

Classification: Open	Decision Type: Key
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Report to:	Cabinet	Date: 01 June 2022
Subject:	Substance Misuse service contract and supplementary funding proposal	
Report of	Cabinet Member for Health and Wellbeing	

Summary

Bury Council currently commission Greater Manchester Mental Health (GMMH) to provide our substance misuse treatment service. Our adult service is provided through GMMH or 'Achieve Bury' as it is branded locally. GMMH subcontract Early Break, to provide the children's and young people substance misuse service, as well as subcontracting BigLife, to provide the assertive outreach and criminal justice work. The substance misuse contract currently stands at £1,117,400 per annum, with a proportion of this provided to Early Break and BigLife to deliver their relevant substance misuse services. The contract began in September 2019 and is a three-year contract with two optional plus one years (3 +1 +1). The first three years of the contract are due to end on the 31st August 2022, as such a decision needs to be made whether to activate the first of the optional plus one years.

Bury Council have an excellent working relationship with Achieve Bury which includes quarterly contract meetings to discuss performance and current data. In addition, Bury Council meet with both Achieve and partners outside of these contract meetings to discuss any relevant projects or issues. Achieve are also a prominent partner in our Bury Substance Misuse Delivery Partnership monthly meeting. Since the start of the contract Bury Council Commissioners have been very pleased with both the performance of the provider and the receptiveness to adapt and further develop services to meet both the local needs and assure work aligns with wider plans and works e.g., the neighbourhood approach / 'Let's Do It' principles.

As such, we are proposing to activate the first plus one extension of our substance misuse contract, with this report outlining the pros and cons to each option.

In 2021/2022 Local Authorities were provided with additional universal funding; this funding was for £80 million. Bury received £296,000 and utilised the funding for enhanced harm reduction provision, improved treatment options, increased integration and improved care pathways relating to the criminal justice spectrum, increased treatment capacity, enhanced recovery support, commissioning support, to implement a trauma informed model and commencement of a Drug Related Deaths Surveillance System across Greater Manchester. The outcomes of the investment have been monitored closely and have enabled us to significantly increase the provision. This funding ended in March 2022.

Local authorities within England have now been awarded a Supplementary Substance Misuse Treatment and Recovery (SSMTR) grant, to support

improvements in the quality and capacity of drug and alcohol treatment 2022/23 to 2024/25. Confirmation has been provided regarding our 2022/23 allocation, with indicative sums for the following years (subject to annual approval by HM Treasury). In addition, allocation of the Inpatient Detoxification Grant has been awarded to regional or sub-regional consortia. The national directive is clear that this supplementary funding will only be provided to support existing funding and that there should be no reductions in baseline spend on substance misuse. Below are details of the figures for both grants for each of the years.

Supplemental Substance Misuse treatment and Recovery Grant allocated to Bury:

- Year 1 22/23: £375,548 - confirmed
- Year 2 23/24: £437,303 - indicative
- Year 3 24/35: £717,814 - indicative

Inpatient Detoxification Grant:

- Year 1: £33,230 – confirmed
- Year 1: £33,230 – indicative
- Year 1: £33,230 – indicative

In collaboration with Bury Substance Misuse Delivery Partnership a provisional plan has been developed to build on the positive work of the Universal Funding grant of 20/21. The plan has taken account of a range of factors, including:

- A review of the Office for Health Improvement and Disparities (OHID) menu of interventions
- Discussions with local and regional partners and commissioners
- A review of the current local provision and analysis of local substance misuse data
- A review of other relevant strategies and plans in Bury

As such, we are proposing the council agrees to the planned use for the additional funding, which will build on and strengthen our existing work with Achieve and other partners.

Decision 1:

Options

1. Activate plus one year on existing contract
2. Tender for new provider

Option Comparison

OPTION 1: Activating first +1 year

Pros:

- Seamless continuation of current projects involving, GMMH, Bury Council and other partners
- Continuation of the positive relationships that have been built
- Current and future external funding streams uninterrupted, including the SSMTR and Inpatient detox grants
- No tender process required
- Further time and resources not required providing a greater opportunity to focus on primary prevention
- Pleased with current performance – allows this to continue and strengthen
- Satisfied with current value for money
- No disruption to current service users
- Confident current partner is one of the strongest in the market, in addition they also provide services to Bolton, Salford and Trafford which allow us to benefit from economies of scale of their work

Cons:

- We would not be testing the market which could have changed

OPTION 2: Tender for a new provider

Pros:

- Allows direct comparison to other providers
- Allows us to confirm we are getting best value for money

Cons:

- Disruption to current service users (previous experience shows when a new provider comes in performance will dip for a period while they embed new practices and processes)
- Based on our understanding of the market, unlikely to be a better provider for this role
- Loss of the positive relationships already built
- Would interfere with current projects

- May interfere with other funding streams, such as the Universal Funding, SSMTR and Inpatient Detox grants
- Still a lot of wider uncertainty around the impact of the GM Integrated Care System and what that might mean for commissioning services in the future
- Extensive use of resources (particularly staff time across the organisation), which would come at a significant opportunity cost preventing time being spent on primary prevention
- Likely to require additional capacity to support the tender process

Recommendation(s)

We recommend option 1; activating the first plus one year.

Decision 2:

Options

1. Utilise the supplementary funding in line with the developed plan
2. Do not follow plan and explore a different approach

Option comparison

OPTION 1: Utilise the supplementary funding in line with the Plan

A provisional plan has been developed in collaboration with the substance Misuse Delivery Group to build on the positive work of the Universal Funding grant of 20/21, considering a range of factors, including:

- A review of the Office for Health Improvement and Disparities (OHID) menu of interventions
- Discussions with local and regional partners and commissioners
- A review of the current local provision and analysis of local substance misuse data
- A review of other relevant strategies and plans in Bury

Year 1 = £375,548 total

Spend breakdown:

Proposal	Investment
To continue with workstreams and projects that commenced in 2021/22 as part of the Universal Funding grant. (This involved recruitment of new staff and initiation of new projects, which	£296,000

have been successful and would be beneficial to maintain.)	
Investment in an additional Children's and Young People's worker – to increase capacity to meet local need.	Approx. £43,000
Roll-out of Intermediate Care in Bury East (localised support venues rather than one central venue) – to reduce inequalities in service uptake and to reflect the wider work around the neighbourhood approach.	Approx. £15,000
Investment in a Project Manager and additional administration costs to work across Bury, Bolton, Salford, and Trafford – to coordinate and monitor new activities over the 3-year period	Approx. £21,548

Year 2*: £437,303 total

Spend breakdown:

Proposal	Investment
To continue with workstreams and projects that commenced in year 1	£375,548
Adult service dual diagnosis worker – to further develop dual diagnosis pathways and support those with MH and substance misuse issues	Approx. £55,000
Enhance dual diagnosis pathway – additional management time to do outreach and partnership work and further develop pathways	£tbc

Year 3* – £717,814 total

Spend breakdown:

Proposal	Investment
Continuation of year 1 and 2 workstreams and projects	£437,303
Children's and young people's clinical / psychosocial worker Children's and young people's workforce development	Approx. £43,000
Adult service worker	£tbc
Community groups / neighbourhood work	£tbc
Work around engaging higher risk groups such as homeless and LGBT	£tbc
Work with partners such as employment and housing to improve pathways	£tbc

*Year's 2 & 3 have broader plans, with exact costings and details to be established over time.

Inpatient Detox grant:

The inpatient detox grant will be managed by Wigan Council through the Greater Manchester (GM) consortia, via discussions within the GM Commissioner's Group meetings. This will involve block booking of bed nights within Chapman Barker Unit (CBU) and Smithfield inpatient detox units, with each local authority having a specified number of bed nights correlating to the annual sum of money awarded. In addition to this, there are discussions taking place around a co-ordinator role and improving treatment quality.

Pros:

- Plan is evidence based and has been developed collaborative with local partners
- Plan meets local needs and aligns with wider local strategies and plans
- Plan fulfils the requirements and conditions set out by the national team about how to utilise the supplementary funding

Cons

- Plans are ambitious will require significant resource to manage and monitor the impact

OPTION 2: Do not follow plan and explore a different approach

Pros:

- Gives extra time for consultation

Cons:

- Existing plan has already reviewed all key information and has got a consensus from the Substance Misuse Delivery Group that this is the best approach
- Would cause delay in the progress of the implementation of the plans
- Would take up more time and resource to carry out further development work which is likely to come to the same conclusion

Recommendation(s)

We recommend utilising the supplementary funding in line with the developed plan

3. Reasons for recommendation(s)

We are happy with the current performance of GMMH / Achieve, Early Break and BigLife, which can be evidenced from previous contract meetings and documents. This option would allow us to continue to build on already existing, positive relationships that have been built over the last 3 years, not just between Achieve and Bury Council but between Achieve and numerous other external partners. Extending the contract will also enable current projects, including those set up using the Universal Funding grant, to continue seamlessly. We have worked successfully with Achieve on several valuable projects such as the peer-to-peer Naloxone project and launching Intermediate Care within the community, with the hope these successful projects and relationships will only strengthen over time, benefiting the service users.

In addition, continuation of the contract will ensure there is no interference of current and future funding streams, including the SSMTR and Inpatient Detox grants, as well as ensuring no disruption to those service users currently in treatment. Achieve are very client and community focused, which aligns well with our 'Let's do it' strategy and neighbourhood approach. We believe the current contract represents good value for money, compared to other organisations and localities.

Based on the above funding plans, the future investment would ensure:

- Continuation of Universal Funding projects and workforce – focusing on criminal justice, reducing DRDs and harm reduction (Naloxone work)
- Expansion and development of workforce in both adult and young people's treatment services
- Investment in community groups to aid recovery

- Further development of dual diagnosis pathway
- Extending intermediate care to other neighbourhoods
- An increased Inpatient Detox offer: plan to remain in GM consortia and block book bed nights at both CBU and Smithfield
- Workforce development with both our adult and young people's treatment services
- Work with partners such as housing and employment to strengthen pathways
- Further develop identification processes and means in which to engage high risk groups, such as homeless and LGBT

4. Alternative options considered and rejected

Please see above options considered within the decision making process.

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Links with the Corporate Priorities:

Achieve are very client and community focused, which aligns well with our 'Let's do it' strategy and neighbourhood approach. The SSMTR funding plans take in to consideration the wider work around the 'Let's do it' strategy and the neighbourhood working models.

Equality Impact and Considerations:

The local data around inequalities relating to substance misuse have been analysed, as well as discussions had with relevant partners to gauge the local situation. This has been taken in to account when looking at where the inequalities lie and where there are gaps within the current system / pathways to try and reduce these inequalities. This will involve continuing current workstreams and projects that are ongoing with Achieve, as well as utilising the additional funding.

Environmental Impact and Considerations:

This decision will have no significant impact on the Environment including Carbon Emissions.

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
<ul style="list-style-type: none">- Provider not performing to expectations or service specification.- Indicative amounts for SSMTR Grant years 2 and 3 change.- Provider does not carry out intended SSMTR Grant plan.	<ul style="list-style-type: none">- Quarterly contract monitoring meetings with the provider, as well as regular meetings to discuss various other projects and/or relevant matters.- Broader plans put in place for years 2 and 3 to allow for adaptation.- We plan to regularly engage with provider around this funding stream and incorporate this within contract monitoring meetings, as well as the potential for a project manager to be recruited through GMMH to manage this workstream.

Legal Implications:

The proposed recommendations for Cabinet are in line with the existing contract terms, this is a decision which is open for Members to determine. Alternative options are also set out in the report.

Financial Implications:

Funding for the extension at the current rate is already within the Public Health budget, therefore there is no additional financial pressure as a consequence of option 1. However, if the contract was to be retendered there could be a financial risk of a price increase and conversely an opportunity for a price reduction.

As part of the monthly budget monitoring process Finance will track the expenditure linked to the substance misuse budget ensuring that all expenditure aligns to the budget provision set out in this report. Any financial risks/pressures identified will be highlighted to the Director of Public Health as part of the monthly budget monitor cycle whereby an action plan will be deployed to mitigate any financial risks/pressures.

In relation to the supplemental grant and detoxification grant funding has been confirmed for year 1 2022/23 so there is no financial risk to approving the plans as set out in this paper. Careful budget monitoring is still required particularly in relation to the Wigan managed contract for detoxification beds to ensure that Bury utilises its full allocation. However, if funding is not confirmed for future years in line with the indicative allocations consideration needs to be given to how flexible and adaptable these current proposals are to change.

Background papers:

Please list any background documents to this report and include a hyperlink where possible.

- Quarterly substance misuse service performance reports can be provided on request.

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
SSMTR Grant	Supplemental Substance Misuse Treatment and Recovery Grant
HMT	HM Treasury
OHID	Office for Health Improvement and Disparities
GM	Greater Manchester