Drug and Alcohol Treatment Services Workforce Survey

DHSC: OHID: DAA Treatment Services- Staff Survey

Description	**Deadline/Limit**
Project Start	August 2023
Project Duration	**9 months**
Budget	**£120,000 to £160,000**

1. Introduction and background

1.1. In England, there has been a rising trend in drug misuse and drug-related deaths over recent years. Drug misuse deaths are now the highest on record (2,846 deaths registered in 2021) and are 91% higher than in 2012 (1,492 deaths) [1]. The impacts of drug misuse extend beyond the direct harms to the induvial drug user, with the combined cost of illicit drug use to society estimated to be over £19 billion [2]. Disinvestment in the drug treatment system since 2013/14 has caused a prolonged funding shortage, resulting in losses in staff, skills, and expertise from the sector. This has led to a decline in the capacity for, and quality of, treatment available, which in turn has led to worsening outcomes for drug users and increasing levels of unmet need. It's estimated that over half of the 300,000 opiate and/or crack cocaine users in England are not engaged in structured community treatment [3].

1.2. In February 2020, part one of Dame Carol Black's independent review of drugs was published providing an in-depth analysis of the scale of the drug issue in England and the challenges posed by drug supply and demand. In July 2021, part two was published, which focused on treatment, recovery, and prevention, and made wide ranging recommendations to government on improvements to the substance misuse treatment and recovery system.

1.3. Government accepted these recommendations, and in December 2021 announced a new 10-year drug strategy 'from harm to hope'. The strategy is built around three strategic priorities: (1) to break supply chains, (2) to deliver a world class treatment and recovery system, and (3) to achieve a generational shift in demand for drugs. It sets out a whole-system approach to tackling illegal drug use, and reducing drug related harm, death, and crime in England.

1.4. The ambition to build a world class treatment system will be delivered through the Treatment and Recovery (T&R) Portfolio, which is underpinned by £780 million of new funding from 2022/23 to 2024/25. This funding will be used by DHSC to fund the transformation of community treatment and recovery services, Ministry of Justice to improve offender treatment pathways into treatment, Department for Work and Pensions to strengthen employment support for individuals with a drug and alcohol dependence, and Department for Levelling up, Communities, and Housing to pilot new housing support schemes for people in drug and alcohol treatment.

1.5. A critical component of treatment and recovery services is the workforce. Findings from Dame Carol Black's review indicate that the workforce has deteriorated significantly in recent years in terms of quantity, quality, and staff morale [4]. Evidence gathered during phase two of the review has provided some initial insights into factors which have caused this decline. These include:

- Increasing caseload sizes for members of staff, with individuals reporting having caseloads ranging from 50 up to 100 people. This is compared to best practice guidelines of 40 or less. High numbers of cases inevitably reduce the quality-of-care staff can provide, the effectiveness of treatment, and increases the risk of work-related stress, burnout, and dissatisfaction.

- Decreasing numbers of, and availability of, training places for prospective staff, which has resulted in steep falls in psychiatrists and other substance misuse specialists as well as dedicated social work teams for drugs and alcohol.
- The frequent retendering of drug treatment services has made them unstable environments to work in, which has resulted in recruitment difficulties, with many staff leaving due to a lack of job security and access to professional development. This makes the sector an unattractive proposition for healthcare workers compared to other settings.

1.6. As part of the 10-year drug strategy DHSC's Office of Health Improvement and Disparities (OHID) is leading a range of initiatives to support workforce transformation including:

- work to implement a comprehensive strategy to expand the workforce through effective recruitment and retention
- work to define and improve the training and skills of all sections of the drug treatment workforce, including registered health professionals, drug and alcohol workers and peer supporters

1.7. To support the ongoing development, implementation, and evaluation of this transformation programme, it is essential that DHSC have a better understanding of the existing workforce, and the perceptions and experiences that staff have of working within the treatment and recovery system. DHSC therefore invites applications for a single research project to design and conduct a staff survey of the drug and alcohol treatment workforce to provide a representative picture of employees' experiences, attitudes, and perceptions of working within the treatment and recovery system. Currently no sector-wide data collection exists of this kind.

1.8. A drug and alcohol workforce census has been commissioned by OHID, and carried out by NHS Benchmarking Network which provides l data on the size and composition of the drug and alcohol workforce across treatment providers, local authority commissioners and live experience recovery organisations (LEROs). Applicants are encouraged to review and engage with when designing their proposed research and sampling methodology.

2. Research priorities

2.1. The primary objective of this research is to **design and conduct a workforce survey** which enables an assessment of employees**' perceptions and experiences** of working within the drug and alcohol treatment and recovery system.

2.2. We want to collect information from staff across the breadth of the treatment and recovery sectors, including:

- Local Authority (LA) Delivered Treatment Workforce
- Local Authority (LA) Delivered Treatment and Commissioned Workforce
- Local Authority (LA) Delivered Commissioning Workforce
- Independent/ Private
- NHS
- Volunteer Sector
- Lived Experience Recovery Organisation (LERO)

2.3. The survey should explore topics such as:

- Influential factors in decisions to join or consider leaving the drug and alcohol treatment workforce
- Staff morale, health, and wellbeing
- Staff satisfaction around issues including progression and personal development, pay, pensions, and benefits packages,
- Staff training, skills, and qualifications
- Levels of clinical supervision

2.4. A key priority for this research will be ensuring that the sample of each profession is of sufficient size, and coverage across providers to enable conclusions to be drawn about the wider population of staff working within each profession of the treatment and recovery system. Further discussion of the sampling requirements is provided in paragraph 2.7 below.

2.5. The professions have been categorised into the following groups:

- Alcohol & Drug Workers
- Management and administration
- Peer support workers
- Nurses
- Psychologists & Psychiatrists
- Commissioners

2.6. Whilst not an exhaustive list, the types of high-level question we would be looking to answer with the findings from this survey are:

- What attracts people to work in drug and alcohol treatment and recovery services?
- What factors cause people to leave or consider leaving the sector?
- What proportion of people are thinking about leaving the sector?
- What is the current level of staff morale?
- How satisfied are staff with pay, benefits packages, pensions, and rewards?
- Are staff receiving appropriate clinical supervision?
- What skills, training, or qualifications do staff have?

2.7. Currently, limited data exists on the demographic makeup of the treatment and recovery workforce. The survey should also aim to **collect information on the demographics of those working within the treatment and recovery system.** If appropriate and feasible we hope this data may also enable more focused analysis to better understand, and identify, differential experiences at a more granular level. In addition to various demographic variables, other variables of interest in this context include different professions and role types, services, setting, region, and length of time working in the sector.

2.8. We anticipate that the survey will primarily employ a quantitative methodology to enable data collection at the scale that is required. However, we are open to using a mixed methods approach to maximise this opportunity as a data gathering exercise.

2.9. When developing a sampling strategy, applicants should ensure that it provides adequate

representation and coverage of the entire workforce population. For example, it would be important for the sample to cover the range of professions and role types, and services and settings that exist within the sector. It will also be important to be able to segment the analysis by profession (group)

2.10. In the development of the survey, we would expect the research team to carry out adequate and appropriate levels of pre-testing, including cognitive testing. Details of this process and associated timelines should be included within research proposals.

2.11. The core priorities for this piece of research are to (1) develop a tool for generating insights about the current perceptions and experiences of the workforce**,** (2) to provide evidence to gauge whether the activities which have already been developed as part of the new strategy are sufficiently aligned to target existing issues, and (3) to inform the refinement and development of new initiatives to improve staff experiences across the sector, increase staff retention rates, and increase recruitment by making the sector a more attractive and rewarding place to work.

2.12. This survey will provide useful baseline data on the workforce which can then be used in any future impact assessments and evaluations of different interventions implemented.

3. Areas out of scope for this programme of work

3.1. The new drug strategy investment and associated T&R portfolio is only being implemented in England, therefore devolved administration treatment and recovery systems (and their workforces) are out of scope for this research.

3.2. Health Education England (HEE) commissioned the NHS Benchmarking Network to conduct a Drug and Alcohol Treatment and Recovery Services National Workforce Census. This captured information from service providers on the composition and size of the workforce as of 30 June 2022. Further reports are planned for 2023 and 2024. Research questions related to these elements are therefore out of scope.

3.3. A separate substantial research project is being commissioned through NIHR to evaluate the treatment and recovery portfolio. The competition is still ongoing, but we anticipate the project to be 24-30 months in duration, with the start date being July 2023 It should be noted that the workforce work strand is included within scope of this evaluation, and it is likely that the evaluation research team will also be exploring some of the elements described within this specification. However, we anticipate that this will use qualitative research methods to provide a more in depth and rich picture of individual's experiences at a smaller scale. The aim of the research described in this specification is to provide a snapshot of trends in staff experiences, and to better understand whether any differences exist between professions as well as to provide a baseline measure for staff experiences which can be compared against, should DHSC decide to repeat the survey in the future. We anticipate that this survey research and the evaluation research will be complementary and enable us to fill a large evidence gap in the workforce space. We therefore would expect, where feasible and appropriate, for the successful applicant to engage with the evaluation team to share

emerging findings and learning, to enable the development of a cohesive narrative which can be used to inform programme improvement and/or policy development.

4. Personnel Skills and Knowledge

4.1. The Supplier will be expected to field the appropriate personnel accordingly. The Supplier shall ensure that all Supplier Staff are suitably experienced, skilled and/or qualified to deliver the Services for which they are employed with specifically knowledge and experience on:

- The drug treatment and recovery system in England and the policy context.
- designing and conducting valid, reliable, and replicable large-scale surveys (including developing and implementing representative sampling strategies).
- Carrying out robust statistical analyses of survey data to generate meaningful insights.
- Working with Local Authorities and if possible, with drug and alcohol treatment and recovery providers or workforce.

5. Outputs

5.1. The main Outputs are as follows:

5.1.1. Project plan and mobilisation

5.1.2. Research Protocol

5.1.3. Valid and reliable staff survey tool

5.1.4. Data collection and processing (Fieldwork)

5.1.5. Data analysis

5.1.6. Report writing, review and preparation for publication:

i. Interim quarterly reports to evidence contract progress and key findings.

ii. The final report must adhere to a publishable standard and be easily accessible to policy makers, healthcare professionals, and the general public. The report is expected to be widely circulated among stakeholders involved or interested in the project, including the DHSC, the Joint Combatting Drugs Unit (JCDU), and other relevant government departments and arms-length bodies.

5.1.7. Exit plan that include the transfer of the dataset for 2023/24

6. Social Value and SV KPIs

6.1. The COVID-19 pandemic has exacerbated existing economic and social challenges and created many new ones. Social value provides additional benefits which can aid the recovery of local communities and economies, especially through employment, re-training and return to work opportunities, community support, developing new ways of working and supporting the health of those affected by the virus.

6.2. The DHSC follows the Social Value model created by the Government and that includes 5 themes and 8 policy outcomes which flow from these themes, as follows:

a. Theme 1 COVID-19 recovery: Help local communities to manage and recover from the impact of COVID-19

b. Theme 2 Tackling economic inequality: Create new businesses, new jobs, and new skills; Increase supply chain resilience and capacity
c. Theme 3 Fighting climate change: Effective stewardship of the environment
d. Theme 4 Equal opportunity: Reduce the disability employment gap; Tackle workforce inequality
e. Theme 5 Wellbeing: Improve health and wellbeing; Improve community cohesion

6.3. This contract will support the following theme:

Theme 4 Equal Opportunity
Outcome: Tackle workforce inequality
MAC 6.1: Demonstrate action to identify and tackle inequality in employment, skills and pay in the contract

OR

Theme 5 Wellbeing
Outcome: Improve health and wellbeing
MAC 7.1: Demonstrate action to support health and wellbeing, including physical and mental health, in the contract workforce.

6.4. The Supplier will develop and maintain a plan throughout the life of the contract detailing how the Supplier will contribute to the overall achievement of our Social Value priorities. The Supplier must manage, measure and report on the delivery of Social Value throughout the life of contract. The supplier will report on quarterly basis against the metrics target proposed.

6.5. The Buyer reserves the right to publish information on the delivery of Social Value through this contract and may request case studies for the purpose of increasing awareness and sharing knowledge.

6.6. The commitments and targets made in the contract will be monitored through the metrics on a quarterly basis. The Supplier acknowledges that the Buyer may make reasonable adjustments to the SV KPIs and its measurements during the Term of the contract.

7. Budget and contract duration

7.1. The maximum budget available for this contract is £160,000 (excluding of VAT), £189,000 (included of VAT).

7.2. The project is expected to start in July 2023, data collection and/or field work is expected to take place in September 2023/24, with a final report due in March 2024. The contract may be extended at the sole discretion of the Authority for a maximum period or periods up to 12 months.

8. Outputs Key performance Indicators

8.1. The supplier will provide a detail project plan with detailed milestones. Completion of

project plan with detailed tasks and milestones will be monitored as Key Performance Indicators. The milestones and related activities and outputs will be monitored in via quarterly reviews.

Key Performance Indicators	Good	Approaching Target	Requires Improvement	Inadequate
Completion of quarterly key activities and milestones	100%	>85% <100%	<85% >75%	<75%
Social Value commitments	100%	>85% <100%	<85% >75%	<75%

8.2. If the progress report presented on any of the quarterly review meeting shows a milestones and tasks completion for that quarter of <75%, the supplier will need to submit a Remedial Action Plan (Schedule Joint Schedule 10).

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9. Payment schedule

9.1. The Buyer will pay the cost of the services quarterly in arrears. The payment period will follow the financial year quarters (Q1 April-June; Q2 July-Sep; Q3 Oct-Dec; Q4 Jan-March).

9.2. The supplier will be required to evidence in their quarterly progress report what activities they have completed. The project plan will serve as the main tool to monitor completed activities.

9.3. If the Supplier submits a Remedial Action Plan under paragraph 11 or 12, the Buyer will have the right to retain 10% of the quarterly payment until the tasks included for that quarter have been completed.

10. Payment by Result

10.1. The target sample achieved by the supplier will be subject to a 10% payment by result (PbR). The exact number of responses will be agreed upon with the supplier to allow for flexibility when designing their sampling strategy, however the supplier will need to provide justification for the number of responses.

10.2. The rest of the contract costs will be paid on milestone completion basis, with the final payment given upon all milestones and outputs being completed.

10.3. The PbR element will be paid in increments in accordance with the following formula:

E.g.
Target sample: 4,000
Costing submitted for fieldwork: £10,000

% Element	Payment
90% of target sample- 3,600	90% of the fieldwork costing: £9,000 quarterly payment
10% of the target sample – 400	PbR element - £1,000
Increment sample - 400 ÷ 10 =40	£1,000 ÷ 10 = £100 £100 paid for every 40 samples achieved above the 90% target sample.

11. Management arrangements

Operational Team

11.1. The operational panel will include the Buyer and Supplier key authorised representatives. The Panel will meet on at least monthly basis. The meetings will focus on contract progress and any other issues related to the operational aspects of the service. The operational key contacts are specified in the contract. Any initial discussion or issues related to the service should be channelled in first instance through these meetings.

11.2. A meeting on the month following the end of a quarter will serve as formal review and may be attended by a representative from the commercial team. This will focus to formally performance review against milestones, payments, risks, and any other ad hoc issues raised by the parties.

Project Advisory Group

11.3. A research advisory group will be chaired by a senior Buyer authorised representative and will include representatives of DHSC and other stakeholders such as representatives from HEE or NHS.

11.4. The advisory group will oversee the overall service provision and provide guidance, advice, and recommendations. The RAG may meet quarterly or more regularly if required. project. The supplier should be prepared to review research objectives with the advisory group share emerging findings and suggest solutions. They will be expected to:

- Provide regular feedback on progress
- Produce timely updates to the advisory group
- Produce an interim report detailing initial findings
- Produce a final report for sign off

11.5. Research contractors will be expected to work with nominated officials in DHSC, and its partners. Key documents such as research protocols, research instruments, reports, and publications must be provided to DHSC in draft form allowing sufficient time for review.

12. References and key documents

[1] Office for National Statistics (2022). Deaths related to drug poisoning in England and Wales: 2021 registrations. [Accessed 14 October 2022]

[2] Department of Health and Social Care (2020). Review of drugs: phase one report. [Accessed on 14 October 2022]

[3] Department of Health and Social Care. National Drug Treatment Monitoring System ViewIT. [Accessed on 31 March 2023]

[4] Department of Health and Social Care (2020). Review of drugs: phase two report. [Accessed on 14 October 2022]

[5] National Institute for Health and Care Research (2002). Policy Research Programme - Evaluation of the 10-year drug strategy investment in the treatment and recovery system in England. | NIHR. [Accessed 07/06/2023]