

AGENDA ITEM

REPORT TO CABINET

13th March 2025

**REPORT OF SENIOR
MANAGEMENT TEAM**

CABINET INFORMATION ITEM

Health, Leisure and Culture Portfolio - Lead Cabinet Member – Councillor Steve Nelson

DRUG STRATEGY GRANTS 2025/26

SUMMARY

This report provides a summary of the planned expenditure of the ring-fenced drug strategy grants provided by the Department of Health and Social Care via the Office for Health Improvement and Disparities (OHID) for 2025/26. This is the fourth year of funding, which complements the core contract for substance misuse services, and provides an additional £2.5million for 2025/26. The terms and conditions for these grants includes an obligation to maintain levels of investment in drug and alcohol services and to use this additional funding to implement activities from a ‘menu of interventions’.

The core contract for community-based substance misuse services is funded from the Public Health Grant. This paper refers to *additional* year-on-year grants provided via a memorandum of understanding with OHID:

Grant component	Indicative 2025/26
SSMTRG	£2,234,503
IPD	£61,891
<i>DATRIG (total of above)</i>	<i>£2,296,394</i>

<i>IPS</i>	<i>£256,133</i>
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Drug and alcohol treatment and recovery improvement grant (DATRIG) is a single payment to SBC which covers both the SSMTRG and the IPD. Funding for these streams is at the same allocation as 2024/25. IPS is a stand-alone grant and has increased by £22k for North of Tees (SBC and HBC). £1.8m of the above funding is captured in the annual procurement plan (Cabinet, 13/03/25). This briefing sets out broader context to Cabinet, on the package of proposals against the drugs strategy grant, submitted to OHID on 28/02/25.

The planned expenditure will build on activity that has led to improved outcomes and delivery of national targets in 2024/25.

Recommended that the report be noted.

Detail

1. The drug strategy grants support the local delivery of national targets which stem from the national 10-year drug strategy '*From harm, to hope*' (Home Office, 2021). These include:
 - Increase people in treatment by 20% and reduce caseloads
 - Continuity of care for 75% of prison leavers
 - Improve quality of service – trauma informed care, integrated care, improved capacity, workforce development
 - Increase professional staff mix – mental health/psychology, social workers, nursing etc.
 - Reduce drug and alcohol related deaths
 - 2% of adult case load access rehab
2. In Stockton-on-Tees there have been significant improvements against these targets following focused spend of previous years' drugs strategy grant funding. This has led to recognition as a regional lead for continuity of care for prison leavers (increased from 51% in 2023 to 74% in 2024) and national lead for reducing waiting times for assessments (same day assessments now in place). Increased staffing capacity has reduced caseloads and increased opportunities to engage in treatment, through for example, mental health support, outreach, hospital-based treatment and support, hostel-based treatment and support.
3. Public health has worked stakeholders from across the system to ensure their input has helped develop approaches to improving access to and engagement in services. A stakeholder event in January 2024 saw multiple agencies and people with lived experience participate in shaping future plans for expenditure of the grants. The plan is therefore to continue services and interventions in 2025/26 and build on progress that has been made in previous years. The work links directly to the EIP transformation workstream on complex lives and therefore flexibility of approach is integral to the commissioned activities.
4. The planned expenditure increases the workforce and variety of approaches to engaging and motivating people in substance misuse treatment and recovery by:
 - Enhancing existing services e.g. Change Grow Live Stockton Recovery services
 - Building on effective local innovations e.g. Hartlepool and Stockton Health's award-winning outreach nursing service
 - Creating new avenues of support e.g. support into employment for people in treatment for substance misuse (known as Individual Placement Support).
 - Responding to needs identified locally e.g. bereavement support, bereavement is a risk factor in drug and alcohol related deaths (DARDs).

5. The table below provides an overview of the planned provision through the grants.

Year 4 (2025-26) Planned Expenditure

No.	Provider	Contract/Grant Name
SSMTRG 2025-26 (£2,234,503)		
1	Change Grow Live + Recovery Connections (Sub-contract)	Integrated Substance Misuse (ISM) Service
2	Bridges	Specialist Family & Carers Service
3	Cruse	DARD Bereavement Support Service
4	Hartlepool & Stockton Health (HaSH)	Substance Use Outreach Nurse Team
5		Primary Care Alcohol Pathway Development
6	North Tees & Hartlepool NHS Foundation Trust (NTHFT)	Secondary Care Substance Use Practitioners
7	Alliance Psychology	In-Reach Talking Therapies and Counselling
8	Multiple providers & Commissioning support	Various e.g. A Way Out; Stockton BID
IPD 2025-26 (£61,891+£39,390)		
9	North Tees & Hartlepool NHS Foundation Trust (NTHFT)	Alcohol In-Patient Detox (IPD)
IPS 2025-26 (£256,133)		
10	Recovery Connections	Individual Placement and Support (IPS)

£1.8m of the £2,234,503 in the table above (as proposed funding for Change Grow Live) is included on the annual procurement plan presented to Cabinet on 13/03/25.

Each of the above activities contributes to engaging people with substance misuse in treatment and recovery to improve health and life chances.

Consultation and Engagement

6. The expenditure of drug strategy grants directly targets communities at risk of or experiencing substance misuse. The involvement of that community in the development of proposals has shaped the priority areas for expenditure to address gaps in service, this includes for example addressing physical health needs, such as wound care, via an outreach nursing service.

Next Steps

7. Response is awaited from OHID on the planned expenditure outlined in this brief. Work will commence to implement activity against the grant with corresponding monitoring in place to measure impact.

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