

**Committee Name and Date of Committee Meeting**

Cabinet – 11 July 2022

**Report Title**

Public Health Proposals for Drugs and Alcohol Grant 2022-2025

**Is this a Key Decision and has it been included on the Forward Plan?**

Yes

**Strategic Director Approving Submission of the Report**

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

**Report Author(s)**

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**Ward(s) Affected**

Borough-Wide

**Report Summary**

This report requests that the Drug and Alcohol Grant being made available to Rotherham as one of 50 accelerator areas in England by the Office for Health Improvement and Disparities (OHID) is accepted and allocated against the priorities outlined in Appendix One.

**Recommendations**

1. That Cabinet accept the grant funding and approve the approach to management of the grant.
2. That Cabinet agree the 3-year outlined grant plan, and to receive an annual update.
3. That Cabinet note that at present there is a national expectation that this is the first 3 years of a 10-year national strategy but there is no certainty of funding beyond 2025.
4. That the proposal to continue to be part of the Yorkshire and The Humber regional consortium is agreed as the method of accepting the inpatient detoxification grant from OHID.

## **List of Appendices Included**

- Appendix 1 D&A Grant Plan 2022-2025 v1.2
- Appendix 2 D&A Needs Assessment 2022
- Appendix 3 Part A Equality Impact assessment for services
- Appendix 4 Part B Equality Analysis Form
- Appendix 5 Carbon Impact form

## **Background Papers**

[Review of drugs: phase two report](#)

[From harm to hope: A 10-year drugs plan to cut crime and save lives](#)

[Extra funding for drug and alcohol treatment: 2022 to 2023](#)

[November Cabinet paper: Public Health Proposals for Recommissioning Rotherham's Alcohol and Drugs Service](#)

## **Consideration by any other Council Committee, Scrutiny or Advisory Panel**

None

## **Council Approval Required**

No

## **Exempt from the Press and Public**

No

## Public Health Proposals for Drugs and Alcohol Grant 2022-2025

### 1. Background

This report sets out the proposals for the Drug and Alcohol Grant being made available to Rotherham as one of 50 accelerator areas in England by the Office for Health Improvement and Disparities (OHID).

- 1.1 As part of the implementation of the new national drugs strategy 2022, which was informed by Dame Carol Black's Review of the drug and alcohol services, the Government intends to build on this in a phased way through enhanced funding for up to 50 areas starting in 2022/23, with another 50 areas receiving enhanced funding in 23/24 and the remaining areas of the country starting in 24/25.
- 1.2 Rotherham has been identified by the Office for Health Improvement and Disparities (OHID), for the first wave of enhanced funding starting in 2022/23. This is due to a combination of qualifying factors including deprivation and performance against the Public Health Outcome Framework (PHOF) indicators on 'exits' – people who leave treatment with a positive outcome and do not return for at least 6 months. This area has been in the Council plan for some time and has struggled to recover to pre-Pandemic levels, which were already lower than national and regional rates.
- 1.3 The funding being made available is outlined in the table below, which shows both the Supplemental Substance Misuse treatment and Recovery Grant and Inpatient Detoxification Grant. More details on how this was allocated are included in Appendix One.

	2022/23	2023/24	2024/25
Supplemental Substance Misuse Treatment and Recovery Grant	£688,722	£1,128,463	£2,178,186
Inpatient Detoxification Grant	£64,077	£64,077	£64,077

- 1.4 This funding was preceded by an allocation during 2021/22 of £411,000 which was originally a one-year allocation.
- 1.5 All Four South Yorkshire areas are in the first 50 identified which will offer additional opportunities for collaboration and Integrated Care System (ICS) level developments. Receipt of funding is dependent on maintaining existing (2020/21) investment in drug and alcohol treatment from the Public Health Grant which also has to be included in the plan (Appendix One). The current understanding is that OHID anticipate the funding to continue after the initial 3 years in line with the target in the 10-year strategy, but this will be dependent on performance.
- 1.6 In addition to the Supplemental Substance Misuse Treatment and Recovery Grant an allocation of £64,077 per year is also available for 3 years to fund specialist placements for Rotherham residents who require to be admitted as inpatients to undergo detoxification from alcohol or drugs, as indicated in

the above table. This grant was initially made available as a one-off in 21/22 with Rotherham joining a consortium of Yorkshire and Humber local authorities to commission additional capacity in the system. This was agreed by Officer Decision on the 20<sup>th</sup> September 2021 with Doncaster agreeing to receive the funding on behalf of the consortium. It is proposed that Rotherham continues to work with the regional consortium to block purchase capacity and work collaboratively on capacity issues with our neighbouring authorities. Further conditions will be set out in a Memorandum of Understanding (MOU) with Doncaster Metropolitan Borough Council (DMBC). Under that MOU, Doncaster will make a sub-grant to Rotherham of some of the funds which Doncaster receives from central government. This MOU covers issues of insurance and liability for all parties and will be reviewed by Legal when received. Rotherham is not expected to enter into any kind of grant agreement with central government.

- 1.7 Implementation of the programme will involve both spend within RMBC (Public Health and Adults Social Care), with the specialist provider and with other stakeholder agencies. The programme will be led by Public Health. The outline proposal for the allocation in Appendix One was submitted to OHID on 27<sup>th</sup> May 2022. At the time of writing there is no date confirmed by OHID for feedback or confirmation of the funding.

## 2. Key Issues

- 2.1 The indicative allocation letter to the Director of Public Health indicates that the areas of spend for the Supplemental Substance Misuse Treatment and Recovery Grant are prescribed to cover the following ten areas and must deliver the Rotherham allocation of the national targets e.g., on increased number of treatment places. These ten areas of development and our proposed plans are detailed in Appendix One, which is a prepopulated OHID form.

- 2.2 The table below shows the high-level reporting requirement from the grant:

<b>National Target</b>	<b>Baseline</b>	<b>Local Target</b>
Increase treatment capacity by 20%	1957 adults in treatment in 2021/22	2415 adults in treatment by 2025
	34 Young people in treatment in 2021/22	59 Young people in treatment by 2025
2% of treatment population to attend rehabilitation	9 adults attended rehabilitation between 2018-21	76 adults attend rehabilitation over the 3 years 2022- 2025
75% of adults with substance misuse problems leaving prison are engaged with treatment	25% of adults with substance misuse problems leaving prison are engaged with treatment in 2021/22	75% of adults with substance misuse problems leaving prison are engaged with treatment in 2025
Nationally increase workforce by 1750	37.5 FTE working in Rotherham D&A services	Additional 19.5 FTE in first year

Nationally prevent 1,000 deaths in the next 3 years	National target only – reflecting cumulative local contributions to National Drug Strategy.
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- 2.3 There is an expectation of a local delivery partnership which includes partners from the Criminal Justice sector to ensure continuity of care, which will drive a local strategy/action plan. This has been set up and has now met twice with local delivery partnership members being given the opportunity to contribute to the plan. Membership includes those referenced in 12.1 and 12.2.
- 2.4 **1 System coordination and commissioning:** Increasing commissioning capacity, via increased workforce, to improve local and regional coordination and planning, supporting a partnership wide and other joint working arrangements, in comprehensive assessment of need, strategic planning and managing the implementation of the grant. Capacity to support drug related death review processes.
- 2.5 **2 Enhanced harm reduction provision:** Planned activities include a strategic and sub regional approach to tracking and analysing alcohol and drug related deaths, responding to the national and local rise in these numbers, there will also be additional emphasis on effective use of needle exchange and distribution of naloxone to reverse overdose.
- 2.6 **3 Increased treatment capacity:** Investing in Rotherham’s substance misuse services to meet the national target of an additional 20% (Over the three years, 458 new people into treatment in Rotherham) in the number of treatment places available. In addition, the grant will be used to improve quality – including by reducing caseloads and increasing the professional staff mix. Work in year one will be aiming to raise the profile of the service through outreach and engagement, reaching new populations.
- 2.7 **4 Increased integration and improved care pathways between the criminal justice settings, and drug treatment:** Planned activities will optimise access to treatment for individuals referred from custody suites, courts and prisons ensuring that the national target of 75% (an average of 130 people per year in Rotherham) of adults with substance misuse treatment need are successfully engaged in community treatment after release from prison, ensuring continuity of care.
- 2.8 **5 Enhancing treatment quality:** Planned activities include investing in the local treatment system to improve case management quality improvement, including reducing caseload sizes, implementing caseload segmentation approaches, increased clinical supervision and training and development, which will have a positive outcome on successful treatment outcomes as treatment capacity increases.

- 2.9 In year two and three of the grant, consideration has also been given to investing in additional psychological support and trauma informed approaches that were identified in the needs assessment (Appendix Two).
- 2.10 **6 Residential rehabilitation and inpatient detoxification:** The national target set for residential rehabilitation at 2% over the 3 years equates to 76 Rotherham residents being funded for a placement. This will mean a higher number being assessed for suitability and consideration is being given to a caseload audit for the wider system so that clients may benefit who have struggled to engage in the local offer. It is estimated that a substantial portion of the grant may need to be allocated to deliver this figure should these needs be identified (estimated £678000). The pathway will need to be revised to enable quicker agreement of placements and better commissioning processes with the providers as current national capacity will be unable to keep pace with the expansion.
- 2.11 A consortium of Local Authorities was created during 2021/22 to receive what was then thought to be a one-off fund to increase the numbers of clients able to access a clinical place for inpatient detoxification. DMBC will hold the funds for the Consortium and if the continuation of the MOU is agreed, Rotherham will be allocated an additional 15 inpatient episodes per year.
- 2.12 **7 Better and more integrated responses to physical and mental health issues:** Planned activities include enhancing partnership approaches with physical and mental health services, the co-location of services and interventions. Including investing in additional capacity in RMBC Multi-Agency Adult Safeguarding Hub (MASH) team and working with the wider statutory mental health services to expand capacity and capability to deliver comprehensive mental health screening, assessment, to support and manage care packages for the most complex people.
- 2.13 **8 Enhanced recovery support Development and expansion of a recovery community:** Planned activities will include embedding coproduction in Rotherham to develop a “recovery academy” model that will expand recovery communities and peer support networks, including in treatment, to sustain long-term recovery, increase the visibility of recovery, support social integration and enhancing partnership via collaboration with the voluntary and community sector, employment and housing services; therefore improving life chances.
- 2.14 **9 Other interventions which meet the aims and targets set in the drug strategy:** Currently all the plans outlined fit with one of the prescribed headings. There are no plans for this area of development in year one.

- 2.15 **10 Expanding the competency and size of the workforce:** Planned activity will include a development programme to upskill existing employees delivered via RMBC's Learning and Development team, to upskill the wider non-specialist workforce by offering bespoke training (300 places). There is a planned programme of training for the primary care workforce in screening and brief interventions for alcohol use as identified in the needs assessment (Appendix Two).
- 2.16 Recruitment has been a challenge already in specialist services due to previous national disinvestment in drug and alcohol services, as part of the strategic planning additional funding may be invested in year two and three in further recruitment, retention and training initiatives.
- 2.17 The additional recruitment outlined in Appendix One includes several internal and external roles. The internal roles include staff to support commissioning and co-ordination, safeguarding practitioners and children and families support staff.
- 2.18 These outcomes and targets will be delivered by an increase in capacity with in RMBC and commissioned services. RMBC will see increased commissioning and delivery capacity. Additional services will be commissioned from other providers and will include significant coproduction with communities for new services, for example those for families and friends.
- 2.19 Priorities in year one of the plan will focus on those who will benefit from residential rehabilitation and improvements for those with complex needs such as mental health problems and alcohol or drug dependence through better co-ordination and availability of different types of services. This will include additional services delivered for parents who are experiencing substances misuse. More detail on both year one and the 3-year outline plans can be found in Appendix One.

### **3. Options considered and recommended proposal**

- 3.1 Option one and recommended: That Cabinet approve the outline plans to accept these grant allocations for Rotherham as outlined which are based on the nationally predefined areas of spend and tailored to current local need which will continue to evolve over time.
- 3.2 Option two: That the funds are not accepted from OHID. Despite the risks of non-continuation of the funding this is not recommended as the current needs of this vulnerable population locally are clearly evidenced in the needs assessment (Appendix Two) and the additional investment is desirable for the Borough.

### **4. Consultation on proposal**

- 4.1 A strategic group has been established with key internal and external stakeholders. These partners include criminal justice and health services as directed by OHID. This has enabled partnership contributions to the draft

plans and has increased understanding of the need for a local strategy and joint planning to achieve these ambitious targets.

- 4.2 The incumbent service provider and other potential local providers were involved in the above exercise.
- 4.3 Additional partners have been consulted in order to commence the process of developing plans for additional services in areas that have not been seen previously as core to this provision e.g. The Rotherham NHS Foundation Trust (TRFT).
- 4.4 Partners were able to contribute ideas for the 10 areas of development outlined in the project plan. The results from this group have and will continue to inform the plan development. The consultation focused on increasing referrals to fulfil existing capacity in year one, including improving pathways between courts and Drugs and Alcohol services, developing the offer for young people and those with dual diagnosis of mental health and substance misuse.
- 4.5 Coproduction has been built into the plan, for instance in plans to develop recovery provision and extending service hours.

## **5. Timetable and Accountability for Implementing this Decision**

- 5.1 The grant plan was submitted on the 27<sup>th</sup> of May 2022.
- 5.2 There is an expectation of receipt of the grant by July 2022 as this is when the 2021/22 allocation has to be fully spent.

## **6. Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)**

- 6.1 The Council currently has a 5-year contract with an external provider to deliver Drug and Alcohol services with a budget in 2022/23 of £3.2m This will expire on 31 March 2023, when a new 5-year contract (with the option to extend annually for up to 5 further years) is due to start.
- 6.2 The grant funding will run over the final year of the existing contract and the first two years of the new one, bringing an additional £4.0m of resources to Rotherham. The grant funding increases each year allowing spend to increase as the proposed schemes grow (up to £2.2m in the third year).
- 6.3 No match funding is needed from Rotherham in order to receive the grant. The grant runs for a period of 3 years to March 2025 and will be spent with both internal and external providers. For external providers this will be delivered via the contract (non-core framework) spend and so there is no ongoing commitment, beyond the budgeted element of the contract, with providers if government funding should cease after year 3.



- 6.4 The Government have not released any details about funding beyond the initial 3-year term, so there is an element of risk and uncertainty to service delivery of newly funded schemes after March 2025, although this should become clearer with further government announcements towards the end of the grant funded period. If staff are employed directly there is a potential risk of exit costs should funding not continue.
- 6.5 The procurement for the new Alcohol and Drug Treatment and Recovery Service is currently published to market and is comprised of a core contract as defined at 6.1 above and a non-core framework which will allow the Council the ability to purchase any service or provision that meets the needs of or provides outcomes for advice, treatment and recovery services suitable for Rotherham residents of all ages who are experiencing problems with substance misuse.
- 6.6 All procurement activity associated with the grant will be undertaken in accordance with Public Contract Regulations (as amended) and the Council's Financial and Procurement procedure rules.

## **7. Legal Advice and Implications (to be written by Legal Officer on behalf of Assistant Director Legal Services)**

- 7.1 The only legal documentation described in this report is the proposed MOU which the Rotherham Council is to be invited to enter into with Doncaster Council. A first draft has not yet been received from Doncaster Council. Officers may wish to consult Legal Services to review the draft when received.
- 7.2 The Council does not expect to enter into any kind of grant funding agreement with central government.

## **8. Human Resources Advice and Implications**

- 8.1 It is proposed to implement a development programme to upskill existing employees as well as creating a number of additional posts to support service delivery. Details of the roles to be established are outlined within section 2.13 of the report and in Appendix One.

## **9. Implications for Children and Young People and Vulnerable Adults**

- 9.1 This has been a collaborative exercise with grant spending sought from various stakeholders including children's and young people's services, safeguarding, adult care and housing. The delivery plan specifically requires improvements for young people in line with National Strategy and these are outlined in Appendix One.
- 9.2 The needs assessment (Appendix Two) had already highlighted some key areas of need relating to vulnerable adults including those with a dual diagnosis and these have been prioritised in the delivery plan.

## **10. Equalities and Human Rights Advice and Implications**

- 10.1 This is a universal grant for anyone who experiences substance misuse problems in Rotherham. It is known that poor physical and mental health is disproportionately experienced by some of the most vulnerable members of our local communities and the grant will aim to address inequality in health as a general principle, and to prioritise certain target groups through enhancement of engagement and outreach.
- 10.2 It will be key to ensure that any and all areas of development resulting from the additional grant ensure equal access and outcomes across all of Rotherham's communities whilst ensuring that no protected equalities group is being unintentionally disadvantaged or excluded.
- 10.3 The equalities impact completed for the Drugs and Alcohol recommissioning and included in the November 2021 Cabinet report has been included and will be updated annually.

Updated Equality analysis and Impact assessment can be review in Appendix Three and Four.

## **11. Implications for CO2 Emissions and Climate Change**

- 11.1 The Service is already in place, and no new premises are being sought. There will be no additional implications for CO2 Emissions and Climate Change, and the changes within this proposal do not highlight any further impact on CO2 emissions.
- 11.2 A Carbon Impact Assessment form has been completed and can be reviewed in Appendix Five.

## **12. Implications for Partners**

- 12.1 Key Internal partners are Housing, CYPS, Regeneration and Environment and Safeguarding. All partners are involved in the development of the grant plan to ensure that it takes account of their requirements
- 12.2 Key external partners include the current service provider, Criminal Justice Agencies, Police and Crime Commissioner's Office, Probationary Service, Youth Offending Team, Local NHS strategic leads including CCG commissioned Alcohol Care Team at TRFT and RDaSH mental health services. These partners are key in meeting the aims set out in the grant funding.
- 12.3 Inclusion of wider partners, particularly those involved in the recovery remit, such as those concerning employment or in the voluntary and community sector, will be sought in implementing the programme if the grant acceptance is agreed and OHID approve the delivery plan.

12.4 GPs and pharmacies are key partners to this delivery and are subcontracted by CGL to deliver shared care, needle exchange and supervised consumption.

### **13. Risks and Mitigation**

13.1 As outlined in the Cabinet paper of November 2021 the services that relate to this funding are the subject of an open procurement which was published on the 9<sup>th</sup> May 2022 and will close on the 20<sup>th</sup> June 2022. As such it has been necessary to restrict publication of the details until the tender closes.

13.2 The impact of the tender will be a new service model as described in the 22<sup>nd</sup> November 2021 Cabinet paper which will require a mobilisation period in readiness for 1<sup>st</sup> April 2023. Until the outcome of this tender is published it is not possible to progress some of the key new initiatives that will need to be in place for April 2023. For this reason, some of the key actions during year one of the delivery plan are around building service demand and identification of unmet need. Others also focus on building programmes of activity that can be started independently of the tender.

13.3 This funding is the first 3 years of a planned 10-year national intervention, The risk of non-continuation of the funding after the 3 years would impact on all agencies that might employ staff on a permanent basis and on service users who will be receiving services funded by this grant. This risk is more challenging to mitigate since almost all the planned activity requires staffing and resource. However, significant attention is being paid to training the future workforce and upskilling other frontline professionals in this field.

13.4 The aims around capacity are that over this period although more people will receive care, many more will also recover and leave the system, and recovery communities will be established to promote community based long term options for support reducing reliance on funded services.

13.5 Additionally, there are nationwide challenges with recruitment and retention of sufficiently skilled and experienced drug and alcohol staff required to meet the targets of this grant funding. All 4 South Yorkshire Local Authorities have been identified as being in the 50 areas to received enhanced funding in Year One. In order to mitigate this the Council will be linking in with neighbouring Local Authorities and OHID who are working towards national plans to help resolve this issue. This might include in investing in training schemes.

13.6 Delivery of these targets will also be reliant on capacity in both the inpatient detoxification specialty and the residential rehabilitation sector which are also experiencing rising costs and recruitment difficulties.

13.7 As this grant requires a multi-agency approach it is imperative that all key stakeholders are involved and engaged in the process, including the development of any future strategies, plans or partnership groups. A lack of engagement could result in not being able to deliver what is currently set out in the plan. Developing clear terms of reference to any partnership

groups alongside the added capacity supporting co-ordination of partnership working aims to mitigate this.

- 13.8 As the allocation is annual and must be spent in the same financial year, there is a risk of underspend which may also impact on any future funding allocations beyond 2025. To mitigate this, we have ensured there is flexibility within the plan such that any areas in which spending does not reach the allocated amount, for instance due to failure to recruit staff, can be reallocated to another area.

**14. Accountable Officers**

Ian Spicer, Strategic Director, ACH&PH  
Ben Anderson, Director of Public Health

Approvals obtained on behalf of Statutory Officers: -

	<b>Named Officer</b>	<b>Date</b>
Chief Executive	Sharon Kemp	27/6/2022
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	23/06/22
Assistant Director, Legal Services (Monitoring Officer)	Phillip Horsfield	21/06/22

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