Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 16 March 2026

Report Title
Public Health Grant for 2026/27

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

Executive Director Approving Submission of the Report
Ian Spicer, Executive Director of Adult Care, Housing and Public Health

Report Author(s)
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Ward(s) Affected
Borough-Wide

Report Summary
This report outlines the changes to the Public Health supplementary grant for 2026/27 and allocations to Rotherham Council. It provides a brief update on the 2025/26 spend and outlines the new process for allocations from April 2026, including investment proposals for 2026/27, and beyond where relevant.

Recommendations

That Cabinet:

1. Note the changes in the Government's approach to the allocation of Public Health Grant;

2. Approve spending plans for Rotherham's Public Health Grant outlined in the Report;

3. Delegate authority to the Director of Public Health to recommission the Drug and Alcohol contract with the protected Drug and Alcohol budget;

4. Delegate authority to the Director of Public Health (within the protected stop smoking budgets in the public health grant) to commission services designed to enable the Council to make progress in achieving a smoke free generation in line with the plans from central government.

List of Appendices Included

Appendix 1 PART A - Initial Equality Screening Assessment

Appendix 2 PART B – Equality Analysis Form

Appendix 3 Carbon Impact Assessment form.

Background Papers

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

Local Stop Smoking Services and Support Grant:
The Khan review: making smoking obsolete - GOV.UK
Smokers urged to swap cigarettes for vapes in world first scheme - GOV.UK
Stopping the start: our new plan to create a smokefree generation - GOV.UK
Cabinet Report: Tobacco Control Review 16 October 2023
Notice Of Motion - Tobacco Control 12 April 2023
Health and Wellbeing Board on Wednesday 25 January 2023
Cabinet Report: Public Health, Healthy Lifestyle Services Pathway 16 May 2022
Cabinet Report: Local Stop Smoking Services and Support Grant 12 February 2024

Cabinet Report: Confirmation of Supplementary Public Health Grants for 2025/26 and approval of grant spend March 2025. (Public Pack)Agenda Document for Cabinet, 17/03/2025 10:00

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Public Health Grants for 2026/27

1. Background

1.1 In 2025/26 Rotherham Council received Supplementary Public Health Grant funding for substance misuse treatment and recovery via the Drug and Alcohol Treatment Recovery and Improvement Grant (DATRIG) (which included the Supplemental Substance Misuse Treatment and Recovery Grant) , Individual Placement and Support (IPS), the Local Stop Smoking Services and Support Grant (LSSSASG) and Supervised Toothbrushing. These grants were made separately as part of the Government strategies on drugs and alcohol, tobacco, employment support and oral health. The Grants have specific conditions including maintaining baseline Public Health Grant spend on the respective core services.

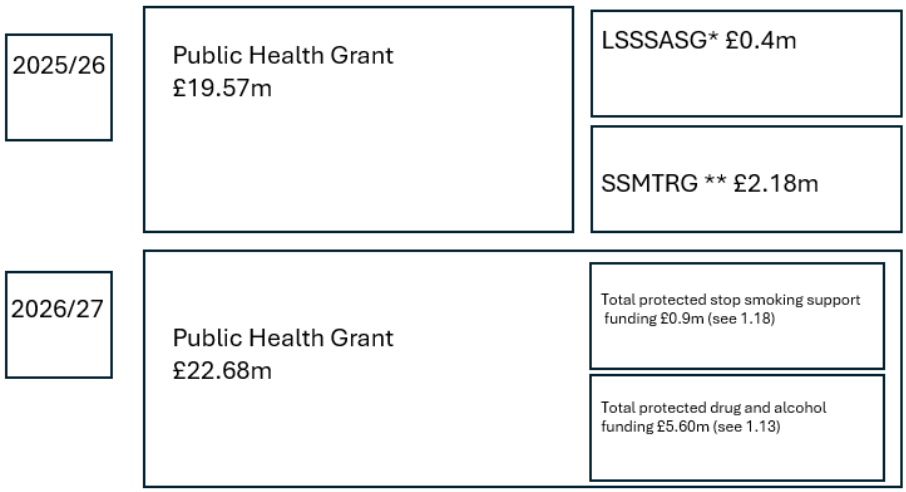
1.2 This paper relates to additional funding that is allocated to Public Health and is protected because of specific conditions attached. Issued via the Department of Health and Social Care (DHSC), from 2026 this funding is protected within the wider public health ringfenced grant. If the additional grants received are not spent in line with the associated conditions (as with the wider public health grant) future funding may be decreased. The supplementary grants will be added to the Public Health Grant as part of a 3-year financial settlement.

1.3 This paper outlines the changes to the supplementary grants for 2026/27 announced 26th November 2025 and the confirmation of allocations to Rotherham Council as well as the indicative amounts for the remainder of the three years of the settlement where these have been provided. It seeks approval for delegation to the Director of Public Health in consultation with the Executive Director of Adult Care, Housing and Public Health (ACHPH) and lead member for Adult Care and Public Health to allocate grant in line with the stated conditions and associated plans.

1.4 **The Public Health Grant**
The Council receives the Public Health Grant (PHG) on an annual basis; the amount is calculated using a pre-determined formula. The Public Health Grant conditions specify the activity expected to be delivered with this money. The conditions for the Public Health Grant fall into prescribed functions and non-prescribed functions.

1.5 For 2026/27 further supplementary grant streams have been amalgamated into the Public Health Grant, by combining relevant core spend from the PHG together with the supplementary allocations to create protected funding streams within the PHG.

1.6 In 2025/26 the total Public Health Grant amounted to £19.57m, with £0.4m protected for Smoking Cessation and £2.18m protected for Substance Misuse and Recovery. In 2026/27 the total grant increased to £22.68m with an increased proportion of it protected for Smoking Cessation (£0.9m) and £5.60m from Drug and Alcohol support.



* Local Stop Smoking Services and Support Grant
** Supplemental Substance Misuse Treatment and Recovery Grant

1.7 The majority of the Public Health Grant is spent on commissioned services; prescribed and non-prescribed functions have been combined into these contracts. Services are commissioned via five key contracts with three external providers. The five contracts are:

- Children's Public Health Nursing Service (0-19), provided by The Rotherham NHS Foundation Trust (TRFT).
- Sexual Health Services, provided by TRFT.
- NHS Health Checks (aged 40-74), provided by Connect Healthcare.
- Rotherham Healthwave (smoking cessation, weight management, physical activity), provided by Connect Healthcare
- Rotherham Alcohol and Drug Service (ROADS), provided by WithYou.

1.8 All the contracts were procured with a maximum term of 10 years, with an initial term of five years prior to review (with option for annual renewal for the following five years), except for Healthwave which was a maximum term of 9 years with an initial term of 4 years prior to review. In each case the cost of each contract for these first five years was agreed as 'fixed and firm', meaning with no increases arising from inflation or other cost pressures experienced by the provider.

1.9 The fixed and firm contracts (start and finish dates included in the table below) mean that the costs of all the contracts are predictable at £11.25m per year.

1.10

Contracted Service	**PHG spend (annual)**	**Provider**
Children's Public Health Nursing Service (0-19)	£4,992,000	The Rotherham NHS Foundation Trust (TRFT) 2022/23 – 2027/28
Sexual Health Service	£2,334,000	The Rotherham NHS Foundation Trust (TRFT) 2022/23 – 2027/28

2 separate contracts: Healthwave NHS Health Checks	 £ 449,000 £ 250,000 £ 699,000	Connect Healthcare 2022/23 – 2026/27 2022/23 – 2026/27
Rotherham Alcohol and Drug Service (ROADS)	£3,223,000	We are With You (WY) 2023/24 – 2027/28

1.11 The two first fixed five-year contracts are due to reach their initial expiry in the financial year 2027-2028. Public Health Commissioning, with colleagues from across the Council, will consider the options and agree a strategy of how to proceed with funding the contracted services in advance of the initial fixed and firm period ending in 2027/28.

1.12 **Drugs and Alcohol funding**

From 2026/27 and going forwards the Supplementary Substance Misuse Treatment and Recovery (SSMTR) and the Individual Placement and Support (IPS) grant will be consolidated into the Public Health Grant (PHG) alongside the core funding in the PHG for drugs and alcohol. Both the supplementary and the core funding have been consolidated to form a protected drug and alcohol grant within the PHG for each Local Authority. The breakdown of the indicative amounts for the next three years is shown below.

1.13

Component parts of the total Protected Drug and Alcohol Budget from the PHG	**26/27**	**27/28** **indicative amount**	**28/29** **indicative amount**
Spend from the Core PHG	£3,349,576	£3,417,804	£3,484,356
SSMTRG	£2,123,165	£2,013,124	£1,903,083
IPS	£170,690	£175,499	£180,699
TOTAL	**£5,643,431**	**£5,606,427**	**£5,568,138**

1.14 The 2026/27 Grant Plan is developed in consultation with the Rotherham Combatting Drugs Partnership (CDP) and is subject to an approval process from the Office for Health Improvement and Disparities (OHID). The Council currently spends £5.6m on drugs and alcohol related health improvement projects and services, funded by £2.18m of specific grants and £3.42m from the Public Health Grant.

1.15 **Local Stop Smoking Services and Support funding**

In February 2024 Cabinet received a report following the Government announcement of a set of Tobacco Control proposals in response to the Khan Review and the Government's ambition to make England smoke-free by 2030.

1.16 Rotherham's allocation for Local Stop Smoking Services and Support Grant (LSSSASG) is based on an estimated smoking prevalence of 15.15%,

(average 3-Year Smoking Prevalence for 2021-2023); a similar amount is to be confirmed each year through to 2028/29, giving an estimated total of £1.92m over five years.

1.17 Rotherham's 2026/27 total protected smoking cessation allocation is £898,386; comprised of:

Baseline Spend from Core PHG	£398,587
LSSSAG	£397,574
Swap to Stop	£101,255

1.18 As per the settlement this is part of a 3-year financial commitment from Government contributing to the Smoke Free Generation strategy.

1.19 **Supervised Toothbrushing**

The supervised toothbrushing funding will be distributed as a minimum flat rate of £15,000 per local authority, and remaining funding for this service distributed based on the number of 3 to 5-year-olds in the 20% most deprived Local Authorities. The supervised toothbrushing funding will be used to continue the programme plan established for 2025/26.. Rotherham's 2026/27 allocation has not yet been confirmed; last year's grant was £85,000.

1.20 **Grant Allocations** Summary Amounts are subject to the Department of Health and Social Care (DHSC) and Treasury approvals hence the variations.

1.21

Grant Stream	**Grant Split (if relevant)**	**2024-2025**	**2025 -2026**	**2026 -2027 Amalgamated into the PHG**
Previously called DATRIG, Drug and Alcohol Treatment and Recovery Improvement Grant	Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant	£2,178,186	£2,178,186	£2,123,165
	Inpatient Detoxification Grant	£64,077	£64,077	Not yet announced, is directly allocated to the lead provider of the consortia
Individual Placement and Support		£157,432	£165,719	£170,690

Local Stop Smoking Services and Support Grant (LSSSASG)		£384,845	£398,587	**£** £397,574
	Swap to Stop allocation (now amalgamated into the LSSSASG allocation)	Not Applicable	Not Applicable	**Estimated £101,255**
Supervised Tooth brushing		Not Applicable	£ 85,000 (already with in the PHG)	**Estimated £85,000**

2. Key Issues

Grant Activity:

2.1 From April 2026 a funding simplification process will be implemented, SSMTRG, IPS, LSSSASG grants will be added to the Public Health Grant allocation and not awarded as separate streams. In addition, the Swap to Stop budget is being included within LSSSASG. The funding (with the exception of the Supervised Tooth Brushing) is part of a 3-year Settlement (2026-27 to 2028-29) but will remain allocated on an annual basis, with indicative figures provided for the protected drug and alcohol funding.

2.2 As part of the 2025/26 SSMTRG budget £1.5million has been allocated to spend with ROADs for treatment provider activity (this includes spend of residential rehabilitation, prescribing and dispensing costs for additional treatment places).

2.3 Similarly, the allocation to Healthwave from the LSSSASG is budgeted at £350k for 2025/26.

2.4 The intention is to continue both these allocations across the term of the contracts from the SSMTR/LSSSASG, respectively, as part of the delegation for which this paper seeks approval.

2.5 **Public Health Development Investment Requirements**
The purpose of the grant is to provide all local authorities in England with the funding required to discharge their public health functions. . The Department of Health and Social Care's (DHSC) presumption is that the Public Health Grant will be spent in-year. If there are funds left over at the end of the financial year they can be carried over into the next financial year. RMBC manage the grant according to the conditions.

3. Options considered and recommended proposal

3.1 There are no options being proposed in relation to spending the grant on public health activity as the Public Health Grant is allocated to Local Councils for this purpose. It is recommended that:

3.2 That Cabinet:

1. Note the changes in the Government's approach to the allocation of Public Health Grant;
2. Approve spending plans for Rotherham's Public Health Grant outlined in the Report;
3. Delegate authority to the Director of Public Health to recommission the Drug and Alcohol contract with the protected Drug and Alcohol budget;
4. Delegate authority to the Director of Public Health (within the protected stop smoking budgets in the public health grant) to commission services designed to enable the Council to make progress in achieving a smoke free generation in line with the plans from central government.

4. Consultation on proposal

4.1 The operational grant group, which worked to develop plans for the original drugs grant (SSMTRG), continues to contribute to the plan and reports to the Combatting Drugs Partnership, which is chaired by the Director of Public Health, with the vice chair being the South Yorkshire Police Rotherham District Commander . Additional groups have been established as appropriate to inform the priorities on the grant allocation.

4.2 The Tobacco Control Steering Group have worked in partnership to develop the updated Tobacco Control Work Plan (2025 – 2029). The group membership includes Council Directorates (Adult Care, Housing and Public Health, Regeneration and Environment and Children and Young People's Services), Connect Rotherham Healthcare CIC, The Rotherham NHS Foundation Trust and Rotherham Doncaster and South Humber NHS Trust (RDaSH) and representation from South Yorkshire Integrated Care Board Rotherham Place. This group meets quarterly to continue to oversee and contribute to the delivery of the work plan.

5. Timetable and Accountability for Implementing this Decision

5.1 The grant awards will initially be made to the Council for the year 2026 - 2027, with quarterly payment terms. Following Cabinet approval Memoranda of Understanding will be signed with Government and grant spending will commence in line with the grant conditions and local strategies.

6. Financial and Procurement Advice and Implications

6.1 Whilst there are no specific procurement implications with the recommendations detailed in this report, it is important to highlight that the contracting and commissioning arrangements detailed in this report are subject to compliance with procurement legislation, namely the Health Care Services (Provider Selection Regime) Regulations 2023, as well as the Council's own Financial and Procurement Procedure Rules.

6.2 In 2025/26 the Public Health Ringfenced grant was £19.575m. The Public Health Ringfenced grant for 2026/27 will be £22.681m. This incorporates £6.542m that will be additionally ringfenced to specific activities, leaving

£16.139m for other public health activities. Although this reduces the flexibility to spend the grant, there is currently enough spend within the ringfenced areas to meet the requirements of the grant.

7. Legal Advice and Implications

7.1 Under the Health and Social Care Act 2012, the Council has a statutory duty to take appropriate steps to improve the health of the Borough's population. Key duties in relation to this are the provision of services relating to the prevention of alcohol and drug misuse, smoking cessation services, sexual health services and other services as set out in the body of the report.

7.2 The provision of the services set out above is consistent with the conditions of the Public Health Grant, as must all of the grant spending be, and appropriate contractual arrangements are in place with each of the service providers referred to.

8. Human Resources Advice and Implications

8.1 No HR related concerns associated with this report.

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, and any implications of the use of the PHG that specifically impact on these groups are the subject of collaboration with the relevant Service Director.

9.2 Supporting adults to quit increases the likelihood of children living in smoke-free homes.

9.3 The grant funding is to support smokers to quit tobacco; the current commissioned service provided by Connect Healthcare Rotherham CIC includes a Young Person Stop Smoking service, which is delivered in partnership with the school nurses as part of the 0-19 Service (The Rotherham NHS Foundation Trust) for young people aged 12 and over who are dependent on nicotine.

9.4 The aim is to reduce variation in smoking rates and will also direct efforts to support Rotherham's most vulnerable groups, and groups where smoking rates are disproportionately high, including:

- People with mental health conditions.
- People working in routine and manual jobs.
- Communities in areas of high deprivation.
- Ethnic groups with a high smoking prevalence.
- LGBTQIA+ people.

9.5 The referral route via NHS Health Checks will support engagement with this population as the delivery of NHS Health Checks prioritises the populations of GP practices with the highest levels of deprivation.

10. Equalities and Human Rights Advice and Implications

10.1 An equalities screening has been completed to support this decision and is attached at Appendix 1. This screening concludes that an equalities impact assessment needs to be completed however, the previous impact assessments connected to these grants remain valid and so no new impact assessment has been completed. All have been reviewed for this paper, and the original impact assessments are still valid for these grants and are attached in the link at Appendix 2 for information.

10.2 Some demographic groups are known to have higher rates o smoking and substance misuse and, therefore, to be at greater risk of substance misuse-related ill health, including people living in areas of significant deprivation. Interventions to reduce prevalence of substance misuse in Rotherham's communities will help to reduce this health inequality.

11. Implications for CO2 Emissions and Climate Change

11.1 There are no specific implications for CO2 emissions and climate change from spend of the Public Health Grant. If successful in reducing tobacco consumption in Rotherham, there will be indirect benefits along the tobacco supply chain. A Carbon Impact Assessment form has been completed and can be reviewed in Appendix 3

12. Implications for Partners

12.1 For the Public Health additional grants there are a range of key internal partners including Housing, Children and Young Peoples Services (CYPS), Regeneration and Environment and safeguarding. Key external partners include the current service providers listed in the paper, South Yorkshire Police (including the District Commander of Rotherham, co-chair of the Combatting Drugs Partnership (CDP)), South Yorkshire Probation Service, Voluntary Action Rotherham, Local NHS strategic leads and RDaSH mental health services. These partners are actively engaged in delivery and oversight of the grants through the Combatting Drugs Partnership and Tobacco Control Steering Group.

12.2 Additional capacity within these Public Health services will enable providers across the borough to play a more focused role in referring people they see in front-line services to access quick and effective support. These support services can receive referrals from any source, including self-referral and online.

13. Risks and Mitigation

13.1 The drug and alcohol funding is part of a 10-year national strategy. The allocation continues to be provided on an annual basis, but with indicative allocations for 3 years until 31st March 2029.

13.2 Some of the smoking population might be described as more clinically complex (for example, they may have higher levels of tobacco dependency, live more complex lives or have a range of additional clinical needs or long-term conditions). Over time, there will be a greater proportion of the smoking population remaining in this group. This can make the task of the services more difficult over time whilst potentially increasing the cost of these interventions. To mitigate this challenge, it is important that services are resourced and that the most recent evidence-based practice is used with this group.

13.3 The Public Health Commissioning team will manage compliance with the grant conditions via quarterly contract management meetings, which will monitor and manage grant spending, ensuring that services are delivered as outlined in the grant conditions. The Public Health Senior Management Team and the Tobacco Control Group will have oversight of grant spending via quarterly reporting.

14. Accountable Officers

Ian Spicer Executive Director, Adult Care, Housing and Public Health

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	25/02/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	25/02/26

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This report is published on the Council's website.