



## Report to Finance Sub-Committee

**Author/Lead Officer of Report** Amy Buddery,  
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**Tel:** 07791 320636

**Report of:** Director of Public Health

**Report to:** Finance Sub-Committee

**Date of Decision:** 6<sup>th</sup> September 2022

**Subject:** Substance Misuse Services – Investment & Strategy

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 1233				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### Purpose of Report:

The Council is the lead commissioner in the city for drug and alcohol treatment and recovery services which fall under the Council's Public Health statutory duties. Services are funded via the Public Health Grant with a contribution from the Office of the Police and Crime Commissioner.

The Office of Health Improvements and Disparities (OHID) have made additional funding available to support Local Authorities to achieve the aims of the new National Drug strategy 'From Harm to Hope' published in December 2021.

The purpose of this report is:

- to seek approval to spend the new Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) to deliver against the objectives of the national drug strategy.
- to seek approval to accept and spend the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) funding to support the prevention, treatment and recovery associated with drugs and alcohol in the city for those who are rough sleeping or at risk of rough sleeping.

## Recommendations:

It is recommended that the Finance Sub-Committee:

- 1) notes the receipt of the Supplemental Substance Misuse Treatment and Recovery Grant for which the Council we will be accountable
- 2) accepts and thereby agrees to be the Accountable Body for the Rough Sleeper Drug and Alcohol Treatment Grant;
- 3) notes the objectives that the Council is required to address using the two grants and agrees the approach taken;
- 4) endorses the planned interventions and, where these are reserved decisions in accordance with the Constitution, approves the outlined commissioning strategies and grant awards and approves the establishment of the enhanced recovery support grant fund;
- 5) delegates authority to the Director of Public Health to agree the final eligibility criteria for the enhanced recovery support grant fund;
- 6) delegates authority to the Director of Public Health to take any further reserved commissioning decisions necessary to deliver the outcomes outlined in this report, where such decisions are within agreed budgets including the additional funding outlined in this report.

## Background Papers:

None

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Liz Gough, Ann Hardy
		Legal: Richard Marik and Sarah Bennett
		Equalities & Consultation: Bashir Khan
		Climate: Jessica Rick
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	Greg Fell
3	<b>Committee Chair consulted:</b>	Councillor Bryan Lodge and Councillor Zahira Naz

4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
<b>Lead Officer Name:</b> Amy Buddery	<b>Job Title:</b> Strategic Commissioning Manager for Substance Misuse and Sexual Health	
<b>Date:</b> 24 <sup>th</sup> August 2022		

## 1. PROPOSAL

### Proposal Background

1.1 Following the second part of Dame Carol Black’s independent review of drugs<sup>1</sup>, the government’s National Drug strategy ‘From harm to hope: A 10-year drugs plan to cut crime and save lives’<sup>2</sup> was published in December 2021. It is a cross-government strategy with four key themes:

1. Break drug supply chains
2. Deliver a world-class treatment and recovery system
3. Achieve a generational shift in demand for drugs
4. Set up for success: partnerships and accountability

1.2 For local authorities to deliver against this national strategy, the Office for Health Improvements and Disparities (OHID) have provided funding to support improvements in the quality and capacity of drug and alcohol treatment for three years up until 2025. This funding will come in the form of the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) and with the purpose to provide drug and alcohol support for both adults and young people.

#### Local Allocation of SSMTRG

1.3 Sheffield is part of the first wave of funding and as such will be allocated within the current financial year. The funding is dependent on maintaining existing (2020/21) investment in drug and alcohol treatment from the Public Health Grant. The initial allocation that has been given to Sheffield is shown in the table below.

	2022/23	2023/24	2024/25	Total
Supplemental funding for substance misuse treatment and recovery	£1,449,187	£2,374,477	£4,583,270	<b>£8,406,934</b>
Inpatient Detoxification Grant	£131,779	£131,779	£131,779	<b>£395,337</b>

1.4 Sheffield City Council will receive the Supplemental funding and the Inpatient Detoxification Grant will go directly to a local regional consortium that is already established.

1.5 The commissioning team have recently completed a series of planning templates with local metrics and plans against a menu of interventions. These were submitted to OHID at the end of May and have now been approved.

1.6 The plans submitted, which we will be monitored against, included:

- Trajectory plan to increase the treatment capacity (numbers of people in treatment), in line with the national target of 20%.
- Trajectory plan to increase the proportion of adults in treatment who start residential rehab from 0.6% to 2%.

<sup>1</sup> [Review of drugs: phase two report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100222/Review_of_drugs_phase_two_report_-_GOV.UK.pdf)

<sup>2</sup> [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100222/From_harm_to_hope_a_10-year_drugs_plan_to_cut_crime_and_save_lives.pdf)

- Trajectory plan to increase the number of people who are released from prison, with a substance misuse need, who engage in community-based treatment from 38% to 75%.
- Narrative on a partnership plan to reduce local drug and alcohol related deaths.
- Detailed plan for the proposed spend against the grant in 2022/23, adhering to the menu of interventions.
- Outline plan for the proposed spend against the grant for 2023/24 and 2024/25.

### Increasing treatment capacity

1.7 Although there are a number of areas in which interventions are planned (set out in more detail below), increasing the capacity for adults and young people’s treatment services is a particularly fundamental requirement of the grant. The table below shows the proposed trajectory in the treatment capacity in Sheffield, using cumulative figures over the three years, to achieve the target of an overall 20% increase. It shows the split down between young people and adults and the breakdown by substance for adults.

Treatment Capacity	Baseline 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25	% Increase in Baseline - Year 3
<b>Total All adults “in structured treatment”</b>	<b>3343</b>	<b>3439</b>	<b>3643</b>	<b>4012</b>	<b>20.1%</b>
Opiates	2205	2230	2305	2381	12.0%
Non opiates	450	466	515	576	27.7%
Alcohol	688	743	823	1055	41.0%
<b>Young people “in treatment”</b>	<b>75</b>	<b>83</b>	<b>95</b>	<b>123</b>	<b>64%</b>

1.8 The local levels of unmet need in relation to drugs and alcohol in the city were considered when developing the trajectories to plan for the increase in adult treatment capacity. For opiate users, Sheffield has an estimated unmet need of 35%, compared to a national estimate of 47%. For dependant alcohol users Sheffield has an estimated unmet need of 90%, compared to a national estimate of 82%. Due to the higher estimated unmet alcohol need in the city, the local percentage increase in adult treatment numbers has been weighted towards alcohol.

1.9 The local adult substance misuse service<sup>3</sup> is currently within commissioned capacity and is expected to remain within existing contracted capacity for year 1 of the grant allocation. The emphasis in relation to increasing number of people accessing treatment will therefore be smoothed across years 2 and 3. Interventions for adults in year 1 are therefore focusing on the wider treatment and recovery system to support pathways into community treatment services. However, over the next three years we will be required to increase the capacity within the

<sup>3</sup> The current adult substance misuse treatment service was procured in 2019 as one new integrated service model (previously it was commissioned as 4 separate contracts). This continues to be regarded as the most effective evidenced based service model. The current service is known as “START”, Sheffield Treatment and Recovery Team.

adult's substance misuse treatment service and the additional new £8.4m funding from OHID misuse also presents a significant opportunity to invest in system wide improvements and transformation.

- 1.10 There are no estimates available for the unmet need amongst young people, so to plan the increase in the young people's treatment capacity, Sheffield has followed national advice to increase treatment figures back up to the point they were at their highest pre-pandemic, which for Sheffield was in 2016-17.
- 1.11 As part of meeting the new national strategy and addressing treatment capacity we also intend to work with community pharmacies to review the current model of pharmacy provision to enable wider primary care/community-based transformation work to take place to improve accessibility and delivery outcomes for service users.

### **SSMTRG - Planned Interventions for Year 1 (2022/23)**

- 1.12 A summary of the interventions proposed for the first year of the grant (where details are already known for years 2 & 3 these are also provided) are listed below organised by the areas from the menu of interventions, which form the objectives for the expenditure of the grant. These have all been approved by OHID and are set out in more detail in Appendix A and B.

#### **1. System coordination and commissioning**

- Increase the drug and alcohol commissioning and commercial services capacity within the council for adults and young people's services by an additional 4 staff, with an estimated internal spend value of £115k in year 1 and £215k in years 2 and 3. The new posts would be a G10 commissioning manager, two G9 commissioning officers and a G6 contracts officer. The posts would all be full time and would sit within the Commissioning for Vulnerable People Team. These roles would help to ensure that the rest of the proposals outlined in the report can be commissioned within the required timescales and lead on the ongoing contract management of the new services.
- Commission, in partnership with Barnsley, Doncaster and Rotherham local authorities, a regional Drug and Alcohol Related Death Review System across South Yorkshire to provide real-time data and facilitate analysis of drug and alcohol related deaths and improving partnership communication, developed by the software company, QES. This would be a one-off purchase in year 1 with Sheffield's contribution being £9637 which would last for the 3 years. The other 3 Local Authorities would all contribute £9637, with Barnsley assuming the role of lead authority for procurement and contract drafting purposes. (Proposal 1 in Appendix A).

#### **2. Enhanced harm reduction provision**

- Commission a new Outreach and Transitional Service for young adults aged 16-25 years, with the aims to prevent young people moving from using substances on an experimental or occasional basis to using them regularly and excessively, and to prevent or slow the progression of young people who are already using some substances from moving on to other substances. The service objectives are for the provider to: work

within communities with key stakeholders to deliver evidence-based interventions targeted at groups of individuals deemed to be at increased risk; target young people in their own settings to reduce substance misuse and related harms; respond quickly and flexibly to address emerging needs. Young people with identified substance misuse dependency issues will be referred to the relevant specialist services. The service will be based on a pro-active outreach model: potential service users will be sought and engaged with where they are and must not be expected to travel to offices or organisation bases. The service will have an estimated contract value of £450k over a 3-year term. (Proposal 2 in Appendix A).

- Run a local communications campaign on education and training around alcohol harm awareness and safe alcohol use, especially around the night-time economy and student population, with a budget of £20k internal spend in year 1.
- Expand the current provision of #Drymester campaign<sup>4</sup> resources, such as leaflets, banners, and posters, to raise awareness of FASD (Foetal Alcohol Spectrum Disorders) with a budget of £2k internal spend.
- Fund recruitment of an additional part-time midwife post, by way of a grant to the Jessop Wing at Sheffield Teaching Hospitals (STH), to work into the pregnancy clinic held at the adult substance misuse treatment provider's premises to support the engagement of pregnant people who are using substances, particularly opioids, in treatment and recovery. This would have a grant value of £13k in year one and £26k in years 2 and 3. We intend to enter into an agreement with STH which will set out the conditions attached to the grant.

### 3. Increased treatment capacity

- Commission a new Hospital discharge/peer mentoring service for over 50s, with the aim to reduce the number of incidences of readmission within 30 days of discharge and to offer support (professional and peer) to individuals who have been admitted to hospital with alcohol misuse related problems. This has an estimated contract value of £450k over a 3-year term (Proposal 3 in Appendix A).
- Fund a new targeted whole family intervention workshop programme (Moving on Together based on the M-PACT programme<sup>5</sup>) to deliver support to children and families affected by parental substance misuse. Delivery will be via a workshop programme led by a hidden harm worker with specialist adult and children's social care workers. The programme will be funded via a grant arrangement with Sheffield Young Carers and costs will be up to £27,500 in year 1 for two courses and subject to evaluation of the efficacy of the programme, a further

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<sup>4</sup> [#DRYMESTER | Helping Parents-To-Be Go Alcohol Free – To keep risks to babies to a minimum, the safest approach is to go alcohol free throughout pregnancy](#)

<sup>5</sup> [M-PACT Programme - Forward Trust](#)

£85,000 for years 2/3 to deliver quarterly courses and promote and embed the programme across the city (Proposal 13 in Appendix B).

- Increase capacity to support Hidden Harm work (1:1 and group) to: deliver and make referrals into the Family MOT (Moving On Together) programme; develop relationships and work across both Children, Young People, and Adult services in supporting children and young people affected by parental/familial substance misuse; Lead on working with children and young people who are in kinship care, understanding the key issues affecting them and advocating for these children and young people (1:1 and group); reduce the waiting time for children and young people who need help with parental substance misuse; develop plans to further raise awareness and reduce stigma associated with parental substance misuse. This would be via grant funding to Sheffield Young Carers and have an estimated value of £41.5k in year 1 and £57k in years 2 and 3. (Proposal 13 in Appendix B)
- Children and young people who use substances or are affected by parental misuse sometimes benefit from more in-depth psychosocial support in the form of counselling or talking therapy. This is identified via assessment and will be carried out by a qualified professional with a clear evidence-base to their practice. Sheffield Young Carers (SYC) already have a provider to support young people and additional funds will help to reduce waiting times for help. SYC and CGL will both have agreed access to support for their clients, but SYC will manage the funds and the priority will be for those children experiencing hidden harm. Funding will be via grant to Sheffield Young Carers with an estimated value of £22.5k in year one and £30k in years 2 and 3 (Proposal 13 in Appendix B)
- Commission a service to provide specialist housing, benefit and recovery support for people leaving prison with an estimated contract value of £175k over a 3-year term. The service will aim to ensure that individuals have access to substance misuse treatment, accommodation and employment following their release from prison and support individuals serving community sentences through recovery-based initiatives. The project will employ at least 3 staff including a project coordinator and a recovery coordinator (Proposal 4 in Appendix A).

#### 4. Enhancing treatment quality

- Expand the current Alcohol Care Team (ACT) run by Sheffield Teaching Hospitals to cover more hours, better service to Royal Hallamshire Hospital, improve team resilience/sustainable weekend cover, support hepatology clinics, increase Emergency Department presence to reduce admission and support community-based detoxification. This would be funded by a grant with an estimated grant value of £501k over a 2-year term. We intend to enter into an agreement with STH which will set out the conditions attached to the grant (Proposal 5 in Appendix A).

## 5. Better and more integrated response to physical and mental health issues

- Create an additional respiratory nurse post to provide a joined-up approach between acute and community settings for those with substance misuse issue who require additional specialist support with respiratory health. This would be funded via a grant with an estimated grant value of £75k over a 3-year term. We intend to enter into an agreement with STH which will set out the conditions attached to the grant (Proposal 6 in Appendix A).
- Increase immediate access to Nicotine Replacement Therapy (NRT) to support improved respiratory health and smoking cessation. Sheffield Teaching Hospitals will be funded to provide additional NRT resources to support the Healthy Lung clinic which is run by the commissioned adults' substance misuse service, Sheffield Treatment And Recovery Team (START). This would be funded via a grant with an estimated grant value of £35k over a 3-year term (Proposal 6 in Appendix A).
- Increase immediate access to long-acting reversible contraception for women within the substance misuse service to prevent unplanned pregnancy. This would be funded via a grant with an estimated grant value of £35k over a 3-year term. We intend to enter into an agreement with STH which will set out the conditions attached to the grant (Proposal 7 in Appendix A).
- Provide Sheffield Teaching Hospitals (STH) with a grant to purchase a portable fibro scanner to enable scanning on inpatients identified as alcohol dependent. This is a one-off cost estimated to be £90k. We intend to enter into an agreement with STH which will set out the conditions attached to the grant. (Proposal 5 in Appendix A).

## 6. Enhanced Recovery Support

- Establish an enhanced recovery support grant fund for small organisations and select a provider to run a grant allocation award scheme to administer funding to locally based third sector organisations. Once established, this will provide tailored recovery support that can be shaped according to local need and help build recovery capital. This has an estimated budget of £150k in year 1 and will be reviewed in years 2 and 3 with options to extend for successful bidders, dependent on performance. This scheme will be delivered alongside the Changing Futures Scheme to minimise duplication and maximise opportunity. Members of the commissioning team and service users will sit on the panel. The criteria will be agreed following consultations with service users (Proposal 8 in Appendix A).
- Procure a recovery group specifically to women involved in or at risk of entering the criminal justice system (CJS) and delivery of one-to-one support for a small cohort of women where specialist support is essential. This will go out to market through a competitive tender process to procure a supplier for this service. This has an estimated value of £175k over a 3-year term (Proposal 9 in Appendix A).

- Commission a Relapse Prevention and Recovery service to provide support for individuals finishing their treatment interventions to ensure they have the best opportunity to maintain their positive changes made whilst in treatment. This will ensure individual maximise their potential and reduce representation rates to treatment services. Group work will be for individuals ready to think about leaving the treatment system (in early recovery). A strengths-based relapse risk assessment will be completed, and a range of therapeutic and activity-based interventions aimed at consolidating their recovery capital and moving toward genuine community integration will be provided by the service. This will go out to market through a competitive tender process to procure a supplier for this service. This has an estimated contract value of £240k over a 3-year term (Proposal 10 in Appendix A).

## 7. Expanding the competency and size of the workforce

- We plan to recruit additional children and young people's drug and alcohol workers to meet the steep planned trajectory increase for young people in treatment. Change Grow Live (CGL), hold the contract substance misuse work with children and young people in Sheffield and we intend to vary their existing contract to expand the workforce by 4 resilience workers with specialist responsibilities and a team leader in year one, rising to 7 workers with specialisms and a team leader in year 2. Estimated spend in year 1 would be £136k, rising to up to £815k in year 3 (proposal 12, Appendix B).
- Invest in the training and development of volunteers in the young people's substance misuse service (CGL), with an estimated value of £1.2k in year 1, rising to a £2k in years 2 and 3. This will be further enhanced in years 2 and 3 when a volunteer co-ordinator will be recruited who will increase the knowledge and skills of the volunteer workforce (Proposal 12, Appendix B).
- Develop promotional activities to raise awareness of the young person's substance misuse service and develop user led resources in consultation with selected secondary schools, including screens in GPs and A&E surgeries with a budget of £3k in year one. It is proposed that this will be done by varying the current Young Person's Substance Misuse contract, held by the provider Change Grow Live (CGL) (Proposal 12 in Appendix B).
- CGL will carry out a training needs analysis and agree a training programme to support resilience workers working with clients. In year 1, the training programme focuses on supporting clients and staff affected by increasing levels of risk. Funding is also available to upskill managers to deliver clinical supervision. Estimated cost via variation to CGL contract is £4.5k in year 1 rising to £9k in years 2 and 3. Cost increases in years 2/3 are linked to increased numbers of staff needing training. Training will be competency based and linked to NICE guidance (Proposal 12, Appendix B)

- Increase social worker capacity by recruiting to a specialist substance misuse social worker with an estimated internal spend value of £26k in year 1 and £52k in years 2 and 3. The post would be full time and would sit within Children’s Social Care. This role would be able to help to develop cohesive support aimed at improving and developing relationships and pathways both internally to the Council and externally with local partners and providers.
- Fund a new post within the specialised working women’s service to provide wrap around support to women doing street sex work who have drug and alcohol treatment needs. We intend to enter into an agreement with Sheffield Working Women’s Project which will set out the conditions attached to the grant. The proposed value of the grant will be £50k (Proposal 11 in Appendix A).

1.13 After assessing each of the proposals outlined above it has been determined that those that are not already identified as internal spend are not suitable to be delivered in house by Sheffield City Council, as the Council does not have the required resources and expertise to deliver them.

#### **Rough Sleeper Grant background**

1.14 Findings from government research show that the vast majority (96%) of rough sleepers experience another support need in addition to sleeping rough, such as physical or mental health vulnerabilities, substance misuse support needs, time spent in prison or having been a victim of domestic abuse or a recent victim of crime, while 91% had been affected by two or more of these issues. The research also found that the estimated average annual cost of an individual that sleeps rough was £12,260, compared with £3,100 for all individuals of a similar age, who can access comparable services

1.15 During the Covid 19 lockdown, the ‘Everybody In’ initiative accommodated all rough sleepers within 1 week of the lockdown announcement. Additional support was provided to these people, providing wraparound place-based support across a range of services including drug and alcohol treatment recovery support. Following this initiative as the country started to open up again, OHID made available to Local Authorities a dedicated grant to support rough sleepers who need drug and alcohol support. Sheffield was identified as an area in the first wave of this project nationally.

1.16 In Sheffield, the funding was used to set up the HALT (Home At Last Team) project. This was done by commissioning a dedicated team, made up of 8.1 FTE staff members, to work with this cohort who were rough sleeping or at risk of rough sleeping. The overarching aim is to provide intensive wrap around support and to build relationships with people who are rough sleeping to enable them to engage with treatment services and to move into more stable accommodation and ultimately maintain a tenancy. The project started on 1st August 2021 and is due to run until 31st January 2023. To date the project has successfully mobilised and build positive working relationships with other service providers and the HALT caseload has exceeded predicted numbers modelled at project initiation. The

project has been working closely with Framework, the commissioned homelessness outreach provider, and has seen significant successes so far.

- 1.17 New funding has now been made available from OHID in the form of the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) and Sheffield submitted a bid for £937,688 and have been successful.

### **Rough Sleeper Grant Proposals**

- 1.18 The proposal is to use the £937,688 RSDATG funding to continue the current project beyond January 2023 until March 2024. The project is jointly delivered by the commissioned substance misuse provider and Shelter. The approved proposal includes new staff for the Shelter team and an Independence Fund to support individuals to move towards independent living.
- 1.19 The new model looks to retain all current staff members and increase the staff team. This includes an additional Senior Support worker and part-time manager at Shelter as well as a GROW (Getting Real Opportunities at Work) trainee. This GROW traineeship is a peer/advocate role, which not only provides real-life inspiration to current service users showing that recovery can happen, but it also gives an individual who has experienced homelessness the opportunity to step into a paid job role, breaking the cycle of benefits and financially recognising the value that their lived experience brings. Funds will continue to be provided to Shelter by a variation on an existing contract.
- 1.20 In addition to these existing posts, the new model includes a part-time internal projects officer; a similar post was in the original model but was never recruited to as it was initially felt it was not needed. However, following the review of the project, it has been found that this is a gap in the current team and so has been reincluded from October 2023. This post will be responsible to the commissioning officer and will oversee the development and expansion of HALT by coordinating the contract monitoring and management, data returns, future proposal completions, contract variations, and the post will also provide capacity to facilitate a strategic link between substance misuse and housing commissioners so that there is a joined-up approach at all levels of the project. This post would be a 0.8 FTE G6 projects officer who would sit in the Commissioning for Vulnerable People's Team.

## **2. HOW DOES THIS DECISION CONTRIBUTE?**

- 2.1 The proposal seeks to provide better care and service to some of our most vulnerable people, aiming to increase the numbers of those in drug and alcohol treatment for both adults and young people, reduce relapse rates, increase early intervention and prevention initiatives by working with families, contribute to the strategy's aim of reducing crime by supporting prison leavers into community treatment and support services. The proposal is expected to contribute to reducing inequalities and should improve the service to residents in the city.
- 2.2 This aligns with the one-year plan to: Support people with routes out of homelessness and rough sleeping with emergency and temporary accommodation in Sheffield, and to Support more children and families at an earlier stage to prevent issues escalating.
- 2.3 The sustainability officer has confirmed there is not likely to be a significant climate impact.

### **3. HAS THERE BEEN ANY CONSULTATION?**

- 3.1 In developing the plans for the new funding proposal, the commissioning team have consulted with service users and a wide range of multiagency partners including local adult treatment provider, local young people's treatment provider, primary care, acute care, CCG, safeguarding and vulnerability lead, children and youth leads, hidden harm representatives, night-time economy lead, providers of other local commissioned support services, and those providing services in the voluntary and community sector.
- 3.2 In developing plans for the Rough Sleeper funding bid, a mid-project review was conducted with the providers to inform the new proposal. The success and improvement and development opportunities were discussed with both current providers which informed the subsequent proposal.

### **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

#### **4.1 Equality Implications**

- 4.1.1 Decisions need to take into account the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- 4.1.2 The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.
- 4.1.3 An Equality Impact Assessment has been carried out and highlights that the proposals will have a positive impact for some particularly vulnerable people who are experiencing substance misuse issues, homelessness and who interact with the criminal justice system.
- 4.1.4 The positive impacts will be across several protected characteristics.
- 4.1.5 The proposal includes targeted delivery of a recovery group specifically to women involved in or at risk of entering the criminal justice system (CJS) and delivery of one-to-one support for a small cohort of women where specialist support is essential.
- #### **4.2 Financial and Commercial Implications**
- 4.2.1 The new Supplemental Funding is dependent on maintaining existing (2020/21) investment in drug and alcohol treatment from the Public Health Grant and the commissioner is working with finance colleagues on this.

4.2.2 Where the route to market via procurement/competition is required, the process and resultant competition shall comply with relevant and applicable UK procurement legislation.

4.2.3 The funding is for a period of 3 years at the end of which time any expenditure commitments on the Council will have to be ceased or further funding be secured. This includes the release of any staff working on the projects.

#### 4.3 Legal Implications

4.3.1 Under section 2a of the National Health Service Act 2006 (as inserted by Section 12 of the Health and Social Care Act 2012) the Council must take appropriate steps to improve the health of the people who live in their areas. These steps may include:

- (a) providing information and advice;
- (b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
- (c) providing services or facilities for the prevention, diagnosis or treatment of illness;
- (d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
- (e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
- (f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
- (g) making available the services of any person or any facilities.
- (h) providing grants or loans (on such terms as the local authority considers appropriate).

4.3.2 Local Authorities may also enter into contracting arrangements for the delivery of services in accordance with the Local Government (Contracts) Act 1997.

4.3.3 Both grants do come with conditions and must be spent only for the purposes that they are given. In addition, any unspent element the Supplemental Substance Misuse Treatment and Recovery Grant will not normally be able to be carried over into future financial years and OHID may require the repayment of the whole or any part of any unspent funds (as determined by them).

4.3.4 Subsidy control assessments have been carried out on grant proposals.

#### 4.4 Climate Implications

4.4.1 The Sustainability Officer has been consulted with and has confirmed that there are no applicable climate implications at this stage of decision making. At the procurement and tender stage, climate implications will be considered to encourage providers to consider how they can deliver services in the most efficient way and to ask for an environmental policy.

#### 4.5 Other Implications

- 4.5.1 The proposal is in line with public health aims and the Director of Public Health has been sighted and briefed on all proposals.
- 4.5.2 OHID have made their intention to monitor and scrutinise local authorities against the investment explicit. Sheffield is one of the areas in the Yorkshire and Humber region to receive the greatest allocations of funding and will be challenged if progress against the plan slips. There is a reputational risk if SCC fails to execute what we have committed to deliver.

### **5. ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 The Council could decide that it wishes to put forward different proposals. However, this would either require further approval by OHID otherwise there is financial risk if we are unable to spend the grant in the way it is intended and reputational risk if we are unable to deliver against the new national strategy.
- 5.2 The Council could decide not to spend the money, in which case it would have to be repaid. However, if expenditure is not approved, Sheffield risks not being able to deliver against the National Drug Strategy and risks losing the associated funding. This would be a lost opportunity for Sheffield residents.

### **6. REASONS FOR RECOMMENDATIONS**

- 6.1 OHID have made their intention to monitor and scrutinise local authorities against the investment explicit. Sheffield is one of the areas in the Yorkshire and Humber region to receive the greatest allocations of funding and will be challenged if progress against the plan slips. There is a reputational risk if SCC fails to deliver.
- 6.2 Both grants offer significant opportunity to provide support to some of the most vulnerable residents in Sheffield and to improve the city's public health and equality outcomes.

## **APPENDIX A – SUPPLEMENTAL SUBSTANCE MISUSE TREATMENT AND RECOVERY GRANT**

This appendix provides additional detail on a selection of the proposals outlined in section 1.12 of this report that are associated with the Supplemental Substance Misuse Treatment and Recovery Grant for adults. Some of the exact details may be subject to minor changes as proposals go through the commissioning process.

### **PROPOSAL 1**

#### **System Co-ordination and Commissioning – Drug and Alcohol Related Death Review System**

Reducing drug and alcohol related deaths is one of the key metrics for the Supplemental grant funding that will be monitored by the funder, OHID. To help achieve this, SCC plans to commission an online system developed by the company QES that would operate on a

regional basis in partnership with Barnsley Council, Rotherham Council and Doncaster Council. QES are the only known providers of this bespoke system. Barnsley Council, who will be acting as the lead authority for this project, will procure this service and draft the terms and conditions. All authorities will then sign a joint software as a service agreement.

The QES Drug and Alcohol related Death Review and Surveillance System enables multi-agency collaboration to understand, derive lessons from, and implement action to address and reduce drug and alcohol related deaths. The range of information inputted into the system by multi-agency partners at a local level (i.e. police, ambulance, and drug and alcohol service providers) facilitates the tying together of a series of small details to provide one comprehensive view of circumstances surrounding a drug or alcohol related death.

This collection of real-time information from partners is essential in the ability to learn from, and react to, emerging patterns and trends in substance misuse. This ultimately delivers a significant opportunity to identify risk factor groups and demographics and input targeted resource and activity on local, regional, and national levels. The DARD Review System brings together both surveillance and reporting functionality with case management features to ensure lessons can be turned into action, and the review process can be followed from start to finish securely within the system.

The QES system offers a considerable time-saving element in the process of reviewing drug or alcohol related deaths. Using an electronic system enables time resource to be allocated elsewhere to implement actions and pull out vital lessons and recommendations, whilst the system takes on the administration of distributing forms, chasing partners, notifying of updates, consolidating chronologies of events and much more. An additional benefit of using an electronic system is the security of sensitive data. QES have extensive experience in providing both health and safeguarding solutions with reliable and robust security to protect data.

The system can also link to other existing QES systems such as the system currently used in South Yorkshire to that monitor, record, and report on suspected suicides. This provides users with the ability to connect linked cases, share learning and monitor links among substance misuse, mental health, and circumstantial factors such as homelessness. The standardisation of collecting data across other unexpected/sudden deaths acts as an additional advantage as this reporting can go on to provide a wider view of risk factors and common themes.

The contract contribution would have an estimated value of £9,637 over a 3-year term (£3,212 per year) which would be paid up front in year 1, 2022/23, to last for 3 years.

## **PROPOSAL 2**

### **Enhanced Harm Reduction Provision – Outreach and Transitional Service for Young Adults aged 16-25 years.**

Preventing harmful alcohol and drug use is a key concern for improved public health and reducing crime and anti-social behaviour. Tackling the root causes of health and social harms and dependence and aiming to reduce the number of people whose alcohol and drug use has a long-term negative effect on their own and their family's wellbeing is critical to a well-functioning society. There are many factors associated with an increased risk of alcohol and drug problems among young people and young adults, and these often lead to other

adverse outcomes, such as mental health problems, offending or risky sexual behaviour. Alcohol and drug prevention tackles a broad range of risk factors which increase the likelihood of someone suffering harm. It can help build resilience to developing alcohol and drug problems and can also help people avoid problems by providing opportunities for alternative, healthier life choices and developing better skills and decision making. The proposal is therefore to commission a new Outreach and Transitional Service for young adults aged 16-25 years

The service will have a prevention and early intervention/harm reduction focus. The overall proposed aims are:

- to prevent young people moving from using substances on an experimental or occasional basis to using them regularly and excessively
- to prevent or slow the progression of young people who are already using some substances from moving on to other substances

Young people with identified substance misuse dependency issues will be referred to the commission substance misuse provider.

The key proposed service objectives are for the provider to:

- work within communities with key stakeholders to deliver evidence-based interventions targeted at groups of individuals deemed to be at increased risk
- target young people in their own settings to reduce substance misuse and related harms
- respond quickly and flexibly to address emerging needs

It is proposed that the service will deliver interventions to reduce harm around substance misuse and associated risky behaviours and will be flexible to adapt to emerging issues and needs. The target audience of the interventions will be the 16-25-year-old age group, both as individuals and groups. The scope of substance misuse will cover alcohol and all psychoactive substances, excluding tobacco.

It is proposed that the service will work with Further and High Education establishments, at Festivals and other organised events, within the Night-Time Economy and other identified settings of concern (e.g., unorganised groups congregating in local parks).

The service will be based on a pro-active outreach model: potential service users will be sought and engaged with where they are and would not be expected to travel to offices or organisation bases. The service will work in partnership with a variety of local organisations to establish excellent links with 16-25-year-olds where they reside, undertaken education and socialise.

The service will be responsible for designing, organising, and delivering innovative and creative interventions with young people who have engaged in or are at risk of developing problems associated with drugs/ alcohol use, providing expert advice and information to reduce substance misuse and other associated harms in a variety of settings. The service will build up trust in the target audience by providing an informative, honest, flexible, respectful, non-judgmental, and responsive service that meets their needs. The service will be confident, enthusiastic, professional, and approachable, being quickly able to establish credible rapport with young people. In addition, clear communication will result in a high level of confidence from partners, stakeholders and referring organisations.

The service will have an estimated contract value of £750k over a 3-year term; with £150k in year 1 and £300k in years 2 and 3. It is proposed to procure the service. The service provider will be required to work with both the young people's and adults' commissioned substance misuse treatment services. It is expected that the service will employ at least four staff in to include a service manager, volunteer coordinator, outreach lead and education lead.

### **PROPOSAL 3**

#### **Increased treatment capacity – Hospital Discharge and Peer Mentoring Service for over 50s**

Often those who are admitted to hospital with alcohol misuse needs end up cycling in and out of hospital creating pressures on A&E departments and beds within the hospital. Once people are discharge from hospital, they often lack the ongoing community support to sustain any detox or recovery intervention and so return to hospital within 30 days; this does not help the individuals journey to recovery and puts pressure on existing services.

This new service will aim to

- Reduce the number of unplanned inpatient alcohol related admissions for those who have frequent admissions to Sheffield Teaching Hospitals (STH)
- Reduce the number of incidences of readmission within 30 days of discharge for this cohort

These aims will be achieved by offering support (professional and peer) to individuals who have been admitted to hospital with alcohol misuse related problems. This transitional support will provide targeted support and encouragement to engage in alcohol treatment and recovery services. The service will help to bridge the current gap between acute and community settings and provide early identification and intervention for those most vulnerable and providing continuity of care across pathways.

The overall proposed service aims will be:

- To reduce unplanned hospital visits
- To increase the time between hospital discharge and relapse
- To promote engagement in community-based treatment recovery support services to build recovery capital
- To actively champion a thriving recovery community within the city
- To provide opportunities for paid employment for those in recovery

The service will target the over 50s cohort on the back of the success of the Drink Well Age Well project. It is recognised that this group is often at higher risk of hospital admission and of social isolation and loneliness. Some of the discharge element of the service will be open to other age brackets, however the recovery support will be primarily focused on those aged over 50 years.

It is expected that the service will champion the use of volunteers and paid peer mentors. Peer support workers have lived experience of substance misuse issue and by offering paid opportunities this aims to provide a stepped approach to support people in recovery into the workplace and recognise the value of these posts.

The service will have an estimated contract value of £150k in year one and £300k in years 2 and 3, equating to £750k over a 3-year term. It is proposed that we procure the service. The service provider will be required to work with the adults' commissioned substance misuse treatment services. It is expected that the service will employ four peer support workers.

#### **PROPOSAL 4**

##### **Increased Treatment Capacity – Specialist Housing, Benefit and Recovery Support for People Leaving Prison**

Increasing the number of people who are released from prison, with a substance misuse need, who engage in community-based treatment following release is one of the key metrics that will be monitored by the funder, OHID. People leaving prison are a high-risk group for reoffending and relapse. If there is an identified housing need, such as no fixed abode or financial support in place, people will generally reoffend within 3 days of release.

This service will aim to ensure that individuals have access to substance misuse treatment, accommodation and employment following their release from prison and support individuals serving community sentences through recovery-based initiatives.

The service will support those leaving prison to access basic health services e.g., registered with a GP/ Dentist; daily living skills e.g., bank account, paying bills, budgeting and debt, benefits; community recovery groups, improved opportunities to build social networks and positive activities to occupy time; appropriate housing services and managing tenancy support. This is to support people to navigate the range of support services and provide targeted intensive intervention. The service will make use of volunteers and peer support workers in its delivery model to role model successful recovery steps.

The service will have an estimated contract value of £75k in year one and £100k in years 2 and 3, £275k over a 3-year term. It is proposed to procure the service. The service provider will be required to work closely with the adults' commissioned substance misuse treatment service and other existing support services. The project will employ at least 3 staff including a project coordinator and a recovery coordinator.

#### **PROPOSAL 5**

##### **Enhancing Treatment Quality – Expansion of the Alcohol Care Team (ACT) and Fibro-scanner**

Alcohol causes a wide range of conditions including cardiovascular disease, cancers, and liver disease, as well as contributing to harm from accidents, violence, and self-harm. Over 1.1 million hospital admissions each year have alcohol as a causal factor in the patient's diagnosis. Dependent drinkers are at the highest risk of alcohol-related conditions. Baseline data for the preventing ill health CQUIN indicates that around 4% of inpatients screen positive for alcohol dependence versus 1.4% in the general population.

A NICE evidence-based case study provides good evidence that ACTs that provide specialist interventions to alcohol-dependent inpatients, reduce avoidable bed days and readmissions. ACTs are teams of alcohol specialist clinicians, based in acute hospitals which provide specialist support, predominantly to alcohol-dependent patients. They aim to:

- reduce avoidable alcohol-related hospital admissions by reducing severe health risk among dependent drinkers
- reduce the length of stay for inpatients by improving the management of withdrawal
- provide appropriate, timely, meaningful education and support for those attending or being admitted with alcohol-related problems
- facilitate integrated alcohol care between secondary, primary and community care providers
- provide psychosocial interventions to support dependent drinkers to sustain abstinence following discharge
- improve compliance with alcohol withdrawal guidelines
- educate staff on alcohol use disorder and its management
- improve information sharing between services (e.g. secondary care, primary care, and community services)
- improve data collection and opportunities for analysis.

The Northern General Hospital is currently delivering an ACT for Sheffield using funding from NHS England. It is an initial 2-year pilot scheme. Using this new funding, it is proposed to extend the Alcohol Care Team pilot in Sheffield by an extra two years to embed the service and demonstrate the long-term benefits to be gained by establishing clinical pathways and bridging the gap between acute and community alcohol services.

It is also proposed to expand the ACT to enhance the quality of the service and breadth of reach. This is to be done by meeting the optimum staffing levels of 6.49 WTE (based on discharges per annum) as described in the best practice guide, by funding an additional 3.2 WTE. Expanding the size of the team would enable coverage of more hours, better service to the Royal Hallamshire Hospital and to improve the team's resilience and sustainable weekend cover. It is proposed to develop ACT support to the outpatients' hepatology clinics including early intervention, improved engagement, relationship building, health outcomes, behavioural change, reduce readmission. The additional funds will also include developing ward alcohol nurse champions and a nurse education programme to equip more staff with the core skills and confidence to provide basic support to dependant patients and completion of clinical institute withdrawal assessments. It is proposed to increase ACT presence in the emergency departments and support to reduce admissions increase community-based detoxification.

A fibro scan is non-invasive procedure and is used to accurately assess the health of the liver in less than 10 minutes. It is a quick and painless way of assessing the liver's health and has largely replaced the traditional liver biopsy. It provides critical information on liver health so quickly that the fibro scan represents a major development in liver medicine. A fibro scan measures liver fibrosis or "scarring", which is essentially liver damage that is often the result of metabolic syndrome, non-alcoholic fatty liver disease, chronic viral hepatitis, or excess alcohol intake. If significant damage is detected, the patient will need a specialist to identify the cause of the damage and then manage the condition appropriately. In cases of no scarring or mild fibrosis only, lifestyle intervention is often enough to prevent the development of liver disease or avoid disease progression.

This would be with an estimated grant value of £501k over a 2-year term; 87k in year 1 and £414k in year 2. Included in this grant agreement would be a one-off estimated payment of £90k in year one to purchase a fibro-scanner. STH will be required to continue to work closely with the adults' commissioned substance misuse community treatment service and other existing support services.

## PROPOSAL 6

### **Better And More Integrated Response to Physical and Mental Health Issues – Increase Immediate Access to Nicotine Replacement Therapy (NRT)**

Supporting the physical health needs of people using substance misuse services are critical to their wellbeing and recovery journey. Most patients in drug treatment smoke tobacco. Some will also have been smoking other drugs that can damage their lungs (such as crack cocaine, heroin, and cannabis).

Smoking by people who use drugs causes extensive morbidity and leads to large numbers of premature deaths. This is mainly through the effects of tobacco smoking on the development of cardiovascular diseases and respiratory diseases (chronic obstructive pulmonary disease (COPD), lung cancer and poorly controlled asthma). The effects of lung disease on depression of lung function may also contribute to some deaths from opioid overdose. Smoking rates amongst people with substance misuse disorders are two to four times higher than the general population, and half of all smoking-related deaths are thought to come from this group. Smoking rates in this group have remained constant while rates in the general population have steadily declined.

The best outcomes for smoking cessation are seen from a combination of behavioural support and pharmacological interventions such as nicotine replacement therapies (NRTs). People who use drugs can respond to these same treatments as the general population although they may need more intensive or extensive options to achieve the same results. Engagement with support for smoking cessation has been associated with improved drug treatment outcomes, using the same kinds of psychosocial interventions as for treatment for other types of drug dependence (e.g., support for coping with cravings and prevention of relapse).

The 2013 NICE Public Health Guideline recommends that all healthcare workers encourage people to stop smoking. This includes people who are seen within drug and alcohol services. They recommend developing a personal stop smoking plan with intensive behavioural support and pharmacotherapy. A combination of the following pharmacotherapy options is advised according to individual preferences: nicotine patches, an inhalator, gum, lozenges, or spray.

It is proposed to allocate resources to provide on-site access to nicotine replacement therapy (NRT) at the Adults Substance Misuse Service to help service users to stop smoking and improve their respiratory health. Sheffield Teaching Hospitals will be funded to provide the additional NRT resources, and these would be delivered to service users through the Healthy Lung clinic which is run by the commissioned adults' substance misuse service, START. This has an estimated grant value of £55k over a 3-year term; 15k in year 1 and £20k in years 2 and 3.

It is also proposed to create an additional respiratory nurse post to provide joined up support between acute and community settings in relation to respiratory health. This would be with an estimated grant value of £25k in year one and £50k in years two and three; 125k over a 3-year term. The funding would be given to STH directly via funding agreement (or grant agreement) as they are the current providers of the service which will set out the conditions attached to grant.

## **PROPOSAL 7**

### **Better And More Integrated Response to Physical and Mental Health Issues – Increase Immediate Access to Long-Acting Reversible Contraception (LARC)**

It is estimated that about 30% of pregnancies are unplanned. The effectiveness of the barrier method and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible contraceptive (LARC) methods does not depend on daily concordance. The uptake of LARC is low in Great Britain, at around 12% of women aged 16 to 49 in 2008 to 2009, compared with 25% for the oral contraceptive pill and 25% for male condoms. Expert clinical opinion is that LARC methods may have a wider role in contraception and their increased uptake could help to reduce unintended pregnancy.

There are several methods known as LARC: the non-hormonal copper coil (the IUD), the hormonal coil (the IUS), the contraceptive injection (the Depo-Provera) and the hormonal implant. They last for several years and are easy to use. They are reversible, so if the woman wants to get pregnant or wants to stop using them, they can be removed at any time. Pregnancy incidence in the first year of typical use is 0.1% for the IUDs and 0.05% for implants compared with 3% for injections, 8% for oral contraceptives, and 21% for condoms.

Women with substance misuse needs have higher rates of unintended pregnancy compared with the general population. Similarly, intoxication with alcohol has been found to be associated with risky sexual behaviour and non-use of contraception. Women who have recent use of illicit drugs, other than cannabis, were almost three and a half times more likely than other women to report an unintended pregnancy. LARC methods have high continuity and satisfaction rates, indicating that their side effects are acceptable for most women. These methods are particularly suitable for women with substance abuse issues as they women to remember to do anything daily unlike condoms or the oral contraceptive pill.

The 2015 NICE Public Health Guideline recommends that women requiring contraception should be given information about and offered a choice of all methods, including long-acting reversible contraception (LARC) methods. Women should be provided with the method of contraception that is most acceptable to them, provided it is not contraindicated. Women considering LARC methods should receive detailed information, both verbal and written, that will enable them to choose a method and use it effectively.

The introduction of immediate access to long-acting reversible contraception for women attending the substance misuse service will promote easier access to contraception and subsequent prevention of unplanned pregnancy. This has an estimated grant value of £15k in year 1 and £20k in years 2 and 3; £55k over a 3-year term. We intend to enter into a funding agreement (or grant agreement) with STH which will set out the conditions attached to the grant. The LARCs would then be passed to service users through the commissioned Adults Substance Misuse Service.

## **PROPOSAL 8**

### **Enhanced Recovery Support – Grant allocation**

The principal aim of this proposal is to increase the accessibility and range of positive activities to adults in recovery. This will be achieved by creating a grant fund for applicants and commissioning a provider to administer the grant scheme for the Council.

Positive activities should be meaningful and purposeful activity that help participants develop new social connections, helps build their recovery capital and reduce their reliance on formalised support services.

Recovery capital includes:

- Human Capital includes a person's values, skills, knowledge, experience, education, interpersonal skills, and problem-solving abilities. It also includes certain personality traits, such as conscientiousness, optimism, perseverance, self-awareness, confidence, humility, and a sense of purpose. They are the qualities that make an individual attractive and are the means for forming friendships, relationships, and support.
- Physical Capital represents the most basic needs for ongoing maintenance – a safe place to live, enough to eat, adequate clothes and access to transportation. Without this, an individual will not meet the bare minimum of recovery capital needed to maintain recovery. There are further physical needs such as good health, financial security, and an ability to be able to generate income through skills and employment.
- Social Capital is relationships. These could be intimate relationships, family, at work relationships, friendships, or members of a person's support network. Quality is especially important here. Having high levels of social capital means a person is surrounded by people who support their recovery and other positive changes.
- Cultural capital is all the support you gained the community and culture. It could be the local community, neighbourhood, or the broader community. Cultural capital in local communities includes things like access to treatment and mutual aid groups like 12-step programs.

Participating in activities helps to reduce the stigma of addiction and facilitate a general openness about substance use issues.

This scheme will be delivered alongside the Changing Futures Scheme to minimise duplication and maximise opportunity. Members of the commissioning team and service users will sit on the panel. The criteria will be agreed following consultations with service users.

It is proposed to run this proposal as a grant allocation scheme, open directly to small organisations for targeted projects. This will ensure excellent value for money as they work directly in the communities they serve and are best placed to understand the challenges faced by the people they support. It will enable the offer to be tailored to the needs of the local recovery community in Sheffield and be adaptive and responsive to demand.

A fund will therefore be established with an approximate value of between £130k and £135k to which individual small organisations can bid. Successful bidders will be granted an allocation of the £135k (approximate value) to be used to deliver recovery capital and will enter into a grant agreement with the Council where such grant funding will be conditional upon these outcomes. The exact criterion for successful bids is yet to be decided.

A request for quote will be opened to the market for a provider to run the grant allocation award scheme; this provider will administer funding to locally based third sector organisations. This will have an estimated contract value of £150k in year 1 and will be

reviewed in years 2 and 3 with options to extend for successful bidders, dependent on performance. It is anticipated that the provider of the allocation scheme will take between 10-15% in administrative costs and the rest will go directly to the third sector bidders (approximately £15k - £20k).

## **PROPOSAL 9**

### **Enhanced Recovery Support – Enhanced Recovery Support for those in or at risk of entering the Criminal Justice System.**

City wide evidence tells us that many women are underrepresented within the CJS and drug treatment services. They have often experienced high levels of trauma; many have had their children taken into the care system or removed, involved in the sex industry, lack stable accommodation and some may have complex mental health issues. Women will often commit crime to support their own substance misuse habit and that of their partner. They often struggle to recognise positive relationships and to trusted professionals. Common factors include: Domestic or Childhood Abuse, Self-Neglect, Self-harm, Suicide attempts, Low self-esteem, and Low self-confidence.

This gender informed offer would provide support to a population that faces health inequalities due to poor mental health that are a result of offending behaviour. We know that many female offenders experience chaotic lifestyles involving substance misuse, mental health problems, homelessness, and domestic and sexual abuse; and that these are often the product of a life of abuse and trauma.

It is proposed to offer an opportunity to the third sector to deliver a women only recovery-based group, one-to-one provision, and support for anyone in recovery and wanting to benefit from giving and receiving peer support. The overall objective of the women only recovery group will be to deliver holistic, trauma informed and responsive support, recognising that violence and traumatic experiences are a given.

The proposal is therefore to commission a recovery group specifically to women involved in or at risk of entering the criminal justice system (CJS) and delivery of one-to-one support for a small cohort of women where specialist support is essential. It is proposed to procure a supplier for this service. This has an estimated value of £275k over a 3-year term.

## **PROPOSAL 10**

### **Enhanced Recovery Support – Relapse Prevention and Recovery service**

Relapse is when someone begins using a substance again, after a period of sobriety. A trigger is something that causes a person to start using again.

As everyday life contains many triggers, relapse is not uncommon among people trying to get over their disorder. Relapse prevention is one of the main goals of all drug or alcohol treatment. When a person becomes addicted to a substance, their brain functions change. These changes make it very challenging for them to overcome their disorder.

Relapse prevention is an umbrella term that refers to strategies that help reduce the likelihood and severity of relapse when someone is trying to remain sober. Most types of relapse prevention strategies focus on building cognitive-behavioural skills and coping responses. Cognitive behavioural skills refer to a person's ability to recognize their thought

patterns, which influence their emotions, which determine their behaviour. Coping responses are behavioural responses to stressful situations.

It is proposed to commission a relapse prevention and recovery team to provide support for individuals moving through and finishing their treatment interventions to ensure they have the best opportunity to maintain the positive changes made whilst in treatment. This will ensure individual maximise their potential and reduce representation rates.

The model will create “light at the end of the tunnel” for those earlier in treatment – providing a pull for them through the system. In addition, it will create choice and opportunity for people, intensive wrap around support for those leaving treatment services and rehab and will assist in increasing the number of people in services.

Group work will be for individuals ready to think about leaving the treatment system (in early recovery). A strengths-based relapse risk assessment will be completed, and a range of therapeutic and activity-based interventions aimed at consolidating their recovery capital and moving toward genuine community integration will be provided by the service.

It is expected that the service will champion the use of volunteers and paid peer mentors. Peer support workers have lived experience of substance misuse issue and by offering paid opportunities this aims to provide a stepped approach to support people in recovery into the workplace and recognise the value of these posts.

It is proposed to procure a supplier for this service. This has an estimated contract value of £420k over a 3-year term.

## **PROPOSAL 11**

### **Expanding the competency and size of the workforce – new post within the specialised working women's service**

Women involved in street prostitution are likely to suffer physical deprivation – homelessness, lack of food, violence – physical and sexual assaults, illness, and injury – drug and alcohol abuse, isolation/ostracization/social exclusion. An increase in risk-taking behaviour increases their risk of harm; this risk particularly impacts on their mental and emotional health.

Most women become involved in street prostitution because of lack of choice, have been groomed, pressured and/or coerced by pimps or traffickers. It is well documented that most women in street prostitution are poor, homeless and have already suffered violence and abuse throughout their life. 70% of those involved in street prostitution have a history of local authority care and 45% report experiencing sexual abuse during their childhoods (Home Office 2006). Many enter prostitution before 18-years-old.

Many female street sex workers in the UK are addicted to illegal drugs, such as heroin and crack cocaine. For most of these women, drug use reinforces their dependency on sex work, trapping them in a ‘work-score-use’ cycle, adding to their health and social problems. The majority of women involved in street prostitution in Sheffield are white between 22–40 plus years & poly drug users, including Class A drugs, legal highs & alcohol.

Sheffield Working Women's Project (SWWOP) have a fully trained, dedicated team ready to help any vulnerable woman involved in street prostitution in Sheffield. This to support this cohort of women to look after themselves and to enable them to make informed choices about their lives.

It is proposed to create a new part time post within the SWWOP team to provide wrap around support to women doing street sex work who have drug and alcohol treatment needs. This will have an estimated grant value of £50k over 3 years. We intend to enter into an agreement with SWWOP which will set out the conditions attached to the grant. SWWOP will be required to work with the commissioned adults' substance misuse treatment service.

## **APPENDIX B – SUPPLEMENTAL SUBSTANCE MISUSE TREATMENT AND RECOVERY GRANT – CHILDREN AND YOUNG PEOPLE**

This appendix provides additional detail on a selection of the proposals outlined in section 1.12 of this report that are associated with the Supplemental Substance Misuse Treatment and Recovery Grant for children, families and young people. Some of the exact details may be subject to minor changes as proposals go through the commissioning process.

### **PROPOSAL 12**

#### **Variation of existing contract with Change Grow Live (CGL) to provide interventions for children, young people, and families**

Investing in children, young people and family interventions around substance misuse helps to give children the very best start in life, break intergenerational cycles of negative behaviours, level up a range of health and social related inequalities, and save costs across the local health, social, education, and criminal justice systems. It also supports us in meeting many of the aims within the national drugs strategy.

It has been found that children can achieve good outcomes where interventions focus on joint working between adult and children's treatment services and social care with a view to improving early identification, referrals, and support.

Further, it has been recognised nationally that the workforce to support children and young people with substance misuse has depleted in the last decade and additional support is needed for harm reduction and outreach services as well as the impact of familial substance misuse.

CGL are contracted by the Council to offer substance misuse services to children and young people from April 2020 for 5 years with a potential 5-year (3+2) extension (estimated total value of the contract £3million). The service offer focuses on harm reduction, treatment and outreach support to children and young people.

The variation will expand the competency and size of the workforce by recruiting 4 Substance Misuse workers, which CGL call resilience workers and a team leader in year one, rising to 7 resilience workers and a team leader in year 3. Volunteers will also be recruited. The total cost of all posts, on-costs, expenses and resources will be up to £136,817 in year one rising to £342,521 in year 3.

Resilience workers will have specific areas of responsibility that link to the menu of interventions as below -

- A Resilience worker with a family services specialism will be recruited to increase partnership working with family services including social care and MAST (Multi Agency Support Team) to enable enhanced outreach and increased referrals for substance misuse.
- A resilience worker specialising in early help and outreach will be recruited to enhance harm reduction through awareness raising, communications, early intervention and prevention (EIP), targeted outreach (including digital), partnership in-reach, groupwork and training. £1,750 in year 1, rising to £6,000 in year two will be provided for resources that targeting universal and school's provision including advertising campaigns and communications. In year 2, a Community Youth Team resilience worker will be recruited to offer increased outreach within community and youth settings.
- A resilience worker specialising in education will be recruited to support the increase in treatment capacity (as detailed in section 1.7 of the committee report) by improving the

relationship with mainstream and alternative education partners making links to the Relationships, Health, and Sex Education (RHSE) curriculum.

- CGL will identify needs and source training for resilience workers that will support their work with clients, in particular those presenting with high levels of risk. This will be funded at £4500 in year 1, rising to £6000 in year 3.
- A Mental Health resilience worker in year one and a health resilience worker in Year 2 will be recruited to improve and integrate responses to physical and mental health through improved partnership working with mental health and other health services (inc. A&E), develop/improve pathways for young people with complex needs who may need multi-agency support, better manage and support referrals to mental health services, and advocate for young people with substance misuse and mental health related problems.
- In year 2, a volunteer/peer mentor resilience worker will increase the volunteer workforce to enable increased referral numbers and further raise awareness, increase knowledge and skills of the workforce and reduce stigma.

The total cost of this variation will be up to £136,817 in year 1, representing a 4.6% variation to the total possible value of the contract. The total value over 3 years will be up to £811,605 representing a 27% increase in contract value. Spending proposals for years 2 and 3 are subject to change.

## **PROPOSAL 13**

### **New grant arrangement with Sheffield Young Carers for Hidden Harm**

Parental substance misuse, often referred to as 'hidden harm', can cause significant harm to children's wellbeing, safety, and to their long-term outcomes. The risk of harm is often heightened due to parental substance misuse coinciding with other problems, such as parental conflict, domestic abuse, physical and mental illness, and unstable household income. Improving systems and support for families affected by parental substance misuse can help meet a range of positive outcomes for the whole family, including across the health, social, education, employment, and criminal justice sectors.

Sheffield Young Carers (SYC) have a grant agreement to support children and young people experiencing parental substance misuse and young carers support for 5 years from January 2022 in Sheffield with approx. £67k funding for parental substance misuse delivery. A new grant arrangement is proposed with Sheffield Young Carers that will add to the available funding, enabling increased activity and support treatment aims in the following ways -

- Increase treatment capacity by offering whole family interventions including a 'Moving On Together' workshop programme to support children and young people whose parents are drug or alcohol dependant. This will aim to reduce negative outcomes for children including reducing family conflict, increasing the number of children who are able to stay in the family home, tackle intergenerational cycles around drug and alcohol misuse and have a positive impact on the treatment of the adult. Delivery is via a workshop programme led by a hidden harm worker and with an adult and child worker able to provide specialist support. Delivery costs will be up to £27,500 in year one for two courses and subject to evaluation of the efficacy of the programme, a further £85,000 for years 2/3 to deliver quarterly courses and promote and embed the programme in Sheffield.
- Enhancing treatment quality, offering psychosocial interventions (therapeutic support) for substance misuse and Hidden Harm with a view to tackle high risk clients and reduce waiting times. Access to this service will also be available for complex clients working

with CGL but will be managed by Sheffield Young Carers via a grant arrangement. Estimated grant value is £22.5k in year 1, rising to £38.5k in year 3.

- Recruit a Hidden Harm worker to offer additional support for Hidden Harm, manage and manage the workshop programme. It is intended that this should not only offer increased support to young people but improve/develop partnership working with family and substance misuse services, reduce waiting times and further raise awareness and reduce stigma. The estimated grant value in year 1 is £42k rising to £57.5k in year 3.

The total cost of the grant will be up to £91k in year 1, with a total grant value of up to £365k for years 1-3. Spending proposals for years 2 and 3 are subject to change.

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