



# Health Overview and Scrutiny Committee

Meeting Date – 16 September 2024

Key Decision – No

Public/Private – Public

Portfolio holder – Cllr Elaine Lynch

Directorate – Public Health and Communities

Lead Officer – Colin Cox, Director of Public Health and Communities

## Re-Commissioning of Cumberland Addictions Services

### Summary

This report provides the members of the Health Overview and Scrutiny Committee with the details of the initial plans for the re-commissioning of the Cumberland Addictions Services. These services provide care, treatment and support in the community for people with addiction, in particular substance misuse problems. The re-commissioning provides a golden opportunity to be innovative, recognising the importance of early help and prevention. We aim to redress our approach to service design, ensuring the individual is at the centre of provision and is offered greater choice about their care and support. By approaching commissioning of services through the lens of the person, rather than the service, we aim to view addiction in the context of wider issues an individual, their loved ones and wider community faces.

### Recommendations:

Scrutiny Committee is asked to:

1. Provide feedback to inform the initial model design stage of the re-commissioning of Substance Misuse Services in Cumberland
2. Provide any recommendations for how we plan and manage engagement with local partners, communities in relation to re-commissioning activity
3. To consider any specific topics which the Committee wishes to be included in engagement activity.
4. Discuss and agree how the Committee would like to be involved and/or informed of development of the Substance Misuse model, and re-commissioning process.

## **1. Background:**

### **Current Service Provision**

- 1.1 The provision of high-quality substance misuse services is requirement of the Public Health function in Local Authorities under the conditions of the Public Health Grant. These services provide care, treatment and support in the community for people with an addiction (primarily substance misuse problems). Individuals are supported by a broad range of health and care professionals working in multidisciplinary teams. This includes clinical interventions and assessments that could lead to treatments such as (not to limited to) Opioid Substitution Therapy (OST), Blood Borne Virus Screening, Community based Detoxification and Nurse based healthcare assessments.
- 1.2 Additionally psychosocial interventions are also utilised such as 1:1 work, group-based therapy and evidence-based programmes of work. A further significant factor within services is Lived Experience Recovery Organisations (LEROs) who offer support, services, and interventions aimed to facilitate and promote long term recovery from substance misuse. These services are especially valuable as the support is provided by individuals in recovery to individuals working towards their own recovery and evidence suggests this type of support can help people find hope for their future and result in longer-term recovery. LEROs are an essential aspect of forming, expanding and preserving recovery networks and capital within services.
- 1.3 Co-ordination of services is mainly through the Recovery Steps main premises but can also be delivered in a range of settings within the community including local GP surgeries. This ensures that close working links are in place across Primary and Acute care with NHS partners and with community pharmacy services for the purpose of OST, Community supervised consumption, along with localised health promotion.

### **Current Contracting Arrangements**

- 1.4 The contract for delivering Cumbria Addictions Service was awarded to Humankind Charity in 2021. A joint tender was submitted from Humankind and The Well Communities (TWC), a LERO. The organisations deliver services in Cumbria under the delivery name Recovery Steps Cumbria. However, the Council's contract is directly with Humankind who subcontract some of the non-clinical elements to TWC. The Service was commissioned to be transformative, representing an ambition to move away from a clinical model focused on treatment, towards a more holistic recovery and rehabilitation model, within which clinical intervention played a part.

- 1.5 The current contract commenced on 1<sup>st</sup> October 2021 with an expiration date of 30<sup>th</sup> November 2025 (an optional extension of up to 10-months is available). The service was commissioned and operates under two separate contracts and two service specifications (*Addiction Services - South Cumbria* covering Westmorland & Furness, and *Addiction Services - North Cumbria* covering Cumberland). However, the only difference of note between the services provided is the localities in which they are delivered, facilitating equitable provision across the County.
- 1.6 A four-month extension to the current contract is recommended (if agreed, the revised end date would be 31<sup>st</sup> March 2026). This has been agreed in principle by the Director of Public Health and the service provider. The rationale for an extension to the contract is –
- Recognition of the highly complex commissioning process, potentially across the two authorities with significant transformation and system wide improvement required
  - Known absence of Public Health Consultant cover (from Early September) – given the clinical nature of the service, the vulnerabilities of people accessing such provision, ongoing challenges relating to Drug and Alcohol Related Death (DARD) and the action plan/system improvement actions associated with the contract.
  - Application to PMO for resource is underway. The aim being to support coordination of complex transformation work. To facilitate the Council's ambitions for innovation and redesign of addiction services, additional time for engagement, scoping and design is favourable.
  - Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) is an additional OHID grant (which in 2024/25 alone, Cumberland was awarded £1,151,985. This grant funding has a significant impact on services, providing an enhanced offer out with the funding allocated by the Council to the main contract. It is not currently known if the government will continue the funding continue past 31<sup>st</sup> March 2025, but if funding continues as is anticipated, an extension will help us plan, manage and report this resource more efficiently in the future service.

### **Impact of Local Government Reorganisation**

- 1.7 Prior to LGR, there were two contracts for the substance misuse service. With Eden being included in the North Cumbria service. This was to try and ensure effective cross working with key NHS partners.
- 1.8 As part of the LGR process, these contracts were modified to reflect the geography of the new Local Authorities; with Eden moving into the South Cumbria service. With the complexity of the NHS landscape, a county wide approach to service delivery and public health/commissioning oversight has been maintained. Contract management is undertaken on a joint basis with public health and commissioning colleagues from both Cumberland and Westmorland and Furness attending.

## 2. **Recommissioning Development Process to Date**

### *Initial Discussions*

- 2.1 Effective discussions have taken place across Public Health and Strategic Commissioning in both Cumberland and Westmorland & Furness Council(s) in relation to the upcoming recommission and how best to maximise outcomes for our communities.
- 2.2 In June 2024 a paper (attached as Appendix 1) was submitted to Public Health and Communities Directorate Management Team (DMT) requesting consent to jointly engage in pre-commissioning engagement exercises with the substance misuse 'marketplace' in order to inform model development and assess feasibility of a range of options. Part of this engagement will help Officers make recommendations related to whether future services should be disaggregated or whether joint working arrangements with Westmorland and Furness Council will be beneficial. A further update paper (Appendix 2) was submitted and endorsed at the Cumberland Public Health and Communities DMT in August 24.
- 2.3 An equivalent paper to appendix 1 was also developed, presented and endorsed in Westmorland and Furness Council.
- 2.4 *Pre-Commission Provider Engagement*
- 2.5 Both Local Authorities have worked together to produce a Pre-Commission Provider Engagement information pack which is viewable by following this link–  
[Pre-Commissioning Information Pack-](#)

This information pack offers potential providers an overview of the demographics of Cumbria and how these are reflected within individuals in treatment. Geographic challenges across the two local authority areas are highlighted.

- 2.6 The Information Pack has been published via The Chest in August 2024 and is explicitly listed as open to all potential or interested providers, whether Clinical, Recovery Support, Lived Experience or any other potentially interested service. As Public Health departments are aware that not all organisations regularly use The Chest, the information pack with a link to The Chest was also distributed by a Public Health Manager (who works jointly across Cumberland and Westmorland & Furness Councils) in order to reach as many organisations as possible. Additional advertising was also undertaken within Trade Magazines within Substance Misuse sector, to maximise visibility to potential providers who do not normally operate in Cumberland.

- 2.7 Sessions are bookable via Public Health manager on a range of dates across September with confidentiality ensured. The sessions will offer the Council an opportunity to discuss the pros and cons of various different system models, viability on both a cross-LA arrangement and disaggregated arrangement, and also to discuss system innovation.

*Direct Stakeholder Engagement for Model Development*

- 2.8 The value of engagement around model development is recognised as not limited to potential providers. Colleagues across Public Health and Commissioning recognise the key insight that individuals with Lived Experience provide in relation to service delivery and aim to gather insight along with staff members who are significant experts by experience within the workplace and local communities.

- 2.9 As this experience is highly valued, engagement sessions will take place in October 2024 with the aim of informing the recommission and potential operating models. Sessions have been booked with the following partners:

- Staff at Recovery Steps (without managers present) – All bases
- Managers only meeting with Recovery Steps
- Individual Placement Support Provision within Recovery Steps
- Staff at CADAS
- Staff at The Well Community
- Operational staff at Probation
- Management within Probation
- Service Users at all bases of Recovery Steps
- Service Users at The Well Community
- Service Users at CADAS
- Individuals engaged with Healthwatch Cumberland

- 2.10 Further engagement sessions are planned with a range of wider stakeholders including internal partners such as Adult Social Care, Children's Social Care, Housing, Sexual Health, Smoking Cessation etc, and also external partners such as Police, NWAS, Housing Associations, Women's Centre's & Networks, NHS Colleagues, Community Mental Health Teams etc. These will be undertaken in November 2024 and will focus on pathways into services and joint working opportunities.

*Reporting on Model Development*

- 2.11 A detailed report on the engagement will be produced for the end of October 2024 where it will be presented to Public Health and Communities DMT along with any further engagement recommendations.

### **3. Evidence Base**

- 3.1 It is recognised by Public Health Officers that an opportunity exists to make changes to the provision of services to bring about improved outcomes for service users. Intelligence was gathered from both the 16-month review of the Current Service in February 2023 (conducted internally) and an Independent Service User Review of Addiction Services in August 2023 (carried out by the Working with Everyone Independent Consultants).
- 3.2 Engagement meetings have been held with Healthwatch Cumberland in August 2024 in relation to the 'Behind the Addiction' report undertaken and published by Healthwatch on 15<sup>th</sup> August 2024. Colleagues in Public Health have held formal briefings with Healthwatch, and recommendations have been shared from the report. From these briefings, the findings will be used to influence system and model design, and we are committed to working with the team at Healthwatch to deliver system change to the residents of Cumberland.
- 3.3 Additional exercises around gathering evidence bases for the effectiveness of differing models in substance misuse treatment services are currently being undertaken and will feed into the Council's appraisal of options and proposed models of future service delivery.

### **4. SWOT Analysis**

- 4.1 In order to research best practice and the development of system models across England a number of SWOT analysis has been undertaken. Areas of England were identified based on both recommendations by OHID along with Local Authorities with similar demographics based on Geography, Population Density, Transportation Links and Rurality. These comparison authorities were:
  - Blackburn with Darwen
  - Lancashire
  - North Yorkshire
  - Cornwall
  - Northumberland
  - Essex
- 4.2 This analysis enabled colleagues across Public Health and Commissioning to identify a number of opportunities for system transformation and development, but also recognise the SMART goals needed to achieve these.

### **5. Contribution to the Cumberland Plan Priorities**

- 5.1 **Addressing Inequalities** – Enable individuals to build on strengths, promote resilience, sustain positive changes and promote positive outcomes.

- 5.2 **Delivering Excellent Public Services** – It is critical that we find new ways to promote wellbeing and recovery with a focus on positively connecting communities, families and the individual to a range of vital services. This approach will be a truly collaborative approach working toward development of the most appropriate model with careful consideration given to our population, demographics, and geography which all present both opportunities and challenges.
- 5.3 The Cumberland Council plan details the importance of Early Help, Prevention and supporting individuals to Live Well. The Council’s model development will seek to address this through transforming the service to a preventative approach, giving priority to early intervention and harm reduction, addressing the wider challenges which often result in problematic behaviour and addiction. Officers are focused on an ambition to deliver a better service to people who are vulnerable, ensuring our services support them to live well.
- 5.4 An additional Outcome measure for the Council Plan is reducing trends in preventable deaths, in particular suicide and drug and alcohol related deaths. This has been a priority for Public Health with a number of systems and interventions having been commissioned to help the Council better understand influencing factors, assisting Officers to better address them in service recommendations (both current and future).

**Relevant Risks and explain how risks can be mitigated - n/a**

**Consultation / Engagement –**

- Further engagement with People Overview and Scrutiny Committee – To be agreed at this meeting.
- Engagement with public, and partners will take place as referenced in this report

**Legal – N/A at this stage**

**Finance – N/A at this stage**

**Information Governance – N/A at this stage**

**Impact Assessments** – Have you screened the decision for impacts using the Impact Assessment? A preliminary equality impact assessment has been completed. A further equality impact assessment will be undertaken as the model progresses.

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**Background papers:**

Note: in compliance with section 100d of the Local Government Act 1972 the report has been prepared in part from the following papers:





## Public Health and Communities DMT paper



<b>Title of Paper:</b> Alcohol and Drugs Options Briefing Paper
<b>Date:</b> 14 <sup>th</sup> June 2024
<b>Author:</b> John Salisbury, Public Health Manager – Alcohol & Drugs and Kate Greenwoods, Commissioning Manager
<b>Unit / Directorate:</b> Public Health
<b>Audience:</b> Public Health & Communities DMT

**PURPOSE**

This paper presents some decisions that need to be considered by Cumberland Council on commissioning options for Alcohol and Drugs services, in advance of the current contracts ending on 30<sup>th</sup> November 2025.

**BACKGROUND****Current service provision**

The provision of high-quality substance misuse services is requirement of the public health function in Local Authorities under the conditions of the Public Health Grant. These services provide care, treatment and support in the community for people with substance misuse problems. Individuals are supported by a broad range of health and care professionals working in multidisciplinary teams. This includes clinical interventions and assessments that could lead to treatments such as (not to limited to) Opioid Substitution Therapy (OST), Blood Borne Virus Screening, Community based Detoxification and Nurse based healthcare assessments.

Additionally psychosocial interventions are also utilised such as 1:1 work, group-based therapy and evidence-based programmes of work. A further significant factor within services is Lived Experience Recovery Organisations (LERO's) who offer support, services, and interventions aimed to facilitate and promote long term recovery from substance misuse. These services are especially valuable as they provide support from individuals in recovery to individuals working towards their own recovery. LERO's are an essential aspect of forming, expanding and preserving recovery networks and capital within services.

Services can be delivered in a range of settings within the community including local GP surgeries. This ensures that close working links are in place across Primary and Acute care with NHS partners and also with community pharmacy services for the purpose of OST, Community supervised consumption, along with localised health promotion.

### **From Harm to Hope**

The Combating Drugs Strategy is an important driver for reducing harms related to substance misuse across Cumbria. The delivery of this Strategy is overseen by the Cumbria Combating Drugs Partnership, which is formed of Safer Cumbria Board and Cumbria Addictions Board. Cumbria Addictions Board currently drives improvement across treatment services, working closely with criminal justice, probation and other colleagues.

### **Impact of Local Government Reorganisation**

Prior to LGR, there were two contracts for the substance misuse service, which matched the ICB footprints. This was to ensure effective cross working with key NHS partners. As part of the LGR process, these contracts were modified to reflect the geography of the new Local Authorities, but given the complexity of the NHS landscape, a county wide approach to service delivery and public health/commissioning oversight has been maintained. Contract management is done on a joint basis with public health and commissioning colleagues from both Cumberland and Westmorland and Furness attending.

### **Current Contracting Arrangements**

The contract for delivering Cumbria Addictions Service was awarded to Humankind Charity in 2021, under the brand Recovery Steps Cumbria. The new Service was commissioned to be transformative, representing an ambition to move away from a clinical model focused on treatment, towards a more holistic recovery and rehabilitation model within which clinical intervention played a part.

The current contract commenced on 1<sup>st</sup> October 2021 and runs through to 30<sup>th</sup> November 2025. The service was commissioned and operates with two service specifications (Westmorland & Furness, and Cumberland) reflecting the differing needs of local populations. There is an option within this contract to offer a 10-month extension (so running to 30<sup>th</sup> September 2026) which is currently under consideration by Public Health across both Local Authorities.

The commissioning process has commenced, and this is the first of a series of briefing and decision-making papers that will facilitate the procurement of a new substance misuse treatment system. We are ambitious to develop a high-quality system across Cumbria, building on the current model and continuing to transform the service provision to continue to strengthen the lived experience voice, improve outcomes for our residents and deliver safe clinical services in partnership with the wider NHS systems.

## **Potential Options for Recommissioning of Service Provision**

A range of potential options for recommissioning Substance Misuse services across Cumberland Council have been considered and the four main choices for a recommissioning model are outlined below, highlighting the advantages, disadvantages and risks of each approach. For clarity the options considered are:

Option 1 - A single Cumbria-wide service specification (delivering across Cumberland and Westmorland & Furness footprints) managed via a shared contract across both LAs with the commissioned provider(s).

Option 2 – A single Cumbria-wide service (delivering across Cumberland and Westmorland & Furness footprints) managed via each LA having its own contract(s) with the commissioned provider(s)

Option 3 – A single 'Core' service based across both LAs, with each individual LA then having separate localised contract(s)

Option 4- Two separate services delivering on individual LAs footprints only, with each LA having its own contract(s) with the commissioned provider(s)

To support in analysing the advantages of each option an Options table has been added as Appendix 1 (Below):

### Advantages of each Option with Alcohol & Drugs Briefing Paper

If an option has 'hit' the advantage it has been shaded Green

	Option 1	Option 2	Option 3	Option 4
Capacity to work more productively with whole system partners	X	X	X	
Enable a greater level of diversification based on individual ICB footprints, demand, challenges.		X	X	
ensure equity of service delivery for clinical interventions	X	X	X	
economies of management structure(s)	X	X	X	
simplification of pathways into treatment for all statutory and 3 <sup>rd</sup> sector organisations.	X	X	X	
Maintenance of current data management and Early Warning & intelligence systems - undertaken on a whole Cumbria perspective	X	X	X	
Service coordination for individuals who may 'cross borders' for health care needs especially those who live in certain areas of both LA's	X	X	X	

High levels of service accessibility and visibility it will support current steps within both LA's to reduce health inequalities	X	X	X	
Links and connectivity with local VCSE partners		X	X	
Links and connectivity with other Local Authority delivered and commissioned services		X	X	
A lead authority for the purposes of recommissioning would need to be identified	X	X	X	
Further localised contract(s) could ensure that service specification could be highly reflective of the needs of local communities and local service provision		X	X	X
Highly reflective of the needs of local communities and local service provision		X	X	X
Greater localised examples of VCFSE partners could be offered and built upon		X	X	X

## **Option 1 – Single service specification managed by a shared contract across both LA's with the commissioned provider(s).**

*How would this option Work* – This model would be the operation of a single Substance Misuse service working across the entire footprint of Cumbria. This service would be managed and monitored via through shared contract(s) covering both local authorities.

### *Advantages of this Option*

By working with a single service model, there is capacity to work more productively with whole system partners such as Cumbria Constabulary, Probation Services, North West Ambulance Service, Health etc.

A single service would ensure equity of service delivery for clinical interventions (Shared Care access, Pharmacy, Detoxification) for the entire of the population across both LAs

A single service would be able to make economies of the management structure which would not be possible with separate providers for each LA.

Current data management and Early Warning & intelligence systems are undertaken on a whole Cumbria perspective. This enables the real time warnings to be distributed across the whole area recognising that drug trafficking, and associated risks, cross all aspects of both LAs.

There is a regular 'crossing of borders' for health care needs for individuals who live in certain areas of both LAs. Good examples are that individuals who live in Millom and surrounding areas, will attend hospital at Barrow, whilst individuals residing in Penrith will often access Carlisle.

A single service will enable the simplification of pathways into treatment for all statutory and 3<sup>rd</sup> sector organisations. The ease of access to a service in itself is shown to promote service visibility (both in person and via Social Media), enhance knowledge and awareness from other professionals.

By enabling high levels of service accessibility and visibility it will support current steps within both LAs to reduce drug related deaths, improve health and wellbeing outcomes, enhance quality of life for all residents and reduce alcohol related crime.

### *Disadvantages/Risks of this Option:*

This option could allow only limited diversification of the Service Specification to reflect the individual challenges of each LA.

The option could limit the discussion in relation to KPIs to over-arching themes where there is a strong desire to develop KPIs to reflect the needs/wishes of local people.

Issues around rurality and engagement with rural populations could be harder to manage via a single contract, where focus tends to gravitate to more urbanised areas within both LAs.

Having a single contract could create difficulties in relation to contract management, sharing of resources & operational responsibilities

If one local authority was unhappy with the operational performance of the service provider, it would not be able to seek to terminate the contract unilaterally. This in turn would have a significant impact on relations between each Local Authority and the service provider in turn.

## **Option 2 – Single Service managed by each LA having its own contract(s) with the commissioned provider(s)**

*How would this option Work?* This is the current contractual arrangement(s) covering current service(s) across both Local Authorities. This option would provide a single service delivering Substance Misuse services across the entire Cumbrian footprint. A contract and service specification would be developed for Westmorland & Furness LA, and one also developed for Cumberland LA. Although there would be broad overarching principles running through both, there would also be the opportunity to diversify each Specification to reflect the needs and environmental challenges of each individual Local Authority.

### *Advantages of this Option:*

By working with a single service model, there is capacity to work more productively with whole system partners such as Cumbria Constabulary, Probation Services, North West Ambulance Service, Health etc.

A single service based on separate contracts for each LA will enable a level of diversification based on individual ICB footprints, demand, challenges.

Additionally, a single service provider would ensure equity of service delivery for clinical interventions (Shared Care access, Pharmacy, Detoxification) for the entire of the population across both LA's

A single service provider would be able to make economies of the management structure which would not be possible with separate providers for each LA.

Current data management and Early Warning & intelligence systems are undertaken on a whole Cumbria perspective. This enables the real time warnings to be distributed across the whole area recognising that drug trafficking, and associated risks, cross all aspects of both LAs.

There is a regular 'crossing of borders' for health care needs for individuals who live in certain areas of both LAs. Good examples are that individuals who live in Millom and surrounding areas, will attend hospital at Barrow, whilst individuals residing in Penrith will usually access Carlisle.

A single service provider will enable the simplification of pathways into treatment for all statutory and 3<sup>rd</sup> sector organisations. The ease of access to a service in itself is

shown to promote service visibility (both in person and via Social Media), enhance knowledge and awareness from other professionals, and promote recovery within communities.

By enabling high levels of service accessibility and visibility it will support current steps within both LAs to reduce drug related deaths, improve health and wellbeing outcomes, enhance quality of life for all residents and reduce alcohol related crime

Links and connectivity with local VCSE partners could be more closely identified within localised specifications.

Links and connectivity with other Local Authority delivered and commissioned services, such as housing and homelessness, community power, and social care.

Within this agreement a lead authority for the purposes of recommissioning would need to be identified. At the current time it has been suggested that this could be Cumberland Council.

Within this option there would be a need to ensure Joint Working Agreement across both authorities. It is noted that this has been overcome within the recent Sexual Health recommission and the Joint Working Agreement may be transferred with minor amendments to this process with legal advice.

#### *Disadvantages/Risks of this Option:*

If the two Local Authorities have two differing agendas in regards promoting recovery capital and developing recovery services in their local areas, there could be a risk of highly differing 'asks' in each locality.

#### **Option 3 - A single 'Core' service based across both LAs, with each individual LA then having separate localised contract(s)**

*How would this option Work* – This option would be to commission a core service that is based across both LAs with further contract(s) offering more localised additions to the 'core' offer. This could be managed in two differing ways:

Option 3a, A shared provider contract(s) offering a Core Service, with each LA having separate localised contract(s).

Option 3b each LA having its own contract(s), referring to a Core Cumbria Specification with additional localised adaptations.

#### *Advantages of this Option*

By working with a single 'core' service model, there is capacity to work more productively with whole system partners such as Cumbria Constabulary, Probation Services, North West Ambulance Service, Health etc.

A single 'core' service would ensure equity of service delivery for clinical interventions (Shared Care access, Pharmacy, Detoxification) for the entire of the population across both LAs



A single 'core' service would be able to make economies of the management structure which would not be possible with separate providers for each LA.

Current data management and Early Warning & intelligence systems are undertaken on a whole Cumbria perspective. This enables the real time warnings to be distributed across the whole area recognising that drug trafficking, and associated risks, cross all aspects of both LAs.

There is a regular 'crossing of borders' for health care needs for individuals who live in certain areas of both LAs. Good examples are that individuals who live in Millom and surrounding areas, will attend hospital at Barrow, whilst individuals residing in Penrith will often access Carlisle. This could be managed more directly, efficiently and in a timely manner with a single 'core' service.

A single 'core' service will enable the simplification of pathways into treatment for all statutory and 3<sup>rd</sup> sector organisations. The ease of access to a service in itself is shown to promote service visibility (both in person and via Social Media), enhance knowledge and awareness from other professionals.

By enabling high levels of service accessibility and visibility it will support current steps within both LA's to reduce Drug Related Deaths, Improve Health and Wellbeing Outcomes, enhance quality of life for all residents and reduce alcohol related crime.

Whilst commissioning a 'core' contract(s) to ensure equity of access, pharmaceutical interventions etc, the option of further localised contract(s) would ensure that service specification could be highly reflective of the needs of local communities and local service provision.

Links and connectivity with local VCSE partners could be more closely identified within localised contract(s).

### ***Disadvantages/Risks of this Option***

With this option there would be a greater level of contract management required, as a number of contracts could be issued as part of service requirements. This would therefore require greater time and input from both Public Health and Commissioning colleagues.

As this option operates with a 'Core' contract it would require the two LAs to agree how the core would be managed and monitored. KPIs for examples relating to all elements of the core contract would need to be developed across both LAs.

### ***Option 4 – Two Separate services delivering on individual Local Authority footprints, via each LA having its own contract(s) with the commissioned provider(s)***

*How would this option Work* – This option would result in the disaggregation of all substance misuse services, and services being delivered separately in Cumberland and Westmorland & Furness council areas.

### *Advantages of this Option:*

Service specification could be highly reflective of the needs of local communities and local service provision

Greater localised examples of VCFSE partners could be offered and built upon within service specification and KPI's

### *Disadvantages/Risks of this Option:*

Existing Drug intelligence systems, information sharing systems and data analysis processes would come to end. This would have a negative impact on monitoring drug risk (as in strong batches or batch tampering), along with highlighted intelligence around prevalence of overdose clusters and other general areas of risk management on a system level

Each existing contract would require a high level of management and clinical costings from a potential provider which would need to be absorbed for each locality.

Within both Local Authorities a lot of individual resident's cross local authority borders to get their health needs met both within Primary and Acute settings, two separate services would exacerbate clarity of treatment pathways.

Individuals in border areas such as Millom (Cumberland) may find a reduced service offer due to rurality and distance from a service level

There is a significant risk with two individual contracts that there will be a significant lack of interested treatment providers who could suitably run this service. This would include large national providers who may question the financial viability of the potential service, and local Cumbria based services who may struggle to meet the geographical demands of the individual regions.

Whilst working only in Cumberland the service would be working across two ICBs which would add complexity with one service provider for each local authority area.

With the commissioning of two smaller services in largely rural areas, the number of interested providers is highly likely to be lower as they may find that the geography of both local authorities as stand-alone commissions would make them questionable from the perspective of financial viability.

### **Commissioning Options**

Dependent on the option highlighted as a preference as part of this briefing paper, a further options paper will be produced shortly which highlights the range of commissioning options available to the Local Authority. This will be brought to DMT for further consideration.

### **Recommendation**

The recommendation is that Cumberland Council commit to recommissioning services jointly with Westmorland & Furness Council, with Options 2 and 3 being the options to be further explored alongside the development of the proposed service model.

Both Option 2 (Single Service managed by each LA having its own contract(s) with the commissioned provider(s)) and Option 3 (A single 'Core' service based across both LA's, with each individual LA then having separate localised contract(s)) have significant advantages to deliver quality services for individuals whilst also offering financial and service delivery reassurance for both LAs. Although both options have disadvantages associated, it is thought that these would be manageable, with current undertakings around joint working arrangements and joint commissioning principles in relation to Sexual Health services offering a key framework in this regard.

Option 1 (A single Cumbria wide service (delivering across Cumberland and Westmorland & Furness footprints) managed via a shared contract across both LA's with the commissioned provider(s)) and Option 4 (Two Separate services delivering on individual Local Authority footprints, via each LA having its own contract(s) with the commissioned provider(s)) both carry significant disadvantages which would significantly impact on the deliverability of the service provision for Substance Misuse along with potential issues relating to viability. Both options 1 and 4, would also potentially marginalise individuals who have substance misuse issues whilst living in rural locations.

If DMT are in agreement these options will be evaluated further before a further briefing paper is produced outlining a preferred model.



**Public Health and Communities DMT Update Paper**

**Substance Misuse Re-Commissioning Update**

This is a brief update from the last paper presented at DMT in June 2024.

**Operating Model Update:**

As outline agreement has been verified with both Cumberland and Westmorland & Furness, officers have begun to explore potential models which could be utilised within the LA's for future service design. Both LA's have agreed to undertake a Pre-Commission Provider engagement session(s). This will be advertised via Chest to all potential providers and will be open to any interested provider (whether LERO, Clinical, Recovery Support etc). This will be advertised in August, with the sessions taking place in September 2024.

The sessions will offer both LA's an opportunity to discuss the pros and cons of various system models, the viability on both a cross-LA arrangement and disaggregated arrangement, and also to discuss system innovation. As can be seen within the information pack, both LA's are keen to hear from providers past experiences, lessons learnt, and innovative practice and ideas.

Although the session(s) will be advertised via Chest, we will also ensure that organisations who do not utilise Chest will be aware of the advert. Additionally, we will be promoting to providers via DDN (Trade Magazine, website, newsletters). Officers will also seek to engage organisations not traditionally active in substance misuse will be made aware of the potential for engagement.

**Engagement:**

Engagement sessions for informing the recommission have been booked with the following:

- Staff at Recovery Steps (without managers present)
- Managers only meeting with RSC
- IPS Provision with RSC
- Staff at Cadas
- Staff at TWC
- Operational staff at Probation
- Management within Probation
- Service Users at RSC
- Service Users at TWC
- Service Users at Cadas
- Individuals engaged with Healthwatch (in both Cumberland and Westmorland)

Further engagement sessions are planned with a range of further stakeholders including internal partners such as ASC, CSC, Housing, Sexual Health, Smoking Cessation etc, and also external partners such as Police, Housing Associations, Women's Centre's & Networks, NHS Colleagues, CMHT etc.

### **Current Contract End Date & Recommissioning Timeline:**

The current contract with Humankind (operating as Recovery Steps) is due to end at the end of November 2025. As current timelines are proving difficult, a short contract extension of 4 months has been proposed based on the following principles from Commissioning:

- Recognition of the highly complex commissioning process, potentially across the two authorities with significant transformation and system wide improvement required
- Known absence of Public Health Consultant cover (from Early September) – given the clinical nature of the service, the vulnerabilities of people accessing such provision, ongoing challenges relating to Drug and Alcohol Related Death (DARD) and the action plan/system improvement actions associated with the contract.
- Application to PMO for resource is underway. The aim being to support coordination of complex transformation work. To facilitate the Council's ambitions for innovation and redesign of addiction services, additional time for engagement, scoping and design is favourable.
- Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) is an additional OHID grant (which in 2024/25 alone, Cumberland was awarded £1,151,985. This grant funding has a significant impact on services, providing an enhanced offer out with the funding allocated by the Council to the main contract. It is not currently known if the government will continue the funding continue past 31<sup>st</sup> March 2025, but if funding continues as is anticipated, an extension will help us plan, manage and report this resource more efficiently in the future service.

The proposal for extension has been provisionally accepted by Public Health. There are current and ongoing discussions with Recovery Steps Cumbria in relation to the proposed extension (they will need to extend building lease's and are discussing this with the appropriate landlords etc), however this has been given outline agreement by Regional Director of Humankind.

A revised timeline has been proposed by Commissioning which will be produced W/C 19<sup>th</sup> August. It is anticipated that the use of time within the extension will be as follows:

6 weeks additional time for Engagement & Consultation with Stakeholders and Partners

2 weeks lost time due to Christmas

2 months Additional time for required WAF governance.

Work is now being undertaken by Commissioning to advance the decision to extend Contracts within local decision-making processes.

## **Evidence Base**

An evidence base is currently being developed within PH for the recommission. SWOT analysis have been completed in relation to comparisons with other LA's including:

- Blackburn with Darwen
- Lancashire
- North Yorkshire
- Cornwall
- Northumberland
- Essex (currently being undertaken)

Furthermore, engagement meetings have been held with Healthwatch Cumberland in relation to the recent report following engagement with Substance Misuse services and individuals across the LA. We have had a couple of formal briefings and recommendations have been shared around the report. From these briefings the findings will be highly beneficial in system and model design, and we are committed to working with the team at Healthwatch to deliver system change to the residents of Cumberland. The report is due to be published on Friday 16<sup>th</sup> August via:  
<https://healthwatchcumberland.co.uk/report/behind-the-addiction/>

A Literature review of the evidence base for recommissioning is planned for September and October 2024.