

## BARNSELY METROPOLITAN BOROUGH COUNCIL

**REPORT OF:** Executive Director of Public Health and Communities

**TITLE:** Recommissioning of substance misuse services

<b>REPORT TO:</b>	<b>Cabinet</b>
<b>Date of Meeting</b>	<b>18 October 2023</b>
<b>Cabinet Member Portfolio</b>	<b>Public Health and Communities Childrens Services</b>
<b>Key Decision</b>	<b>Yes</b>
<b>Public or Private</b>	<b>Public</b>

### **Purpose of report**

The Council's existing contract with Humankind Charity to deliver the Community Drug and Alcohol Treatment and Recovery Service (known as Barnsley Recovery Steps) is due to expire on 31 March 2024.

The report seeks approval to procure a new 5 year contract (with an option to extend for a further two years) with Humankind Charity for an Integrated Community Drug and Alcohol service using Regulation 32(2)(b)(ii) of the Public Contracts Regulations 2015 - negotiated procedure without prior publication of a notice, which will be supported by the publication of a voluntary ex ante transparency notice ("VEAT" Notice") by the Council prior to entering into a contract with Humankind Charity.

The report also recommends the merger of the Adult and Young Peoples' Substance Misuse Services and the Multiple and Complex Needs Housing provision (25+) into one All Age Substance Misuse Service.

The report also provides an overview of the National Drugs Strategy, it's key priorities and ambitions, the requirements for implementation at a local level and the additional investment allocated to assist in the achievement of the strategy priorities and outcomes.

### **Council Plan priority**

The service aligns to the Council's strategic priorities as follows:

#### **Healthy Barnsley:**

1. People are safe and feel safe.
2. People live independently with good physical and mental health for as long as possible.

3. Reduced inequalities in health and income across the borough.

**Learning Barnsley:**

4. People have the opportunities for lifelong learning and developing new skills, including access to apprenticeships.

5. People have access to early help and support.

**Growing Barnsley:**

6. People are supported to have safe, warm, sustainable homes.

**Sustainable Barnsley:**

7. People live in great places, are recycling more and wasting less, *feel connected and valued in their community.*

**Recommendations**

That Cabinet: -

1. Agree the integration of the Young Peoples' Substance Misuse Service and the Multiple and Complex Needs Housing provision (25+) into the overall Substance Misuse Service known as Barnsley Recovery Steps.
2. Grant approval to procure a 5-year contract (with an option to extend for a further two years) for an All-Age Integrated Community Drug and Alcohol service, using Regulation 32 of the Public Contracts Regulations 2015 - negotiated procedure without prior publication of a notice.
3. Approve that if an award using Regulation 32 of the Public Contract Regulations 2015 is not possible then grant approval to go to market to procure a provider via a competitive exercise.
4. Delegate the authority of award of the contract to the Director of Public Health and Communities subject to the agreement of a proposal in line with the allocated budget following the procedure outlined above.

## 1. INTRODUCTION

We are seeking approval to procure a new 5-year contract (with an option to extend for a further two years) for an Integrated Community Drug and Alcohol service using Regulation 32 of the Public Contracts Regulations 2015 - negotiated procedure without prior publication of a notice.

The report also recommends the merger of the Adult and Young Peoples' Substance Misuse Service and the Multiple and Complex Needs Housing provision (25+) into one All Age Substance Misuse Service.

### 1.1 Background

#### 1.1.1 Drug and Alcohol Treatment Service

The current Drug and Alcohol Treatment and Recovery Service, known as Barnsley Recovery Steps, is delivered by Humankind Charity and commenced on 1 April 2017. The current service is commissioned to deliver

drug and alcohol treatment and support to anyone in Barnsley aged 18 years or over experiencing problems with substance misuse.

This includes alcohol, all illicit and performance-enhancing drugs, novel psychoactive substances (previously known as legal highs) and the problematic use of prescribed and 'over the counter' medications.

The service provides a wide range of support tailored to individual needs. This includes harm reduction and early intervention/prevention support as well as clinical interventions such as prescribing, community detox, health checks, Hepatitis B and C and HIV screening and vaccinations, structured treatment programmes and recovery and aftercare support. The service also provides bespoke training to a range of professionals, services and community groups.

The service also subcontracts for services that directly supports the delivery of Barnsley Recovery Steps, which include the pharmacy supervised consumption service, community pharmacy needle and syringe programmes and the out of area inpatient detox and residential rehabilitation placements.

The current contract value also includes the costs associated with prescribing Opioid Substitute Therapy medication such as Methadone, Buprenorphine and Buvidal. The costs also include Naloxone which is a medication designed to rapidly reverse an opioid overdose.

The current contract expires in March 2024.

The Young People's Substance Misuse Service (YPSMS) was historically delivered through outsourcing arrangements. In June 2017 the service was brought back into the Council at short notice due to the administration notice of the provider at that time. The service currently sits within the Targeted Youth Support Service as part of Early Intervention and Prevention Services and provides a wide range of prevention and structured treatment pathways for young people. The service has a separate contractual arrangement in place for specialist expertise clinical support through Humankind as this cannot be contained within the existing Council service delivery model.

### **1.1.2 National Drugs Strategy**

In December 2021, the Government published a new ten-year National Drugs Strategy, "From Harm to Hope". The strategy's key priorities are underpinned by Dame Carol Black's two-part Review of Drugs which recommended a new long-term approach, with large-scale investment and changes to oversight and accountability, delivered by the whole of government. Both national and local partners are expected to focus on delivering the following three strategic priorities to reduce drug-related crime, death, harm and overall drug and alcohol use:

- Break drug supply chains.
- Deliver a world-class treatment and recovery system.
- Achieve a generational shift in the demand for drugs.

### **1.1.3 Headline Targets**

Over the course of the strategy, the government expect to reverse the rising trend in drug use, with an ambition to reduce overall use towards a historic 30-year low. The strategy establishes the following key national targets:

- Over 2,000 more county lines closed and an increase in both drug trafficking convictions and the number of vulnerable children and adults safeguarded.
- 6,400 major and moderate disruptions against activities of organised criminals (an increase of 20%).
- 1,000 deaths prevented, and lives saved.
- Treatment contributing to around 740,000 crimes prevented, of which 140,000 are neighbourhood crimes such as burglary, robbery and theft.
- 54,500 new high-quality drug and alcohol treatment places, a 19% increase on current numbers.
- 21,000 new treatment places for opiate and crack users, 53% of opiate and crack users in treatment.
- 30,000 new treatment places for non-opiate users, including a further 5,000 more young people in treatment.
- 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers.
- A treatment place for every offender with an addiction.
- 24,000 more people in long-term recovery from substance dependency.
- Increased referrals from police, courts and probation into drug treatment.
- More people are recovering from addiction in sustained employment.
- More people are recovering from addiction in stable and secure housing.

A national outcome framework has been implemented by the national Joint Combatting Drugs Unit to measure progress and the performance of local areas.

### **1.1.4 Investment to meet the strategy's priorities**

The government have invested funding over the three-year period April 2022 to March 2025 to rebuild drug treatment and recovery services along with new commissioning standards to drive transparency and consistency.

The council has received additional investment via the Office for Health Improvement and Disparities (OHID) Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant. The key purpose of this funding is to deliver the treatment element of the National Drugs Strategy, with the aim of establishing a world-class treatment and recovery system through improving quality, capacity, better-integrated working and delivery of support to achieve the outcomes of the national drug strategy.

The council received £670,722 in 2022/23 and has been allocated £1,099,185 in 2023/24, which has been distributed across the drug and alcohol system as part of a three-year plan, of which Barnsley Recovery Steps and the Young People's Substance Misuse (YPSM) Service has received a proportion.

The council expects to receive £2,121,258 in 2024/25 based on indicative amounts provided by OHID and the achievement of targets and outcomes in 2023/24 set by the national Joint Combatting Drugs Unit.

Further investment from OHID has also been received in relation to the delivery of an Individual Placement Support (IPS) Programme, which must be delivered as part of the adult substance misuse treatment service that Barnsley Recovery Steps service offer. The amount received in 2022/23 was £80,000 and additional allocations confirmed as £141,000 in 2023/24 and £152,000 in 2024/2025.

Both the Supplemental and IPS funding grants are paid through Section 31 Grant Agreements, with further conditions set out in a Memorandum of Understanding that accompanies both grant agreements and their criteria.

See Section 3.1 Financial and Risk for further details.

### **1.1.5 Local requirements of the strategy in relation to treatment and support**

The national drugs strategy places an emphasis on strong partnership working at a local level with a range of partners being responsible for the delivery of the three strategic priorities to ensure achievement of the strategy's long-term goals and ambitious targets.

Along with the strategy, a new national commissioning quality standard has been developed by OHID as recommended by Dame Carol Black's Review of Drugs. This is intended to provide structure and oversight to ensure consistently high-quality services and sets out the full range of treatment and recovery interventions that local areas should provide for their population based on an assessment of need and ensure that funding is targeted at the objectives set out in the strategy.

A robust monitoring framework of national and local outcomes and expectations to inform progress in respect of local delivery has been introduced.

Whilst the substance misuse service is not solely responsible for delivering all the ambitions and outcomes outlined in the strategy; it will play an integral part in the delivery of a safe and effective treatment and recovery system with a particular focus on the following key outcomes:

- Improve access to treatment and support and ensure better integration of services and interventions for adults experiencing multiple disadvantage – including combinations of homelessness, addiction, mental ill-health, domestic abuse and contact with the criminal justice system.
- Increasing referrals and numbers into treatment and support.
- Improving access to stable accommodation alongside treatment.
- Improving employment opportunities.
- Keeping prisoners engaged in treatment after release.

- Rebuilding the professional workforce to ensure capacity and quality within the system.
- Contribution to the reduction of drug and alcohol-related deaths.
- Supporting young people and families most at risk of substance misuse.

The strategy also recognises that mental health problems and trauma are often central to an individual's dependency on drugs and alcohol, and all too often, people fall through the gap between services. Therefore, there will be a commitment to transforming the system, so mental health and trauma-informed care become the norm in drug treatment services and settings.

A local Combatting Drugs Partnership has been established which has a proactive oversight of the implementation of the drug strategy priorities and is accountable for the delivery of the required outcomes.

## **2. PROPOSAL**

The Council's existing contract with Humankind Charity to deliver the Community Drug and Alcohol Treatment and Recovery Service (known as Barnsley Recovery Steps) is due to expire on 31 March 2024, with no further extension options.

We are therefore seeking approval to procure a new 5-year contract (with an option to extend for a further two years) with Humankind Charity for an Integrated Community Drug and Alcohol service using Regulation 32 of the Public Contracts Regulations 2015 - negotiated procedure without prior publication of a notice.

If it is not possible to award using Regulation 32 of the Public Contract Regulations 2015, as this approach is challenged by another provider, then grant approval to go to market to procure a provider via a competitive exercise.

The report also recommends the merger of the Adult and Young Peoples' Substance Misuse Service and the Multiple and Complex Needs Housing provision (25+) into one All Age Substance Misuse Service.

### **2.2 Rationale for the proposal**

- 2.2.1 In February 2022, OHID announced significant new investment (through the SSMTR Grant) which is aimed at delivering a world-class treatment and recovery system, through rebuilding local drug treatment and recovery services, over the life of the new national 10-year drug strategy.

In addition to the funding confirmed for 2022/23, OHID also announced increased indicative amounts for 2023/2024 and 2024/2024. The Council, working with the existing provider and key local partners, were required to develop an effective 3-year plan to implement the funding (including a recruitment and workforce strategy). New contractual arrangements with the existing provider are therefore required to implement the final year of this plan and deliver the intended targets, outcomes, and requirements of the national

drug strategy.

The proposals described within this report will enable the joint work to continue and build on the investment already allocated. Humankind Charity, the incumbent provider, is an established, high-performing provider with a track record of successful flexible and collaborative working with commissioners and wider stakeholders. Humankind Charity is best placed to ensure this collaboration continues and services are developed so that the council can effectively deliver the strategy ambitions and meet people's needs at a local level within the specified timescales of the grant funding.

A competitive procurement process and potential change of service provider would result in a disruption to some of the relationships and programmes that Humankind Charity have developed at a time when a seamless, integrated approach is critical. This would also cause a loss of value and momentum to the joint development work that has already taken place.

The National Drug Strategy and Dame Carol Black's two-part Review on Drugs recommended significant investment in the substance misuse workforce, the uncertainty of a competitive procurement process could result in the potential loss of valued staff and skills that already exist in Barnsley. This is also at a time when there is a shortage of skilled and experienced professionals in the substance misuse field, resulting in several substance misuse providers struggling to recruit staff across their workforce.

A key recommendation from coming from the Dame Carol Black, Review of Drugs, is that local authority substance misuse commissioners should work collaboratively with treatment providers to reduce service disruption and discontinuity. The intention of this is to bring local authority commissioning into line with NHS practice where there is a move away from competition in favour of collaboration and not place undue emphasis on price at the expense of quality.

This proposal enables Barnsley to continue to benefit from a high-performing service, whilst preventing significant disruption to service users. It is also well-documented and evidenced at a regional and national level, that service performance drops when significant contractual changes occur. This would place a high risk of not achieving the national drug strategy requirements and outcomes and in turn affect the SSMTR grant allocation for 2024/25.

To deliver the housing element of the contract the provider must be a Registered Social Landlord with a 'compliant' status with the Regulator of Social Housing in relation to their economic and consumer standards. There are a limited number of substance misuse providers who are also registered social housing landlords, with only two other providers who operate regionally/nationally recorded on the government's list of registered social housing providers.

Therefore, it is considered the use of a negotiated process without prior publication is justifiable on the basis of an absence of competition and the risk of challenge to this approach to award of the contract will be low.

The use of a negotiated procedure without prior publication for the new contract will enable the Council to continue to work closely with Humankind Charity to guarantee the best and most efficient use of the grant funding ensuring the focus of this work is on delivering a world class drug and alcohol service for Barnsley along with the successful delivery of the national outcome framework indicators. This approach aligns with the National Drugs Strategy vision and the OHID funding requirements.

A key impact will be to contribute to the community treatment outcomes in the 10-year national drugs strategy which aims to build a world class treatment and recovery system. These include:

- An increase in the number of people receiving high quality treatment.
- Improved treatment for people rough sleeping or at risk of rough sleeping.
- Lives saved through a reduction in drug related deaths.
- An increase in the continuity of care for people moving from prison into community treatment services.
- Contributing to a reduction in crime and re-offending through effective treatment for offenders
- An increase in the number of people in long term recovery.
- An increase in the number of people in recovery who are in sustained employment.
- An increase in the number of people in recovery who are in safe and stable accommodation.

In addition, the use of a negotiated procedure will provide the opportunity to strengthen integration and partnership work within the local health and social care system and other partnership structures.

### **2.2.2 Multiple and Complex Needs Provision – 25 years and over**

As Humankind Charity also delivers this contract, merging this provision into the substance misuse service will allow a better-coordinated approach and fulfilment of the National Drug Strategy ambitions in relation to providing accommodation alongside substance misuse treatment and recovery support for those with multiple needs.

National research has identified a significant crossover between substance misuse and rough sleeping; the study found 'that 72% (of rough sleepers) have experienced a drug or alcohol support need. 60% of the respondents were defined as having a current drug or alcohol need, and 12% as having both needs'<sup>1</sup>.

This reflects the findings of a local needs analysis undertaken on behalf of Barnsley Council by Imogen Blood and Associates to determine the support needs of people who present to multiple agencies with the most complex needs. The research found that drug use was a presenting need in 85% of



cases, with alcohol prevalent in 30%. The age range of the study cohort was predominantly over 25 years, with only 12.3% being aged 24 years or less. On this basis, the existing multiple needs service for 16–24-year-olds, delivered by Centrepont, is not recommended for merger.

In addition, merging this provision into the substance misuse service will align with the council's wider strategic approach to rough sleeping, complementing the 'Complex Lives' service currently being developed by the Housing Options Service, providing a dedicated substance misuse accommodation provision for rough sleepers, and the wider homeless population who struggle to access other accommodation due to substance use.

Whilst there is a risk of challenge if we merge this provision, we believe this is minimal given that we have struggled to get a strong provider field to bid for this service in the past.

### **2.2.3 Young People's Substance Misuse Service**

The YPSM Service is currently provided in-house by a small team situated within the Targeted Youth Support Service structure, part of the Early Start, Prevention and Sufficiency Service Business Unit (BU1). The Children and Young People's Lead Commissioner also contracts with Humankind Charity to provide any prescribing and associated clinical supervision required by young people in the Young People's Service.

A recent feasibility study, Alternative Service Delivery Models for Young People's Substance Misuse, (see Appendix 1 attached) recommends outsourcing the YPSM Service to Humankind Charity to create an all-age substance misuse service to improve the quality and capacity of the service based on current and projected priorities as set out in the National Drugs Strategy. Due diligence will determine whether there are TUPE implications.

The attached report details the findings of the in-depth feasibility study and identified the following high-level concerns about the current council delivered service:

- Lack of internal clinical/specialist expertise to deliver structured treatment.
- A requirement to strengthen quality assurance and governance infrastructure.
  - Gap in expertise that is necessary to provide a robust clinical governance framework for the provision of medical interventions.
  - Increased cost for medical interventions due to more complex and higher need cases and increased government targets for getting people in treatment.
  - Key pressures that relate to data reporting system and case management functionality to monitor the service effectively.
  - Specialist training and development gap in line with best practice and national competency standards.
  - Lower numbers of people in structured treatment (following benchmark comparison) than other areas.

A merger with the adult service will provide assurance that these concerns will be addressed through a specification and contract arrangement. Humankind Charity has a proven track record of delivering young people's and all-age substance misuse treatment services in other areas. The young people's substance misuse workers will benefit from the organisation's quality assurance and training infrastructure to ensure their practice meets all relevant standards as well as greater investment and benefits associated from the re-tender of an all age service. Key points in favour of creating an all-age service identified during the feasibility study include:

- The organisational infrastructures of specialist substance misuse services are fundamentally built around robust governance and quality frameworks to ensure performance and compliance against CQC standards and expectations, clinical governance requirements, workforce development and staff competence, quality assurance audits, risk assessments and data quality. These governance arrangements ensure quality, safety, accountability/oversight, supervision and support to managers and staff.
- The delivery of substance misuse interventions, including psychosocial interventions, is regulated activity whereby the service is registered and subject to the governance of the Care Quality Commission. As an all-age service, the new Barnsley model would include the young person's service delivery in its existing CQC registration with a local Registered Manager accountable for the relationship with CQC and for the quality and performance of the service.
- Performance monitoring arrangements will be improved, along with a data/case management system that is fit for purpose, to support robust caseload management by giving strong visibility of the activity of staff, the numbers of service users supported by the service and individual workers and the outcomes they are achieving whilst also promoting close alignment with NDTMS reporting requirements and data quality.
- Merging this provision will provide a comprehensive all-age substance misuse service which will take a whole family approach to substance misuse prevention and treatment across all thresholds of need. In addition, this coordinated approach will provide greater capacity to meet the requirements of the National Drug Strategy ambitions and targets in relation to services for young people including increasing the numbers of young people in treatment and quality and range of interventions provided.
- The service specification would be developed jointly with the adult and children's commissioning team and the respective children, young people and families representatives. This will ensure that services designed to meet young people's needs are distinctive where necessary from adult services and are suitable and sensitive in their delivery model ie; location, place and times.

### **3. IMPLICATIONS OF THE DECISION**

#### **3.1 Financial and Risk**

Consultations have taken place with representatives of the Director of Finance (S151 Officer).

The report seeks approval to procure a new 5-year contract (with an option to extend for a further two years) with our current provider Humankind Charity for an Integrated Community Drug and Alcohol service.

The contract costs in 2023/24 for providing the Substance Misuse service within Healthier Communities is £3.948m and includes £0.951m Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant to increase delivery capacity of the contract. Also included in this figure is the Individual Placement Support grant £0.141M to help people in substance misuse treatment into work or to remain in work.

The current contract value for the Multiple Needs accommodation and support service is £0.500m per annum, which would form part of the overall substance misuse contract (managed by Humankind Charity) moving forwards.

Both contracts are mainly funded by Public Health grant (£2,855m), Govt grant funding (£0.951m), Individual placement Grant (0.141M) and contributions from ICB Barnsley Place (£0.300m) and Office of South Yorkshire Police & Crime Commissioner (£0.152m).

It should be noted that a sum of £40,728.00 is unallocated and reserved in the event of a rise in the cost of prescription drugs. A sum of £49,195 is also unallocated from an earmark from 2022-23.

The Young People's Substance Misuse Service is funded by Public Health grant (£114,000), BMBC Childrens' core budget (£66,479), Childrens' Commissioning (£30,000), Govt grant funding (£51,652) and a contribution from ICB Barnsley Place (£50,000).

In December 2021, the Government published a new National Drugs Strategy. To implement this strategy, the Government is investing £780m nationally over 3 years, to rebuild drug treatment and recovery services, included in this investment are the following funding grants:

- Supplemental Substance Misuse Treatment and Recovery grant – to increase capacity, quality and integrated services. It is made up of the previous Universal Grant funding levels from 2021/22, which needed to be maintained within the new grant. Barnsley has been allocated the following grant funding: £0.670M in 2022/23, £1.000M in 2023/24 and £2.130M in 2024/25.
- Individual Placement Support grant – to provide a specialist service for adults of working age who are receiving structured treatment for drug and/or alcohol use with employment. This is available to people who are

unemployed or at risk of unemployment and support is also provided to their employers and potential employers. Barnsley has been allocated £80,000 in 2022/32, £141,000 in 2023/24 and £152,000 in 2024/25.

- The supplemental funding for substance misuse treatment and recovery and IPS scheme is ring-fenced monies and is paid through Section 31 Agreements with conditions set out in a Memorandum of Understanding for each grant that accompanies the grant agreement and criteria and key performance indicators. The following are key points to note as highlighted in the drug strategy and the OHID SSMTR and IPS Grant agreement letters:
  1. Eligibility for this grant funding is dependent on maintaining existing LA (2020/21) investment in drug and alcohol treatment provision.
  2. The funding allocation also includes young people's substance misuse.
  3. Allocations are confirmed on a year-to-year basis, dependent on the plans agreed between the Local Authority and Department of Health and Social Care.
  4. Work has been undertaken by the Healthier Communities Commissioning Team in-conjunction with key partners to develop a three-year plan (2022 to 2025) to utilise the supplemental funding grant. This is included in the re-commissioning of the substance misuse service to ensure that the grant proposal enhances the service model and aligns with the longer-term national and local strategic priorities and targets.

Healthier Communities is undertaking a transformational review with an expectation of achieving efficiencies. Consultation has taken place with ICB Place who are under increasing pressures to make efficiencies and are unable to commit to a 5-year investment plan. Their current investment of £350k and the current investment from the council will be looked at as part of the overall service review.

It should be noted that there is a risk that any reduction in funding against investment in substance misuse services will result in a reduction in supplemental grant funding. Mitigations will be put in place to manage the risks whilst achieving expected savings. Negotiations will take place with Humankind if regulation 32 is applied, or via a tender process. Equally the service will be looked at in context to other commissioned services in Healthier Communities as part of the transformation review and overall efficiency proposals. It may be possible to recommend moving budgets to prioritise service investment with potential decommissioning proposals.

The below table provides an indicative budget and spend profile for 2023/24 to 2024/25. It does not include full efficiency proposals at this stage as further negotiations as outlined above need to take place.

<b>Income source</b>	<b>2023-24</b>	<b>2024-25</b>
BMBC PH Grant - Adults (HC)	£2,444,238.00	£2,444,238.00
ICB Place - Adults (HC)	£300,000.00	£300,000.00
OPCC - Adults (HC)	£152,000.00	£152,000.00
BMBC core budget - Adults (HC)	£500,000.00	£500,000.00
BMBC Children's	£210,479.00	£210,479.00
ICB Place - Children's	£50,000.00	£50,000.00
SSMTRG - OHID funding	£1,099,192.00	£2,121,258.00
IPS - OHID funding	£141,000.00	£152,000.00
Ear-marked from 22/23	£49,195.00	£49,195.00
<b>Total</b>	<b>£4,946,104.00</b>	<b>£5,979,170.00</b>

<b>Expenditure detail</b>	<b>2023-24</b>	<b>2024-25</b>
Barnsley Recovery Steps - Humankind	£2,855,510.00	£2,855,510.00
Thrive supported housing - Humankind	£500,000.00	£500,000.00
YPSM Service element	£260,479.00	£260,479.00
SSMTR Treatment - Humankind	£951,520.00	£1,936,966.00
SSMTR - YPSM Service	£51,652.00	£63,752.00
SSMTR - BMBC Combatting Drugs Team	£86,542.00	£111,063.00
SSMTR - SYP Drug Related Deaths co-ordinator post	£9,477.00	£9,477.00
Individual Placement Support - Humankind	£141,000.00	£152,000.00
Prescription drugs unallocated	£40,728.00	£40,728.00
Ear-marked from 22/23	£49,195.00	£0.00
<b>Total</b>	<b>£4,946,103.00</b>	<b>£5,929,975.00</b>

### **Efficiencies**

One off none recurring **£49,195.00**

However, a one-off efficiency of £49,195 will be offered against unallocated ear marking.

### **3.2 Value for Money**

Merging the provision into a single all age substance misuse service allows a better-coordinated approach and fulfilment of the National Drug Strategy ambitions in relation to providing accommodation alongside substance misuse treatment and recovery support for those with multiple needs. As part of this merger, we will consider economies of scale and explore the opportunities to maximise on efficiencies as part of the transformation review.

Humankind Charity has reviewed their senior management team and changed their structure to enable Barnsley services to be managed under one Director of Operations and at the same time reducing management costs across the

contracts. The largest proportion of the contract value being staffing costs and prescribing costs in relation to substance use.

The core budget expenditure of the substance misuse and multiple needs contracts are subject to monitoring by commissioners at quarterly contract performance monitoring meetings. Details of actual expenditure is provided with projections for the remaining quarters of the year. The provider has autonomy within the budget to allocate spend to budget lines and these are examined. Any deviations from projections are examined and mitigations agreed with commissioners.

Rigorous scrutiny of grant expenditure is undertaken to enable the completion of quarterly and year-end financial returns required by government as a condition of the grant. A planning template is submitted prior to the start of each year detailing projected costs of all posts and interventions to be funded by the grant. The service provides detail of actual spend each quarter and the projected spend for the remaining quarters of the year. Any variances from the planned spend must be explained, any underspends may be reprofiled to be used for interventions specified within the grant conditions subject to agreement by OHID. Additional funding is not available should an overspend be incurred.

The council and substance misuse services are also required to complete a regular drug and alcohol workforce census for submission to OHID. This is including details of numbers and roles of staff involved in or supporting substance misuse treatment and the demographics of the people employed. This is used to identify workforce gaps and develop local workforce expansion in line with the National Drug Strategy ambitions and targets.

The service is also robustly monitored to ensure it aligns with local need and meets the demands required by the national outcomes monitoring framework, which measures targets and progress towards meeting the ambitions of the National Drug Strategy. Humankind Charity are flexible in their approach to reconfiguring the service model to meet local need and any challenges to service delivery.

The social value achieved by Humankind Charity via the adult substance misuse service in 2022/23 is calculated at £1,869,551.00. Social value measures are taken from the Themes, Outcomes and Measures (TOMs) adopted by the council and calculated using Social Value Engine values and methodology. See Section 3.5 Sustainability, Local Spend and Jobs and Businesses, for further details.

### **3.3 Legal**

The decision to award a new contract to Humankind Charity for the provision of an All-Age Community Drug and Alcohol Service is permitted pursuant to Regulation 32(2)(b)(ii) of the Public Contracts Regulations 2015 which states:

*The negotiated procedure without prior publication may be used for public works contracts, public supply contracts and public service contracts in any of*

*the following cases: -*

*(b) where the works, supplies or services can be supplied only by a particular economic operator for any of the following reasons: -*

*(ii) competition is absent for technical reasons, ...but only ...where no reasonable alternative or substitute exists and the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement;”*

The section below sets out the technical reasons required by Regulation 32(2)(b)(ii) that the Council would rely on to justify its decision.

- (i) In February 2022, OHID announced significant new investment (through the SSMTR Grant) which is aimed at delivering a world-class treatment and recovery system, through rebuilding local drug treatment and recovery services, over the life of the new national 10-year drug strategy.
- (ii) In addition to the funding confirmed for 2022/23, OHID also announced increased indicative amounts for 2023/2024 and 2024/2025. The Council, working with the existing provider and key local partners, were required to develop an effective 3-year plan to implement the funding (including a recruitment and workforce strategy). New contractual arrangements with the existing provider are therefore required to implement the final year of this plan and deliver the intended targets, outcomes and requirements of the national drug strategy.
- (iii) The proposals described within this report will enable the joint work to continue and build on the investment already allocated. Humankind Charity, the incumbent provider, is an established, high-performing provider with a track record of successful flexible and collaborative working with commissioners and wider stakeholders. Humankind Charity is best placed to ensure this collaboration continues and services are developed so that the council can effectively deliver the strategy ambitions and meet people’s needs at a local level within the specified timescales of the grant funding.
- (iv) The long-term contractual arrangements described within this report align with the timescales of the new national strategy, provides certainty to the drug and alcohol workforce and drives innovation within the service. In addition, it provides both the council, key partners and Humankind Charity the opportunity to strengthen integration and partnership work within the local health system and other partnership structures / arrangements.
- (v) This proposal enables Barnsley to continue to benefit from a high-performing service, whilst preventing significant disruption to service users. It is well-documented and evidenced at a regional and national level, that service performance drops when significant contractual changes occur. This would also cause a loss of value and momentum to the joint development work that has already taken place, along with the risk of not achieving the strategy requirements and outcomes.

The Council will publish a VEAT Notice immediately pursuant to approval of this Cabinet Report. VEAT notices are used to ascertain and mitigate the risk of a procurement challenge. A VEAT Notice can act as a defense to claim for a declaration of ineffectiveness under the PCR. The Council will only undertake a direct award to Humankind Charity upon expiry of the applicable 10-day standstill period after publication of the VEAT Notice.

- (vi) The applicability of the Transfer of Undertakings (Protection of Employment) Regulations 2006 would need to be ascertained in respect of the current employees who may or are likely to constitute an organised grouping of individuals which has as its principle purpose the carrying out of activities on behalf of the council.

### **3.4 Equality**

A full Equality Impact Assessment (EIA) has been completed to make sure that changes resulting from the future commissioning of the service will minimise any adverse impact on service users, especially those from groups with protected characteristics.

The EIA will ensure all clients receive information and advice that is relevant to them, have equal opportunities to access services, and that barriers are identified and addressed so no one is excluded or disadvantaged.

A summary of key findings tells us that:

- Whilst males are more likely to misuse substances, disincentives in engaging in treatment for women include fears of having children removed, childcare or maternity concerns, physical/sexual abuse, involvement in prostitution, and stigma. Pregnant women are also more likely to avoid substance misuse treatment.
- Age is a factor in the substances used by clients. Alcohol consumption is more prevalent in younger and older age groups, whilst young adults are more likely to use Class A and Class B drugs. Cannabis, which is a Class C drug is prevalent amongst young people under the age of 18. However, heroin and opioid dependency is predominately associated with a comparatively older and aging cohort, who commonly have multiple additional risk factors resulting from their deteriorating physical and mental health. This cohort specifically often have difficulties in navigating complex health and social care systems and experience stigma. Older people's substance misuse is more likely to be overlooked due physical and mental health comorbidity.
- There are increased risk factors across all age groups for people with diagnosed and undiagnosed disabilities, such as unemployment, abuse, and access to medications or young people with additional needs. For physically disabled individuals who misuse substances, there may be special circumstances around their misuse related to their disability, such as substance misuse to relieve chronic pain.
- Nationally, white British and white other ethnic groups have the highest rates in hazardous drinking, whilst black adults are more likely to report illicit drug



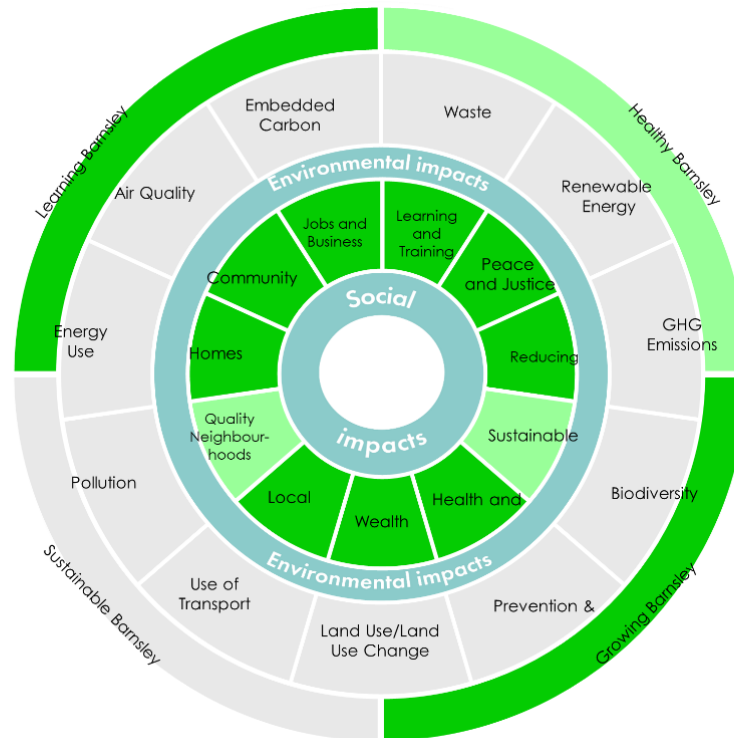
use than other ethnic groups. There is low representation of people from ethnic groups in treatment in Barnsley, possibly due to language barriers, cultural stigma, and limited awareness of support services.

- The religious make up of Barnsley is in the majority Christian, followed by Atheism. Most established religions discourage the use of non-medically prescribed drugs. This discouragement can cause social stigma and in turn reduced engagement with treatment. There is an underrepresentation of individuals of Hindu, Jewish, Muslim, Pagan, Sikh, and other faiths. There are differences in how certain religions view non medically prescribed drugs; for example, in Rastafarianism, marijuana is viewed as a tool to help aid spirituality and is permitted to be used. In these circumstances, the support would need to include holistic and faith-based treatments that take into account individual needs.
- Those who use drugs and are homeless suffer a lack of social connectedness, and their personal safety is at greater risk. There is an underrepresentation in treatment services of people who have found themselves homeless. These people have complex needs and can be difficult to engage in substance misuse services.
- Rates of illicit drug and alcohol use are higher among LGBT+ adults. Increased risk factors here can be poor mental health and risky sexual behaviour. This can be more prevalent in men who have sex with men, and, on average, LGBT+ adults are more likely to binge drink than heterosexual adults. There is an underrepresentation of LGBTQ+ individuals in treatment.
- Environmental stressors specific to military personnel have been linked to increased risk of the development of substance misuse issues among personnel and veterans. These include deployment, combat exposure, and post-deployment reintegration challenges. The military culture often emphasises self-reliance, meaning that Armed Forces veterans may be more likely to view getting professional treatment support as a sign of weakness.
- The largest categories for households seeking help for homelessness are single-person households without children; those aged between 25 to 49 years; and males. Although women do become homeless in Barnsley, there may be deterrents preventing them from accessing support. Such deterrents could include fears of physical or sexual abuse, or the fear of having their children removed if they cannot maintain their accommodation.
- Households seeking help for homelessness with a main household member aged over 60 years have increased in recent years.
- Intelligence gathered found that the majority of local rough sleepers have physical health needs for which they are not accessing appropriate treatment. Typically, these include respiratory issues associated with drug use, wound care from infected injecting sites, and blood borne viruses including Hepatitis and HIV from sharing drug taking equipment.
- The majority of people accessing supported accommodation are white British. The remaining ethnicities vary but broadly speaking do not often present for homelessness support. This may be due to a cultural stigmatisation of being homeless.

A communication and engagement plan will be developed to promote the substance misuse support available. This will include targeting identified groups who are known to be under-represented in the current service, as well as other groups discussed above.

### 3.5 Sustainability

The decision-making wheel has been completed. There are no positive or negative sustainability impacts with regards to the environment as a result of commissioning the substance misuse service.



In terms of socioeconomic benefits, the recommission and direct contract award to Humankind Charity will ensure that the substance misuse service will continue to contribute to the council's priorities Growing Barnsley, Learning Barnsley and Healthy Barnsley and deliver the following sustainability impacts:

#### Learning and skills

- The substance misuse service works closely with the Department for Work and Pensions (DWP) and provide training to DWP staff around drugs awareness. There are referral pathways in place between the DWP and the substance misuse services for people seeking work who have drug and/or alcohol issues.
- The service provides volunteering opportunities for service users and members of the public with pathways into employment as well as opportunities to support the studies of research students and student placements.
- The service provides a range of training to upskill workforces across Barnsley including drugs awareness training for schools and education providers

(including post 16 provision), job shadowing, and naloxone training.

### **Peace and Justice**

- The service provides interventions to ensure those committing drug and alcohol related offences and anti-social behaviour are identified, assessed and engage with drug and alcohol treatment. The service works with South Yorkshire Police, the Probation Service, the Youth Justice Service, the courts and prisons.
- Outreach teams (including Barnsley Recovery Steps and Barnsley Council's Safer Neighbourhoods Service and Housing and Welfare Team officers, Targeted Youth Support Detached Youth Work Teams) carry out joint targeted outreach to address hotspot areas of substance misuse related anti-social behaviour, crime and rough sleeping. Barnsley Recovery Steps is also a key partner supporting the Joining Forces initiatives.

### **Health and Wellbeing**

- Individuals reducing or ceasing their drug and/or alcohol use will have a positive impact on their overall health and well-being. Clinical and non-clinical staff are all trained to deliver interventions that promote the improved health and wellbeing of individuals. These include health checks, blood borne virus screening and vaccinations and wound care. BRS provide a range of healthcare interventions and have established pathways with health service partners to address wider health needs (e.g., Hep C treatment is provided by Barnsley Hospital staff within the substance misuse treatment service and dental treatment sessions provided by DentAid). BRS provide a Hospital Liaison service within Barnsley Hospital which engages with individuals prior to discharge from hospital and supports them into treatment for their drug / alcohol use. Opportunities for joint working will also be further accelerated through the Family Hubs Network that will work with young people, parents and adults.

### **Local Spend and Jobs and Businesses**

- Barnsley Recovery Steps has received funding from the Office of Health Improvement and Disparities to provide an Individual Placement and Support (IPS) Service for 3 years. The service supports people who are receiving structured support for drug and/or alcohol problems who are unemployed or who are at risk of unemployment.
- People referred to the IPS Service People are provided with intensive, individually tailored support to find the right job. In-work support is given to the employee and their employer to ensure that work is sustained. The IPS Service went live on 13 February 2023. Between the service start date on 13 February 2023 and 31 July 2023, 111 referrals have been received and 38 people have been supported into employment.
- A total number of 74 staff work from service sites across Barnsley using local business for lunch and shopping requirements. Approximately 75% of these people (n66) are Barnsley residents. Cleaners are employed by Humankind Charity's dedicated social enterprise More Time UK Ltd who provide employment for local people and training on infection control measures.
- The social value estimated to be generated by the service in 2022/23 is £1,869,551.00:

- £1,848,000 from the employment of local people
- £9,757 from wellbeing programmes provided to staff.
- £11,794 from volunteering hours.

Social value measures are taken from the Themes, Outcomes and Measures (TOMs) adopted by Barnsley Council and calculated using Social Value Engine values and methodology.

### **Community cohesion**

- Anyone in the borough aged 18+ who has problems with drug and alcohol use can access the service and receive face-to-face support. The service has a Working Together Forum who are involved in service improvement and planning. There is a Working Together Strategy in place and the service has robust feedback mechanisms in place. The substance misuse service also hosts 'Barnsley in Recovery' this is an independent community developed to provide a variety of support and social groups in the evening and at the weekend. This gives people the chance to socialise and build their networks of people who can support and encourage each other in their recovery. This approach is to help make recovery happen in the community and inspire people suffering from alcohol and drug problems to have confidence that recovery is possible.

### **Reducing poverty**

- Drugs and/or alcohol need to be funded and so a reduction in use increases the amount money an individual has available. The service provides training and interventions on budgeting and planning, benefits advice and identifies any need for debt management.

### **Homes**

- Accommodation need is assessed and forms part of recovery planning. Established pathways are in place with housing support partners.
- Service development plans integrate the multiple complex need supported housing elements within substance misuse to ensure housing need is being fully met including floating support and/or supported housing.

### **Quality neighbourhoods**

- Staff and volunteers organise and engage service users in regular litter picks to clean up the environment including areas affected by drug related litter.
- The services' Building Recovery in Communities team actively seeks out environmental projects that provide opportunity for service users to be involved in and give back to the community e.g., Goldthorpe embankment, gardening at The Women's Centre.

## **3.6 Employee**

Humankind Charity employs 90 staff members in various roles across the adult substance misuse and multiple and complex needs services, of which a significant number are Barnsley residents. If the recommendation to directly award and negotiate the contract with Humankind Charity be approved and

concluded, this would result in the continued employment of the staff.

Should the need to procure the service via the competitive tender process arise, and a new provider be appointed, TUPE may apply to staff employed by Humankind Charity.

The Council currently employs 5 members of staff on permanent employment contracts. The service is currently carrying one vacancy, and this is being covered by Agency staff.

If the YPSM Service is merged with the adult substance service and transferred to the external provider, then TUPE may apply. BMBC Officers will work with Human Resources and the external provider regarding the due diligence and TUPE arrangements as part of the procurement. Redundancy costs will need to be considered as part of the transfer although the risk of this is deemed to be low.

### **3.7 Communications**

The communications and marketing team will work closely with services and partners to develop a communications plan to promote the substance misuse support available. This will include targeting identified groups who are known to be under-represented in the current service, as well as other groups discussed above:

- Women.
- Ethnic minorities.
- LGBTQ+.
- Young adults (aged 18-24)
- Children and young people (under 18).
- Adults and young people, particularly those using recreational drugs.
- Older people.
- Homeless and rough sleepers.
- Hindu, Jewish, Muslim, Pagan, Sikh, and other faiths.

Targeted communications will help residents understand what the offer is for them and how they can access help when they need it. This will be a multi-channel approach across partners. The plan will also highlight and celebrate the achievements of services and those who have seen success in the journey away from drugs and alcohol.

## **4. CONSULTATION**

4.1 Consultation has been carried out with the following relevant stakeholders to inform our decision making regarding the recommendation to direct award and re-commission the Substance Misuse Service under the existing arrangements with Humankind Charity:

- Service Director of Finance (S151 Officer).
- Executive Director, Public Health and Communities.
- Executive Director, Place Health and Adult Social Care.
- Executive Director, Children's Services

- Service Director Public Health.
- Service Director, Education, Early Start and Prevention.
- Service Director, Commissioning.
- Service Director, Business Intelligence, HR and Communications.
- Interim Head of Strategic Commissioning, Contracting and Procurement.
- Head of Legal Services.
- Head of Safer Barnsley.
- Head of Early Start, Prevention and Sufficiency
- Group Leader, Housing and Welfare.
- Senior Commissioning Manager, Healthier Communities (multiple and complex needs service).
- GMB and Unison Representatives.
- Head of Delivery, Integration and Transformation, ICB Barnsley Place

- 4.2 Engagement and consultation with key stakeholders, people who use the service and carers has commenced to develop the service delivery model and specification for the Substance Misuse Service.

Young people, their parents and carers will be actively encouraged to participate in service influence and design opportunities to ensure their views and voice are represented.

The Service User and Influence Group and Working Together Group will play a key part in co-designing the service delivery model. Consultation is also being undertaken with the local Mental Health Forum, the Working Together Forum and key partners to develop a partnership support model for people who have co-occurring mental health and substance use problems in relation to people who have co-occurring mental health and substance use problems.

- 4.3 Consultation with the unions regarding the outsourcing of the YPSM Service has taken place throughout the service review process.

Unison represents most of the 5 employees within the Young People's Substance Misuse Service, currently employed by Barnsley Council. They also have several members working for Humankind in the Adults Substance Misuse Service (Barnsley Recovery Steps). There is no trade union recognition agreement between Unison and Humankind. It is felt that this presents a barrier to Unison being able to protect the interests of their members as no mechanisms exist for collective bargaining and consultation and has created historic difficulties.

Following any TUPE transfer exercise to Humankind, Unison would not be able to consult with Humankind over employee relations or contractual issues affecting our members, which could result in an increase in grievance and/or disciplinary cases. Unison's preferred option is therefore for the employees currently within the YPSM service to remain within the employment of the Council, which does recognise the unions. Should the decision be taken to contract out the YPSM, Unison would prefer the contract not to be awarded to Humankind or any other provider which will not recognise the union post-transfer.

## 5. ALTERNATIVE OPTIONS CONSIDERED

5.1 With regards to the re-commissioning of the Substance Misuse Contract and merger of the three services, two other options have been considered:

1. Undertake re-procurement directly with Humankind Charity by enacting the new provider selection regime regulations as set out in the Health and Care Bill.
2. Re-commission the Substance Misuse contract via a competitive procurement process should there be a high risk of challenge to direct award the contract.

5.2 **Option 1 – Provider Selection Regime** – the first option considered was to undertake re-procurement directly with Humankind Charity by enacting the new provider selection regime regulations as set out in the Health and Care Bill

Procurement of regulated healthcare services is currently legislatively governed by the Public Contracts Regulations 2015 and the Procurement, Patient Choice and Competition Regulations 2013. This legislation results in contracts being regularly subject to competitive tender processes, irrespective of performance, quality, or cost. This inflexibility results in unnecessary competitive tender processes, even where there are no alternative viable providers/partnerships within the market or where the provider performs well.

The current Health and Care Bill is set to replace/amend these powers in relation to the commissioning of regulated healthcare services (of which the substance misuse use service is one), allowing greater flexibility for decision-makers to act in the best interests of service users, local populations and the taxpayer - while still recognising the importance and need for transparency and the use of competitive tendering only in the most appropriate circumstances.

Under the new provider selection regime introduced under the power of the Bill, the local authority will be able to continue with existing arrangements under the following circumstances:

- The incumbent is the only viable provider, and/or a change of provider is not feasible / necessary.
- The Incumbent is doing a good job, and the service isn't changing.
- There is no overall value in finding a new provider.

A Cabinet Report was submitted in June 2022 and approval was granted, subject to the proposed changes to the public procurement regulations taking legal effect, as anticipated under the Health and Care Bill allowing the Council to directly award the contract under the new provider selection regime. (See Cab.1.6.2022/8).

However, due to further consultation taking place to develop the regulations and criteria for the Provider Selection Regime, its introduction has been

delayed. The rules which will set out the PSR will be subject to parliamentary scrutiny before they can be introduced. Whilst the DHSC and NHS England are aiming to bring them into force at the end of the year, there is the possibility of further delays and no guarantee of this timescale.

**5.3 Option 2 - Competitive tender process** – the second option considered would be to re-commission the Substance Misuse Service via a competitive tendering process.

Whilst competitive tendering can be an important tool for ensuring transparency and maximising the quality of the support provision, it is believed that a competitive re-procurement process at this time would incur the following risks or negative impacts:

- **No guarantee of service improvement:** A competitive procurement process is an essential commissioning tool to make sure that a service of the highest quality and optimum value to the public purse continues to be delivered to local residents. When the existing service is already performing highly and has developed strong links with wider stakeholders to facilitate further improvements, it is our view that the rationale for a competitive procurement process which may potentially disrupt this is not strong.
- **Potential loss of staff/skills:** The National Drug Strategy and Dame Carol Black's two-part Review on Drugs recommended significant investment in the substance misuse workforce was required, the uncertainty of a competitive procurement process could result in the potential loss of valued staff and skills that already exist in Barnsley. This is also at a time when there is a shortage of skilled and experienced professionals in the substance misuse field, resulting in several substance misuse providers struggling to recruit staff across their workforce.
- **The introduction/mobilisation of a new service model can bring with it a period of instability for service users, local staff, and the population.** Whilst a new model can be worth this risk for a service that is under-performing, it is our view that this instability would be unnecessary in Barnsley as the existing service performance is very strong and the established model is effective.
- **Disruption and anxiety:** Our experience of commissioning and supporting the mobilisation of new services has shown that a new service transition and significant change can cause anxiety or distress to people using the service who rely on the consistency of their support and relationships with their keyworkers.
- **Competition over collaboration:** A competitive procurement process and potential change of service provider could result in a disruption to some of the relationships and programmes that Humankind Charity have developed at a time when a seamless, integrated approach is critical.
- **Humankind Charity have contributed significantly to the development of collaborative working and integration across Barnsley public health services (e.g., Humankind Charity's work with the Alcohol Alliance, delivery of DrinkCoach and their joint work with Barnsley Hospital's Alcohol Care Team which has been nationally and regionally recognised as an exemplar of best practice).**



- The provider has also developed highly effective, collaborative inter-agency relationships with criminal justice partners across Probation, Police, and the prison estate, as evidenced in the delivery of the Universal Grant. Within the context of significant change within that environment (i.e., probation reform), the case for enacting the procurement regulations in the Health and Care Bill and removing the need for a competitive tendering process is even stronger as the impact of these wider changes within the criminal justice environment will be much less disruptive in terms of offending/re-offending outcomes when supported by established and effective collaborative relationships.
- A competitive procurement exercise requires significant resource investment, including the resource required for developing tender documentation/specifications, facilitating market engagement and briefing events and tender evaluation.

However, if an award using Regulation 32 of the Public Contract Regulations 2015 is not possible then we would go to market to procure a provider via a competitive exercise.

## **6. REASONS FOR RECOMMENDATIONS**

The recommendation to procure the substance misuse service directly with Humankind Charity using Regulation 32 of the Public Contracts Regulations 2015 - negotiated procedure will allow collaborative and longer-term planning with the expert provider and key stakeholders. This will ensure the successful delivery of the national drug strategy requirements and the national outcome framework, along with the locally set priorities and the needs of Barnsley residents.

As one of the most successful providers at delivering against the Universal Grant funding objectives in 2021/2022, Humankind Charity are well positioned to respond clearly, quickly, and effectively to both strategic and funding changes, and this would not be guaranteed with a potential change in service provider. The organisation has a clear track record in delivering services for all ages which provides validation of their suitability as an all age service provider for a new Barnsley children, young people and adults substance misuse delivery model.

As an established service provider, Humankind Charity is best placed to continue working with commissioners to respond flexibly and adaptably to changes and ensure the service delivery model continues to align with the national and local strategic priorities and the three-year plan submitted to OHID in 2022/2023.

The recommendation enables Barnsley to continue to benefit from a high-performing service, whilst preventing significant disruption to service users. It is also well-documented and evidenced at a regional and national level, that service performance drops when significant contractual changes occur. This would place a high risk of not achieving the national drug strategy requirements and outcomes and in turn affect the SSMTR grant allocation for 2024/25

The proposal for an initial 5-year contract (with the option to extend for a period of up to 2 years) builds on the previous contractual approach and aligns with new 10-year national drug strategy, the recommendations of the Dame Carol Black review and what is happening in other areas. This will help the continued drive for high performance and innovation within the service and provide certainty for service users and for the staff (helping staff recruitment and retention).

If there are future changes required (e.g., changes in funding levels), there will be a variation and change mechanism within the contract terms and conditions.

## **7. GLOSSARY**

BRS – Barnsley Recovery Steps.

DHSC – Department of Health and Social Care.

DWP – Department for Work and Pensions.

EIA – Equality Impact Assessment

IPS – Individual Placement Support.

OHID – Office of Health Improvement and Disparities (formerly Public Health England).

PCR – Public Contract Regulations.

PSR – Provider Selection Regime.

SSMTR grant – Supplemental Substance Misuse Treatment and Recovery Grant.

TOMs - Themes, Outcomes and Measures. Social value proxy measures adopted by the council.

VEAT Notice - Voluntary Ex Ante Transparency Notice.

YPSM – Young People’s Substance Misuse.

## **8. LIST OF APPENDICES**

Appendix 1: Young Peoples Alternative Service Delivery Report

## **9. BACKGROUND PAPERS**

- National Drug Strategy 2021  
<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>
- Independent review of drugs (Part 1 & 2) by Professor Dame Carol Black  
<https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>
- Barnsley Needs Assessment Summary December 2022
- Adult Substance Misuse Equality Impact Assessment 2023
- Thrive (Multiple and Complex Needs) Equality Impact Assessment 2023

If you would like to inspect background papers for this report, please email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk) so that appropriate arrangements can be made.

**10. REPORT SIGN OFF**

<b>Financial consultation &amp; sign off</b>	Senior Financial Services officer consulted and date  <b>Vanessa Hunter</b> <b>18/09/2023</b>
<b>Legal consultation &amp; sign off</b>	Legal Services officer consulted and date  <b>Hussona Begum</b> <b>13/09/2023</b>

**Report Author: Jo Ekin**  
**Post: Senior Commissioning Manager**

**Report Author: Helen Norton**  
**Post: Policy Officer**

**Date: 20 September 2023**