



EXECUTIVE BOARD DECISION

REPORT OF:	Executive Member for Public Health, Prevention & Wellbeing
LEAD OFFICERS:	Director of Public Health
DATE:	Thursday, 11 August 2022

PORTFOLIO/S AFFECTED:	Public Health Prevention and Wellbeing
WARD/S AFFECTED:	(All Wards);
KEY DECISION:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

SUBJECT: EB Drug and Alcohol Additional Funding

1. EXECUTIVE SUMMARY

Blackburn with Darwen Council has an opportunity for additional investment in a variety of drug and alcohol provision and inter-related activities over the next 3 years, 2022/23 to 2024/25. This paper explains this process and approach and the considerations we need to undertake to ensure we maximise the outcomes from this additional investment locally.

We have confirmation of the first three investments following an application process summarised below:

- Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant Funding £567,783, rising to £930,306 in year 2 and £1,795,698 in year 3.
- Inpatient Detox Funding (IPD) £55,334 annual for 3 years.
- Individual Placement Support (IPS) up to £148,395 annual for 3 years.

We have also applied for the following grant funding and are awaiting confirmation of this:

- Rough Sleeping Drug and Alcohol Treatment grant funding (RSDATG) £416,544 over 2022-24 period, with an additional year possible.

Three of these funding streams have been confirmed already in line with planning template and action grids required from national teams. The RSDATG funding is yet to be confirmed as of the date of this report.

We welcome this additional investment into the Borough to support our renewed effort to address the recommendations of both the Dame Carol Black review and the new National Drug Strategy (From Harm to Hope) including the Drug Strategy guidance for local delivery partners.

2. RECOMMENDATIONS

That the Executive Board:

- Notes the receipt of the additional funding to Blackburn with Darwen Borough Council from the Office for Health Improvement and Disparities (OHID);
- Notes that the funding received (SSMTR, IPD and IPS) will be used for the purposes set out within the funding bid application form to OHID and agrees that budget estimates are created accordingly
- Notes the bid for the Rough Sleeping Drug and Alcohol Treatment Grants and agrees that, subject to confirmation of the funding, budget estimates are created once the amount of funding is known;
- To note the commencement of the additional activity.

3.BACKGROUND

Since 1st April 2013 upper tier and/or unitary Local Authorities (LA's) have had responsibility under the Health and Social Care Act (2012) for improving the health of their local population and for public health services including those aimed at reducing drug and alcohol misuse.

Each local authority has responsibilities under the Public Health Grant to commission community based substance misuse services. Blackburn with Darwen currently commission the following service provision for substance misuse locally:

SPARK Integrated Drug and Alcohol Treatment and Recovery Service which incorporates Calico Group as the lead provider with sub contracting via EarlyBreak, Acorn, Delphi Medical, Red Rose Recovery, CVS and IMO.

Why Invest?

Alcohol and drug misuse impacts on a wide range of cross cutting priorities across health, wellbeing, social care, prosperity and attainment and criminal justice. There is extensive research and evidence in terms of the economic and social benefits and return on investment of funding for drug and alcohol service interventions. Please see a summary below of the rationale to retain investment into these commissioned services:

- Acquisitive crime, violent crime and domestic abuse are particularly associated with drug and alcohol misuse. Analysis of Ministry of Justice and drug & alcohol treatment data has shown that drug and alcohol specialist treatment results in significant reductions in offending behaviour in dependent drug and alcohol users. Drug/alcohol treatment results in a 44% reduction in the number of individuals re-offending in the 2 years after starting treatment for dependency, with a 33% decrease in the number of offences committed.
- Alcohol misuse has been estimated to cost £7bn in lost productivity nationally. Most individuals seeking drug or alcohol treatment are unemployed and treatment/recovery services actively seek to provide opportunities and support to individuals to find meaningful activities and employment. Employment and recovery are mutually reinforcing.
- Drug and alcohol problems can be both a cause and a symptom of homelessness. Significant proportions of homeless people have drug or alcohol problems. Providing support to address housing need is vital and can have a positive impact on motivation to change.
- The costs of alcohol and drug misuse to society are significant. Estimates show that the social and economic costs of alcohol related harm amount to £21.5bn, while that of illicit drug use

costs £10.7bn. These include costs associated with deaths, NHS, crime and, in the case of alcohol, lost productivity.

- Drug and alcohol treatment results in savings in a number of areas, such as Crime, QALY improvements and health & social care.
- Quality-adjusted life years (QALYs) are measures of life expectancy and quality of life, fundamental in health economic evaluations and resource allocations.
- Alcohol treatment reflects a return on investment of £3 for every pound invested.
- Drug treatment reflects a return on investment of £4 for every pound invested

Substance use services across the ICS are under significant strain following the financial climate over recent years which has led to reductions in funding for both these services and wider support structures for those who use the services. This has been further enhanced by the COVID19 pandemic and the need to alter working practice in order to keep services open, adapt to changing demands (e.g. rapid support of accommodated rough sleepers, shielded populations etc.) and operate in a COVID secure manner.

The current Independent review of drugs by Professor Dame Carol Black has included national surveys of commissioners and providers of substance misuse services to ascertain the current spend and reductions, with a view to support a request to the Treasury to reinvest in the delivery of substance misuse services.

This is the first year of a three-year scheme where OHID is working alongside other government departments to support a process of investment in a whole system approach to tackling illicit drug use, including enforcement, diversion, and treatment and recovery interventions. Local guidance for delivery partners from the Combating Drugs Unit to address the new National Drug Strategy also provides recommendations that we will address with the funding streams detailed below.

Please see a summary of funding streams and their intended outcomes below:

- **Supplementary Substance Misuse Treatment and Recovery (SSMTR) Additional Grant Funding**

This funding stream will be used as follows to achieve a:

- reduced likelihood of drug and alcohol related deaths
- a reduction in drug and alcohol related reoffending amongst prolific offenders within local areas
- increase in the numbers of drug and alcohol users, especially offenders, engaging in treatment as well as increases in those achieving and sustaining recovery
- reduced costs for local health services and police forces due to lower health and crime harms, and lower costs to the criminal justice system (as fewer people are dealt with by the courts)

- **Inpatient Detox (IPD) funding**

Additional funding to be used to further support the placement of appropriate service users into Inpatient detox units and enable better integrated provision of residential rehabilitation for those requiring this support as part of their treatment and recovery interventions

- **Individual Placement Support (IPS) funding**

IPS is a well-evidenced approach that aims for sustained employment through mainstream, competitive jobs. It works with anyone of working age engaged in structured treatment. IPS is highly personalised, features significant employer engagement, and offers in-work support in addition to pre-employment support. IPS is a 'work first' intervention designed to support people

into jobs that they want to do regardless of their stage on the recovery journey. It is also, to a large extent, a work only intervention - the aim is to support people in paid, mainstream jobs

- **Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) funding**

Structured drug and alcohol treatment (including community treatment and inpatient detox and residential rehabilitation) for those experiencing homelessness or at risk of homelessness and rough sleeping. Further wraparound and engagement support (including project coordination and/or project support) to support wider determinants linked this vulnerable cohort such as housing support, physical health, wound care and mental health assessment and interventions

4. KEY ISSUES & RISKS

Conditions of this funding are that:

- The investment in drug and alcohol treatment and recovery is in line with the outturn in 2020/21
- The spend is in accordance with the agreed proposal for the SSMTR grant
- The appropriate documentation is submitted to OHID when requested
- This will include providing provisional revenue outturn data of local authority revenue expenditure and financing for substance misuse treatment and prevention
- Failure to comply may result in the recall of all or part of the funding

5. POLICY IMPLICATIONS

This process will be aligned to both local and national Drug and Alcohol Strategy recommendations, Dame Carol Black review recommendations, the Health and Wellbeing Strategy, local Transforming Lives strategy, local Vulnerable People Strategy, the Early Help Strategy, and will also consider implications with regards to a number of other developing strategic agendas.

The EIA checklist has been completed.

The NHS long term plan and also local Pennine Lancashire prevention plans will also be considered.

6. FINANCIAL IMPLICATIONS

The Supplemental Substance Misuse Treatment and Recovery Grant allocation for the Council is £3.294m in the period to 2024/25 (being £567k in 2022/23 and, indicatively, £930k in 2023/24 and £1.796m in 2024/25. This is wholly revenue funding and must be used in accordance with plans submitted to the OHID.

The Inpatient Detoxification Grant is £166k for the period to 2024/25 (being £55k annually). Again, this is wholly revenue funding as is the Individual Placement Support Funding which is expected to be up to £148k each year for the next 3 years.

The Council has yet to receive confirmation of the Rough Sleeping Drug and Alcohol Treatment Grant so at this stage, the Executive Board is asked to note confirmation of this funding is pending.

7. LEGAL IMPLICATIONS

The funding opportunities will need to comply with the Public Contracts Regulations and the Council's Contract and Procurement Procedure Rules. These will be undertaken by contract variations with existing providers.

The proposed contract variations are permitted by regulation 72 (1)(f) of the Public Contracts Regulations 2015 provided that the total value is less than the threshold for the light touch regime and less than 10% of the initial contract value.

8. RESOURCE IMPLICATIONS

The management and implementation of the funding proposals will be actioned within BwD team resources including input from Legal, Finance, Integrated Strategic Commissioning and Public Health.

They will be further supported by the addition of 2 fixed term roles (1 Public Health Development Manager and 1 Social Care Worker).

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. *(insert EIA link here)*

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. *(insert EIA attachment)*

10. CONSULTATIONS

A series of consultation and engagement events have been held from March to May 2022 relating to different themes and elements of the integrated treatment system such as YP service provision, adult provision, shared care, Tier 4, IPD, IPS, rough sleeping and homelessness, and acute site interaction. The views of providers, key stakeholders and service users will be taken into account and their comments and feedback will influence the service design and additional offers in line with the various funding options.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION:	2
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CONTACT OFFICER:	Lee Girvan
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DATE:	17.6.22
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BACKGROUND PAPER:	
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