

Report of Head of Commissioning

Report to Director of Public Health

Date: 21 April 2021

Subject: To seek approval from the Director of Public Health to award grants for additional drug treatment crime and harm reduction activity using the Public Health England universal grant funding

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary

1. Main issues

- In February 2021, Public Health England announced additional grant funding for local authorities for one year to enhance drug treatment, focused on reducing drug-related crime and the rise in drug-related deaths. Leeds City Council have been allocated £881,000 based on calculations made by Public Health England.
- Leeds City Council has worked with a range of partners to develop a proposal based on the approved interventions detailed by Public Health England.
- The proposal is
 - Increased harm reduction capacity and Naloxone provision
 - Increased residential alcohol detox and / or rehabilitation capacity
 - Integrated and improved care pathways between criminal justice settings and treatment
 - Enhanced recovery support in communities
 - Improved physical health and wellbeing assessments and support
 - Prescribing support to the assertive outreach service
 - Increased capacity within the FIT (Focussed Intervention Team)

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- The proposal in this report directly contributes to the Best Council Plan's overarching vision of tackling poverty and reducing inequalities.
- It addresses the Best Council Plan's priorities to tackle crime and reduce health inequalities

3. Resource Implications

- There are no resource implications for Leeds City Council. Funding for the proposal will be allocated by Public Health England.

Recommendations

The Director of Public Health is recommended to:-

- Approve the allocation of £568,490 as a grant (payable in instalments) to Humankind to provide additional harm reduction, treatment, wellbeing and recovery support from 1 May 2021 to 31 March 2022.
- Approve the allocation of £105,030 as a grant (payable in instalments) to Change Grow Live Services Ltd to provide additional support within criminal justice settings from 1 May 2021 to 31 March 2022.
- Approve the allocation of £207,480 as a grant (payment in instalments) to St Anne's Community Services to provide additional residential detox and / or rehabilitation provision from 1 May 2021 to 31 March 2022.
- Note that Commissioning Managers within the Adults & Health Commissioning Team will implement this decision.

1. Purpose of this report

1.1 The purpose of this report is to detail the arrangements to utilise the grant in Leeds and seek authority from the Director of Public health to allocate this funding in the following way:

- Humankind to deliver the project and to provide additional harm reduction, treatment, wellbeing and recovery support
- Change Grow Live (CGL) to provide additional support within criminal justice settings
- St Anne's Community Services to provide additional residential detox and / or rehabilitation provision

2. Background information

2.1 The Public Health England universal funding grants are intended to help local areas including Leeds City Council to drive down the crime associated with the drug market, particularly acquisitive and violent crime, and the rise in drug-related deaths. To achieve this aim, Public Health England recognise that there was a need

for improved pathways from the criminal justice system and increased use of community sentence treatment requirements.

- 2.2 The universal component of the funding package has been available to upper tier and unitary local authorities (LAs). The grant allocations have been calculated by Public Health England using a formula incorporating a set of indicators that reflect the level of need in each LA. The allocation for Leeds City Council is £881,000. The funding is to be spent on revenue costs during 2021/22.
- 2.3 Recognising that LAs only had 10 days to develop their proposals, Public Health England provided a menu of approved evidence-based interventions, which LAs could use as a basis for their proposals. The interventions involve system coordination and commissioning, enhanced harm reduction (e.g. needle and syringe programme, Naloxone provision, outreach), more treatment options (e.g. novel long-lasting OST (opioid substitute treatment), residential rehabilitation), increased integration and improved care pathways (e.g. treatment capacity for police and court custody suites, prison release support), increased treatment capacity to respond to extra diversion (e.g. out-of-court disposal schemes, testing on arrest) and enhanced recovery support (e.g. peer support, recovery communities).
- 2.4 The commissioning team submitted the completed proposal template on Wednesday 24th March, and Public Health England approved the funding on 9th April 2021.

3. Main issues

- 3.1 In order to develop a proposal for Leeds and complete the required template, public health and the commissioning team consulted and requested proposals from the commissioned providers of the key services involved in drug and alcohol treatment and offender support, including Forward Leeds drug and alcohol treatment service (Humankind), residential detoxification and rehabilitation service (St Annes community services) and Integrated Offender Management (IOM) support service (CGL).
- 3.2 These proposals were presented and discussed with key criminal justice partners in the city including West Yorkshire Police (IOM team) and West Yorkshire Community Rehabilitation Community.
- 3.3 The submitted proposals involve
 - Increased harm reduction capacity and Naloxone provision through the addition of three full time harm reduction workers, one for each of the three Forward Leeds drug and alcohol treatment hubs in the city. This will increase the capacity of the team to deliver assertive outreach to service users and increase the support for Naloxone distribution.
 - Increased residential alcohol detox and / or rehabilitation capacity at St Anne's residential alcohol detox and rehabilitation service. Three spaces per week will be added across the year and there will be a three bed step down house where people can go (with support) towards the end of their rehab to smooth transition back to the community.
 - Integrated and improved care pathways between criminal justice settings and treatment. Three full time roles will be created within the Integrated Offender Management service: one to work across probation and court settings, one within Elland Road police station and one across the three prison estates. They will work alongside existing teams to coordinate prison releases, work

within police custody, support court orders and court planning and support probation with support planning and coordination.

In addition, to support this work from a treatment perspective three full time criminal justice workers will be employed within the Forward Leeds service to link directly with the above roles. They will conduct assessments in criminal justice environments where possible to increase continuity of care.

- Enhanced recovery support in communities. Two full time Building Recovery in Communities (Bric) workers will be employed within Forward Leeds to conduct outreach work in local communities. They will work in emergency and supported accommodation to support people in their recovery and link people into the 5 Ways Recovery Community (a peer support group linked with Forward Leeds).
- Improved physical health and wellbeing assessments and support. Three full time health and wellbeing nurses will be employed, one attached to each drug and alcohol hub but also able to support outreach work. They will provide full health and wellbeing assessments to service users in Forward Leeds. Initially work will focus on those at increased risk of drug related death, those over 50 years old and those with reduced mobility.
- Prescribing support to the Forward Leeds assertive outreach service. One full time position to focus on assertive outreach for service users who struggle to get into the main drug and alcohol treatment hubs due to mobility or ill health. They will also support service users receiving palliative care.
- Increased capacity within the Forward Leeds FIT (Focussed Intervention Team) that supports non opiate users who require shorter more focussed interventions. Two additional workers will be employed to provide increased capacity. This will enable reduced waiting times and increase the number of interventions delivered.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 Consultation around the development of the proposal to Public Health England took place with officers from Adults and Health, current commissioned providers and the IOM project team (including Safer Leeds, West Yorkshire Police (IOM team) and West Yorkshire Community Rehabilitation Community)
- 4.1.2 The Executive Member for Public Health was briefed on 20 April 2021.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 An Equality, Diversity, Cohesion and Integration Screening has been completed in relation to this decision and there are no issues to be addressed.

4.3 Council policies and the Best Council Plan

- 4.3.1 This proposal will contribute to the Best Council Plan's overarching vision of tackling poverty and reducing inequalities and the specific themes of:
 - Health and Wellbeing: Reducing health inequalities and improving the health of the poorest the fastest

- Safe, Strong Communities: Keeping people safe from harm, protecting the most vulnerable, and tackling crime

4.3.2 In addition the project addresses a number of other local strategic priorities

• Strategy	• Priorities
• Vision for Leeds 2011-30	• Best city for communities • Best city for health and wellbeing
• Leeds Health and Care Plan	• Protecting vulnerable people and reducing health inequalities
• Leeds Inclusive Growth Strategy 2017-23	• Supporting people to live healthy and active lives, through good housing, social values, green and transport infrastructure, regenerating neighbourhoods, low carbon initiatives and involvement in sport.
• Leeds Drug and Alcohol Strategy 2019-2024	• Increase in the proportion of people recovering from drug and / or alcohol misuse; Reduce crime and disorder associated with drug and/or alcohol misuse
• Safer Leeds Community Safety Strategy (2018-2021)	• Keeping people safe from harm (victim), preventing and reducing offending (offender), Creating safer, stronger communities (location). Reducing the number of people rough sleeping
• West Yorkshire Reducing Re-offending Strategy (2019-2021)	• Promotes increased partnership working to reduce reoffending and crime

Climate Emergency

4.3.2 This report relates to a project to support people who are managed or at risk of management by the criminal justice agencies and who experience drug and alcohol issues. Much of the work will take place at treatment hubs, service user centres or partner settings all of which are accessible on foot or via public transport. This will help to reduce carbon emissions and environmental pollution which contributes to city actions to better manage air quality.

4.3.3 The project will be delivered by commissioned services who are already under contract to the Council. The conditions of the grant will ensure that the recipients undertake the requirements of the grant to meet all legislation, guidance and good industry practice in environmental management and the objectives of the Council's sustainability policies. Officers from Adults and Health will work with the recipients to ensure the project is proactively seeking to minimise their carbon footprint and thereby support the Council in achieving its ambition to be carbon neutral by 2030.

4.4 Resources, procurement and value for money

- 4.4.1 The cost of the project will be met by the universal grant from Public Health England. Once confirmed, the grant will be injected into the council budget.
- 4.4.2 The grant to the recipients will be paid in quarterly instalments.
- 4.4.3 Performance monitoring processes will be put in place by the Adults and Health commissioning team through a grant agreement to ensure value for money and quality of delivery for the duration of the project. In addition, the council will provide Public Health England with performance information.

4.5 Legal implications, access to information, and call-in

- 4.5.1 This is a key decision as the overall value of this decision exceeds £500,000 and as such it is subject to call in. The forthcoming decision was published on 19th March 2021. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.
- 4.5.2 As the Council would be entering into grant arrangements with the recipients listed in this report, the Council will have no contractual control over enforcement of the terms. The only sanction available with grant payments is for the Council to claw-back grant monies unspent.
- 4.5.3 There is a risk of challenge that a grant payment is not a grant. Legally there is some confusion about when a grant can and cannot be used as there is a fine line between a grant (which is not caught by the procurement rules) and a contract for services (which is caught by the procurement rules). Although no longer directly applicable to the UK's departure from the European Union the preamble to EU Procurement Directive 2014/24/EU (from which the Public Contracts Regulations 2015 were transposed into English law) is still persuasive and the directive makes it clear at paragraph (4) that "the mere financing, in particular through grants, of an activity, which is frequently linked to the obligation to reimburse the amounts received where they are not used for the purposes intended, does not usually fall within the scope of the public procurement rules".
- 4.5.4 As such, unconditional grants are unlikely to meet the definition of a contract set out in the Public Contracts Regulations 2015 (PCR 2015). However, where grants are used with strict qualification criteria and an obligation to pay back money if certain targets are not reached, the position is less straightforward and it is possible that an arrangement referred to as a grant could actually meet the definition of a contract set out in the PCR 2015 and, if it does, the PCR 2015 may apply. It is therefore extremely important to ensure that, if providing grants, the process followed does not fall within the definition of a "public contract" as set out in PCR 2015 which states –"contracts for pecuniary interest concluded in writing between one or more economic operators and one or more contracting authorities and having as their object the execution of works, the supply of products or the provision of services"
- 4.5.5 Grants may be in breach of state aid but it is unlikely that the grant payments proposed will fall foul of the state aid rules.
- 4.5.6 Funding from which any grant payment is made must be designated as "grant" money. If the Council wish to make a grant, the money must be in the Public Health "grant" block. If it is not, it can normally be moved from other blocks in the Council budget into the grant block.
- 4.5.7 Awarding the grants to the named organisation in this way could leave the Council open to a potential claim from other providers, to whom this grant could be of

interest, that it has not been wholly transparent. However the risk of this would appear to be low.

4.5.8 As this is a grant it is not subject to the council's Contracts Procedure Rules or within the Public Contracts Regulations 2015 but good practice and transparency will be observed throughout.

4.5.9 There is no overriding legal obstacle preventing the award of the grants and the contents of this report should be noted. In making their final decision, the Director of Public Health should be satisfied that the course of action chosen represents best value for the Council

4.6 Risk management

4.6.1 The grant will be allocated to the recipients listed in this report to deliver the project. As a result should the recipients fail to deliver the project then there is a risk that Leeds City Council could have to repay the grant to Public Health England. This will be mitigated by payment in instalments, through robust monitoring of the project by Adults and Health Commissioning Team, through ongoing updates and communication with Public Health England.

4.6.2 Risk management is built into the work of all the recipients who have the necessary experience and skills to manage risks of working with this vulnerable client group including managing lone working, and aggressive and volatile behaviour.

5. Conclusions

5.1 Leeds City Council has been allocated £881,000 from the Public Health England universal grant funding for additional drug treatment crime and harm reduction activity in 2021/22.

5.2 Leeds already has commissioned services who work together to provide support and treatment for offenders with substance misuse issues. Additional resource will provide additional capacity, reduce waiting times, increase interventions delivered and improve pathways and continuity of care. This will help reduce the rate of drug related deaths, reduce drug related offending and the prevalence of drug use.

6. Recommendations

6.1 The Director of Public Health is recommended to :-

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7. Background documents¹

7.1 None.

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.