

Report to Cabinet

Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG)

Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

Officer Contact: Rebecca Fletcher, Director of Public Health

Report Authors: Amber Podmore, Programme Support Officer (Public Health) / Andrea Entwistle, Senior Business and Commissioning Manager (Public Health)

April 2025

Reason for Decision

The purpose of this report is to note the allocation of grant funding for 2025/26 to improve Drug and Alcohol treatment and recovery provision and outcomes in the borough.

Approval is sought to delegate authority to agree all decisions related to the utilisation of the Drug and Alcohol Treatment and Recovery Grant (DATRIG) to the Director of Public Health, after consultation with the Cabinet Member for Adult Social Care, Health, and Wellbeing. This will include the authority to vary existing contracts (and any associated collaborative commissioning agreements) or award grant agreements or contracts stemming from a compliant procurement process. It is also requested that authority is delegated to the Borough Solicitor or nominee to carry out all necessary legal formalities, including the execution of any contracts.

Recommendations

Cabinet is requested to:

1. Note and accept the Drug and Alcohol Treatment and Recovery Grant (DATRIG) settlement for 2025/26, including the conditions of funding outlined in this report and that the DATRIG is limited to 12 months of funding, and agree that the grant funding is allocated to Public Health to enact, in line with the grant conditions.
2. Delegate authority for the execution of all decisions regarding utilisation of the funding from the Drug and Alcohol Treatment Improvement Grant 2025/26 to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing.

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3. Delegate authority to the Director of Public Health, in conjunction with the Borough Solicitor and Director of Finance (or their nominees), to vary existing contracts (and any associated collaborative commissioning agreements), issue grant agreements or award contracts stemming from a compliant procurement process.
 4. Delegate authority be delegated to the Borough Solicitor or their nominee to carry out all necessary legal formalities linked to the actions delegated to the Director of Public Health, including the execution of contracts.

Cabinet

7 April 2025

Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG)

1 Background and Context

- 1.1 Under the Health and Social Care Act 2012, local authorities have a duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.
- 1.2 Having a high functioning drug and alcohol treatment and recovery offer is an essential component of the range of activity required to achieve better population health and reduce demand on health and social care services.
- 1.3 Oldham Council currently use the public health settlement to commission a range of interventions, including but not limited to an Adult Drug and Alcohol Treatment and Recovery Service (delivered by Turning Point, under the service name ROAR [Rochdale and Oldham Addiction Recovery]) and a Young People's Sexual Health and Substance Misuse Service (delivered by Early Break in partnership with HCRG Care Group under the service name, MYNO [Meeting Your Needs Oldham]) to minimise drug and alcohol related social and health harms through prevention, education and awareness raising, treatment and recovery provision.
- 1.4 Additional funding has been available from the Department of Health and Social Care (DHSC) from 2022 – 2025 to improve services in line with the ambitions of the Government's Drug Strategy, [From harm to hope: a 10-year drugs plan](#) and the recommendations from [Dame Carol Black's independent review](#). The additional funding has included the following time-limited, central government grants: Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG), In-patient detoxification (IPD) Grant, Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG), Individual Placement and Support (IPS), and Housing Support Grant (HSG).
- 1.5 The grants are provided by the Department of Health and Social Care (DHSC) and managed on a regional basis by the Office of Health Improvement and Disparities (OHID). Grant funding has been dependent on the Council maintaining or building on existing investment in drug and alcohol treatment and recovery from the Public Health Settlement. Details of the grant settlements for 2024-25 and how this was utilised are outlined in Appendix 1 (which is exempt from publication due to containing commercially sensitive information), for reference.
- 1.6 In line with government policy, for 2025/26, the DHSC have made the decision to amalgamate the grants into a single Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The DATRIG has been allocated for a 12-month period from 1 April 2025 to 31 March 2026 and consolidates previous grant funding provided through the SSMTRG, RSDATG and IPD grant. As with previous arrangements, all additional grant funding is conditional on the basis that there will be no disinvestment in treatment services that are currently funded by the core Public Health Settlement.

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- 1.7 Conditions of the DATRIG include a continued ambition in reducing levels of unmet need, and an enhanced focus on the quality of the treatment and recovery offer for people with drug and alcohol treatment needs. The focus on quality will reduce attrition rates and representations, improve the number of people entering treatment and making meaningful progress, support more people to initiate and sustain recovery (including through improved employment and housing support) and reduce the number of people dying from drug and alcohol related deaths. In turn, continued improvement in the range and quality of support being provided will make services more attractive, accessible and effective.
- 1.8 The grant conditions stipulate that we must report on the following five measures, that are intended to improve the delivery of drug and alcohol services:
1. Increase numbers in treatment for Opiate, Non-Opiates and Alcohol
 2. Reduce Drug and Alcohol Related Deaths
 3. Increase capacity in the workforce and improve training
 4. Improve engagement rates (continuity of care) for those residents released from custody and maintaining treatment and recovery when in the community
 5. Increase numbers accessing Residential Rehab by 2% of all those in treatment
- 1.9 Public Health and providers have worked alongside Office for Health Improvement and Disparities Regional Teams and Greater Manchester Combined Authority to meet these targets. All have been achieved apart from a reduction in alcohol related deaths, that is slightly higher than the national average.
- 1.10 At the time of writing, there has been no indication from central Government whether DATRIG or any other form of additional grant funding to support drug and alcohol treatment and recovery will be available after 31 March 2026.

2 Current Position

- 2.1 The total DATRIG funding for Oldham for 2025/26 is expected to be £1,870,970. This is a slight reduction compared to the amount received in 2024/25 (as set out in Appendix 1). It should be noted that only the Rough Sleeping Drug and Alcohol Treatment (RSDAT) component (£707,083) is confirmed at the time of writing, with the remaining grant indicative funding.
- 2.2 Any utilisation of the grant is subject to sign-off of the DATRIG 2025-26 Grant Planning Documentation by Office of Health Improvement and Disparities (OHID), which has been submitted to OHID and is currently awaiting approval, and satisfactory completion of the required grant funding monitoring submissions.

3 Proposed Approach

- 3.1 In anticipation of receiving the DATRIG allocation from OHID for 2025/26, this paper is proposing that the grant funding is accepted and that authority to execute all decisions regarding use of this additional funding is delegated to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing.
- 3.2 Whilst the Council will hold the funds and the grant agreement with OHID, it is proposed that the budget is allocated to public health, along with the management and reporting mechanisms of the grant spend as required by the DHSC, and that the Director of Public Health has delegated responsibility for this budget and its utilisation, subject to consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing.
- 3.3 As per previous years, some of the grant funding will be used to supplement services commissioned by both the Council and external partners and other elements will be used to

deliver or support projects and programmes of work undertaken by individual project partners. The Director of Public Health will work with legal, finance and procurement colleagues to ensure the appropriate procedures are followed, and relevant agreements put in place to support these arrangements. It is recommended that authority be delegated to the Borough Solicitor or their nominee to carry out all necessary legal formalities linked to the utilisation of the grant, including the execution of contracts.

- 3.4 In executing the DATRIG on behalf of Oldham, the following activity will be required to be undertaken:
- Commissioning of a new dedicated recovery offer for Oldham to meet the needs of our residents and community, with the aim of improving long-term outcomes and reducing repeat presentations to treatment services.
 - It is proposed that the Council procure this service, for an initial contract period of one year, via the most appropriate procurement route subject to procurement advice, and that authority is delegated to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing, to award the contract following the completion of the evaluation process.
 - Modifications to existing substance misuse contracts funded by core public health budget (and any associated collaborative commissioning agreements), where provision allows subject to legal advice, to allow expenditure of the DATRIG through the existing contract to supplement the current provision
 - As most components of the DATRIG are indicative at present, modifications will be made dependent on final confirmation of funding
 - Approval is sought to review and update any existing substance misuse contracts, whilst modifications are made to allow for use of the DATRIG through the existing contracts, to ensure that specifications and performance indicators are still fit for purpose and to revise funding envelopes in line with any uplifts (in line with National Insurance changes and inflation) or any change in delivery models. Final sign off of any modifications to be delegated to the Director of Public Health, in consultation with the Cabinet Member or Adult Social Care, Health and Wellbeing and Director of Legal Services
 - Award 12-month contracts or grant agreements – as per the most appropriate process to providers to deliver outcomes against the DATRIG grant conditions which best meet the needs of our residents, as set out in the planning documentation submitted to OHID.
 - Final allocations are subject to confirmation of funding and approval of proposals shared with OHID
 - It is proposed that delegated authority is given to the Director of Public Health, in consultation with the Cabinet Member or Adult Social Care, Health and Wellbeing and Director of Legal Services, to allocate the funding and award the necessary contracts agreements, via the most appropriate procurement route, to ensure the allocations are compliant with the grant conditions.

3 Options/Alternatives

Option A: Accept the DATRIG grant funding and delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing and the Borough Solicitor or their nominee, to enact all decisions regarding allocation of the funding, as outlined in the report. Further, delegate authority to the Borough Solicitor or their nominee to carry out all legal formalities linked to the enactment of decision regarding the spend of the DATRIG.

This is the recommended option because it will ensure that we can continue to improve prevention and early intervention around drugs and alcohol, improve access to treatment and recovery services and improve quality of provision to ensure that Oldham residents receive the best possible support to tackle drug and alcohol related harm, which will in turn improve health outcomes and reduce the number of drug and alcohol related deaths.

Delegated authority to the Director of Public Health, in consultation with the Cabinet Member or Adult Social Care, Health and Wellbeing and the Borough Solicitor or their nominee will ensure that any contractual arrangements in relation to the use of the DATRIG additional funding can be expedited to ensure that funding is available as soon as possible and impact can be made to improve the health and wellbeing of local residents.

Option B: Do not accept the DATRIG grant:

This is not recommended, as investment of grant funding in our current drug and alcohol treatment and recovery offer to date has made a difference in terms of increasing numbers in treatment but more needs to be done to improve quality of provision, as per the intentions of the DATRIG, and to improve the recovery offer locally.

Not accepting the DATRIG grant will greatly reduce the capacity and effectiveness of Oldham's treatment and recovery provision meaning that fewer residents will be able to access the services and would risk worsening health outcomes and further increasing drug and alcohol related mortality rates in the borough.

It would also mean that staff from services (between 35 – 40 posts), many of whom are Oldham residents, may be made redundant. This will mean a significant increase in caseload sizes in treatment services, reduction in capacity to support increased numbers of residents in treatment and decreased level of support able to be offered across the wider partnership.

We also risk destabilising collaborative commissioning arrangements, inadvertently creating an inequitable offer where residents of Oldham are not able to receive the same level of service as those from other localities accessing the same provision, and reputational risks for not investing in tackling drug and alcohol related harm when additional funding is available and Oldham has poor outcomes, compared to regional and England averages.

4 Preferred Option

- 4.1 Option A is the recommended option as this will ensure that we are investing all available funding in the borough to address drug and alcohol related harms by improving capacity and quality of provision and delegating authority will ensure that the funding can be used quickly and effectively, to ensure maximum impact, whilst meeting the associated grant conditions and reporting requirements.

5 Consultation

- 5.1 Consultation has been undertaken with the Director of Public Health and Cabinet Member of Health and Social Care, who are both regularly updated regarding the performance of the commissioned services. Adult Social Care and Health Scrutiny Board have also received regular updates regarding the commissioned services and use of any additional drug and alcohol treatment and recovery grant funding.

5.2 Feedback is gathered from service users, as standard, regarding their experiences of the different services and this is used to inform service development and continuous improvement.

5.3 Consultation has also been undertaken by public health with the service providers, Office for Health Improvement and Disparities Regional Teams and Greater Manchester Combined Authority to consider how additional grant funding can and has been used to best improve outcomes locally and what the impacts would be if funding was not utilised.

6 Financial Implications

6.1 This report seeks Cabinet approval for 3 requests:

- 1) Note the Drug and Alcohol Treatment and Recovery Grant (DATRIG) settlement for 2025/26.

The total DATRIG funding for Oldham for 2025/26 is estimated to be £1,870,970. This is a slight reduction compared to the amount received in 2024/25.

Grant component	Indicative	Confirmed
SSMTR (Supplementary Substance Misuse Treatment & Recovery)	£940,844	
HS (Housing Support)	-	
IPD (Inpatient Detoxification)	£52,453	
RSDAT (Rough Sleeping Drug & Alcohol Treatment)		£707,083
DATRIG (Drug & Alcohol Treatment, Recovery & Improvement Grant)	£1,870,970	
IPS (Individual Placement & Support ¹)	£170,590	

It should be noted that only the Rough Sleeping Drug and Alcohol Treatment (RSDAT) component of the grant (£707,083) has been confirmed at the time of writing, with the remaining grant is indicative funding.

- 2) Delegate authority for the execution of all decisions regarding utilisation of the funding from the Drug and Alcohol Treatment Improvement Grant 2025/26 to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing.
- 3) Delegate authority to the Director of Public Health to vary existing contracts (and any associated collaborative commissioning agreements), issue grant agreements or award contracts stemming from a compliant procurement process and authority be delegated to the Director of Legal Services to carry out all necessary legal formalities.

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- 6.2 In line with government policy, for 2025/26 the DHSC have made the decision to amalgamate the grants into a single Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG).
- 6.3 The DATRIG has been allocated for a 12-month period from 1 April 2025 to 31 March 2026 and consolidates previous grant funding provided through the SSMTRG, RSDATG and IPD grant.
- 6.4 The consolidated DATRIG grant is no longer classed as ring fenced grant. Instead, it has been included in the Council's Local Government Finance Settlement figure for 2025/26.
- 6.5 The confirmed grant of £707k has been allocated to the Public Health base budget for 2025/26, all decisions regarding utilisation of the funding from the Drug and Alcohol Treatment Improvement Grant 2025/26 will therefore be delegated to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing, Director of Finance and Borough Solicitor (or their nominee).

Matthew Kearns – Finance Manager 20/03/2025

7 Legal Implications

- 7.1 The acceptance of grant funding is outside of the Contract Procedure Rules, so the main considerations are whether the Council is in a position to comply with the terms and conditions of the DATRIG. These terms and conditions are outlined in this report along with some commentary.
- 7.2 In spending the grant, it is essential that any procurement activity is conducted in accordance with the Contract Procedure Rules and, if applicable, the Procurement Act 2023.
- 7.3 Further, any grant schemes must be designed in line with the approved purposes of the DATRIG. The Council must also consider the subsidy control regime in allocating grant monies.
- 7.4 Whether or not the Council is contracting for the delivery of projects aligned the objectives of the DATRIG or it is awarding grant funding, suitable forms of contract or grant agreement will be needed and advice from Legal Services (particularly in relation to subsidy control) must be taken.
- 7.5 It is anticipated that all activity using the DATRIG will be low risk, but it is important to note that a breach of the Contract Procedure Rules or a flawed grant scheme decision could trigger a claim for judicial review (albeit in limited circumstances), and a breach of the Procurement Act 2023 could trigger the remedies regime under that Act.

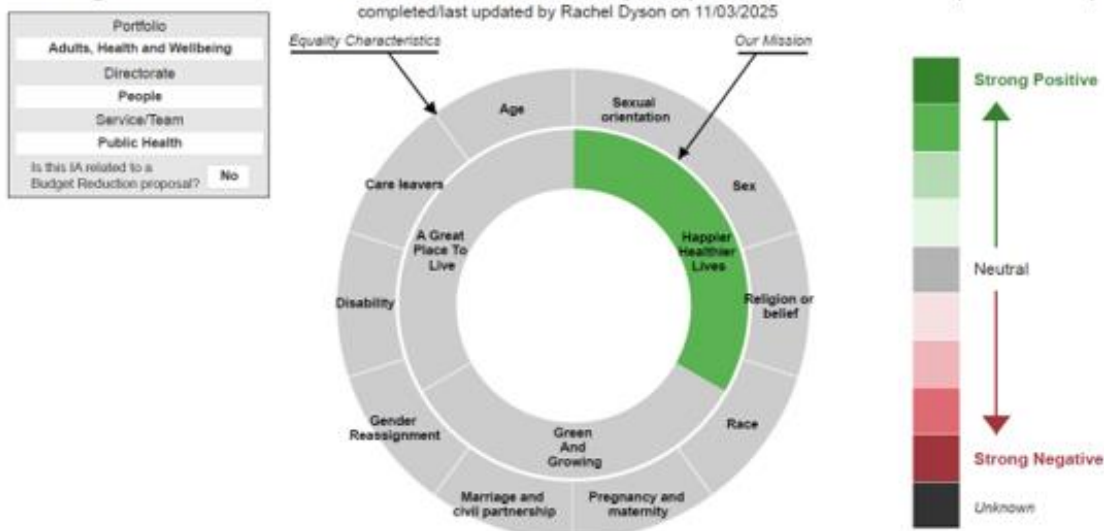
Sarah Orrell – Commercial & Procurement Solicitor

8 Equality Impact, including implications for Children and Young People

- 8.1 Yes

Drug & Alcohol Treatment and Recovery Improvement Grant (DATRIG)

completed/last updated by Rachel Dyson on 11/03/2025



9 Key Decision

9.1 Yes

10 Key Decision Reference

11.1 HSC-04-25

12 Background Papers

12.1 None

13 Appendices

13.1 Appendix 1 - Overview of use of additional drug and alcohol treatment and recovery grants for 2024/25 (EXEMPT FROM PUBLICATION)