

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: ADULTS AND COMMUNITIES

TITLE: SUBSTANCE MISUSE STRATEGIC REVIEW & NEW PROVIDER SELECTION REGIME

REPORT TO:	Cabinet
Date of Meeting	1 June 2022
Cabinet Member Portfolio	Adults and Communities
Key Decision	Yes
Public or Private	Public

Purpose of report

The purpose of the report is to provide an overview of the National Drugs Strategy published at the end of December 2021, the key priorities and ambitions of the strategy and the requirements for implementation at a local level.

The report also seeks approval to enact the new provider selection regime with the continuation of the existing service provision with the incumbent provider of substance misuse service, delivered by Humankind Charity.

Council Plan Priority

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

Healthy Barnsley:

- People are safe and feel safe.
- People live independently with good physical and mental health for as long as possible.
- Reduced inequalities in health and income across the borough.

Learning Barnsley:

- People have the opportunities for lifelong learning and developing new skills, including access to apprenticeships.
- People have access to early help and support.

Growing Barnsley:

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

Sustainable Barnsley:

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

Recommendations

That Cabinet: -

1. Approve the continuation of the existing service provision with the incumbent provider of substance misuse service, delivered by Humankind Charity (subject to

the proposed changes to the public procurement regulations taking legal effect as anticipated under the current draft Health and Care Bill allowing the Council to directly award the contract to Humankind under the new provider selection regime.

2. Should the changes above not come into legal effect in the manner currently proposed then approval is given to either:
 - (i) Re-procure the services under the new Health and Care Act where any changes from the Bill as currently drafted are deemed not substantive; or
 - (ii) If the changes are substantive, seek approval from Cabinet Spokesperson, to re-procure the services under the new Health and Care Act subject to any amended requirements resulting from the changes to the legislation; or,
 - (iii) If (i) and (ii) are not possible, re-procure service provision under the Public Contracts Regulations 2015 or its successor legislation.
3. Agree the integration of the Multiple and Complex Needs Housing provision (25+) into the overall Substance Misuse Service contract.

1. INTRODUCTION

1.1 Substance Misuse Service

The Substance Misuse Service, known as Barnsley Recovery Steps, is delivered by Humankind Charity and commenced on 1 April 2017. The Service is commissioned to deliver drug and alcohol treatment and support to anyone 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 and includes harm reduction and early intervention/prevention support as well as clinical interventions, structured treatment programmes and recovery and aftercare support.

The current contract expires in March 2023.

1.2 Health and Social 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 falls under), 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.

Decisions to continue with the existing arrangements rather than use competitive procurement would still have to be clearly justified based on the following decision-making criteria:

- Quality and innovation.
- Value integration and collaboration.
- Access.
- Inequalities and choice.
- Service sustainability.
- Social value.

In the spirit of the new legislation, the contract with HumanKind Charity would then be continuous with no timescales for its end. Section 2.1 of this report provides further context to this perspective.

1.3 National Drug Strategy

In December 2021, the Government published a new National Drugs Strategy. 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 will be 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.
- Reduce the demand for recreational drugs.

1.3.1 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.

Local targets are being developed against the national headlines above and will be used to monitor outcomes.

1.3.2 Investment to meet the Strategy's priorities

The government are investing £780 million over the next three years to rebuild drug treatment and recovery services with new commissioning standards to drive transparency and consistency. Included in this investment are the following funding grants:

Supplemental Treatment and Recovery Grant - £533 million will be ring-fenced funding for substance misuse treatment with a focus on increasing capacity, quality and better-integrated working and delivery of support.

The supplemental funding grant will be paid through a Section 31 Agreement, and further conditions will be set out in a Memorandum of Understanding that will accompany the grant agreement and criteria.

Funding allocations for each local authority for the next three years have recently been confirmed and further details regarding Barnsley's allocation can be found in Section 3.1.

Housing Support Grant - there will be £53m over the next three years to fund a menu of housing support options that will improve the recovery outcomes for people in treatment and reduce the flow of people into homelessness and rough sleeping – including funding housing support workers and provision within treatment services. This funding would allow the opportunity to further develop and align the multiple needs housing provision and substance misuse treatment for those with multiple and complex needs. Details of how this funding grant can

be accessed have yet to be published.

1.3.3 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.

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.

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’¹.

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 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 new ‘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.

1.3.4 Local requirements of the strategy in relation to treatment and support

The Drug 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 to provide structure and oversight that will ensure consistently high-quality services and will set out the full range of treatment and recovery interventions that local areas should provide for their population based on an assessment of need and that funding is targeted at the objectives set out in the strategy.

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

A robust monitoring framework of national and local outcomes and expectations to inform progress in respect of local delivery will be 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 deliverables:

- 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", and 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.

2. PROPOSAL

Given the scale of additional investment, the national strategy ambitions, and local delivery expectations, it is even more imperative that the strategic priorities of the local authority and the delivery approaches of local service providers are fully aligned.

Therefore, we propose that Humankind Charity, as an established, high-performing existing provider with a track record of successful flexible and collaborative working with commissioners and wider stakeholders, is best placed to ensure this collaboration continues and services are developed so that we can effectively deliver the strategy ambitions at a local level.

Integration of the multiple needs service into one strategic contract will provide the flexibility required to improve the recovery outcomes for people in treatment and reduce the flow of people into homelessness and rough sleeping.

2.1 Rationale for the proposal

Our considerations are as follows:

Criteria 2.3 of the new national commissioning quality standard mentioned in the previous section highlights that "Local partnerships should prioritise

treatment system quality and stability, following robust, collaborative and proportionate tendering processes. To avoid instability in treatment provision, competitive tendering is only conducted if required to improve local provision”.

Integration of the multiple needs service will enable the authority to flexibly work with the provider and our in-house homeless prevention service. This will come at a time when the new in-house service is in its early stages of development.

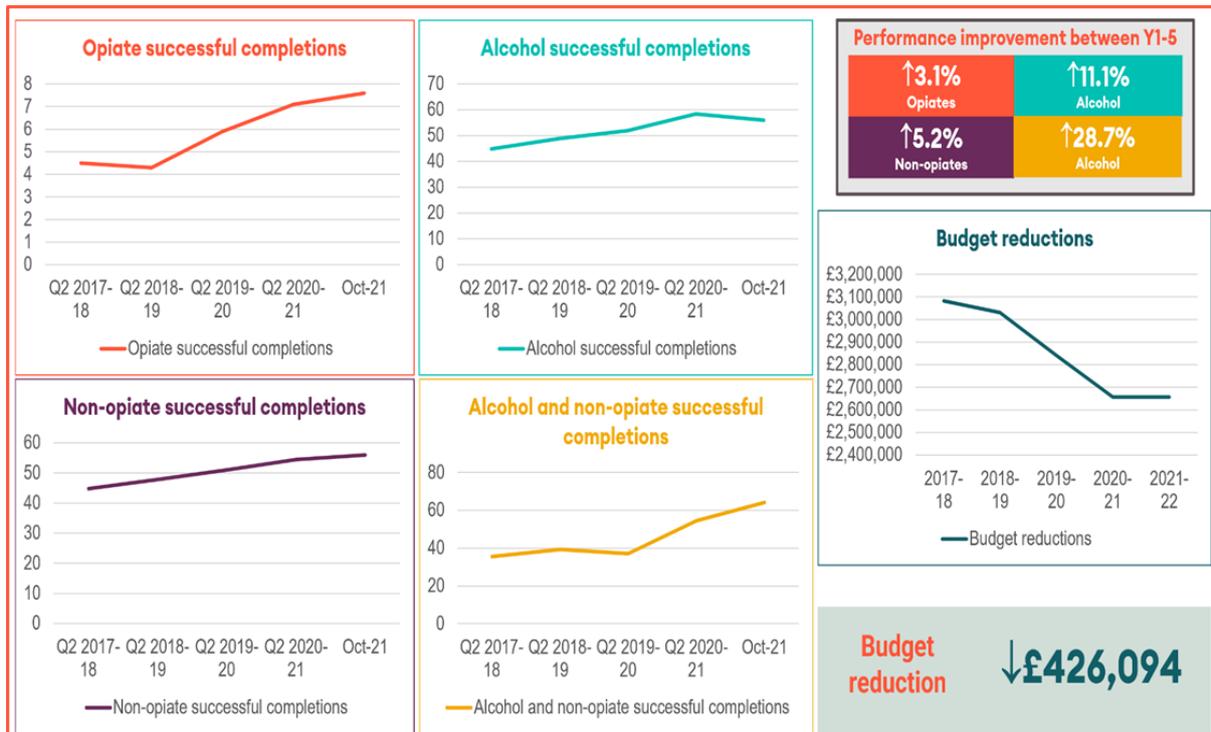
2.2 Suitability of Humankind Charity

The information below demonstrates a strong case based on the decision-making criteria for directly awarding a contract under the new provider selection regime to re-commission the current provider to deliver the specialist substance misuse service in Barnsley:

2.2.1 Quality and innovation

Within a context of historic and ongoing cuts and austerity measures, Humankind Charity has continued to innovate and improve performance since delivering the contract in 2017.

Since the commencement of the contract in 2017, the provider has experienced an overall budget reduction of £426,094; Humankind Charity has still overseen the following improvements in successful treatment completions:



Additional evidence of performance quality includes:

- **Successful completions:** Barnsley Recovery Steps consistently achieves successful completions above the national average for all four substance groupings.
- **National core indicators** – the service is consistently above the national

averages when comparing performance against the key national indicators monitored via the National Drug Treatment Monitoring System (NDTMS).

- **Achievement and continuation of Universal Grant 2021/22:** The delivery model for our universal grant proposal and achievement of the service delivery against this has been recognised both regionally and nationally as good practice and has supported the further development of harm reduction and criminal justice strategic pathways and relationships.
- **CQC inspection rating:** The service has been rated Good across all five key lines of enquiry, with best practice highlighted and no breaches in regulation.

2.2.2 Value integration and collaboration

Over the last five years of service delivery, Humankind Charity has contributed significantly to the following collaborative workstreams in Barnsley:

- Humankind Charity is an active participant in the Protecting Vulnerable People sub-group, working with partners to achieve the key performance indicators consistently across the course of the contract.
- Humankind Charity actively participates in Barnsley wide forums and delivery group meetings to ensure collaborative working across a range of statutory and non-statutory services, including suicide panels, channel panels, the Barnsley Alcohol Alliance and mental health partnership meetings.

2.2.3 Access

The following integrated pathways have been established, developed and improved by Humankind Charity and could be at risk with the introduction of a new service provider and/or delivery model:

- Recovery Steps were a key partner in the implementation of the new Alcohol Care Team delivered by Barnsley Hospital. Effective mobilisation has been void of the issues regarding pathways and transitions seen in other areas due to the strong collaborative partnership between Humankind Charity and the hospital.
- Hep C treatment is fully integrated within Barnsley Recovery Steps' service resulting in Barnsley having one of the highest uptakes of Hep C treatment within its treatment population in the country.
- Established links with the criminal justice partnership. 'Joining Forces' is a local initiative which included a rapid response campaign to the emerging situation around spiking, where Humankind Charity worked alongside South Yorkshire Police, the Council and Pubwatch.
- Collaboration with the criminal justice partnership regarding proposals for Office of Health Improvement and Disparities universal grant money. Progress made in Barnsley against our grant service proposal has been recognised both regionally and nationally. Momentum on the development of services utilising this grant will be disrupted should retendering take place.

2.2.4 Inequalities and choice

Further to the Full Equality Impact Assessment undertaken (referenced in section 3 below), Humankind Charity provides a range of data to enable the

comprehensive assessment to be completed and work well with commissioners to target service improvements for under-represented groups, including:

- Development of open access provision that offers a full range of treatment and harm reduction options for those hardest to engage. This has resulted in higher engagement rates and created greater service efficiencies through a reduction of missed appointments.
- Alternative methods of treatment delivery including zoom groups, telephone or video appointments, Breaking Free Online 24/7 online recovery support.
- Alternative discreet delivery site or home visit options.

2.2.5 Service Sustainability and Social Value

As demonstrated above, Humankind Charity has ensured continued service quality and improvement within a restrictive and challenging budget. There is no guarantee that other providers within a competitive tendering process would have the same approach or level of success.

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, Healthy Barnsley and deliver a range of sustainability impacts as outlined in section 3.4.

Humankind Charity has also successfully managed and integrated additional Barnsley health and social care services, including Thrive Barnsley Service for people facing multiple disadvantages and the Early Intervention and Prevention Service for individuals with low-level mental health problems. Clients of all three services have benefitted from a no wrong door, integrated approach that maximises service delivery efficiency, minimises duplication and supports sustainability across this service provision in Barnsley.

It is therefore our considered view that continuation with the existing provider meets the decision making criteria as described at Section 1.2 of the report.

3 IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

Consultations have taken place with representatives of the Service Director of Finance (S151 Officer) and are summarised below.

The report provides an overview of the National Drugs Strategy issued in December 2021, as well as seek approval under the new selection regime to continue with Humankind as the provider for Substance Misuse Services, and to include the Multiple and Complex Housing provision (25+) into the substance misuse contract.

The contract costs in 2021/22 of providing the Substance Misuse within Healthier Communities is £3.269m and includes an additional £0.414m Universal Funding grant from the Govt to increase delivery capacity of the contract. This Grant will now be included in the new funding allocations for 2022 to 2025.

The 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) moving forwards.

Both contracts are mainly funded by Public Health grant (£2.903m), Govt grant funding (£0.414m) and contributions from Barnsley CCG (£0.300m) and Office of South Yorkshire Police & Crime Commissioner (£0.152m).

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 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 will still need 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.
- Inpatient Detoxification Grant of £0.054m for each of the 3 years to 2024/25.

The supplemental funding for substance misuse treatment and recovery is ring-fenced monies and will be paid through a Section 31 Agreement with conditions set out in a Memorandum of Understanding that will accompany the grant agreement and criteria and key performance indicator. The following are key points to note as highlighted in the drug strategy and the Public Health Grant (PHG) agreement letter:

1. eligibility for this grant funding will be 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, and a proportionate split between adult and young people's treatment provision needs to be agreed upon locally – with children services.
3. Allocations will be 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 is being undertaken by the Healthier Communities Commissioning Team to develop a three-year plan to utilise the supplemental funding grant. This would need to be included in the re-commissioning of the substance misuse service to ensure that the

grant proposal enhances the service model and aligns with our longer-term national and local strategic priorities and targets.

5. As part of the work being undertaken at point (4) above, the Healthier Communities Commissioning Team, in liaison with the Finance Business Unit's Strategic Procurement and Business Partnering Services, will:
 - i. Identify other services across the Authority that touch on substance misuse with a view to including them in the remit of the Drugs Strategy and making the best use of resources.
 - ii. Review the contracts across the Authority for which Humankind is the provider with a view to identifying efficiencies.
 - iii. Explore the use of funding to increase commissioning capacity in terms of releasing base funding for the commissioning team whilst ensuring the capacity requirements can be addressed through an internal re-prioritisation of commissioning activities.
6. Further reports will be brought forward that will consider the detailed finances and the use of funding, with a view to achieving value for money and future efficiencies.

The table below details the Substance Misuse contract spend profile for 22/23 to 24/25:

	2021/22	2022/23	2023/24	2024/25
Revenue Costs	£,000	£,000	£,000	£,000
Substance Misuse Contract	2,856	3,356	3,356	3,356
Multiple and Complex Needs	500	-	-	-
New Drug Strategy requirements	414	670	1,100	2,130
Inpatient Detoxification	0	54	54	54
Total Costs	3,770	4,080	4,510	5,540

3.2 Exploration of Efficiencies

Area of exploration	Response
Are there any other contracts or services in the Council connected to this service where efficiencies can be explored?	<p>We have considered all services and contracts connected to this service and identified the following 2 where efficiencies can be explored.</p> <ol style="list-style-type: none"> 1. To consider merging the Young Peoples Substance Misuse Service into the Adult Substance Misuse contract This is an in house service and costs and implications will be considered. 2. Queens House/complex lives. This is a new in house service where costs and implications will be considered.

	<p>3. The Multiple Needs has been considered and has been proposed for inclusion in the contract.</p> <p>4. Other services and contracts in addition to the above will be considered.</p>
Has corporate procurement been consulted on other related contracts?	Yes, consultation has taken place with corporate procurement.
Is there an overlap in management of the various services provided by the same provider where efficiencies can be gained?	<p>The report seeks approval to merge the Multiple and Complex Needs Service (Barnsley Thrive) into the Adult Substance Misuse Service as Humankind is the provider for both services. Merging this provision into the 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 any efficiencies identified.</p> <p>Humankind has reviewed their senior management team and changed their structure where Barnsley services are now managed under one Director of Operations and at the same time reducing management costs across three contracts they hold.</p>
Are there any other efficiencies offered in relation to this service?	Any other efficiencies in relation to this service are being explored.
Cashable savings proposed	Cashable savings are being explored.

3.3 Legal

Procurement of regulated healthcare services is currently legislatively governed by the Public Contracts Regulations 2015 and the Procurement, Patient Choice and Competition Regulations 2013.

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 falls under), allowing greater flexibility for decision-makers to act in the best interests of service users, local populations, and the taxpayer.

Since the Health and Care Bill and associated regulations to be enacted under it which relate to the provider selection regime do not yet have any legal effect, any approval for continuation of the existing service provision with the incumbent provider should be subject to those proposed changes coming into

force. Should those changes not come into legal effect in the manner currently proposed then the legal recommendation is that further legal advice be sought as to whether or not the changes are substantive and therefore impact on the re-procurement route.

Subject to that legal advice, (i) where the changes are deemed non-substantive then the Council may proceed to directly award to Humankind in compliance with the new provider selection regime; (ii) where the changes are deemed substantive then Cabinet Spokesperson shall have authority to approve a decision to proceed to directly award to Humankind in compliance with the new provider selection regime subject to consultation with Head of Legal Services; and (iii) if the changes render the re-procurement outside the scope of the new provider selection regime, the Council should re-procure service provision under the Public Contracts Regulations 2015 or their successor legislation.

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.

Our EIA will make sure 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:

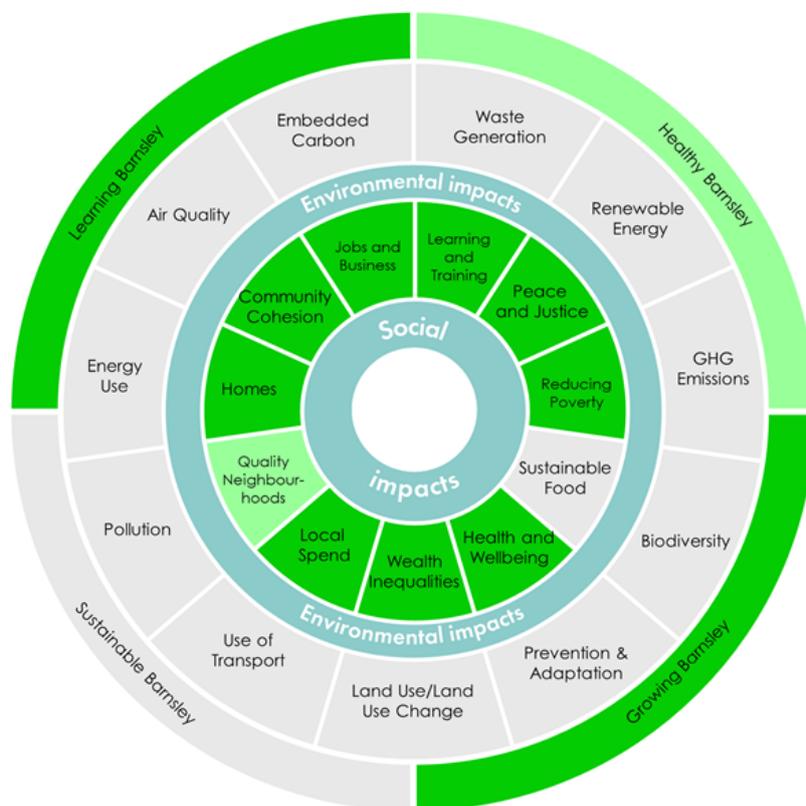
- Whilst males are more likely to misuse substances, disincentives that are more likely to occur in women include fears of having children removed, childcare or maternity concerns, physical/sexual abuse, prostitution, and stigmatisation. Pregnant women are also more likely to avoid substance misuse treatment.
- Age affects substances used by clients; alcohol consumption is more prevalent in older age groups, whilst young people are more likely to use Class A drugs. Older people's substance misuse is more likely to be overlooked due to travel barriers alongside physical and mental health comorbidity.
- There are increased risk factors for people with disabilities, such as unemployment, abuse, and access to medications.
- 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 people from ethnic groups in treatment in Barnsley, possibly due to language barriers, cultural stigma, and limited awareness of support services.
- 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 of people who have found themselves homeless in treatment compared to national figures. These people have complex needs and can be difficult to work with substance misuse services, but also have higher rates of substance misuse.

- Rates of illicit substance use are higher among LGBT+ adults. Increased risk factors for them 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.
- The discouragement of non-medically prescribed drug use and excessive drinking in most religions can cause social stigma and reduced access to treatment. There is an underrepresentation of individuals of Hindu, Jewish, Muslim, Pagan, Sikh, and other faiths.
- Environmental stressors specific to military personnel have been linked to increased risk of the development of substance misuse issues among personnel and veterans, including deployment, combat exposure, and post-deployment reintegration challenges. The hypermasculine military culture often emphasises self-reliance, meaning that Armed Forces veterans may be more likely to view getting professional mental health treatment as a sign of weakness.

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 service works closely with the Department for Work and Pensions (DWP) and provides drugs awareness training to DWP staff. Referral pathways are in place between the Department of Work and Pensions (DWP) and the substance misuse service.
- 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 training to upskill workforces across Barnsley, including drugs awareness training, job shadowing, and naloxone training.

Peace and justice

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

Health and Wellbeing

- People 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, 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). They also provide a Hospital Liaison service within Barnsley Hospital which supports continuity of care.

Wealth inequality

- Service works closely with DWP to support people into work and avoid benefits sanctions and actively seeks out opportunities for employment to individuals with lived experience.
- The service offers work and skills support and has an IT suite where people can work towards accessing employment, training or education.

Local Spend and Jobs and Businesses

- A total of 81 employees work from service sites across Barnsley, using local businesses for lunch and shopping requirements. Approximately 47 of these (76%) are Barnsley residents.
- Cleaners are employed by Humankind's dedicated social enterprise More Time UK Ltd, which employs local people and training on infection control measures.
- The social value estimated to be generated by the service in 2022/23 is £1,520,132.00. Comprised of:
 - £1,506,451 from the employment of local people

- £7,648 from wellbeing programmes provided to staff
- £6,034 from volunteering hours

Community cohesion

- Anyone in the borough 18+ who has problems with drug and alcohol abuse can access the service and receive face-to-face support.
- The service has a Service User Influence group 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.

Reducing poverty

- Drugs and/or alcohol need to be funded, so a reduction in use increases the amount of money a person 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.
- The integration of the multiple and complex needs supported housing elements within substance misuse will help ensure housing need is being fully met alongside treatment and support for drug and alcohol use.

Quality neighbourhoods

- Staff and volunteers organise and engage service users in regular litter picks.
- The Building Recovery in Communities team actively seeks out environmental projects that provide opportunities for service users to give back to the community, e.g., Goldthorpe embankment and gardening at The Women's Centre.

3.6 Employee

There are no employee implications with regards to the re-commission of the Substance Misuse Service.

Humankind Charity employs 81 FTE staff members in various roles, of which a significant number are Barnsley residents (n59). Should the recommendation to directly award the contract and re-commission the service with Humankind would result in the continued employment of the staff.

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
- BAME
- LGBTQ+
- Young people (aged 18-24)
- Older people
- Homeless
- 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 re-commission the Substance Misuse Service under the existing arrangements with Humankind Charity:

- Service Director of Finance (S151 Officer).
- Head of Strategic Commissioning, Contracting and Procurement.
- Head of Legal Services.
- Head of Safer Barnsley.
- Group Leader, Housing and Welfare.
- Senior Commissioning Manager, Healthier Communities (multiple and complex needs service).
- Service Director Public Health

4.2 Further consultation will take place with all stakeholders to refresh the 2020/21 Needs Assessment and develop and implement the local Substance Misuse Strategy and action plan, and to also inform our three-year grant funding proposal.

4.3 Engagement and consultation with key stakeholders, people who use the service and carers will be undertaken over the coming months to develop the service delivery model and specification for the Substance Misuse Service. The Service User and Influence Group will play a key part in co-designing the service delivery model.

4.4 Under the health and social care procurement legislation, the authority will publish its intention to award the contract to Humankind Charity.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 With regards to the re-commissioning of the Substance Misuse Service, three options have been considered:

1. Do nothing.
2. Re-commission the Substance Misuse Service via a competitive procurement process.
3. Undertake re-procurement directly with Humankind Charity by enacting the new provider selection regime regulations as set out in the Health and Care Bill.

5.2 **Option 1 - Do nothing** - If this option is taken, then the current service would expire on 31 March 2023. This option is not recommended as the loss of this provision would create a gap in support for residents with drug and alcohol issues and dependency. The local needs analysis demonstrates that there is a need for the service and highlights that the estimated prevalence figures for drug

and alcohol dependency reflect the national picture and are higher than the regional averages.

5.3 Option 2 - Competitive tender process – the second option 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, we believe 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: At a time when the National Drug Strategy and Dame Carol Black's two-part Review on Drugs are recommending 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.
- 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 (eg Humankind'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. The new provider selection regime under the Health and Care Bill will remove the requirement for commissioners to competitively tender where this is not in the best interests of service users.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The recommendation 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, will allow longer-term planning and collaborative commissioning with the provider and key stakeholders.

As an established service provider, we believe that Humankind Charity is best placed to continue working with commissioners to respond flexibly and adaptably to these changes and ensure the service delivery model aligns with the national and local strategic priorities and the three-year plan.

A potential competitive tender process would come at a time of significant change across the commissioning and funding landscape (e.g. National Drug Strategy investment and planning, National Probation reform, Integrated Care Systems).

As one of the most successful providers at delivering against the Universal Grant funding objectives, Humankind Charity are well positioned to respond clearly and effectively to strategic and funding changes, and this would not be guaranteed with a potential change in service provider.

7. GLOSSARY

BRS – Barnsley Recovery Steps.

DHSC – Department of Health and Social Care

DWP – Department for Work and Pensions

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

8. LIST OF APPENDICES

Not applicable.

9. BACKGROUND PAPERS

- National Drug Strategy
<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>
- Draft Commissioning Quality Standard for Treatment and Recovery Services



CQS draft.pdf

- Substance Misuse Equality Impact Assessment



Substance Misuse
EIA

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

10. REPORT SIGN OFF

Financial consultation & sign off	Avanda Mitchell 26.04.2022
Legal consultation & sign off	Jason Field and Jo Haslam 11/04/22

Report Author: Jo Ekin
Post: Senior Commissioning Manager
Date: 19 April 2022