,676 per year. Adjusting for 2% inflation, this equates to around £57,000 per year by 2018/19.

Cost is based on the minimum number of families at risk of care proceedings that the intervention is planning to work with - a conservative estimate of 5 families year 1; 10 families year 2; 10 families year 3. The sustained yearly cost of an average of 1 child prevented from entering care per family, equates to maximum potential cost avoidance of £2,565,000 over the 3 years. Other costs avoided such as improving stability for children returning from care to the family and improving life chances for children are also key.

Added value is brought by partners and sub-contractors to the CGL contract. Partners can show powerful examples of where they have worked with individuals and their families to build valuable recovery capital, helping people recover from alcohol problems.

The specialist support to adults with co-occurring substance misuse and mental health difficulties will strengthen the existing community and integrated service offer. An expected outcome will be improvement in service retention rate (and treatment "compliance") for this cohort, and thereby reduced costs from frequent re-presentations made by this cohort across the system, be that social care, hospital or criminal justice service.

Specific to the Council commissioning of substance misuse services, a measurable impact will be upon service user flow into costly, residential interventions (in-patient detoxification and rehabilitation programmes). The service will assess and refer onto these residential units when there is clinical need, however an expected outcome is that by providing timely and earlier intervention for people with co-occurring need, the numbers referred onto residential support and the numbers re-presenting will reduce. Typically, the cost of a two-week detoxification for an individual with this level of need is £5,000 per person.

The impact on flow into residential provision and on reduction of costs will be measured across the contract term and will inform commissioning plans.

Management and supervision costs of both services will be absorbed into the CGL contract.

(b) **Future savings/efficiencies being delivered**

None

(c) **Human Resources, IT and Assets Impact**

There is no impact on IT or Assets.

6 Risk implications and mitigations

| Risk | Mitigating Action (in place or planned) |
|---|--|
| A slowing down or a pause in KPI improvements | Mitigated by existing performance management arrangements and oversight. Commissioner/provider relationship is positive. Performance measures and improvement are tracked. Contract terms will allow leverage through Improvement Plans if required. |
| Limited Financial Savings | <p>For the Services to support Children of Alcohol & Drug Dependent Parents, the proposal is that the service costs remain the same as is currently funded by Innovation monies.</p> <p>However, there will be financial efficiencies:</p> <p>For services supporting children: Continuation of service provider will mean that there are neither start-up costs nor new costs of required items that are already in place (e.g. play and art therapy items; licences). There will be a 10% increase in activity and through-put for the same financial envelope.</p> <p>For service to adults with co-occurring conditions: No new investment would be needed in reporting to the National Drug Treatment Monitoring System (NDTMS) as this infrastructure is already in place as part of the core contract between the council and CGL. This is reporting which contributes to Public Health Outcome Framework (PHOF) national indicators.</p> |

7 Policy alignment and compliance

7.1 The provision of an effective and quality drug and alcohol service makes clear contributions to West Sussex goals of improving the health and wellbeing of residents of all ages, and to supporting strong and safer communities.

7.2 The Council is the lead commissioner of the contract therefore the services fall under the Public Contract Regulations 2015, and the value of the contract will be over the EU threshold for such services (£615,278).

7.3 Crime and Disorder

The Council has a responsibility to minimise crime and anti-social behaviour which can be associated with substance misuse. The services provided under this contract focus on improving health and wellbeing, which in turn reduces the likelihood of the above behaviours. The service includes dedicated criminal justice provision, working with adults known to the criminal justice system.

7.4 **Equality and Human Rights Assessments**

All residents of West Sussex with assessed eligible substance misuse needs have the right to have these met with support from the local authority. The services have been developed to ensure the Council can meet this.

7.5 **Social Value and Sustainability Assessment** – not applicable

7.6 **Climate Change** – not applicable

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Appendices None

Background papers None