

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	28 April 2021
<b>Executive Member:</b>	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
<b>Clinical Lead:</b>	Dr Vinny Khunger
<b>Reporting Officer:</b>	Dr Jeanelle de Gruchy, Director of Population Health James Mallion, Consultant in Public Health
<b>Subject:</b>	<b>SECTION 31 LOCAL AUTHORITY GRANTS FOR ADDITIONAL DRUG TREATMENT CRIME AND HARM REDUCTION ACTIVITY IN 2021/22 (Universal Element)</b>
<b>Report Summary:</b>	<p>This report provides background information on the Section 31 Local Authority Grant for additional drug treatment and harm reduction activity and outlines the proposed approach to the commissioning and delivery of the Universal Component of this Grant in Tameside with a value of £406,000 for 2021/22.</p> <p>The Council proposes to commission our existing specialist substance misuse service provider, CGL My Recovery Tameside to deliver the Universal Element of this grant. Commissioners and staff from CGL are working collaboratively to develop a robust delivery plan that meets local needs and delivers a range of interventions set out in this report.</p>
<b>Recommendations:</b>	That approval is given to award the allocation of £406,000 for delivery of the drug treatment crime and harm reduction activity 2021/22 through the Section 31 Local Authority Grant provision, as outlined in this report. That approval is given to commission CGL My Recovery Tameside to deliver the drug treatment, crime and harm reduction package of interventions aligned to the Universal component of the Section 31 Local Authority Grant award.
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>The council has received an allocation of Section 31 Local Authority Grant for additional drug treatment and harm reduction activity of £406, 000 for 2021/22. The proposal to spend this grant has been outlined in Appendix A and meets the conditions that are attached to this grant giving assurance that proposed activity is affordable and acceptable, minimising exposure to financial risk. This is a one-off grant therefore CGL My Recovery Tameside Team need to ensure spend is maintained within the financial boundaries given.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	<p>When considering this report the Board needs to be content that the proposed use of the funding sits within the remit of the grant as set out in section 3 of this report and that it represents best value with reference to the financial implications.</p> <p>The project officers also need to ensure that they take advice from STAR to ensure that the procurement of the service is achieved compliantly.</p>

**How do proposals align with Health & Wellbeing Strategy?**

The proposals link with several of the strategic priorities of the health and Wellbeing Board:

- Improve the health and wellbeing of local residents throughout life
- Give targeted support to those with poor health to enable their health to improve faster
- Develop cost effective solutions and innovative services, through improved efficiency
- Deliver more joined up services that meet local need
- Enable and ensure public involvement in improving health and wellbeing

The proposal also aligns with the Living Well programme of the Health and Wellbeing Strategy - Creating a safe environment to build strong healthy communities and strengthening prevention.

It will address the priority to reduce reoffending. Feeling safe is a top priority for our residents and businesses. Offenders, including those on probation and their families represent one of the most socially excluded groups in our society, with considerable and complex physical and mental health needs compared to the general population

**How do proposals align with Locality Plan?**

The proposals will support the locality plan objectives to –

- 1.1 Improve health and wellbeing for all residents
- 1.2 Address health inequalities
- 1.3 Protect the most vulnerable and those suffering multiple disadvantage
- 1.4 Develop a Place based/ Neighbourhood model of delivery
- 1.5 Develop an integrated personalised approach

**How do proposals align with the Commissioning Strategy?**

This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly:

- 1.1 Addressing the wider determinants of health
- 1.2 Creating the right Care Model
- 1.3 Encourage healthy lifestyles
- 1.4 Supporting positive mental health

**Recommendations / views of the Health and Care Advisory Group:**

The report is scheduled to be presented by James Mallion, Consultant in Public Health, to the Health and Care Advisory Group in May 2021

**Public and Patient Implications:**

The recommendations will ensure continued access to services to improve health and wellbeing and reduce drug related crime.

**Quality Implications:**

The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness. The same quality assurance over the existing contract with CGL will

apply to the provision of additional services from this grant funding.

**How do the proposals help to reduce health inequalities?**

This programme of interventions will address a wide range of inequalities and will seek to support the social determinants suffered by those who are in the Criminal Justice System, as a result of their substance misuse. There will be a strong focus on identifying and reaching those suffering multiple disadvantage and identifying their wide-ranging needs. The pathways and protocols developed will ensure more support and an equitable access to service for this client group, resulting in a reduction in health inequalities and improvement in health and wellbeing

The proposal links with the Tameside Our People Our Place- Our Plan priority 'Longer healthy lives with good mental health through better choices and reducing health inequalities' by aspiring to reduce drug and alcohol related harm

**What are the Equality and Diversity implications?**

The Substance Misuse services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. This proposal is targeted a specific cohort of clients, namely those who are involved in or on the edge of the criminal justice system with a substance misuse issue with a focus on drugs

Some of the proposed service provision is targeted to address health inequalities experienced by this cohort.

**What are the safeguarding implications?**

There are no safeguarding implications associated with this report. Where safeguarding concerns arise the Safeguarding Policy will be followed.

**What are the Information Governance implications?**

**Has a privacy impact assessment been conducted?**

Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the provider. A Data Protection Impact Assessment (DPIA) is in place with the provider under the existing contract.

A privacy impact assessment has not been carried out.

**Risk Management:**

Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the grant funding has been awarded.

**Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer James Mallion, Consultant Public Health.



Telephone: 0161 342 2328



e-mail: [james.mallion@tameside.gov.uk](mailto:james.mallion@tameside.gov.uk)

## **1 INTRODUCTION**

- 1.1 Substance misuse places a significant burden on health outcomes in Tameside. High rates of drug and alcohol consumption and dependence have a substantial impact in Tameside with the highest rate of alcohol-specific mortality and dependent drinkers of all our statistical peers and almost 1,400 opiate users living in the borough, which a high proportion of adults with drug dependency living with children.
- 1.2 We have an established, all-age integrated substance misuse service, which was commissioned from August 2015 and is delivered by Change Grow Live, My Recovery Tameside (CGL MRT).
- 1.3 The government has announced £80 million of 1-year funding for drug treatment as part of a £148 million funding package for reducing crime. This is broken down into a Universal, Accelerator and Inpatient elements.
- 1.4 Under this programme, the government are allocating a proportion of the overall funding under the Universal element to local authorities under a Section 31 Local Authority Grant. Tameside has been allocated £406,000 for 2021/22
- 1.5 This paper outlines the background to this funding, existing services in Tameside and the outline proposals of how this funding will be allocated and utilised to improve health outcomes for Tameside residents in 2021/22.

## **2 THE GM AND TAMESIDE CONTEXT**

- 2.1 The GM Drug and Alcohol Strategy 2019-2022 sets out a vision is to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

The strategy identifies six priorities for making things better:

- Prevention and early intervention.
- Reducing drug and alcohol related harm.
- Building recovery in communities
- Reducing drug and alcohol related crime and disorder.
- Managing availability and accessibility
- Establishing diverse, vibrant and safe night-time economies

- 2.2 Drugs and alcohol are everybody's business and we need to work together with our communities. We will know we have made a difference when there is:
  - A reduction in levels of drug and alcohol related harm
  - There is a reduction in drug and alcohol related offending
  - There is an increase in the number of people in recovery
- 2.3 Tameside is adopting the GM Strategy locally as we know that substance misuse harm in Tameside is extensive and is an important factor that adversely affects the overall quality of life and perpetuates inequalities.
- 2.4 Due to the scale of the challenge posed by drug and alcohol use in Tameside, and following an independent peer review around substance misuse in late 2018, the Council have developed a local Strategic Substance Misuse Partnership with senior leaders from the local authority, CCG, ICFT, police and voluntary sector. This partnership oversees the local work programme with: specialist treatment services, hospital alcohol liaison service, therapeutic residential supported housing, motivational programmes in community and residential settings, proactive work with licensing colleagues to reduce harms of alcohol availability across the

community, the Alcohol Exposed Pregnancies work programme, and dedicated work around the hidden harm to children.

- 2.5 Our specialist treatment services in Tameside are commissioned as an all-age integrated substance misuse service. This is currently provided by Change Grow Live, My Recovery Tameside (CGL MRT) and this has been in place since August 2015.
- 2.6 The Tameside Community Safety Partnership (CSP) also plays pivotal role in the substance misuse agenda. The draft **Tameside Community Safety Strategy** has 5 key priorities all of which align with key aspects of the Substance Misuse Programme and outcomes of the locally commissioned service.
  - Building stronger communities
  - Preventing and reducing violent crime, knife crime & domestic abuse
  - Preventing and reducing crime & anti-social behaviour
  - Preventing and reducing the harm caused by drugs & alcohol
  - Protecting vulnerable people and those at risk of exploitation
- 2.7 There are challenges with the current criminal justice provision in Tameside. The criminal justice team at MRT consists of two full-time Recovery Coordinators who work with clients who require support from the drug and alcohol service following a period in custody. The aim is to have continuity of care from prison into the community for people requiring support. MRT offer a range of psychosocial interventions, harm minimisation advice, signposting to community groups, Opioid Substitution Treatment, alcohol assessments, access to the needle exchange, Blood Borne Virus (BBV) testing and access to the AEP programme. There is a reliance on strong partnership working with probation, homelessness teams, housing associations, social care and wider healthcare services. Current issues include lack of communication around early prison release, delays in the court system, signposting from some agencies rather than direct referral, covid-19 challenges around face-to-face contact, increasing drug-related deaths nationally. These are all areas in which additional capacity and focus will improve local processes and outcomes.

### 3 DRUG TREATMENT, CRIME & HARM REDUCTION GRANT 2021/22 – BACKGROUND

- 3.1 The government has announced £80 million for drug treatment as part of a £148 million funding package for reducing crime. This is the biggest increase in drug treatment funding for 15 years. This is additional to the local authorities core allocation for substance misuse treatment services as part of the public health grant and is funding for 1 year specifically to enhance drug treatment, focused on reducing drug-related crime and stopping the rise of drug-related deaths.
- 3.2 This overall drug treatment crime and harm reduction activity funding package will consist of three separate components:
  1. **Universal** – available to all LAs except for those selected to be Accelerator areas. These grants will account for the majority of the £80m.
  2. **Accelerator** – available to a small number of local authority areas as an extension of Project ADDER (see further information below). These local authorities will receive larger grants. This will be alongside Home Office funding for targeted enforcement activity by the police and the targeting of recovery support resources and interventions, such as employment support and criminal justice system interventions, by other government departments. **Note that the specific areas have been selected based on specific needs and Tameside is not one of the areas selected for this element of the programme**

3. **Inpatient** – all areas will be able to benefit from grants awarded to regional or sub-regional consortia of LAs for commissioning inpatient detoxification beds. Tameside will benefit from a GM-wide allocation to increase inpatient detox capacity which is currently being developed.

- 3.4 The **Universal** component is the main element, which is paper discusses, which for Tameside represents the grant allocation of £406,000, one-off funding. The interventions which this funding must be used for have been specified in broad areas, but further consideration around how these can be delivered can be determined locally:

- increased usage of residential rehabilitation
- offering more treatment places
- expanding needle and syringe programmes to reduce blood-borne viruses
- providing more naloxone to prevent overdose deaths
- improving treatment pathways from the criminal justice system including courts, prisons and police custody
- increasing use of community sentence treatment requirements

- 3.5 A key aim of the Universal element of the grant is to help drive down the crime associated with the drug market, particularly acquisitive crime and violent crime. Interventions will be monitored nationally and improved pathways from the criminal justice system and increased use of community sentence treatment requirements will be key to achieving this aim.

## 4 **CONTRACT VALUE**

- 4.1 Tameside has been awarded a Section 31 Local Authority Grant totalling £406,000 for commissioning and delivery of the Universal Component of the Drug Treatment, Crime & Harm Reduction Grant for 2021/22. This is one-off funding for the 2021/22 financial year only.
- 4.2 Brief details of the areas of work this funding will be utilised for are included in section 3 of this report, above. A full cost breakdown is also provided in **Appendix A**.

## 5 **PROPOSAL**

- 5.1 The Tameside model for utilising this funding is based around 7 key delivery areas and consists of a range of interventions, programmes and service developments.
- 5.2 PHE confirmed on 11 March 2021 the amount of the Universal Grant allocation that was available to Tameside. Following this a proposal for this spend was submitted on the deadline of 26 March 2021. Due to the quick timescales involved, there was insufficient time for any competitive tender exercise to take place. Please see Appendix A for the full Tameside Proposal, which has been submitted to Public Health England (PHE) and the Department of Health and Social Care (DHSC). This has been initially verified by PHE as appropriate to meet the grant conditions and objectives.
- 5.3 Grant applications will be approved by PHE and the DHSC, who will ensure that they are consistent with the conditions and objectives of the grant. A menu of interventions for which Universal grants expenditure can be utilised has been provided by PHE.
- 5.4 **The key areas included in the additional provision set out for Tameside from the menu of interventions are:**
- Enhanced harm reduction provision.
  - Increased pharmacological and psychosocial treatment capacity.

- Increased integration and improved care pathways between the criminal justice and other settings, and drug treatment.
- Treatment capacity to respond to increased diversionary activity, including through out of court disposals, liaison and diversion and drug testing on arrest.
- Enhanced recovery support.
- Other local Priorities for example working with the acute sector.

**5.5 The implementation of this list of interventions throughout 2021/22 aspires to achieve the following outcomes:**

- Reduced drug-related offending
- Improved continuity of care, especially between prisons and the community (a greater proportion of offenders who leave prison are successfully engaged in the community to reduce reoffending).
- Reduced drug-related deaths, principally from overdose poisoning but also from infections, alcohol consumption, etc.
- More treatment and recovery capacity, primarily for offenders (more offenders enter treatment, offending is reduced, more people achieve long-term recovery).
- Increase in use of residential provision (more complex drug users achieve and sustain abstinence and recovery).
- Increase the number of community sentence treatment requirements (particularly drug rehabilitation requirements (DRRs) and in areas where the CSTR programme is operating, consider increasing combined orders with mental health treatment requirements (MHTRs)).

## **6 RATIONALE**

- 6.1 CGL is a registered charity already delivering the prime integrated contract for substance misuse services in Tameside, and it is pragmatic to add this additional funding into existing provision to ensure continuity of delivery. A Contract Variation will only be made upon approval of both this request, and approval of the funding application by PHE national team
- 6.2 The Council has an established contract with CGL around substance misuse treatment provision. To appoint another provider without consultation and service redesign, would cause a delay in real time spend. It would also risk confusion to Tameside service users, making it difficult and unclear where support is available from. It would disrupt established pathways of care and recovery for both service users and Tameside partners who already integrate with CGL and make access less timely. Any new provision would also require additional service integration, monitoring and management by the existing Provider and Council, creating significant duplication of effort within the Service and potential attrition for Service Users, resulting in worse outcomes for them. Managing two comparable contracts for similar delivery requirements would equally be confusing for the intended partner agencies including Police, Her Majesty's Prison & Probation Service, Courts, Mental Health and Homelessness, causing potential loss of the future clients we are aiming to assist.
- 6.3 The funding is for 12 months only, is non-recurring and the cumulative value of modifications to date is less than 10% of the original contract value, and the value of successful modifications to date is below the relevant World Trade Organisation Government Procurement Agreement threshold of £663,540 for these type of Light Touch services.
- 6.4 There is provision within the current contract to extend the service. Additional criminal justice capacity within CGL will allow the provision already in place to be strengthened and pathways to be sustainably re-energised, particularly following recent delays in face to face work due to Covid. There are no concerns with the performance provided within the current contract and the elements provided represent value for money each quarter, evidenced by quarterly returns within budget.

- 6.5 This funding will provide the Council with the opportunity to understand more about the cohort of service users who present to criminal justice services for our performance management, and encourage increased engagement with CGL services, and long-term recovery for our service users. Once the additional staffing roles are withdrawn at the end of 2021/22 (funding period), and assuming no further additional funding is available, criminal justice element of the provision will continue to benefit from the strengthened pathways and direct referral system that will be established.
- 6.6 Additionally, the remaining GM Local Authorities are also acting in similar manner due to the nature and swiftness of the funding stream, with their own local provision.

## **7 NEXT STEPS**

- 7.1 The Council will commission CGL MRT to deliver the Universal Component of the Section 31 Grant. Commissioners and staff from CGL have and will continue to work collaboratively to develop a robust delivery plan that meets local needs and delivers a range of interventions as set out in the PHE guidelines.
- 7.2 Key partners including GMP, Probation, Mental Health services, Homelessness services, the Women & Families Centre, Bridges Domestic Abuse Service, Job Centre Plus and others have a pivotal role to play in the development and implementation of this plan. The first priority is for CGL to recruit and appoint a Project Manager for 12 months to lead this, alongside the above partners and working directly with the Population Health Manager to jointly oversee expenditure, implementation of the work plan and partnership development.
- 7.3 CGL will have the flexibility to subcontract elements of the programme where appropriate, to ensure successful and timely delivery of interventions. Also, where and if it has been agreed, to deliver elements on a GM footprint.
- 7.4 Senior level leadership of the new additional employees will be undertaken by the Project Manager within CGL. They will also lead on ensuring the sustainability of the projects in the longer term, utilising partnerships and local communities as assets.
- 7.5 Working jointly, Population Health and CGL will implement the programme of interventions, lead the offer and ensure it is embedded within the local neighbourhoods and they will also monitor the outcomes of the work. The Council will develop and implement a Monitoring and Performance Framework and will be responsible for reporting and feeding back to PHE in terms of spend, achievements and outcomes. The council will ensure that evaluation is built into each phase of delivery.

## **8 OTHER OPTIONS CONSIDERED**

- 8.1 The Council were required to submit the proposal for spend by 26 March 2021 and there was insufficient time to undertake any form of competitive exercise prior to the commencement of the programme and spend of the funds.

## **9 RISKS**

- 9.1 There is potential for delays in the commencement dates for some elements due to risks around successful recruitment, with large numbers of areas nationally recruiting to similar posts to deliver these programmes. Tameside plans to recruit as quickly and efficiently as



possible with minimal slippage and we expect delivery of the overall programme to be within 22/23.

- 9.2 Partner agencies required for the delivery of the programme such as probation services and the police may experience delays in their engagement with this work due to other pressures such as ongoing internal reform and reviews taking place in some of these agencies.

## **10 CONCLUSION**

- 10.1 This grant has been provided as part of an £80m nationwide sum, which aims to help areas drive down local crime associated with the drug market, particularly violent crime and drug-related deaths. It presents an opportunity in Tameside to assist existing substance misuse services to improve systems and outcomes around drug-related harms.
- 10.2 This is a non-recurring grant which must be used as set out in the grant conditions and menu of interventions put forward by PHE and the DHSC. It will be important that this funding is used to embed work with criminal justice agencies into pathways around drug treatment to ensure sustainable capacity is left in place once the funding period ends.
- 10.3 The work will aim to reduce the levels of drug-related deaths, drug-related offending and prevalence of drug use in Tameside in order to achieve the outcomes set out in section 5 of this report.

## **11 RECOMMENDATION**

- 11.1 As stated at the front of this report.