

## Report of the Public Health to the meeting of Corporate Overview and Scrutiny to be held on 30<sup>th</sup> June 2022

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**Subject: Alcohol and Drug services in Bradford District**

### **Summary statement:**

The following report outlines the position of Alcohol and/or Drug services in the district and advises of the intention to commission these services under section 7.2.1 of the Council's standing orders in relation to contracts of the value of over £2million

### **EQUALITY & DIVERSITY:**

Alcohol and/or drug services provide support and practical services for people from across the communities in Bradford district. The adverse use of alcohol and/or drugs effects some of the most vulnerable people in the district and as such can exacerbate health inequalities, contribute to anti-social behaviour and impact on the wider communities' sense of safety and security.

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**Overview & Scrutiny Area:**

**Corporate**

## 1. SUMMARY

1.1 The following report's purpose is to inform the Corporate Overview and Scrutiny Committee of the intention to procure services for alcohol and/or drug services in the Bradford district in accordance with the Council's standing orders, section 7.2.1 as they relate to contracts of over £2million in value.

## 2. BACKGROUND

2.1 Alcohol and Drug misuse and dependence can cause substantial health, social and economic harm to individuals, their families and the wider community. Drug treatment can reduce this harm and help individuals to recover.<sup>1</sup>

2.2 <sup>2</sup>Alcohol and drug treatment in England is commissioned by local authorities using the public health grant. They are responsible for assessing local need for treatment and commissioning a range of services and interventions to meet that need. The Public Health Grant Conditions make it clear that *"a local authority must, in using the grant, have regard to the need to improve the take up of, and outcomes from, its Alcohol and Drug misuse treatment services based on an assessment of local need and a plan which has been developed with local health and criminal justice partners"*.

2.3 Alcohol and/or Drug services in the Bradford district were last procured in 2016/17 as one integrated contract. The contract was awarded to Change, Grow, Live (CGL), a national organisation. To deliver the contract, CGL employed two local agencies, The Bridge Project and Project 6 as sub-contractors, who complement CGL's clinically based services, offering a range of recovery options and activities, community based support options and specific services for carers and/or significant others.

2.4 This contract has been extended to April 2023 and officers are working with partners in the Clinical Commissioning group and across relevant Council departments to identify future service needs and create appropriate commissioning systems to re-source these.

2.5 Services that form part of the contract are;

- Clinical and prescribing alcohol and drug treatment
- Detoxification, both inpatient and community based
- Hospital based services, specifically those based in Accident and Emergency (A&E) and joint work with Alcohol Care Teams
- Access to residential rehabilitation
- Harm reduction: needle exchange, health checks and vaccination services
- Services and pathways into multiple service needs such as mental health; housing; employment, education and training
- Recovery and diversionary activities; group work, carers and significant others care planning and pathways
- The Rough Sleeper's Drug and Alcohol Treatment Grant (RSDATG) Programme (short term)
- Specific services funded through the Probation service (short term)

2.6. The number of people in alcohol and drug misuse treatment services in Bradford during

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<sup>1</sup> An evidence review of the outcomes that can be expected of drug misuse treatment in England PHE 2017

<sup>2</sup> [Public health grants to local authorities: 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2021-to-2022)

2021-22 are 3559; of this number 2937 are opiate, non opiate and non-opiate and alcohol clients and 622 are alcohol only clients.

27% of those using Opiates and non-opiates are reported as living with a child under 18, whilst 33% of those using services for alcohol are reported as living with a child under 18.<sup>3</sup>

### **3. OTHER CONSIDERATIONS**

#### *3.1.1 Strategic Context-National and Local*

There are a range of policies and strategies which underpin the provision of substance misuse services both nationally, regionally and locally. National leadership in policy and strategy terms is now beginning to re-emerge from the hiatus created by the impact of the austerity years which resulted in large public sector funding reductions and the recent COVID-19 epidemic.

#### *3.2 National*

In February 2019 the Government announced a national review into illegal drug misuse. This was conducted by Dame Carol Black, the Principal of Newnham College, Cambridge, who had previously provided expert advice to the Government on the impact of drug addiction. Delivered in two sections; parts 1<sup>4</sup> and 2<sup>5</sup>, the findings were published in 2020 and 2021 respectively. These focus on the current position of drug services, the impact that funding reductions have had and make 32 recommendations for future service and policy action. Amongst these is a call for new investment into the sector, urging the redevelopment and renewal of future drug services. They also include the need to rebalance service delivery, placing those with the 'lived experience' at the heart of strategy and service delivery whilst emphasising the need for a 'whole systems and recovery' approach.

3.2.1. As a result of this review the Government developed a new substance misuse strategy in December 2021. Other countries of the United Kingdom such as Wales had already moved forward to prepare their new approach for 2019-22<sup>6</sup>.

3.2.2. The Westminster Government published its new Substance Misuse Strategy 'From Harm to Hope' in December 2021<sup>7</sup>. This ten-year policy incorporates the outcomes and 32 recommendations from the Dame Carol Black review and takes a wide ranging view to tackling illegal drug use across all sections of the community. Its three main priorities are:

1. Break Drug Supply Chains
2. Deliver a World Class Treatment and Recovery System
3. Achieve a Shift in the Demand for Recreational Drugs

3.2.3. This strategy recognises that the funding reductions from earlier years need to be redressed, more comprehensive and accountable partnership working should be developed, end to end recovery based services should be provided, new research launched and that the drugs trade be disrupted and stopped to reduce supply.

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<sup>3</sup> Parents with problem alcohol and drug use: data for England and Bradford 2019-2020 (ntdms.net)

<sup>4</sup> Review of Drugs Part 1

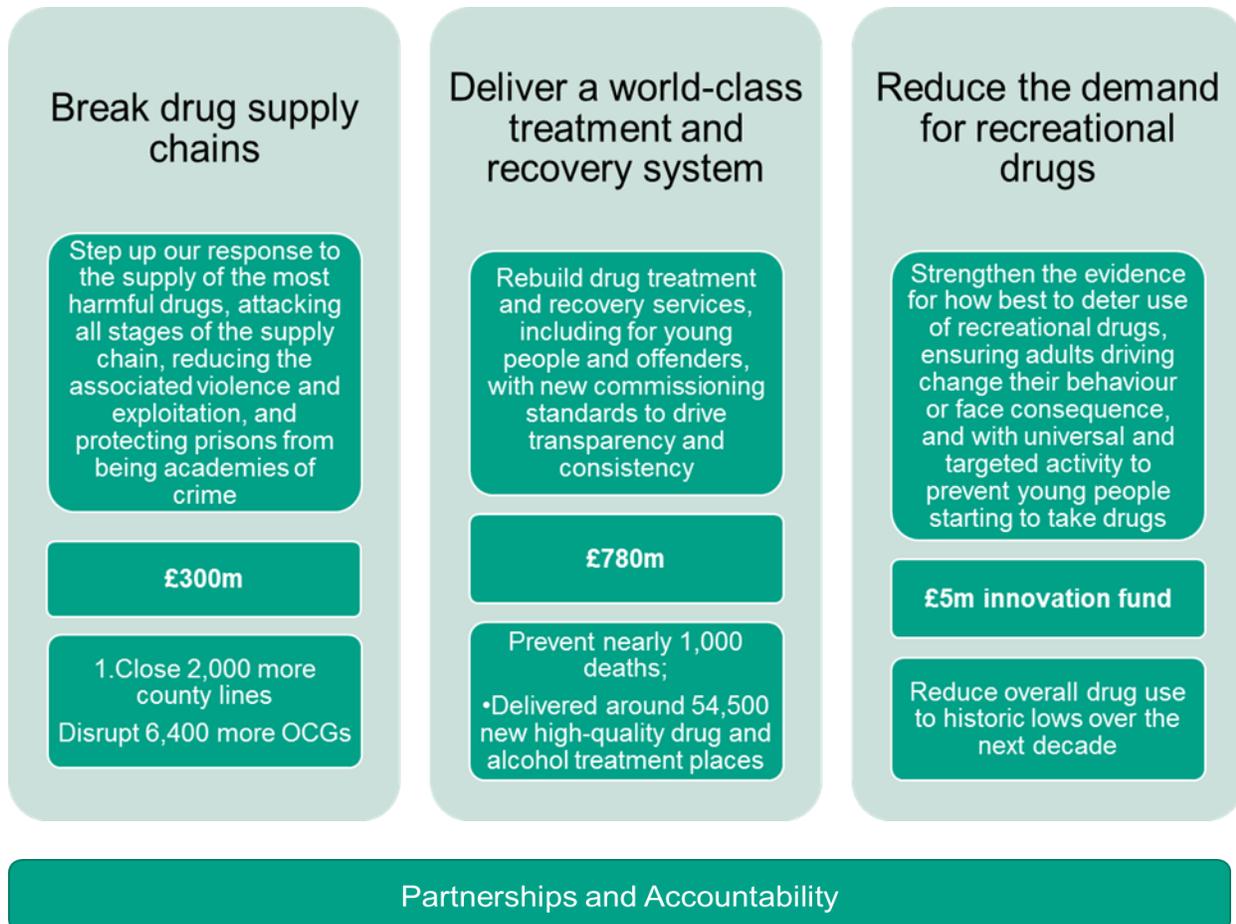
<sup>5</sup> Review of drugs part two: prevention, treatment, and recovery, Brian Okumu

<sup>6</sup> Working Together to reduce Harm [Substance Misuse Annual Report and Forward Look 2019](#)

<sup>7</sup> From Harm to Hope A ten year drugs plan to cut crime and save lives

3.2.4 The 'Plan on a Page' below from the strategy lays out the detail of the three priorities above, noting the expected outcomes and the commitment to new investment planned under each.

**Plan on a Page:** National Drugs Strategy December 2021



3.2.5 The emphasis laid on the creation of whole systems and an approach to recovery that includes needs beyond addiction is welcome and accords with the findings from the needs work conducted in Bradford which are outlined later in this document.

**3.3. Local Strategic Context**

**3.3.1 The Joint Health and Wellbeing Strategy**

The Joint Health and Wellbeing Strategy-‘Connecting people and place for better health and wellbeing’ has four priorities, all of which are relevant to alcohol and drug treatment services<sup>8</sup>

Priority 1: Our Children have a great start in life. This has a focus on children’s health and wellbeing being shaped by the condition of the housing they grow up in, their neighbourhood and their family income. The place and the home and family environment where a child grows up has a significant impact on their wellbeing, and their life chances

<sup>8</sup> The Joint Health and Wellbeing Strategy-‘Connecting people and place for better health and wellbeing’

during childhood and into their adult life. For those growing up in poverty and where the use of drugs and/or alcohol is an issue this can have a major impact on their life chances.<sup>9</sup>

Priority 2: People in Bradford District have good mental wellbeing. There are established links between mental health and drug and/or alcohol usage<sup>10</sup>.

Priority 3: People in all parts of the district are living well and aging well. Reference is made to the need to support healthy life styles and reducing smoking rates and alcohol consumption.

Priority 4: Bradford District is a healthy place to live, work and learn. Poor housing, low incomes and wider poverty obstructs the ability of individuals to break out of addiction. The most recent the strategy for drug treatment services published refers to the need to build a new treatment system incorporating all aspects of people's lives; wellbeing, citizenship and freedom from dependence<sup>11</sup>

### *3.3 2The Bradford Council Plan<sup>12</sup>*

The Council Plan is the overarching strategy for the Council and its role in public service across the district. Although all of the seven identified priorities are applicable, two in particular are relevant for alcohol and drug treatment services.

Better Health Better Lives, lays out the commitment to improving and supporting people's lives including physical and mental wellbeing.

Safe Strong and Active communities refers to all people and communities being able to participate and value their communities and being able the play a positive role in them.

Crime and the fear of crime is part of this, and with strong evidence to show the correlation between crime and drug use this is particularly relevant<sup>13</sup>.

### *3.3.3 Mental Wellbeing In Bradford District and Craven*

In 2016 a new joint strategy bringing together all aspects of mental wellbeing was published for the district. This has recognised the impacts of drugs and alcohol on people's mental health and the higher instance of mental ill health in populations regularly using them. It correlates with the issues faced by those with multiple disadvantages and the additional call on services made by this population.

### *3.3.4 Adverse Childhood Experience (ACES)*

In March 2021 the Bradford District published the first district joint strategy; ACE's, Trauma and Resilience. This details how adverse childhood experiences have the potential to impact across the life of those that have suffered and the strong relationship between ACEs and the risk of developing poor physical health, mental health and social outcomes. For some people using alcohol and drug treatment services recognition of ACE's and delivering services within a trauma informed approach can improve overall outcomes and support recovery.

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<sup>9</sup> NSPCC Parental Substance Misuse 3<sup>rd</sup> June 2021

<sup>10</sup> Rethink Mental Illness Fact Sheet Drugs Alcohol and Mental Illness

<sup>11</sup> Putting Recovery First joint publication 2012 Depart of Education, DWP, HM Treasury, Home Office & Cabinet Office

<sup>12</sup> Bradford Council Plan

<sup>13</sup> Review of Drugs-Evidence relating to drug use, supply, effects including current trends and future risks. Dame Carol Black Feb 2020

### 3.3.5 Bradford Homeless and Rough Sleeping Strategy 2020-25

In 2019 Bradford refreshed the wider Housing Strategy and as part of this programme developed a separate Homelessness and Rough Sleeping Strategy for the district. This is particularly relevant as links between homelessness and drug and alcohol use are strong. In the evaluation of the charity Crisis's Skylight services which support single homeless populations<sup>14</sup> it was estimated that 27% of people using their services in 2013-15 had problematic drug and/or alcohol usage and two thirds cited drug and alcohol usage as leading to their homelessness.

The local homelessness strategy has 5 priorities all of which support and underpin alcohol and drug treatment services. In particular, early intervention to reduce instances of homelessness and help people retain their accommodation. Managing drug and/or alcohol issues whilst homeless is extremely difficult and unlikely to lead to effective recovery. Additionally, the strategic priority to tackle rough sleeping recognises that for people experiencing multiple disadvantages they can find themselves on a 'merry go round' of rough sleeping and poor housing, offending and reoffending as well and impacting drug and or alcohol use.<sup>15</sup>

## 3.4 Procurement Progress

3.4.1 A multi-departmental and agency governance system was set up in 2021 including a Project team and Oversight and Governance board.

3.4.2 A formal Business case is being completed and will be presented to both these and the Public Health Leadership Team (PHSLT) to ensure there is clear and strong oversight of the actions and rationale behind this work.

3.4.3 A needs analysis has been prepared to understand what future service/s should offer and delivery methodologies. This points to the need to extend services across, and within, the wider Bradford District, to redesign access routes and meet the needs of underrepresented groups. This includes people from some of the different ethnic, cultural and/or religious/faith groups, those from the lesbian, bi-sexual, gay, trans and queer (LGBTQ) populations and those with multiple disadvantages such as problematic alcohol and/or drug use and co-terminus mental and/or physical ill health.

### 3.4.4 Key needs work findings

The needs work conducted in 2021 has shown that Bradford district's services lagging behind some of the national averages. This is particularly evident when looking at

#### *Prevalence figures;*

The rate of crack users is twice the national average, the rate of opiate users is also significantly higher and there is a high proportion of alcohol users estimated as not in treatment. (see appendix 3 for full details)

#### *Treatment Figures;*

The numbers of opiate clients that are more likely to be treatment for 12 weeks or more or have completed treatment is consistent with national average.

However, the numbers of non-opiate clients and alcohol and non-opiate clients are below

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<sup>14</sup> Crisis Skylight Evaluation 2017-York University

<sup>15</sup> Surviving the Revolving Door & Multiple needs sustaining what works

national average.

There is a significant number of people entering treatment with a mental health issue, the highest of which is in those presenting for alcohol and non-opiate use, this reflects the national position. A significant number of which were receiving support for this from their GP's which is higher than the national average.

There is a higher number of people starting a new treatment episodes identified as being in regular employment, than those unemployed and not seeking work.

#### *Hospital admissions*

Hospital admission rates for drug related conditions has increased over the years and has remained higher than England's average, this includes those seeking help for alcohol issues and those with a primary diagnosis of poisoning by illicit drugs.

#### *Criminal Justice*

Adults who successfully engage in community based treatment following release from prison is below the National average as are successful completions as a proportion of criminal Justice clients of all in treatment

#### *Drug and Alcohol Related Deaths*

Deaths related to drug misuse has decreased gradually from 35 deaths in 2018 to 29 deaths in 2020 but the death rate remains higher than England's average

#### *Domestic Violence and Abuse (DASV)*

80% of cases presenting to MARAC were adjudged to have an alcohol dependency and were not in treatment at point of referral

Domestic Violence Act 2021 coming in to force and new guidance to drug and alcohol services will require national reporting systems collect data re DASV

3.4.4.1 Officers are working with the existing provider to tackle the above issue which have been impacted by past funding restrictions and in part by COVID and the pandemic. Any new contract will have specific requirements and monitoring outcomes designed to make considerable changes in delivery and performance.

#### 3.4.5 Consultation and involvement

To support the work above a consultation and involvement programme was developed and run in 2021. A consultancy firm, Lime was employed to deliver this and it consisted of the following;

- A stake holders event held virtually
- A survey was made available to for the public and aimed at GP's and other NHS services
- Two face to face meetings were held with service users and significant others and/or carers (one in Keighley and one in Bradford).

#### 3.4.6 The key outcomes from all the consultation activities are listed below

- There is a positive response to the individuals delivering the services
- There is a general lack of awareness among members of the general public of what drug and alcohol services are available
- Users are committed to the course of treatment provided

- There is a lack of communication between the various agencies, involved in service users' treatment and support
- Accessing services is seen as a problem, not just when starting out or seeking treatment but at any stage in the treatment
- Regular contact, daily routine and being with other people in similar situations are essential parts of recovery
- Service delivery needs to be service user-led and not service-led
- Clinical interventions cannot be at the expense of other evidence based practice
- Well trained staff and volunteers offering the voice of lived experience are integral to the service

For more detailed information, please see the full report which can be found in appendix 1

### 3.5 Dependencies

Alcohol and Drug services are inextricably linked to issues of physical and mental ill health. Early intervention and specific tailored alcohol and/or drug services can and do reduce the impact of these on services provided by the Local Authority (Adult and Children's services, Community Safety), the National Health Service (NHS) and West Yorkshire Police.

## 4. FINANCIAL & RESOURCE APPRAISAL

4.1 The Council has investment from Public Health Grant of approximately £5 million into Alcohol and/or Drug services. New funding has been granted by the Office of Health Improvement and Disparities (OHID) of £9,228,621 as Supplementary Grant for the next three years to 2025.

See annual breakdown in Appendix 2

4.2 As part of this additional funding monies have also been made available for the costs of detoxification needs, both inpatient and for residential rehabilitation of £445,854. These funds will remain with the Council however pathways into services will be through contracted services and other key partners

4.3 The Council has also bid successfully for funding from the Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG) of £461,090.50 annually to 2025.

4.4 The total investment proposed for these services to April 1<sup>st</sup> 2025 is £7.2 million annually. Beyond this date the additional funding available may finish in which case contract terms will reflect the need to reduce services to operate within the changed funding envelop.

4. There are upwards of 200 people employed via this contract in a range of differing roles, TUPE will apply under any new contract terms.

## 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

To ensure strong governance the Substance Misuse Oversight and Governance Board was created in 2021, to take reports and discuss issues regarding the programme. This has clear terms of reference and meets monthly.

The Project team also has terms of reference and meets fortnightly to manage the work required.

## **6. LEGAL APPRAISAL**

6.1 The Council has a statutory obligation in regards to the delivery of these services, and has obligations to meet in their delivery under the external funding provided. There is a requirement therefore to commission services.

6.2 In order to meet the legal framework in procuring these contracts, the procurement must be carried out in accordance with the Council's contract standing orders and public contracts legislation. This means that the contracts in place cannot be extended further without subjecting the services to competition. The time required to meet procurement processes means that the new procurement must be authorised and commenced well in advance as set out in this report.

6.3 The implications of non-compliance with the legislative requirements would be the risk of a successful procurement challenge, judicial review, or a complaint to the local government ombudsman. The preparation for the new procurement as anticipated in this report will mitigate the likelihood of these risks crystallising and ensure the Council procures the contracts through a robust process.

## **7. OTHER IMPLICATIONS**

### **7.1 SUSTAINABILITY IMPLICATIONS**

Alcohol and Drug services aim to support individuals to tackle their addiction and rebuild their lives. The new services will have the advantage of specific funding to support people's access to employment, training and education opportunities as well as wrap around recovery, including stable housing and personal support. This supports more sustainable communities.

The specialist services delivered for those with addiction/s and who are homeless and/or sleeping rough through the RSDATG are designed to support populations which are on the margins and who can be responsible for antisocial behaviour. Supporting this group can help create more sustainable communities for the future.

### **7.2 GREENHOUSE GAS EMISSIONS IMPACTS**

Services are currently delivered from several inner city and town centre buildings which may not be in use under other circumstances. There is no guarantee that this will continue once a new contract is awarded however the need to have bases in close proximity to public transport and in inner city and town locations remains.

The impact of the pandemic moved alcohol and drug services towards digital options and at points closed face to face access routes. These are now reopened however digital support options and paperless case management systems remain a feature in service and will continue under new contract arrangements where appropriate.

## **7.3 COMMUNITY SAFETY IMPLICATIONS**

### *National Picture*

7.3.1 The illicit drugs market in the UK is worth almost £10 billion a year, with 3 million users and a supply chain that has become increasingly violent and exploitative. Drug deaths are at an all-time high and drug addiction fuels many costly social problems, including homelessness and rising demands on children's social care. The drugs market is driving most of the nation's crimes: half of all homicides and half of acquisitive crimes are linked to drugs. People with serious drug addiction occupy one in 3 prison places. There are an estimated 300,000 opiate and crack users and too many people are in and out of treatment for years or even decades, without turning their lives around for good.

7.3.2 Nearly half of acquisitive crimes (excluding fraud) are estimated to be associated with drug use. Research using linkage between treatment and CJS data systems has demonstrated that treatment can reduce drugs users offending (for all crime types) by 23%

7.3.3As noted above, Alcohol and/or Drug services impact on Community Safety matters in a number of ways. It is not uncommon for people who are intoxicated to cause issues which impact on the Bradford Policing plan and more generally in relation to crime and disorder.

### *7.3.4The Bradford Picture*

Criminal Justice (CJ) referrals have declined in Bradford since 2017, from 27% down to 16%. Nationally, 22%% of referrals come from a Criminal justice pathway, however there has been significant national disinvestment in CJ pathways over recent years.

7.3.5 There was significant investment through the Drug Interventions Programme (DIP) and CGL have continued to provide CJ interventions within police custody. It is felt that under the new contract and with renewed investment this can be improved, fostering stronger relationships between key agencies such as the Police, Prisons, Liaison and Diversion services and Council services such as Adult and Children's Social Care.

## **7.4 HUMAN RIGHTS ACT**

The following rights apply to the delivery of Alcohol and Drug services;

- The right to a fair trial –support provided through the Criminal Justice systems for those offenders who have addiction issues can ensure that they are better represented in court proceedings
- The right to liberty and security –support for those with addiction can reduce anti-social behaviour therefore preserving the wider communities' sense of security and safety
- The right to private and family life-support offered includes access to welfare advice, housing, employment and training. This is fundamental to the process of recovery and supports individuals to rebuild their lives

## **7.5 TRADE UNION**

There are no direct Trade Union impacts for the Council, services are expected to maintain their own employee consultation and involvement systems as applicable

## 7.6 WARD IMPLICATIONS

None

## 7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

It is proposed under the new contract terms to require any new provider to strengthen relationships between the Area Co-ordinators' offices, Community Partnerships and emerging neighbourhood hubs. This will have the dual outcome of developing new and more comprehensive treatment pathways for people needing to access these services and fostering stronger ties for those existing treatment into community based support options

## 7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

### 7.8.1 Young People

There is a specific service funded by PH Grant for young people using alcohol and/or drugs called 180. This is not part of the wider Alcohol and Drugs contract in this report. As part of the progress and development of the new National Drug Use Strategy it has received additional support from the new supplementary grant from OHID to increase its activity and reach across the district.

### 7.8.2 Children and Safeguarding

As the following table demonstrates, during 2019-20 Bradford had a significantly higher proportion of opiate clients (27%) and non-opiate clients (27%) who live with children under 18 than compared to the benchmarked average (opiate clients – 18%, non-opiate clients – 17%).

<sup>16</sup>Proportion in treatment who live with children under the age of 18 – 2019-20

	Bradford %	Benchmark %
Opiate clients	27%	18%
Non-opiate clients	27%	17%
Alcohol clients	33%	46%
Alcohol and non-opiate clients	13%	18%

Source: PHE Parents with problem alcohol and drug use 2019/20

7.8.3 This information is collected at the point of assessment when entering services, and is used to ensure appropriate safeguarding measures are put in place when risks are identified.

7.8.4 Services have strived to become more family orientated, and have worked hard to break down some of the myths held within the treatment population around parenting and risk of children being taken into care.

7.8.5 A point to note is that, with the enhanced assessment process undertaken by all

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<sup>16</sup> [Parents with problem alcohol and drug use: Data for England and Bradford, 2019 to 2020 \(ndtms.net\)](#)

service users entering treatment, collecting information regarding children is extremely important. There is a possibility that the reason the reported proportion of service users living with children is higher than the national average, is due to the high quality of data collection in the district. That being said, given the research and evidence base regarding the negative impact of alcohol and drug misuse upon the family, children and young people, these statistics are of concern.

## **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT**

The outturn information required from this contract is subject to GDPR requirements. As such the Council's receives anonymised data only. The provider/s return their detailed information to central government and this is aggregated and included in the National Drug Treatment Management Systems (NDTMS) which is publically accessible.

As effective treatment can require cross referral to other specialist agencies those accessing services are expected to agree the transfer of relevant data at point of entry.

## **8. NOT FOR PUBLICATION DOCUMENTS**

None

## **9. OPTIONS**

1 To read and note the contents of this report and agree the release of the contract for procurement under the Council's standing orders

*Pros:*

Gives officers the views of committee members to influence and support commissioning processes

Will allow officers to continue moving forward with the commissioning programme

*Cons:*

May cause some disquiet during any new contract implementation period

2 To read and note the contents of this report only

*Pros:* Gives officers the views of committee members to influence and support commissioning processes

*Cons:*

May delay procurement processes

## **10. RECOMMENDATIONS**

1 To read and note the contents of this report and agree the release of the contract for procurement under the Council's standing orders

## **11. APPENDICES**

Appendix 1 Full consultation and involvement report Lime Consultancy

Appendix 2 Outline of Supplementary grant allocations from 2022-25

Appendix 3 Needs Assessment Key Findings