

Committee Name and Date of Committee Meeting

Cabinet – 18 September 2023

Report Title

Public Health Proposals for Drugs and Alcohol Grant 2022-2025 - Annual update

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

No, but it has been included on the Forward Plan

Strategic Director Approving Submission of the Report

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Ward(s) Affected

Borough-Wide

Report Summary

This report provides Cabinet with an update on the last years activity regarding the Office for Health Improvement and Disparities (OHID) grant for Drugs and Alcohol. The grant was initially awarded to 50 local authorities as accelerator sites to combat drugs and alcohol. The report outlines the activities to date and the proposals for Year 2 (23/24) of the grant which were agreed by the Combatting Drugs Partnership, an officer decision and OHID.

In July last year Cabinet accepted the Drug and Alcohol Grant funding and the spending proposals outlined in the Cabinet report 'Public Health Proposals for Drugs and Alcohol Grant 2022-2025'. The present paper provides an update on those proposals and an overview of progress and achievements of the grant spend.

Recommendations

1. That this report is accepted as the first annual update on the 3-year outlined grant plan for use of the Supplementary Substance Misuse Treatment and Recovery Grant as set out in July the 2022 Cabinet Paper.
2. That Cabinet note that the Council is in year two of the current three year grant commitment. Whilst this has been made as part of a 10-year national strategy, there is currently no certainty of funding beyond 2025.

3. That Cabinet choose to continue to support the reprofiling of spend across the agreed Grant Plan categories to mitigate the risk of underspend and returning unspent grant to the Office for Health Improvement and Disparities.

List of Appendices Included

- Appendix 1 Part A Equality Impact assessment for services
- Appendix 2 Part B Updated Equality Analysis Form
- Appendix 3 Carbon Impact form

Background Papers

[Public Health Proposals for Drugs and Alcohol Grant 2022-2025](#)

[Dame Carol Black's independent review of drugs: phase two report](#)

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

[Additional drug and alcohol treatment funding allocations: 2022 to 2023](#)

[Additional drug and alcohol treatment funding allocations: 2023 to 2024 and 2024 to 2025](#)

[Decision details for We Are with You Contract variation](#)

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 - Annual update

1. Background

1.1 In July 2022 Cabinet received a report 'Public Health Proposals for Drugs and Alcohol Grant 2022-2025' outlining the availability of 2 grants being made available to Rotherham by the Office for Health Improvement and Disparities (OHID), and recommendations on how they could be utilised. These grants are: The Supplemental Substance Misuse Recovery and Treatment Grant (SSMTRG) and the Inpatient Detoxification (IPD) Grant. These grants were detailed in July 2022 Cabinet Report. Cabinet accepted the Drug and Alcohol Grant funding and the proposed Grant Plan and asked to receive an annual update. This report updates Cabinet on the delivery of the Grant Plan to date and outlines the plan for the remaining duration.

1.2 The phased grant allocation for Rotherham is set out in the table below, which shows both the SSMTRG and IPD Grant:

*Figure is indicative

	2022/23	2023/24	2024/25*
Supplemental Substance Misuse Treatment and Recovery Grant	£688,722	£1,128,684	£2,178,186
Inpatient Detoxification Grant	£64,077	£64,077	£64,077

1.3 The areas of spend for the Supplemental Substance Misuse Treatment and Recovery Grant are prescribed to cover the following ten categories:

1. System coordination and commissioning
2. Enhanced harm reduction provision
3. Increased treatment capacity
4. Increased integration and improved care pathways between the criminal justice settings, and drug treatment
5. Enhancing treatment quality
6. Residential rehabilitation and inpatient detoxification
7. Better and more integrated responses to physical and mental health issues
8. Enhanced recovery support Development and expansion of a recovery community
9. Other interventions which meet the aims and targets set in the drug strategy
10. Expanding the competency and size of the workforce

1.4 The original Grant Plan was agreed by OHID and were summarised within and appended to the July 2022 Cabinet paper.

1.5 Delivery of the Grant Plan has coincided with the recommissioning of Rotherham's Alcohol and Drug Treatment Service. This has seen a transition from CGL as the service provider up to 31st March 2023 to We Are With You (WAWY) from 1st April 2023, which created added complexity for the management of the Grant spend.

1.6 Since July 2022 and in response to the National Drugs Strategy; From Harm to Hope Rotherham has established a Combatting Drugs Partnership (CDP) for which the Director of Public Health is the Chair and Senior Responsible Owner. This partnership reports into the Health and Wellbeing Board and the Safer Rotherham Partnership and has taken on oversight of the delivery of the Grant Plan as part of the wider Combatting Drugs Action Plan. The Operational Grant Group which produced the original grant plan continues to be responsible for the Grant Plan implementation and now reports into the CDP. The Year 2 (23/24) Grant Plan has been developed in consultation with these two groups and has been subject to an approval process led by OHID.

2. Key Issues

2.1 Activity from the Inpatient Detoxification Grant

The Inpatient Detoxification (IPD) grant, managed by Doncaster MBC as consortia lead on behalf of 11 Yorkshire and Humber Local Authorities, was spent in full for 22/23 by September 2022 with all 14 spaces allocated for Rotherham residents being used. This was primarily for alcohol detoxification. As noted below this was supplemented from the SSMTR Grant to add a further 20 places to meet the needs of Rotherham residents presenting in 2022/23.

2.2 Activity from the SSMTR Grant funding

The majority of the SSMTR grant spend has been with the providers of Alcohol and Drug treatment services. Of the year one allocation, £268,514.30 was awarded to Change Grow Live (CGL) (the commissioned treatment provider up to the 31st of March 2023) to deliver harm reduction, criminal justice and recovery activities of the grant spend. This was increased by £60,000 to fund an additional 20 episodes of inpatient detoxification following the full utilisation of the Inpatient Detoxification Grant.

2.3 The contract with the new provider, We are With You (WAWY), commenced on 1st April 2023. An allocation of £532,308 from the 2023/24 SSMTRG has also been made to WAWY through the new non-core framework to enable work started with CGL to continue and expand into Year 2 (23/24) of the Grant.

2.4 The remaining grant spend has been across a range of local providers including RMBC, RDaSH, TRFT, VAR and other voluntary sector organisations, with the focus on creating integrated pathways for service users and building the support capacity required in communities to aid and maintain recovery.

2.5 This table describes progress of the workstreams funded via the SSMTRG as set out in the 2022 Cabinet Paper

Project	Comments
Commissioning support staff	All staff are in place, including an additional Commissioning Officer resource for the remainder of the grant period to further support the delivery of the grant. This is enabling additional focus and scrutiny of the

	providers delivery of the key targets and the setup of all the additional programmes of work.
Drug & Alcohol Related Death (DARD) Review Process	QES Drug and Alcohol related death surveillance system procured. WAWY staff have been trained on the system, with further training of partners to be rolled out. Workshops with partners, and an initial DARD Review panel session have been held to inform the development of the death review process. A Prevention Officer employed by South Yorkshire Police is in post to further support this work to learn from and reduce drug and alcohol related deaths in Rotherham.
Workforce Development	To improve understanding and skills in the wider non-specialist workforce a programme of substance misuse skills and awareness courses was procured. A total of 507 learning places were attended.
Residential Rehabilitation	Pathways and process have been revised. A new approval mechanism (the Rehabilitation Forum) for all applications has been established. WAWY will now lead on the allocation and brokerage of additional grant funded places. This will enable more individuals to benefit and increase successful treatment outcomes.
Treatment provider activity	All 10 grant funded staff posts have been appointed to, delivering on harm reduction, criminal justice, and recovery activities. All of which have carried over into the new contract with WAWY from CGL. A key achievement from provider activity is that Rotherham was the first area in South Yorkshire to achieve Hepatitis C 'micro elimination' ⁱ via the Harm Reduction worker and outreach provision.
Sexual Health service Substance Misuse link work	Additional two posts in the sexual health service to work with the drugs and alcohol service to identify new clients for both and enhance the service offer in the drugs service.
Early help Substance Misuse Team	Staff team (x3 workers) to support the Family Hubs. This team will help build integrated approaches to parental/family substance misuse for both adults and young people, enhancing early identification and access to specialist services for parents so that harm to children is prevented and addressed effectively.
Dual Diagnosis Social Worker	Unfortunately, two recruitment exercises yielded no successful candidates. Discussions are taking place to determine next steps.
Consultant and Assistant psychologists	These posts did not start during 2022/23 as planned. The options for increased mental health intervention may need to differ from the original proposal. A scoping exercise to develop the model for this provision is currently being undertaken alongside key partners including WAWY and RDaSH.

Alcohol screening and Brief Interventions	Connect Healthcare commissioned to deliver Alcohol Brief Intervention (ABI) in GP practices alongside NHS Health Checks. Connect has delivered over 6000 ABIs. To improve the identification and uptake of support, key partners, including WAWY, Drink Coach and Connect, are developing an Alcohol Pathway in the Primary Care Networks, ensuring Rotherham residents can get help where they live; this a potential area for further investment
Recovery Community	Voluntary Action Rotherham have appointed a Head of Service and a Project Manager to lead on this work. A programme is in place to support the delivery of community recovery grants and the development of a visible Rotherham Recovery Community. Recovery Champions have been identified and are leading on planning recovery activities. This work will provide support for people at various stages of recovery, enabling them improve their lives and reducing the risk of relapse.

2.6 Inpatient Detoxification activity

The IPD allocation (14 placements) and additional SSMTRG allocation (20 placements), resulted in total of 34 22/23 grant funded placements. The majority completed the intervention. Ongoing work is being undertaken to understand the outcomes for those receiving this intervention as well as the factors contributing to those outcomes (such as substances involved, the inpatient detox unit attended and whether the person remained in treatment afterwards). This information will help to inform decisions for and improve outcomes of future placements.

2.7 This table displays the key OHID SSMTRG targets and performance for 2022/23

Local Target	Baseline	2022/23 ambition	2022/23 data	2023/24 ambition	2024/25 ambition
2415 adults in treatment by 2025	1957	5%	5.8%	12%	24%
59 Young people in treatment by 2025	34				
Total 52 adults attend rehabilitation over the 3 years 2022-2025	9	14	9	17	26

75% of adults with substance misuse problems leaving prison are engaged with treatment in 2025 (Continuity of Care)	25%	40%	32.1%	60%	75%
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2.8 Areas of focus

2.9 Residential Rehabilitation:

2022/23 Residential rehabilitation placement targets were not met. This was due to the time needed to establish and promote the new pathway as well as to review caseloads to identify people who would benefit from the intervention. The new pathway will help to identify, process, and approve applications more efficiently. These efforts, along with establishing the Rehabilitation Forum, mapping the residential rehabilitation centres, and having new staff in place, have led to an increase in placements, particularly in Q4. Therefore, there is an expectation that the number of utilised placements will continue to increase, in line with our revised ambitions. The ambition has been negotiated down with OHID to better reflect expected local need.

2.10 Continuity of Care:

In this context continuity of care means adults with substance misuse problems leaving prison and engaging with treatment within 3 weeks. The low figure for continuity of care in Rotherham in 2022/23 is partially attributable to identified data issues, specifically the reconciliation of data between prison and community. Changes to the tracking and reconciliation process between prison and community services in the new providers service model, along with regular meetings with the prison data team have meant that the local 2023/24 and 2024/25 ambitions have been retained.

2.11 Dual Diagnosis and Clinical Psychology roles:

A person with Dual Diagnosis has both a mental health disorder and a substance use disorder at the same time. Both the dual diagnosis worker and clinical psychology roles workstreams aim to create more integrated responses to mental health issues, but there have been difficulties in recruitment to roles which have required a re-think. A new group has been formed to consider sustainable solutions. The Dual Diagnosis and Primary/Community Mental Health Transformation Group meets monthly with representation from We Are WithYou, RDaSH and the Council in order to develop a deliverable plan in light of the recruitment challenges.

2.12 **Grant Plan Reprofiting**

Delays in recruitment and mobilisation within some of the workstreams set out above created the risk of a significant underspend on the Year 1 Grant Plan, and consequential risk of substantial return of the grant to the value of the underspend. However, reprofiling the spend in Year 1, by redistributing the available funds to existing and new workstreams, in line with the original grant plan, achieved a year 1 out-turn of only £23,736 underspend from the £688,722 total SSMTR grant (3.4%).

2.13 Delivery through the reprofiling of spend has included; additional workforce training packages, drug awareness resources for young people, 20 additional places for inpatient detoxifications and an online alcohol intervention tool (DrinkCoach).

2.14 Drink Coach is an online commissioned service that allows people to assess how risky their drinking is and receive personalised advice online. The website also helps residents access local advice and support options. Rotherham residents will be able to access free online coaching sessions which will connect them with a DrinkCoach via video call.

2.15 **Year 2 Priorities**

The Year 2 (23/24) Grant plan sees a continuation of the delivery plans set out in year one (as summarised in the table in 2.5) alongside further workstreams to meet the Councils ambitions. These include working through the Dual Diagnosis and Primary/Community Mental Health Transformation Group to develop pathways for those with co-morbid substance misuse and mental health issues and plans to expand the TRFT Alcohol Care Team.

2.16 Over Years 2 (23/24) and 3 (23/24) the grant will fund additional substance misuse support within the Alcohol Care Team at Rotherham General Hospital to support adults with a drug related concern who attend the Urgent and Emergency Care Centre or are admitted to hospital.

2.17 Plans for Year 3 will also see a continuation and expansion of the existing workstreams set out in the table in 2.5. Further underspend is anticipated as planned projects are mobilised. Where possible any accrued underspend will be reprofiled across the agreed Grant Plan to minimise return of the grant to OHID.

3. **Options considered and recommended proposal**

3.1 As this report provides an update on the delivery of activities previously agreed by Cabinet, the options are as follows:

3.2 Option one and recommended: That cabinet choose to continue to support the reprofiling of spend across the agreed Grant Plan categories to mitigate the risk of underspend and returning unspent grant to OHID.

3.3 Option two: That cabinet do not support reprofiling of spend across the agreed Grant Plan categories. This is not recommended as there is

significant ongoing risk of underspend meaning that funds would effectively be lost to Rotherham, as is explained in sections 13.1 and 13.2.

4. Consultation on proposal

- 4.1 The Operational grant group, which worked to develop plans for SSMTRG expenditure, continues to contribute to grant plan development and management and now reports to the CDP. Additional groups have been established as appropriate to inform the priorities on the grant allocation.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The grant plan was submitted on time to OHID on 10/03/2023. It is assumed that a further plan will need to be submitted to OHID next year to confirm year 3 of the Grant.
- 5.2 The Memorandum of Understanding which confirms the terms of the Grant was issued by OHID and signed by the DPH and S151 officer on 17/04/2023.

6. Financial and Procurement Advice and Implications

- 6.1 From the 2022/23 grant allocation (£688,722), the actual spend was £664,986 resulting in an underspend of £23,736. Any underspend is not carried forward and is returned to OHID.
- 6.2 Where the Council is unable to deliver grant outcomes, there is a risk future grant may be reduced. Progress is actively monitored and spend redirected within the remit of the conditions of the grant, where possible, to minimise any underspend.
- 6.3 The completion of procurement activity associated with the expenditure of the Drug and Alcohol grant featured within this report has been undertaken in compliance with the Council's Financial and Procurement Procedure Rules and Public Contract Regulations (as amended).

7. Legal Advice and Implications

- 7.1 Under the Health and Social Care Act 2012, the Council is responsible for improving the health of the Borough's population and part of this relates to the provision of services relating to the prevention of alcohol and drug misuse. The measures and projects set out within this report contribute to how the Council discharges this function and as such are consistent with the terms of the Memorandum of Understanding relating to the Grant from OHID. These functions are not reserved to Council in legislation or regulations and therefore are executive functions, exercisable by the Cabinet.
- 7.2 These functions are not reserved to Council in legislation or regulations and therefore are executive functions, exercisable by the Cabinet.

8. Human Resources Advice and Implications

- 8.1 All of the roles created by this Grant will potentially be at risk should the expected Grant be discontinued, both within the Council and in provider services. Due Human Resources processes will be complied with should there be a service change.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 Stakeholders including children's and young people's services, safeguarding, adult care and housing are integral to both the Combatting Drugs Partnership and the Operational Grant group.
- 9.2 The difficulties in recruiting any of the dual diagnosis and clinical psychology roles have implications for vulnerable adults. Solutions to which will be discussed within the established Dual Diagnosis and Primary/Community Mental Health Transformation Group.

10. Equalities and Human Rights Advice and Implications

- 10.1 The equalities impact assessment completed for the 'Public Health Proposals for Drugs and Alcohol Grant 2022-2025' has been updated and can be reviewed in appendices Three and Four.

11. Implications for CO2 Emissions and Climate Change

- 11.1 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. Key external partners include the current service provider WAWY, South Yorkshire Police (including District Commander of Rotherham, and CDP co-chair, Chief Superintendent), South Yorkshire Probation Service, The Police and Crime Commissioner's Office, Public Health commissioned sexual health services, Voluntary Action Rotherham, Local NHS strategic leads including CCG commissioned Alcohol Care Team at TRFT and RDaSH mental health services.

13. Risks and Mitigation

- 13.1 The allocation continues to be provided on an annual basis and must be spent in the same financial year. There is a continued risk of underspend for Year two which may also impact on any future funding allocations beyond 2025. Any unspent grant funds from this financial year will be deducted from the 2024/25 allocation and therefore lost to Rotherham.
- 13.2 To mitigate this, there is flexibility within the plan such that any areas in which spending does not reach the allocated amount. Plans are in place with WAWY to utilise any underspend in Y2 to increase workforce capacity within

the service, which will continue as part of Y3 plans, when the overall budget increases significantly.

- 13.3 There is a risk that the mobilisation of the new treatment provider will impact initial activity delivered and performance outcomes. There was only a small drop in numbers in treatment resulting from mobilisations, as WAWY reviewed caseloads and exited people appropriately from the service over the first few weeks. There were also several staff posts vacant within the Drug and Alcohol service, which have been recruited to since the start of the contract. While most are now in place these temporary vacancies may, in the short term, have affected the ability to take on new service users.
- 13.4 The Government have still 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.

14. Accountable Officers

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

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	Sharon Kemp	04/09/23
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	31/08/23
Assistant Director, Legal Services (Monitoring Officer)	Phillip Horsfield	25/08/23

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This report is published on the Council's [website](#).

ⁱ When we say an area has micro-eliminated hepatitis C, that means it has reached these targets: 100% of people using the service have been offered a hepatitis C test. 90% of these people have then been tested. 75% of people who were diagnosed with hepatitis C have started treatment