

Notice of Non-key Executive Decision

Subject Heading:	Local Authority Supplementary Substance Misuse Treatment & Recovery Grant 2022/23
Decision Maker:	Mark Ansell, Director of Public Health
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services
SLT Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Daren Mulley, Senior Commissioning Manager, Joint Commissioning Unit E: daren.mulley@havering.gov.uk
Policy context:	This grant has been provided by central government to resource local implementation of aspects of the national drug strategy 'From harm to hope: A 10-year drugs plan to cut crime and save lives'. The monies will enable the Council to invest more in drug and alcohol treatment services to improve the lives of vulnerable children, adults and families.
Financial summary:	The Council has been allocated a total of £295,469.00 from the Office of Health Improvement & Disparities (OHID) for 2022/23. The grant expenditure will be spent on revenue activities agreed between the Council and the local Drugs & Alcohol Provider (Change, Grow, Live) and incurred over a maximum period of 9 months starting as

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	early as possible in the second quarter of the financial year 2022/23.
Relevant OSC:	People OSC
Is this decision exempt from being called-in?	No

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The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This decision paper seeks approval:

- i) To accept the S31 local authority grant for £295,469.00 from the Office of Health Improvement & Disparities (OHID) to provide additional drug treatment and recovery services in 2022/23.
- ii) To enter into the MOU agreement in the form set out by OHID for the grant.
- iii) To apply the s.31 grant to the Council's existing contract with Change, Grow, Live (CGL) for adult drug and alcohol treatment services to include the grant funded services during 2022/23 as set out in this report.

AUTHORITY UNDER WHICH DECISION IS MADE

Havering Council's Constitution, Part 3 [Responsibility for Functions]

3.3 Powers of Members of the Senior Leadership Team.

Financial Responsibilities

(c) In consultation with the relevant Cabinet Member to apply for, accept and manage external funding up to a limit of £500,000 per grant in support of any function within their Directorate provided that any financial contributions by the Council are made from within existing budgets.

STATEMENT OF THE REASONS FOR THE DECISION

In April 2022, the government announced in a letter to Directors of Public Health an additional £780 million to fund drug and alcohol treatment services for three years in 2022-2025. The new funding is focused on meeting the Government's ten year National Drugs Strategy priorities for increasing capacity and numbers in treatment, improving access to rehabilitation services, reducing drug-related crime and reducing drug-related deaths.

For 2022-23, Havering Council has been allocated £295,469.00. This funding is in addition to the money Local Authorities (LAs) already spend on substance misuse services from the Public Health grant. The Council's contract for drug and alcohol intervention services commenced on 1 April 2021 with an initial term of 5 years. The Council has worked closely with its existing treatment provider (Change, Grow, Live; CGL) to develop a grant spending plan as required by OHID. The funding will be made available through the Section 31 grant provisions of the Local Government Act 2003.

Interventions will be monitored nationally and improved pathways from the criminal justice system and increased use of community sentence treatment requirements will be key to achieving this aim. OHID have provided a menu of interventions for which

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this additional expenditure has been approved. Below is a summary of the menu of interventions that the universal grant could be used for:

- a) offering more treatment places
- b) increased use of residential rehabilitation
- c) expanding needle and syringe programmes to reduce blood-borne viruses
- d) providing more naloxone to prevent overdose deaths
- e) improving treatment pathways from the criminal justice system including courts, prisons and police custody
- f) increasing use of community sentence treatment requirements

Taking the above requirements into consideration, the Council and the local contracted adult drug and alcohol treatment Provider (CGL) to deliver the following service improvements in 2022/23:

- a) improve continuity of care, especially between prisons and the community (a greater proportion of offenders who leave prison are successfully engaged in the community to reduce reoffending)
- b) reduce drug-related deaths, principally from overdose poisoning but also from infections, drinking, etc.
- c) more treatment and recovery capacity, primarily for offenders (more offenders enter treatment, offending is reduced, more people recover)
- d) increase in use of residential provision (more complex drug users achieve and sustain abstinence and recovery)
- e) improvement in the quality of treatment including reducing caseload sizes, implementing caseload segmentation approaches, increased clinical supervision and training and development.

In more detail, the Council applied to fund the following specific interventions;

Intervention (from Menu)	Local Proposal	Detail of staff and consumables	Grant spend in 2022-23
Capacity to support enhanced local system-wide drug and alcohol related death and non-fatal overdose investigations.	Work will be prioritised to undertake a deep dive of DRD and ARD local data, and a review of serious case reviews featuring alcohol and drugs. This work will also include a review of hospital discharge data for referrals into treatment services. On an ongoing basis, this post will provide research and analysis support to partnership alcohol and drug strategy and delivery. This post will be recruited and sit with the provider.	x1 Safeguarding and Quality Lead	£35,348.58

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Enhanced blood borne virus testing and access to treatment	Increase the number of services users tested for BBV by providing enhanced outreach satellites	x1 Harm Reduction Support Worker	£22,740.00	
Enhanced needle and syringe programmes (including more use of low dead space syringes), covering specialist as well as pharmacy-based provision.	Current treatment provisions meets the need. Needle exchange sites including pharmacies are spread throughout Havering	Existing funding will resource this work		
Enhanced naloxone provision, including through peer networks and the police.	Current treatment provision meets this need. With 89% of opiate service user given take home naloxone	Existing funding will resource this work		
Enhanced outreach and engagement, (including outreach for people with disabilities and new parents) including targeted street outreach for: <ul style="list-style-type: none"> • people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant) • targeted vulnerable/priority groups including sex workers • crack, heroin users and alcohol users who are not in contact with treatment • young people not accessing services. 	Current treatment model has 2 outreach workers.	Existing funding will resource this work		
Additional treatment places for opiate and crack users.	Increase treatment access for opiate and crack users by providing increased satellite provisions and	x1 Opiate Practitioner	£30,477.99	

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	enhanced partnership work			
Additional treatment places for people dependent on alcohol.	The increase in dependent alcohol use during the pandemic has not translated to increased alcohol-only clients presenting to our services. We therefore intend to offer alcohol-only clinics in destigmatised settings to attempt to increase numbers accessing alcohol treatment.	x1 Alcohol Practitioner	£30,477.99	
Additional young people's treatment places.	Increase treatment access for young people users by providing increased satellite provisions and enhanced partnership work	x1 Non Opiate and YP lead Practitioner	£30,477.99	
Additional treatment places for non-opiate drug users.	Increase treatment access for non-opiate drug users by providing increased satellite provisions and enhanced partnership work			
Targeted services/provision for parents in need of treatment and support for children of drug and alcohol dependent parents and families.	Work will involve reaching out to hard to reach young people with a focus on children effected by Hidden Harm.	x1 Children and Family Practitioner	£28,725.12	
<ul style="list-style-type: none"> • Treatment capacity for police and court custody assessments • Collaboration with L&D, courts and probation • Continuity of care post prison release • Continuity of care from non-criminal justice settings 	lead development and co-ordination of enhanced CJ offer, line manage CJ staff, develop and maintain partnerships and ensure legacy planning. to deliver specialist CJ provision incl. presence/assessments in court, cells, probation; provide prison-link services for prison releases including gate pick up and accompanying to treatment appointments.	x1 CJ and Outreach Team Leader	£35,342.58	
		x1 CJ Practitioner	£28,725.24	
		x1 Practitioner	£28,725.24	
			£7,500.00	

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Increased residential rehabilitation placements, to ensure the option is available to everyone who would benefit. (IPD provision will be met through public health grant and IPD grant).	Having utilised our IPD grant and 2021/22 grant to increase access to Tier 4 provision (as agreed with OHID), we have identified a need for specialist residential rehabilitation placements for specific cohorts. The Tier 4 review will enable us to plan appropriately for unmet need including commissioning specialist beds / placements.		
Development and expansion of a recovery community and peer support network, including in treatment, to sustain long-term recovery, increase the visibility of recovery and support social integration.	Enhance offer to respond to extra diversion. Role will deliver CGL's evidence-based Foundations of Rehabilitation Group Work Programme and additional non-opiate and DRR group, including theme based recovery support workshop that supports mental and wellbeing.	x1 0.5 Recovery Practitioner	£16,905.00

The grant application was submitted to OHID on 23rd May 2022 and approved by OHID and the Department of Health and Social Care (DHSC) in a formal approval letter and MOU that was sent to the Director of Public Health on 20th June 2022.

Subject to approval of this decision, the CGL will be instructed to provide the additional grant funded services during 2022/23. The delivery and impact of this additional funding will be reviewed through the Council's regular contract management with the Provider.

OTHER OPTIONS CONSIDERED AND REJECTED

No other options were considered. OHID has given specific requirements for the expenditure of grant and the current contracted Provider is the most appropriate recipient of the grant to enhance existing drug and alcohol services as per the grant application.

PRE-DECISION CONSULTATION

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The pre-decision consultation has involved engaging with a number of stakeholders;

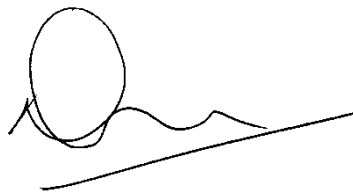
- Lead member for Adults and Health
- Change, Grow, Live (the Provider of adult drug and alcohol services)
- Public Health
- Community Safety
- Probation
- Legal
- Finance
- Equalities

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Daren Mulley

Designation: Joint Commissioning Unit

Signature:

A handwritten signature in black ink, consisting of a large, stylized 'D' followed by a series of loops and a long horizontal stroke extending to the right.

Date: 28/07/2022

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has the general power of competence under section 1 of the Localism Act 2011 to do anything an individual may generally do, together with the power under section 111 of the Local Government Act 1972 to do anything ancillary to or which facilitates any of its functions. Acceptance of the grant is in accordance with these powers.

The Council's contract for drug and alcohol services with Change Grow Live provides that the Council may review the contract provision annually in order to take account of "national policy, funding and local substance misuse needs" The proposed application of the grant to increase the services for the year 2022/23 is therefore in accordance with the contract.

The terms of the Memorandum of Understanding (MOU) provide that the Council must maintain investment in drug and alcohol treatment and recovery in line with its outturn in 2020/21; the spend is in accordance with its agreed proposal for the SSMTR grant; and that the appropriate documentation is submitted to OHID when requested. Officers should ensure they are familiar with and comply with the reporting requirements. Failure to comply may result in all or part of the funding being subject to claw back.

For the reasons set out above, the Council may accept and apply the grant as set out in this report.

FINANCIAL IMPLICATIONS AND RISKS

The first year of a three year grant has been awarded to the London Borough of Havering for the sum of £295,469.00 from the Office of Health Improvement & Disparities (OHID).

The planned expenditure against the grant in the 2022/23 financial year is £295,469.00 which is the full grant allocation. This is based upon a detailed breakdown from the provider of what additional staffing resources would be required to fulfil the contract variation. The current provider contract will be varied on an annual basis once confirmation of year 2 and year 3 grant funding has been received.

The grant conditions state that the funding can only be spent in accordance with the proposal that has been submitted and in the event that an under spend is forecast, this will be reported as soon as possible.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The action undertaken will include monitoring how the service meets the needs of all eligible users, including those from ethnic minority communities and the disabled. The Council will also ensure that potential providers have undertaken equality training and adhere to the Council's Fair to All Policy or their own equivalent.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

There are no environmental and climate change implications of, and risks relating to, the proposed decision.

BACKGROUND PAPERS

None

APPENDICIES

None

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Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker



Name: Mark Ansell

CMT Member title: Consultant in Public Health

Date: 4th August 2022

Lodging this notice

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____

Executive Decision Report Audit Trail

Position/Title	Directorate	Date Sent	Date received	Date Cleared
	Cabinet Lead			
	Member			
	SLT Director			
	Legal			
	Finance			
	Human			
	Resources			
	Equalities			

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Health
Democratic
Services