

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Executive Lead Member for Adult Social Care and Public Health
Date:	16 July 2024
Title:	Approval to spend for drug & alcohol treatment and support services
Report From:	Director of Public Health

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Purpose of this Report

1. The purpose of this report is to seek approval to spend from the Executive Lead Member for Adult Services and Public Health for drug and alcohol treatment services, for the maximum value of up to £78,108,000, from 1 July 2025 to 31 March 2032. Any spend approved will be allocated in accordance with procurement regulations.

Recommendation(s)

2. That the Executive Lead Member for Adult Services and Public Health provides approval for permission to spend up to £78,108,000 on drug and alcohol treatment and support services from 1 July 2025 to 31 March 2032.

Executive Summary

3. Hampshire County Council Public Health has the responsibility under the Health & Social Care Act 2012 to commission drug and alcohol treatment services across the life course. Over 4,000 Hampshire residents are currently accessing these services across the county. The present contract for Hampshire's drug and alcohol treatment service is due to expire on 30 June 2025. This report seeks approval from the Executive Lead Member for Adult Services and Public Health to spend up to £78,108,000 to continue to provide drug and alcohol treatment and support services between 1 July 2025 and 31 March 2032.

Contextual information

4. Alcohol and drugs cause some of the leading risk factors for the overall burden of disease in the UK and are associated with cardiovascular disease, some cancers and liver disease. It is estimated every year that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £19.3bn. These include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity. As well as the impact on health outcomes, drug and alcohol use is often associated with acquisitive crime, violent crime, domestic abuse, unemployment, and homelessness.
5. In Hampshire, there are an estimated 4,023 people using illicit opiates and/or crack cocaine and 11,625 adults dependent on alcohol. It is estimated that 52% of people using opiates and/or crack are currently not accessing treatment in Hampshire. This is significantly higher for those with an alcohol dependency at 85.2%.
6. The Health & Social Care Act 2012 describes the duty for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas. This includes providing Public Health services, including those aimed at reducing drug and alcohol misuse. This is currently provided through an integrated service in Hampshire that provides drug and alcohol treatment and support across the life course. Component elements include:
 - specialist service for children and young people (up to 25 years) delivered at multiple access points in local communities.
 - an adult's service (which includes psychosocial and medical interventions) delivered in 9 treatment hubs across the county alongside outreach / satellite provision with a range of different partners (e.g. primary care, criminal justice). The service also includes access to inpatient detoxification and residential rehabilitation.
 - support for parents and carers impacted by someone else's drug / alcohol use.
 - a pharmacy drug-treatment service (this includes providing opiate substitute therapy such as methadone, providing a needle exchange service and issuing naloxone, an opiate reversal medication that prevents drug overdose).
7. The service that will be in place from July 2025 will include all the above components.
8. There are approximately 4,000 adults and over 800 Children and Young People (up to the age of 25 years) in the county accessing support and treatment through the Council's commissioned drug and alcohol treatment service. These services help people to reduce drug and alcohol harm, alongside supporting their wider physical health and wellbeing needs. The service is recovery orientated and

supports people alongside housing, employment, and education providers to enable sustained recovery.

Finance

9. The present contract for Hampshire's drug and alcohol treatment service is due to expire on 30 June 2025. This report seeks approval from the Executive Lead Member for Adult Services and Public Health to spend up to £78,108,000 to continue to provide drug and alcohol treatment services in Hampshire between 1 July 2025 and 31 March 2032.
10. This service will be funded from the Public Health grant and other available national grant funding.

Legal

11. The procurement will be conducted in accordance with The Health Care Services (Provider Selection Regime) Regulations 2023.

Performance

12. There are national indicators that are attached to the successful delivery of drug and alcohol treatment at a local level. These include a) an increase in numbers in treatment b) numbers accessing residential rehabilitation c) continuity of care from prison to community drug and alcohol treatment and d) a reduction in drug and alcohol related deaths in treatment. The current provider is performing above all targets set locally, reducing health inequalities, and improving health outcomes for the residents of Hampshire.

Consultation and Equalities

13. Due regard has been given to people with protected characteristics and an Equality Impact Assessment (EIA) has been completed. No adverse impacts on people with protected characteristics were found regarding this proposal.
14. Delivery of drug and alcohol services will be available to all residents requiring support for their drug and/or alcohol use. The Impact Assessment identified potential positive impact on age, disability, gender reassignment, pregnancy and maternity, race and pregnancy/maternity, sex, sexual orientation, and neutral impact on marriage and civil partnership, and religion or belief. In addition, positive impacts were identified for people experiencing poverty and no change to people with regards to rurality. The EIA can be found in appendix B.

Climate Change Impact Assessment

15. A full assessment of climate change vulnerability was not completed as the initial vulnerability assessment showed that the project is at minimal risk from the climate vulnerabilities. However, consideration will be given to ensure that locations of drug and alcohol treatment services will promote and enable active travel to mitigate carbon risk and services will be required to work towards net zero carbon emissions.

Conclusions & Recommendations

16. Hampshire County Council has the responsibility to commission drug and alcohol treatment and support for its residents. The current contract for providing drug and alcohol treatment services in Hampshire expires on 30 June 2025. The current provider is performing above all targets set locally, reducing health inequalities, and improving health outcomes for the residents of Hampshire.
17. This report seeks approval from the Executive Lead Member for Adult Services and Public Health to spend up to £78,108,000 to continue to provide drug and alcohol treatment services between 1 July 2025 and 31 March 2032.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

APPENDIX A: EQUALITIES IMPACT ASSESSMENT

1. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

1.2 Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2 Equalities Impact Assessment:

2.1. The full Equalities Impact Assessment has been undertaken, reference number 621, and is included in Appendix B.

2.2. Delivery of drug and alcohol services will be available to all residents requiring support for their drug and/or alcohol use, with specialised services for children and young people under the age of 25, community-based hubs and outreach for adults aged 25 and over, and access to harm reduction services through pharmacies. Annual equity audits will be undertaken to monitor uptake of people with protected characteristics with actions plans implemented to address any identified access issues.

2.3. The Impact Assessment identified potential positive impacts on age, disability, gender reassignment, pregnancy and maternity, race and pregnancy/maternity, sex, sexual orientation. In addition, positive impacts were

identified for people experiencing poverty. Positive impacts will be achieved through ensuring a varied workforce of clinical and non-clinical staff, peer supporters and volunteers are aware of the additional needs and barriers faced by individuals and have the ability to tailor treatment and support to meet these needs. This includes ensuring the service is non-judgemental, offers choice, locations and groups are accessible, service user feedback is utilised to continually improve the services delivered, and partnerships and pathways are developed with related organisations such as the voluntary sector and other health services.