

Report of:

Meeting of: Executive

Date: 18th April 2024

Ward(s): ALL

Subject: Allocation of the Public Health Supplementary Substance Misuse Treatment and Recovery Grant 24-25

1. Synopsis

- 1.1. The Department of Health and Social Care (DHSC) has awarded the Council the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) for the third consecutive year. In 2024/25 the total sum awarded will be £2,700,656. Officers are seeking approval for the receipt of this funding.
- 1.2. Public Health officers intend to seek Executive approval to accept the award of the grant allocate £1,861,084.66 of the council's Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) to Camden and Islington NHS Trust (provider of the council's community adult integrated drug and alcohol service) via a Grant Agreement.
- 1.3. The proposal was considered and approved by Public Health DMT on 9th February 2024 and Joint Board on 26th March 2024. We have amended the EQIA to reflect feedback.

2. Recommendations

- 2.1. To agree to receipt of the Supplementary Substance Misuse Treatment and Recovery Grant for 2024/25 of £2,700,656, awarded by the Department of Health and Social Care (DHSC).
- 2.2. To agree the allocation of £1,861,084.66 of the council's Supplementary Substance

Misuse Treatment and Recovery Grant to Camden and Islington NHS Trust (the "Trust") via a Grant Agreement.

- 2.3. To agree that £90,000 is allocated from the Public Health reserves as a precautionary measure, should the Supplementary Substance Misuse Treatment and Recovery Grant be reduced for not meeting the in-year performance expectations outlined in the grant conditions.

3. Background

- 1.1. In December 2021, the Government published a 10- year, national drug strategy [From Harm to Hope](#). The strategy outlines the Government's ambition to develop a world class drug and alcohol treatment system and also includes a number of desired outcomes. The early focus of implementation is to build capacity to provide more treatment for people with drug and alcohol problems, and supporting continuity of care, such as with the criminal justice system, hospitals or via outreach, so that people's needs are met as they move between settings and into support from drug and alcohol treatment services.
- 1.2. To support local authorities with the delivery of the outcomes outlined in the strategy, every local authority in England in 2024/25 is being awarded the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). The grant is provided by the Department of Health and Social Care (DHSC) and is managed on a regional basis by the Office of Health Improvement and Disparities (OHID).
- 1.3. Camden and Islington NHS Foundation Trust (CIFT) has been the primary partner for delivering the SSMTRG in Islington since it began in 2022/23. They have collaborated closely with officers to execute grant-related initiatives and recruit additional staff. The Trust has shown the ability to scale operations at pace and a commitment to achieving the grant's outcomes. They are also the most suitable candidate to sustain the current positions funded in 2023/24 and undertake future recruitment within the existing provision.
- 1.4. For the third consecutive year, the Council has been granted SSMTRG funding, with an income of £2,700,656 in the financial year 2024/25. Officers were notified of the grant allocation in December 2023 and subsequently liaised with key delivery partners and grant leads at OHID to agree how the grant could be spent to support the council in achieving the outcomes outlined in the national Drug Strategy. There was a short timeline for production of an outline plan that was submitted to OHID at the end of December for review; and Islington received notification in January 2024 that the plan had been approved.
- 1.5. Officers were encouraged by OHID programme leads to fund activities from the SSMTRG that would optimise the attainment of the desired outcomes. For

2024/25, these outcomes are 1) increasing the numbers of people accessing alcohol and substance misuse structured treatment, 2) improving the number of people engaging with alcohol and substance misuse treatment on release from prison and 3) increasing the number of people that enter residential rehabilitation. Additionally, a local milestone plan was required as part of the grant conditions, which sets out quarterly steps and progress towards the outcomes.

- 1.6. Ahead of 2024/25, OHID has notified the Council that it is one of six boroughs in London that had been identified as an area with high levels of unmet need based on estimates and as such will be monitored closely throughout 2024/25 to ensure delivery of key outcomes of the strategy.
- 1.7. Local conditions in place for the 2024/25 SSMTRG include:
- Maintain (or build on) the Council investment in drug and alcohol treatment and recovery system through the Public Health Grant.
 - The Council must keep to the agreed milestones in the plan and agreed ambitions for treatment. Should these not be achieved, OHID will withhold the following proportions of funding within the year during 2024/25:
 - Meeting the milestones in the local plan (3%)
 - Meeting the ambitions for numbers of people in treatment (7%)
- 1.8. Islington's 2024/25 milestone plan is summarised under the four domains of capability, capacity, quality and pathways. These include the following:

Capability

- Assessment of resource in Public Health and Commissioning, and in management of grant delivery within the service.
- Continuation of the operational sub-groups of the Combating Drugs Partnership, with a particular focus on Criminal Justice Pathways and Health Services.
- Growing our recently established Community of Practice, which is focusing initially on our highest need and most complex residents and settings.
- Developing and making best use of data, including purchasing a new surveillance tool to enable system-wide monitoring and response to drug-related deaths and non-fatal overdoses.

Capacity

- Analysis of staffing structure within treatment service to identify opportunities to increase delivery.
- Plans to fund a Programme Manager and Data Manager post within the Trust to enhance programme coordination and reporting capacity.
- Proposed investment of £40k in service premises to deliver look and feel improvements to make the services more inviting to prospective clients.

Quality

- Enhancing our local data capture through a revised suite of KPIs, the introduction of a referral log to better understand reasons for unplanned exits from treatment and support, and improved data capture around deaths of people who are in treatment.
- Introduction of a caseload monitoring indicator, to complement the service's own recent work around caseload segmentation.
- Working with system partners and service users to identify additional service elements that may improve the local offer. This so far includes – remote / digital options; same-day prescribing; enhanced outreach in hotspot areas.

Pathways

- Development of a Drug and Alcohol Liaison Team in partnership with the Wittington Hospital and Camden & Islington NHS Foundation Trust.
- Criminal Justice System pathway development, including co-location or in-reach at Islington custody suites.
- Improve rates of referral from primary care, emergency care and mental health services into drug and alcohol treatment.
- Strengthen our joint working with the Voluntary and Community Sector and with faith organisations, to raise awareness of help that is available and for service promotion to currently underserved community groups.
- Growing our recently established Community of Practice, which is focusing initially on services and workers who work with our highest need and most complex residents and settings.
- Developing and making best use of data, including purchasing a new surveillance product to enable system-wide monitoring and response drug-related deaths and non-fatal overdoses.

- 1.9. The financial conditionality of the grant conditions essentially amounts to the risk that 10% of grant is withheld in Q3-Q4 if targets for the numbers of people accessing treatment are not achieved. This could create a potential £270,000 shortfall in the spending plan if in-year targets are not met. To mitigate the financial risk associated with this, officers have planned to profile some spending activity until later in the financial year (specifically in Q3) when there will be clarity as to whether this reduction will materialise. This does not remove all financial risk and there remains £90,000 committed in spend that would need to be met by the Public Health reserves if we do not meet the conditions of the grant.

Spending Plan

- 1.10. In determining the allocation of additional funds, officers worked in collaboration with key stakeholders to collect information on local needs. They also analysed data from the recent drug and alcohol needs assessment to ensure that the decisions were grounded in evidence.

- 1.11. Outline grant spending and delivery plans for the 2024/25 financial year – new **(new)** and continuing (cont.) areas of investment are detailed below:
- 1.12. Outreach and peer support
- Additional outreach and entry into treatment capacity for OCU (opiate and crack use) cohort within the Trust **(new)**
 - Hostel In-reach Worker to increase capacity to connect hostel residents to treatment services within the Trust (cont.)
 - Enhancing peer-support offer to include weekend provision, online support and Senior Peer Recovery coaching **(new)**
 - Peer to Peer Harm Reduction project – coach and training for Naloxone the Trust (cont.)
- 1.13. Criminal Justice System pathways
- NCL-wide Criminal Justice Data role (contribution) **(new)**
 - Criminal Justice System pathway roles to improve treatment pathways the Trust (cont.)
 - Support When It Matters (SWIM) structured support- programme for men of Black African and Black Caribbean heritage moving from prison to the community (cont.)
- 1.14. Healthcare pathways
- Pilot Drug and Alcohol Liaison Team at Wittington Hospital **(new)**
 - Senior Mental Health Worker to support pathways for individuals with co-occurring conditions the Trust **(new)**
 - Increased allocation of funds for residential rehab places when community treatment is not deemed suitable **(new)**
 - Clinical Psychologist to increase structured intervention delivery including the introduction of structured day programme (cont.)
- 1.15. Reducing the risk of drug related deaths
- Surveillance product to support fatal and non-fatal overdose reporting **(new)**
 - Expansion of long-acting Opiate Substitution Treatment availability **(new)**
 - Expand provision of Naloxone (overdose reversal drug) in pharmacies (cont.)
- 1.16. Programme capacity
- Programme Lead and Data Manager within the Trust **(new)**
 - Promotional materials, information and content creation to promote the service and streamline access **(new)**
 - Commissioning / Public Health capacity – Public Health Strategist role (cont.)
 - Additional specialist roles in Young People’s service (cont.)
- 1.17. The Trusts expansion of the assertive outreach for opiate and crack users will bolster the existing support delivered by our Rough Sleeper Drugs and Alcohol Service along with other local partners such as the Street Population Team and Community Safety. By services collaborating we hope to be able to join efforts to

target areas where we know homelessness, rough sleeping and anti-social behaviour is high to engage treatment resistant individuals into substance use support services. To complement the additional outreach work, we are establishing a 'rapid access' opiate substitute therapy pathway. This pathway aims to promptly assess and prescribe for people who use opiates, thereby reducing barriers to engagement.

- 1.18. The initiation of a 12-month pilot to establish a drug and alcohol liaison team at the Wittington supported by in-reach nurses within the Trust will address gaps in continuity of care for people during admission and discharged from hospital with ongoing support needs. The pilot programme will undergo an evaluation by Wittington Hospital to ascertain how well needs are met and will include consideration of the potential cost savings to the NHS and other public sector organisations. The pilot findings will inform appraisal of future service and funding options.
- 1.19. We plan to commission additional peer support initiatives, acknowledging that peer support plays a crucial role in promoting holistic wellbeing and cultivating a supportive community that facilitates sustained recovery. While peer support interventions are available in Islington, we have identified a gap in regular peer support during weekends and currently there is also no online peer support provision for individuals who find it easier or prefer accessing services in that manner.
- 1.20. The Grant will also support further work to reduce the risk of drug related deaths in Islington. This includes the provision of Naloxone (overdose reversal drug) via pharmacies, including continued roll-out of nasally administered formulations; expansion of the use of long-acting Opiate Substitution Treatment which helps manage withdrawal symptoms; and a monitoring system to track fatal and non-fatal overdose reporting to help identify any local trends and emergent risks where action is needed.
- 1.21. Activities funded from the previous year's grant, aimed at enhancing outreach and in-reach into key groups, will continue. These initiatives will further strengthen and leverage the links and pathways established during 2022/23 and 2023/24. This encompasses in-reach efforts within critical criminal justice settings such as police, probation, prisons, and courts, as well as hostels. The goal is to connect individuals into treatment and recovery through more proactive means.
- 1.22. We will continue to develop a more diverse offer by extending support for Black men who are in the criminal justice system. This is delivered through the Support When It Matters (SWIM) project, which is starting to establish itself as an important contributor to the local support services. The project provides culturally competent holistic support to men of Black African or Black Caribbean background who are in contact with the criminal justice system and who have non-opiate substance use

needs. It delivers a 10-week structured support programme for up to 60 Islington residents, following its Prepare, Adjust, Contribute, Thrive (PACT) model.

- 1.23. We are continuing the investment in the young person's drugs worker that sits within I-CAN (Islington Collaboration Action Network) who is engaging young people affected by group-related violence and is regularly attending police custody and prison to identify any young people or young adults (up to age 25) in need of support related to drug use.
- 1.24. Additionally, we are allocating funds for a young person's specific outreach position based at Andover Youth Hub. This role aims to engage young people in support for drug or alcohol use in a setting they are familiar with. Furthermore, this position will respond to emerging needs within other community settings in Islington.
- 1.25. A detailed table summarising the 2023/24 activity is in Appendix A and the 2024/25 spending plan is included as the Appendix B.
- 1.26. Officers have considered several options for funding the delivery of services and interventions to achieve the objectives of the national grant, including undertaking a procurement process to identify a provider(s). However, as funding is only confirmed for one financial year (2024/25) and we are required to deliver outcomes within the year, the preferred option is for our existing provider (Camden & Islington NHS Foundation Trust) to undertake the bulk of the enhanced service provision. Reasons for this include:
 - a. The Trust are well-placed to deliver the desired programme outcomes due to their existing role as our commissioned provider of substance misuse services. They have been the main delivery partner for the SSMTRG in 22/23 and 23/24 so are well placed to mobilise additional funds in this third year of the programme.
 - b. Timeliness of allocating grant monies and progressing agreed objectives and delivery plan(s) – The funding is available for a limited period and OHID have clearly indicated that any unspent grant in 24/25 cannot be carried forward. Therefore, it is important that the council can demonstrate that the grant is being spent in full within the financial year. Any delay to the allocation of the grant will increase the risk of the grant not being fully spent. As detailed above the Trust are in a prime position to begin expanding delivery and achieving the required outcomes.
 - c. The Trust are a trusted provider of various health services within Islington including health-related services commissioned by the council. They already have robust partnership arrangements with key delivery partners.

- d. The market has not been tested in respect of this grant and there may be other providers available, however the council is confident that the Trust can utilise the grant efficiently and meet the required outcomes by the end of the financial year 2024/25. Pertinent to consideration of testing the market is the time that this would take, and the likelihood that this could take beyond the end of the financial year meaning the council would fail to achieve the required outcomes.
 - e. The agreed grant spending plan includes a number of additional staff to safely and effectively manage the required increase in people accessing treatment and therefore complement existing services. Some of these additional roles will be co-located with key delivery partners including the local probation service, in-reach to prisons and police custody suites, the Whittington Hospital, targeted outreach, co-location with mental health core community teams and increasing in-reach to supported accommodation sites. The Trust already holds relationships with these locations, which will speed up mobilisation and delivery.
 - f. Officers are confident that the Trust will be able to recruit and mobilise additional staff roles within the grant timescales.
- 1.27. Considering the mechanism for issuing funds to the Trust, again several options have been considered, including a procurement process, a grant agreement (including advertising the grant) and partnership arrangements. As a grant has been awarded to the council by Central Government it is the preferred option to pass funding on to the Trust in the form of a grant on the clear understanding that the council is not procuring substance misuse services from the Trust.

4. Implications

4.1. Equalities Impact Assessment

- 4.1.1. The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.
- 4.1.2. A full EQIA assessment was completed due to the value of the grant activity proposed. The assessment outcome was that the SSMTRG related activity outlined is deemed to have neutral/ positive impact on several protected characteristics. No negative impacts were assessed.

4.2. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

- 4.2.1. An Environmental Impact Assessment (EIA) has been reviewed and approved by the Climate Action Strategic Team.
- 4.2.2. The EIA sets out mitigations that will be put in place to reduce carbon emissions from activity related to the SSMTRG including the burning of fossil fuels and electricity use.
- 4.2.3. The EIA also sets out commitments to sustainability within the grant activity and how officers will work with Providers to ensure due regard to the Council's net zero carbon ambitions.

4.3. Legal Implications

- 4.3.1. The decision recommended in paragraph 2.1 of this Report is a Key Decision of the council's Executive to be made in accordance with the council's Constitution, Part 2, Article 13.03.
- 4.3.2. The council has a duty to deliver specified public health functions, and section 111 of the Local Government Act 1972 can be used to allow the council to discharge its public health substance misuse functions through the allocation of grant funding to the Trust.
- 4.3.3. There is zero risk that the Grant Agreement between the council and the Trust could be considered a services agreement which should have been competitively procured by the council in accordance with the Public Contract Regulations 2015 or which should have been dealt with under those Regulations by modifying the current contract with the Trust so Regulation 72 touching upon modifications to be regarded as 'substantial' i.e. impermissible and requiring a new procurement process to be undertaken, does not apply. The risk of a successful complaint or challenge from the market is therefore negligible.
- 4.3.4. The Trust does not provide services on the market as it does not charge users for its services. Therefore, the grant to the Trust is not a subsidy for the purposes of the Subsidy Control Act 2022 and the provisions of that Act do not apply.
- 4.3.5. Legal Officers will assist in the drafting of the necessary Grant Agreement.
- 4.3.6. The grant terms that the council have signed up to under the Memorandum of Understanding between the Secretary of State for Health and Social Care and the council can be used to create a "back-to-back" agreement whereby the obligations

on the council in respect of the use of the grant and the liabilities arising from the same are essentially copied over to the Trust.

4.4. Financial Implications

- 4.4.1. This proposal seeks to transfer £1,861,084.66 of the council's Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR) to the Trust via a grant agreement.
- 4.4.2. The SSMTR grant is a revenue grant provided from the Office for Health Improvement and Disparities. The SSMTR is a three-year grant but allocated on an annual basis. Financial Year 24/25 is the third year of the grant, and the council will be awarded £2,700,656. The remainder of the SSMTRG has been fully committed elsewhere. Additional funding will not be provided to any recipients of the SSMTRG, recipients of SSMTRG will need to meet the cost of any overspend from their own budgets. The grant will complement and act as additional funding to existing substance misuse spend, it will not be used to substitute for existing expenditure or for the provision of existing services to be provided on behalf of the council.
- 4.4.3. There is a risk that up to 10% of the 2024/25 SSMTR grant will be cut (£270,065) if performance criteria are not met. In the unlikely event this happens, Public Health will adapt their wider SSMTR spending programme reducing the financial shortfall to £90,000. Public Health have sufficient reserves to meet the any shortfall.
- 4.4.4. The Trust will claim funding quarterly up to a total of £1,861,084.66. The funding needs to be closely monitored to ensure that the council is compliant with SSMTRG conditions, namely the reporting of any underspends for reprofiling.

5. Conclusion and reasons for recommendations

- 5.1. It is recommended that the Council approves the acceptance of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) amounting to £2,700,656.
- 5.2. It is recommended that £1,861,084.66 of the Council's SSMTRG is issued to the Trust via a Grant Agreement.
- 5.3. Issuing the funding to the Trust in the form of a grant will ensure timely and effective delivery of the required outcomes.
- 5.4. It is recommended that £90,000 is allocated from the Public Health reserves a precautionary measure, in the event that the SSMTRG budget experiences a shortfall due to not meeting the performance expectations outlined in the grant conditions.

6. Appendices

- Appendix A: SSMTRG 23/24 Initiatives to be continued in 2024/25
- Appendix B: Summary of SSMTRG spending plan for 2024/25
- Equalities Impact Assessment – attached.

Background papers:

- None

Final report clearance:

Authorised by: Jonathan O'Sullivan

Date: 8 April 2024

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Appendix A: SSMTRG 23/24 Initiatives to be continued in 2024/25

Role	Description
<p>Enhanced Criminal Justice Team including:</p> <ul style="list-style-type: none"> • 1 x Team Leader role • 1 x criminal justice data lead/ administrator roles • 2 x Prison Link roles • 7 x Criminal Justice workers across Probations, Police, Courts, and Community Safety Teams. 	<p>To support pathways from criminal justice partners and those on release from prison.</p> <p>Staff are co-located at criminal justice site and work closer with partners to ensure access to treatment for those within criminal justice system</p>
<p>1 FTE Senior Peer to Peer Co-ordinator role</p>	<p>To support peer led initiatives and groups within the core service</p>
<p>1 FTE Consultant in Addiction Psychiatry role</p>	<p>To support with clinical needs of those accessing services and fast access to pharmacotherapy</p>
<p>1 FTE Hostel In-reach worker role</p>	<p>To support referral pathways from supported accommodation and ensure in-reach to those requiring support</p>
<p>1 FTE Senior Mental Health Worker role</p>	<p>To co-locate within the Mental Health service to support the improvements planned for individuals with co-occurring mental health conditions.</p>
<p>Naloxone Peer to Peer Project</p>	<p>To support with the training and distribution of Naloxone across the Borough. Includes the roll out of Nasal Naloxone which is more user friendly since it does not require injection.</p>
<p>1 FTE Clinical Associate Psychologist Day Programme</p>	<p>To support with the implementation of a structured, intensive day programme to support those on an abstinence pathway.</p>
<p>Long-Acting Buprenorphine</p>	<p>Funding for the implementation of a new treatment medication, Buvidal, which is a long-acting form of the medication Buprenorphine. The medication helps relieve withdrawal symptoms from other opioids and also blocks the effects of some types of opioids including heroin. Buvidal has demonstrated positive outcomes in a number of pilot studies and is being encouraged by national teams.</p>

Appendix B: Summary of SSMTRG spending plan for 2024/25

Description	Organisation	Value (£'000)
Expansion of structured treatment capacity, and expansion and development of pathways, in-reach and out-reach through new staff roles including Criminal Justice, Targeted Outreach, Liaison team at Whittington Hospital.	Camden & Islington NHS Foundation Trust	1,861
3 x additional Young People's Substance Misuse workers, together with training and premises budget	LB Islington Young People's Substance Misuse Service	170
1.0 WTE PH Strategist, 0.5 WTE Contract Support, 1.0 WTE Commissioning Officer, Data post (prisons and criminal justice services - joint with other North Central London councils) and workshops	LB Islington	182
Training for wider partners to develop understanding, recognition and skills of drug and alcohol issues	Training provider/s	10
Communication plan and resources, including digital content for website and communication materials to improve and increase access and service- and self-referrals	Communications specialist	60
Implementation of a Drug and Alcohol Related Death (DARD) system that will improve and streamline death reporting processes	QES (Software provider)	18
Nasal Naloxone Project	Community Pharmacies	10

Multi-partner project to develop guidance and training on appropriate accommodation options for complex and change resistant dependent drinkers.	Alcohol Change UK	5
Total		2,701