

Report for: Cabinet Member for Health, Social Care and Wellbeing

Item number: Not Applicable

Title: Request for approval to accept the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). In addition, delegate authority to the Director of Public Health to award contracts pertinent to this grant.

Report authorised by: Will Maimaris – Director of Public Health

Lead Officer: Sarah Hart - Public Health Senior Commissioner – Substance Misuse, Sexual Health, Health Improvement
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Ward(s) affected: All

**Report for Key/
Non-Key Decision:** Key Decision

1. Describe the issue under consideration.

- 1.1. This report sets out an update on the new Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) and requests approval to accept the grant funding in accordance with Contract Standing Orders (CSO) 17.1.
- 1.2. The DATRIG consolidates the following previous grants:
 - Substance Misuse Supplemental Treatment and Recovery Grant (SSMTRG)
 - Rough Sleeping Drug and Alcohol Treatment Grant (RSDAG) and
 - Inpatient Detoxification Grant (IDG).
- 1.3. The grant funding for 2025/26 financial year is expected to be £3,241,594.
- 1.4. The new DATRIG funding includes an enhanced focus on the quality in treatment and recovery systems of care with the aim of reducing attrition rates, improving the number and proportion of people making progress in treatment, supporting more individuals to initiate and sustain recovery and reduce the number of people dying.
- 1.5. Additionally, this report requests an approval to delegate authority to the Director of Public Health to award contracts pertinent to this grant where the value of the individual contract is above £500,000 but below £2,000,000. This will enable the Council to mitigate the risk of service gaps and ensure compliance with the grant funding requirements.

2. Cabinet Member Introduction

- 2.1. Not applicable

3. Recommendations

- 3.1. For the Cabinet Member for Health, Social Care and Wellbeing to approve:
 - 3.1.1. in accordance with Contract Standing Orders (CSO) 16.02, and 17.1 to approve the receipt Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The total indicative allocation for the 2025/26 financial year will be £3,241,594; and
 - 3.1.2. Where contracts valued at £500,000 or more that require approval by Cabinet as per Contract Standing Order (CSO) 9.07.1(d), delegate authority to the Director of Public Health, in consultation with yourself or the Cabinet Member holding the relevant portfolio responsibilities (if there is a change), to award contracts to the successful providers following the procurement process. The value of an individual contract will not exceed £2,000,000.

4. Reasons for decision

- 4.1. Ensuring more residents have access to effective drug and alcohol treatment remains a priority for the council, as this significantly reduces the impact of drug and alcohol misuse on adults, young people, families and the community. This is the 4th year of drug and alcohol treatment funding which has been used to significantly increase the number of residents accessing treatment and help to prevent fatalities. The Council therefore welcomes continued grant funding for 2025/26.
- 4.2. The council has received very late notification of the grant funding (intention letter received on 18th December 2024) for the financial year 2025/26. The grant is already committed to contracts due to finish in March 2025. We wish to secure swift acceptance of the indicative budget for 2025/26 and then to undergo a procurement process to award contracts for 1st April 2025. To affect rapid contract awards, we wish to use the delegated authority of the Director of Public Health.

5. Alternative options considered.

- 5.1. **Do nothing:** The Cabinet Member could refuse to receive the grant. However, as there is a clear need for these services and strong support to continue to tackle the impact of substance misuse on the community, this option has not been considered.
- 5.2. The Cabinet Member could not delegate authority to the Director of Public Health to award contracts. As the Council only had provisional notice of the grant allocation in December 2024, for services to be procured to commence on 1st April, the time frame would not allow a return for a cabinet member or Cabinet decision.

6. Background information

- 6.1. In line with government policy, for 2025/26 the Office of Health Improvement and Disparities (OHID) is amalgamating current local authority substance misuse treatment grants into a single Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The grants that will be consolidated are the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant, the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG), and the Inpatient Detoxification (IPD) grant.
- 6.2. As with previous years, the funding provided through the DATRIG will be dependent on maintaining or building on existing investment in drug and alcohol treatment and recovery from the Public Health Grant and remaining part of an inpatient detoxification regional or sub-regional consortia.
- 6.3. Financial year 2025/26 will be the fourth year of this additional grant funding. This new investment in local treatment services has resulted in an overall rise in numbers in treatment in Haringey by 20% in 2024/25, a reversal of many years of declining numbers. (Dame Carol Black review 2019). The aim of the grant for 2025/26, is to continue increasing the number of residents entering drug and alcohol treatment, thereby reducing levels of unmet need, with an enhanced focus on the quality of treatment and recovery services. The focus on quality will reduce attrition rates, improve the number and proportion of residents making progress in treatment, support more residents to initiate and sustain and *reduce* the number of people dying. In turn, continued improvement in the range and quality of support being provided will make services more attractive, accessible, and effective.
- 6.4. **Evidence of need** - Haringey has an ongoing need for substance misuse treatment services, the latest estimates from the Office of Health Improvement and Disparities (OHID) 2019/20 suggest Haringey has 3,869 residents who use opiates and or crack cocaine of whom 77.9% have an unmet treatment need (worse than the region 71.5%) and 3,147 with dependent alcohol consumption of whom 75% have an unmet treatment need (better than the region 78%). As numbers in treatment have improved significantly in 2024/25, we anticipate a drop in unmet need to the regional average, however this will still leave significant unmet need.
- 6.5. Currently there are no indications of an epidemic of non-medical use of synthetic opioids in Europe – however they remain a potential threat of overdose amongst opioid users, particularly because of shortages of main opioids linked to 95% decrease in opium cultivation in Afghanistan in 2023.
- 6.6. Cannabis is the most used drug worldwide and usage is increasing. Usage in England and London remain higher than global estimates. Cannabis is becoming more potent globally. In England and Wales, use is more prevalent among those with an annual household income of less than £10,000. While

cannabis use has declined over time, there has been an increase in use during the last 6 years, driven mainly by the 25-29 age group¹.

- 6.7. High demand and more efficient supply chains to Europe have resulted in a greater supply of cocaine. Cocaine consumption (2.9% of the population) in London was estimated to be more than twice that of any other European city, more than Europe's next three biggest cocaine-consuming cities combined (Barcelona, Amsterdam and Berlin). The research found sustained usage across the week with only a slight rise at weekends, in contrast to other cities. In England and Wales, powder cocaine use is more prevalent among those on annual household incomes above £50,000 than other drugs. Cocaine use is also associated with the night-time economy (e.g. pub and club goers). There has been an increase in powder cocaine use in England and Wales in the last decade, mainly driven by those under 30.
- 6.8. Within the unmet need data for substance misuse services, we are unable to identify who are homeless. According to the report published by the Advisory Council on the Misuse of Drugs (ACMD), a significant percentage of people experiencing homelessness also struggle with substance misuse. The report highlights that **32% of all deaths among homeless people in England in 2017 were due to drug poisoning**, compared to just 1% in the general population. This underscores the critical need for integrated services that address both housing and substance misuse issues simultaneously.
- 6.9. **Why invest** - Continued investment in drug treatment is an important factor in making Haringey a safe place to live. The Dame Carol Black Independent Review on Drugs 2019 drew a parallel between Government disinvestment in tackling drugs over the years and a very noticeable increase in drug supply and purity. This has fuelled drug related crime, particularly violent crime, and the use of vulnerable children in drug trafficking. It is estimated that drug addiction is related to approximately half of all acquisitive crimes such as theft, burglary & robbery. Crimes linked to drug-supply -such as county lines & associated violence disproportionately impact young, black, male & vulnerable Londoners. The disinvestment in drug treatment means that long-term drug users are cycling in and out of our prisons, at great expense but very rarely achieving recovery or finding meaningful work. The review stated that the total cost to society of illegal drugs is around £20 billion per year.
- 6.10. **How have we used the previous Supplemental Substance Misuse Treatment and Recovery grant-** – Nationally, 2018 recorded the highest levels of drug-related deaths. The synthetic opioid crisis in the UK is a growing public health concern, primarily driven by the rise of potent synthetic opioids like nitazenes. These drugs are significantly stronger than traditional opioids such as heroin and fentanyl, leading to a sharp increase in overdoses and deaths. Haringey has seen a rise in death rates from 6 in 2020 to 21 in 2023. However, for the number of deaths in treatment, Haringey is doing better than the national average as treatment remains highly protective. Haringey has a synthetic opioid plan, and harm reduction is an area where Haringey has

¹ London data is sourced from A Problem Profile of Drugs in London Mayor Office for Policing and Crime 2024

effectively invested its SSMTRG and is doing well across all the indicators (see table 1).

- 6.11. Haringey has used SSMTRG to increase the numbers entering treatment by 26% in 2024/25 (see table 1). SSMTRG has been used to create outreach and satellite services to reach those causing antisocial behaviour using opiates and crack cocaine. For example, the grant funds peers to attend Haringey Community Safety Weeks of Action, targeting drug related ASB and to provide weekly peer night outreach services. In 2025/26 we will open additional clinical clinics in high prevalence areas.

Table 1 –Haringey ambitions and outcomes

Capacity	Baseline	End of Y3 2024/25 Target	Provisional October 024 Data
All Adults in Structured Treatment	1535	1803	1935 (26%)
Opiates	716	787	800 (11%)
**Non- Opiates	451	541	638 (41%)
Alcohol	365	475	497 (36%)
Young People in Treatment	123	150	91

- 6.12. Non-opiates - Traditionally drug services funded from the Public Health Grant have been seen as services primarily for heroin and crack users. However, residents do become addicted to drugs associated with recreational use, like cannabis, ketamine, cocaine and drugs associated with chem sex. These drugs can cause physical and mental health harm, and overdose risks are rising as they become adulterated with synthetic opioids. Haringey has used SSMTRG to create a new non opiate service, delivered in an alternative setting, with its own name and digital offer. Co-production days help us design the service which saw a 41% increase in numbers entering treatment. Offering harm reduction advise and treatment services to these residents helps to prevent harm and disrupts demand and thus the drugs market in Haringey. This work will be ongoing in 2025/26 supported by more marketing to younger adults in Haringey.

- 6.13. Alcohol - Numbers in alcohol treatment have increased by 36%, returning to pre covid levels. Alcohol harms Haringey's community in a different way to illegal drug use, particularly in terms of healthy life expectancy. High levels of alcohol consumption are linked to long term health conditions. This has a cost implication on social care. There is strong evidence that having alcohol workers based in hospitals is cost effective and is part of National institute for Health and Care excellence (NICE) guidance. In 2024 SSMTRG was used to create an alcohol team tasked with conducting in-reach to the local acute hospitals. SSMTRG was also used to market the service to residents and GPs.
- 6.14. Nationally there has been a decrease in young people accessing drug and alcohol treatment, Haringey reflects this trend. SSMTRG is being used for new posts for schools and targeted youth services. Although the numbers in treatment are lower than our ambitions the team has seen more young people for advice and information this year. They have also seen a lot of young people for help with vaping, which is not included in the treatment data.
- 6.15. The table below gives a flavour of the activities and success of the SSMTRG.

Table 2 SSMTRG activities

Area of activity for the contract	Services	Achievements in 2024
Harm reduction	From the grant, the public health team has an officer leading on harm reduction and there is a services lead. We have a harm reduction plan and steering group. Two key aims reducing drug related deaths through the distribution of naloxone and preventing the spread of blood borne virus via distribution of needles.	<ul style="list-style-type: none"> • 399 professionals have received naloxone-related training in Haringey. • 108 police officers received harm reduction training. • Over 1000 naloxone kits given out, all hostels provide now distribute. • For pharmacy needle exchange we has 831 registered users.
Criminal reduction	5 new criminal justice workers to increase access into treatment from all areas of the criminal justice system – police custody, court, prison and probation	<ul style="list-style-type: none"> • 505 referrals which is an 18% increase on 2023 and a 39% increase from 2022. • 15% increase in the pickup of those leaving prison with a treatment need • Completed 89 comprehensive assessments for people leaving prison and starting structured treatment

Area of activity for the contract	Services	Achievements in 2024
		<ul style="list-style-type: none"> Completed 85 court-based treatment assessments for community orders Booked in 210 initial assessments for arrest referrals and successfully completed a full assessment on 63 of those individuals.
Outreach	Peer led night outreach and session at Mulberry Junction. Most services are 9-5pm. The peer led service operates weekly late at night. It's outreach targets hot spots and visits vulnerable clients at home.	<ul style="list-style-type: none"> In Q3 BUBIC provided 21-night outreach sessions, it had 383 outreach engagements and 321 attendances at the night service and 181 attending night peer support. 29 people were new to the service.

- 6.16. **Monitoring** – the work done in the SSMTRG contract is steered by Public Health team, service managers and service users. This reports to the Combating Drugs Partnership (CDP). Data is collected via a national data system and results are available to commissioners monthly.
- 6.17. **How have we used the previous Rough Sleeping Drug and Alcohol Treatment Grant (RSDAG)** elements. In 2020 Haringey became a phase one area for the new RSDAG to improve access to substance misuse treatment for those with a history of rough sleeping and substance misuse. Seen as a success, this has been extended each year, and the council has now been offered funding for 2025 – 26.
- 6.18. The RSDAG has been used to create a dedicated rough sleeping substance misuse treatment team. The design of the team delivery model was agreed through participatory exercises with service users, substance misuse staff, homeless workers, and peers, coming together to decide how we would create a substance misuse homeless team whose culture and way of working blended the trauma informed practice of homeless workers with the clinical knowledge and skills of substance misuse workers. The consensus was for a team who were outward facing, delivering treatment where homeless people felt most comfortable. Participation continues to be core to delivery. There is a multi-agency quarterly steering group, which is always well attended. There are also smaller, less formal projects which homeless people are involved in i.e. designing training for workers, a harm reduction conference, and delivering an International Women's Day event.

- 6.19. **Current team model** – The RSDAG is used to commission a multi-agency drug and alcohol rough sleeping team. This is provided by Bringing Unity Back into the Community (BUBIC) providing peer support, North London Foundation Trust providing all drug clinical elements, and Humankind/Waythrough providing alcohol services.
- 6.20. The team's method of delivery is based on the theory of change developed through participation. It is trauma informed and co locates where people who are homeless are most comfortable to engage, including the street, hostels, and Mulberry Junction.
- 6.21. **Monitoring and outcomes-** The service is overseen by an operational group which reports quarterly to a multi partnership Substance Misuse Rough Sleepers Steering group, which includes people with lived experience. Public health report quarterly to the Office of Health Improvements and Disparities.
- 6.22. **Referrals and engagement** – The service's first full year was 2022 and it had 70 referrals, in 2023, this increased to 97, This year to date, this is already 121 which reflects the improved offer at Mulberry junction, improved offer to women and closer working with community safety partnership. 79% of people referred accessed treatment, engagement of women has significantly improved to 84%. White British and white other make of the majority of those engaged which reflects the visible homeless population, however the team has seen many Global Majority residents where the engagement level is higher than white British, this is likely related to having BUBIC as core providers of this service. Currently 196 people with a history of rough sleeping are in treatment, 96% are retained for 12 weeks which is higher than the treatment population. However, their progress in treatment is poorer than the general population. We are currently completing a client survey to help us further improve treatment.
- 6.23. **Successes and challenges** – the service is very different from the normal drug and alcohol treatment services, it is a person centered, placed-based way of working. Success is about engagement and harm reduction. The challenge is to empower those who are well engaged to move further into recovery. 2025-26 will see further systemic council support to enable this – secure homes, time credits, co production, work, peers. The public health team will complete a staff and service user review.

7. **Contribution to strategic outcomes**

- 7.1. These services contribute to the Council Corporate Delivery Plan 2024-26 Theme 4: Adults, Health and Welfare under Healthy and Fulfilling Lives. The delivery plan speaks of a Haringey 'where all adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities'.

8. **Carbon and Climate Change**

- 8.1. Mitigating carbon – The grant will go to local providers of substance misuse services. No new premises will be used for this service as the strategy for these services is co- location, maximising use of existing buildings. In the specification for the service, we will require providers to have carbon reduction

policies and to minimise energy consumption, encourage staff to walk or use public transport.

9. Statutory Officers comments (Director of Finance (procurement), Assistant Director of Legal and Governance, Equalities)

9.1. Finance

- 9.1.1. An indicative amount of £3,241,594, Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG), has been awarded to London Borough of Haringey for 2025-26. It is intended that the funds will support LBH programmes, and expenditure will not exceed the budgeted amount.

9.2. Strategic Procurement

- 9.2.1. Strategic Procurement notes the contents of this report and have been consulted in the preparation of this report.
- 9.2.2. The request to accept the grant funding is in accordance with the Contract Standing Orders 17.1.
- 9.2.3. The Public Health team is to ensure systems and processes are in place to enable the Council to fulfil its obligations set out in grant agreement and mitigate risk of having to repay grant funding, either in full or in pro-rata.
- 9.2.4. Due to the late notification that the grant funding will continue for a further year, there is insufficient time to complete the compliance procurement process, obtain Cabinet approval for awarding the contracts and then start service delivery. Delegating authority to the Director of Public Health to award the contracts will expedite the process and mitigate the risk of potential service disruption.
- 9.2.5. Strategic Procurement confirms there are no procurement related matters preventing Cabinet Member approving the Recommendations stated in paragraph 3 above.
- 9.3. Legal**
- 9.3.1. The Assistance Director for Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.
- 9.3.2. Pursuant to the Council's Contract Standing Order (CSO) 17.1 Cabinet has authority to approve the receipt of a grant where the value of the grant is £500,000 or more and as such the recommendation in paragraph 3.1.1 is in line with the provisions of the Council's CSO.
- 9.3.3. Further to paragraph 9.3.2 above and the provisions of the Council's CSO 16.02, the Leader may allocate a decision reserved for Cabinet to the Cabinet Member having the relevant portfolio responsibilities and as such the recommendation in paragraph 3.1.1 of the report to seek approval from Cabinet Member for the receipt of the Drug and Alcohol Treatment and

Recovery Improvement Grant (DATRIG) of which the total indicative allocation for the 2025/26 financial year will be £3,241,594 is in line with the provisions of the Council's CSO provided that such a decision has been allocated to the Cabinet member by the Leader.

- 9.3.4. Pursuant to the Council's CSOs 9.07.1(d) Cabinet has power to approve the award of a contract where the value of the contract is £500,000 or more.
- 9.3.5. Further to paragraph 9.3.4 above, the recommendation in paragraph 3.1.2 of the report to delegate authority to the Director of Public Health, in consultation with Cabinet Member for Health, Social Care and Wellbeing or the Cabinet Member holding the relevant portfolio responsibilities (if there is a change), to award contracts to the successful providers following the procurement process up to a value not exceeding £2,000,000 is in line with law. Cabinet has power under the Local Government Act 2000 to delegate the discharge of any of its functions to an officer (S.9E (Discharge of Functions)).
- 9.3.6. The Assistant Director for Legal and Governance (Monitoring Officer) sees no legal reasons preventing the approval of the recommendation in the report.

9.4. **Equality**

- 9.4.1. Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.
- 9.4.2. This report relates to the receipt of a grant which will specifically be used for residents who have substance misuse issues and specifically for those who are homeless.
- 9.4.3. This report relates to the receipt of additional funding for the treatment of those with substance misuse issues. Substance misuse can be an issue for any resident, but its level of severity and impact is closely linked to poverty and trauma. Residents who are disproportionately likely to have substance misuse issues includes males, LGBTQ people, homeless people, people who suffer from mental ill health, people from ethnic minority backgrounds and people who live in socioeconomically deprived backgrounds.
- 9.4.4. Accessing a service can be stigmatising and so it is important to constantly ensure those with protected characteristics that need the service are reached. While females are less likely than males to have substance misuse issues, female drug use is more stigmatised and there is a strong correlation with victims of violence against women and girls.
- 9.4.5. This funding will be distributed to existing providers of substance misuse services. Substance misuse providers are expected to submit data on those entering treatment to a national data monitoring system. This system collects data on all protected characteristics. Service providers and the public health commissioner look at this data quarterly to explore equity of access. Data is collated into an annual needs assessment. Adaptations already in place include services workforce speak 16 different languages and all service

information is translated, services have women only sessions, homeless service users have clinics in homeless settings, all staff have LGBTQ training from a local LGBTQ organisation, volunteers and trainees are recruited specifically to diversify the workforce, young people have a standalone service. This funding will be used to continue to ensure services are meeting the needs of all those with protective characteristics needing services.

10. Use of Appendices

10.1. None

11. Local Government (Access to Information) Act 1985

11.1. Not Applicable