

Norfolk County Council

Record of Individual Cabinet Member Decision

Responsible Cabinet Member: Councillor Bill Borrett (Cabinet Member for Adult Social Care, Public Health and Prevention).	
Background and Purpose: In March 2021 Public Health England (PHE) announced a national funding programme for additional drug treatment crime and harm reduction activity, which a Universal allocation for each Local Authority. Norfolk's allocation is £580,000 and has come to us via a Section 31 grant agreement.	
Decision: To allocate the funding, focused on Great Yarmouth and Kings Lynn with an increased presence and offer in the Thetford, as follows <div> <div> Increased integration and improved care pathways Outreach Enhanced recovery support Increased treatment capacity Residential rehabilitation System Coordination and commissioning Novel long acting OST Naloxone provision Total </div> <div> £185,400 £104,000 £85,000 £70,000 £60,000 £29,000 £29,000 £17,600 £580,000 </div> </div>	
Is it a key decision?	No
Is it subject to call in?	Yes
If Yes – Deadline for Call in	Date: 4pm, Friday 23 July 2021
Impact of the Decision: A local evidence review showed that provision should focus on: <ul style="list-style-type: none"> enhancing harm reduction provision (needle & syringe programmes, Naloxone provision and outreach) increasing treatment options (long-acting opioid substitute treatment and residential rehabilitation) improving integration and care pathways between criminal justice system and treatment providers increasing treatment capacity upon arrest enhancing recovery support to move people out of treatment enhancing support from commissioners 	

<p>We are already implementing Project ADDER in Greater Norwich. As the intention of both funding allocations is similar, we will be focusing on other high crime areas, Great Yarmouth and Kings Lynn with an increased presence and offer in the Thetford.</p>	
<p>Alternative options considered and rejected: Due to the requirement to spend this additional funding by March 2022, we have had to work quickly to develop our planned proposals within the allocated timeframes.</p>	
<p>Financial, Resource or other implications considered: The additional funding is allocated via a ringfenced grant under Section 31 grant agreement.</p>	
<p>Record of any conflict of interest: None</p>	
<p>Background Documents</p> <ul style="list-style-type: none"> • Cabinet Report 	
Date of Decision:	9 July 2021
Publication date of decision:	16 July 2021
<p>Signed by Cabinet member:</p> <p>I confirm that I have made the decision set out above, for the reasons also set out</p> <p>Signed: Agreed via email.</p> <p>Print name: Cllr Bill Borrett</p> <p>Date: 9 July 2021</p>	
<p>Accompanying Documents:</p> <ul style="list-style-type: none"> • DA Universal Funding Report 	

Once you have completed your internal department clearance process and obtained agreement of the Cabinet Member, send your completed decision notice together with the report and green form to committees@norfolk.gov.uk

Cabinet

Item No:

Decision making report title:	Universal Funding, Drug and Alcohol Commissioning 2021-2022
Date of meeting:	09/07/2021
Responsible Cabinet Member:	Cllr Bill Borrett(Cabinet Member for Adult Social Care, Public Health and prevention)
Responsible Director:	Louise Smith, Director of Public Health
Is this a key decision?	No
If this is a key decision, date added to the Forward Plan of Key Decisions.	n/a

Executive Summary

This funding provides Norfolk with an opportunity to offer on a county-wide basis a number of the positive interventions delivered by the Project ADDER* programme in Norwich, to ensure a parity of provision across other localities that have been identified with high drug related crime and treatment need.

**Project ADDER (which stands for Addiction, Diversion, Disruption, Enforcement and Recovery) is a Home Office and Department of Health & Social Care funded initiative piloting a new intensive approach to tackling drug misuse in 5 areas of England with some of the highest rates of drug misuse: Blackpool, Hastings, Middlesbrough, Norwich and Swansea Bay.*

In March 2021 Public Health England (PHE) announced a national funding programme for additional drug treatment crime and harm reduction activity through a Universal allocation for each Local Authority. Norfolk's allocation is £580,000 and has come to us via a Section 31 Grant agreement.

A local evidence review showed that provision should focus on

- enhancing harm reduction provision (needle & syringe programmes, Naloxone provision and outreach)
- increasing treatment options (long-acting opioid substitute treatment and residential rehabilitation)
- improving integration and care pathways between criminal justice system and treatment providers
- increasing treatment capacity upon arrest
- enhancing recovery support to move people out of treatment
- enhancing support from commissioners

We are already implementing Project ADDER in Greater Norwich. As the intention of both funding allocations is similar, we will be focusing on other high crime areas, Great Yarmouth and Kings Lynn with an increased presence and offer in the Thetford.

Recommendation:

To allocate the funding as follows:

Increased integration and improved care pathways	£185,400
Outreach	£104,000
Enhanced recovery support	£85,000
Increased treatment capacity	£70,000
Residential rehabilitation	£60,000
System Coordination and commissioning	£29,000
Novel long acting OST	£29,000
Naloxone provision	£17,600
Total	£580,000

1. Background and Purpose

- 1.1. In March 2021 Public Health England announced a national funding programme for additional drug treatment crime and harm reduction activity, by way of a Universal allocation for each Local Authority.
- 1.2. Norfolk's allocation is £580,000 and is made as a Section 31 Grant. The funding period is 12 months, however PHE have considered the lateness of the announcement so has stated that delivery can continue up to the end of Quarter 1 2022–23.

2. Proposals:

- 2.1. The focus for the new funding was to increase drug treatment for people involved in crime and to enhance the harm reduction activity across the County.
- 2.2. With Project ADDER investment directed to Greater Norwich, we will be focusing on other high crime areas, Great Yarmouth and Kings Lynn as well as an increased presence and offer in Thetford.
- 2.3. A local evidence review showed that provision should focus on
 - enhancing harm reduction provision (needle & syringe programmes, Naloxone provision and outreach)
 - increasing treatment options (long-acting opioid substitute treatment and residential rehabilitation)
 - improving integration and care pathways between criminal justice system and treatment providers
 - increasing treatment capacity upon arrest

- enhancing recovery support to move people out of treatment
- enhancing support from commissioners

3. Impact of the Proposal

3.1. Expected Outcomes include:

- reduced drug-related offending
- improved continuity of care, especially between prisons and the community (a greater proportion of offenders who leave prison are successfully engaged in the community to reduce reoffending)
- reduced drug-related deaths, principally from overdose poisoning but also from infections, drinking, etc
- more treatment and recovery capacity, primarily for offenders (more offenders enter treatment, offending is reduced, more people recover)
- increase in use of residential provision (more complex drug users achieve and sustain abstinence and recovery)
- increase the number of community sentence treatment requirements (particularly drug rehabilitation requirements (DRRs) and in areas where the CSTR programme is operating, consider increasing combined orders with mental health treatment requirements (MHTRs))

4. Evidence and Reasons for Decision

- 4.1. It is estimated that around 135,000 people live in the relatively most deprived parts of Norfolk (around 15% of the Norfolk population), based on the 2018 mid-year Office of National Statistics estimates. These are largely centred around the urban localities of Norwich; Great Yarmouth; and King's Lynn, as well as some market towns including Thetford, Dereham, and Watton.
- 4.2. Between June 2020 and May 2021, the crime rate in Norfolk was 69.9 per 1000 with the highest rate of crime affecting Norwich, closely followed by Great Yarmouth, Kings Lynn and West Norfolk respectively.
- 4.3. There are more drug misuse deaths in Norfolk than would be expected given the size of the population, with Norfolk having the highest rate of drug misuse deaths in the eastern region in 2018/19.
- 4.4. Norwich had the highest number and rate of deaths from drug misuse (52 deaths in 2016-18, a rate of 14 per 100,000), followed by Great Yarmouth with 25 deaths, 9 per 100,000 and King's Lynn and West Norfolk with 24 deaths, 6 per 100,000.

5. Alternative Options

- 5.1. The funding allocation was prescriptive and included the proportion of funding that needed to be allocated to each intervention, unless there was local evidence that this was not required.

6. Financial Implications

- 6.1. Additional funding of £580,000 and has come to us via a Section 31 grant agreement.

7. Resource Implications

7.1. Staff:

1 FTE Commissioning Support Officer will be recruited on a temporary basis

7.2. Property:

N/A

7.3. IT:

N/A

8. Other Implications

8.1. Legal Implications

None

8.2. Human Rights implications

None

8.3. Equality Impact Assessment (EqIA) (this must be included)

Summary and key findings

The 2021/22 additional Universal D&A fund should impact positively on the public health of all people in Norfolk, including people with protected characteristics.

This is because the aim of the additional Universal fund is to identify and intensively support people with greatest need and vulnerability in relation to substance misuse and associate anti-social and offender behaviours; ensuring that resources are targeted effectively to mitigate this.

Some people with protected characteristics may be more vulnerable to the risk of and risks associated with substance misuse, and this has been taken into account.

An analysis of how people's protected characteristics may increase their risk of engaging and managing/ recovering from substance misuse is set out at Annex 1 and forms the basis of this assessment.

Another key factor to take into account is to ensure that treatment interventions reach all key target groups. People from some backgrounds with one or more protected characteristics are often typically underrepresented in treatment

services. Reaching these groups effectively, and in accessible ways, forms the basis of our proposal.

Background information

These Universal drug & alcohol monies, provided by way of an additional grant available in 2021/22 only, offer a means to expand and increase access to existing areas of commissioned services.

In this context the funds will be fully utilised in a window where mitigations to meet the challenges of COVID-19 will be in place, and so too offer a unique opportunity to bolster support for those most effected by the pandemic.

Wider disparities of health for those with protected characteristics during this current period of the COVID pandemic are highlighted in a comprehensive EQIA at:

<https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/adults-health/coronavirus/norfolks-response-to-coronavirus/covid-19-equality-impact-assessment>

In specific response to needs in substance misuse, these funds will benefit key groups through:

- reduced drug-related offending
- improved continuity of care, especially between prisons and the community (a greater proportion of offenders who leave prison are successfully engaged in the community to reduce reoffending)
- reduced drug-related deaths, principally from overdose poisoning but also from infections, drinking, etc
- more treatment and recovery capacity, primarily for offenders (more offenders enter treatment, offending is reduced, more people recover)
- increase in use of residential provision (more complex drug users achieve and sustain abstinence and recovery)
- increase the number of community sentence treatment requirements, particularly drug rehabilitation requirements (DRRs) and in areas where the CSTR programme is operating, consider increasing combined orders with mental health treatment requirements (MHTRs)

8.4. **Health and Safety implications** (where appropriate)

N/A

8.5. **Sustainability implications** (where appropriate)

8.6. N/A

8.7. **Any other implications**

8.8. None

9. Risk Implications/Assessment

9.1.	Risk:	Mitigation:
	Recruitment and retention due to short fixed term contracting	Looking at secondments and agency staff as contingency planning
	Lack of resource to oversee implementation and performance monitoring	Funding for a Project Officer has been allocated as part of the fund to support performance monitoring
	Delivery could be compromised by COVID-19 restrictions and guidance	Delivery partners have full risk management plans in place to support Covid-19 compliant delivery
	Monies not being spent in the allocated time frame	The funding period is 12 months, however PHE have considered the lateness of the announcement so has stated that delivery can continue up to the end of June 2023. Spending plan to account for funding which will be reviewed regularly.
	Demand for commissioned services outweighs resource available	Money has been allocated within the spending plan to allow for the commissioning of additional places.
	Funding does not continue beyond April 2022/23	Public Health to consider this when reviewing current and future provision. NCC to lobby PHE for a future position statement.

10. Select Committee comments

10.1. N/A

11. Recommendation

11.1. 1. To allocate the funding as follows:

Increased integration and improved care pathways	£185,400
Outreach	£104,000
Enhanced recovery support	£85,000
Increased treatment capacity	£70,000
Residential rehabilitation	£60,000
System Coordination and commissioning	£29,000
Novel long acting OST	£29,000
Naloxone provision	£17,600

Total

£580,000

12. Background Papers

12.1. Adder Project (Greater Norwich)

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

Officer name: Peter Taylor

Tel No.: 01603 222718

Email address: Peter.taylor@norfolk.gov.uk



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