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**NORTH YORKSHIRE COUNTY COUNCIL
MEETING OF THE CORPORATE DIRECTOR, HEALTH AND ADULT SERVICES AND
EXECUTIVE MEMBERS CLLR MICHAEL HARRISON AND CLLR ANDREW LEE**

Friday, 8 April 2022 / 1.30 pm via MS Teams

A G E N D A

1 Declarations of Interest

Items for Executive Member decision

OFFICER LEAD

- 2 To approve the submission of Section 31 grants as part of a consortium arrangement and to accept any funding offered as a result of the application and approve associated spend
(Pages 3 - 6)

Angela Hall

Items for Corporate Director decision

- 3 Notes of previous meeting held on 11 March 2022
(Pages 7 - 10)

Date of next meeting

10 June 2022

Circulation:

Executive Members

Michael Harrison
Andrew Lee

Officer attendees

Richard Webb
Gary Fielding
Louise Wallace
Angela Hall
Katie Needham

Note-taker

Dawn Day

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Health and Adult Services
Meeting of the Corporate Director and Executive Members

Section 31 local authority grants to support improvements in the quality and capacity of drug and alcohol treatment between 2022/23 to 2024/25

8 April 2022

<p>1</p>	<p>Key purpose of the report</p> <p>North Yorkshire is eligible to receive additional ring fenced funding to support improvements in the quality and capacity of drug and alcohol treatment between 2022/23 to 2024/25. The additional allocations will be made available via a Section 31 Grant throughout the three-year period.</p> <p>It is recommended that HAS Executive approve submission of partnership plans and receipt of associated grants over the three-year period.</p>	
<p>2</p>	<p>What type of report is this?</p> <p>Information/briefing item</p> <p>Decision required</p> <p>Does the report contain any confidential information?</p>	<p>Y</p> <p>Y</p> <p>N</p>
<p>3</p>	<p>Report details</p> <p>Background:</p> <p>Political, sector-led and expert by experience led advocacy for improving experiences and outcomes for people who experience drug and alcohol (substance) misuse has grown over the last few years. This has been set against a backdrop of increasing drug related deaths; increasing levels of multiple disadvantage; associated demand on services; and in some areas, decimation of drug and alcohol service funding.</p> <p>Dr Ed Day was appointed as the National Drugs Recovery Champion in 2019. Dame Carol Black was commissioned at the same time to lead an independent cross-sectoral review into Drugs, which concluded in July 2021. Her Majesty's Inspectorate of Probation and the Care Quality Commission concluded a joint thematic review into drug and alcohol treatment for those individuals on Probation in August 2021. The National Police Chiefs Council has also developed a public health focussed Drugs Strategy which seeks to balance harm reduction and support for people experiencing substance misuse (prevent, plan, protect) with enforcement responsibilities (pursue).</p> <p>Dame Carol Black's Review reinforces the complexity of substance misuse. It places misuse of substances firmly in the health inequalities camp. It is scathing of policy and investment over the last decade and calls for an adequately resourced system response. It calls central and local government, the broader system and communities to action, referencing the need for significant additional financial investment; competence and skill</p>	

mix across the workforce; personalised compassionate care, and inclusive communities. Many people experience substance misuse for all sorts of reasons. People have typically experienced or are continuing to experience trauma and adversity and use substances to escape or dampen physical, emotional and/or psychological pain, mental health and/or housing challenges. Substance misuse must be viewed through a health inequalities and social justice lens – becoming dependent on substances is not a lifestyle choice – everyone has their story, as well as personal assets, a contribution to make and an ambition for their life.

The new Drugs Strategy for England was published on 6th December 2021. It is called ‘from harm to hope’ and sets out a ten-year vision, with an initial three-year implementation phase covering the Comprehensive Spending Review period 2022/23 – 2024/5. The spotlight during the initial implementation phase is on expanding and improving the quality of drug and alcohol treatment and associated support for people who experience substance misuse. This is underpinned by £900 million additional investment. £533 million will be made available to Local Authorities via Section 31 Grants to work with local partners to invest in plans that contribute to the following national targets:

- 1,000 fewer deaths;
- At least 54,500 new high-quality drug and alcohol treatment places for adults - including for people who are rough sleeping or at risk of rough sleeping;
- 5,000 new treatment places for young people;
- A treatment place for everyone who is offending and drug dependent;
- Close 2,000 county lines and disrupt 6,400 organised crime group activities
- 2% engaging in treatment accessing residential rehabilitation

Additional investment – North Yorkshire:

North Yorkshire County Council will receive a number of ring fenced additional allocations via a Section 31 Grant throughout the three year period, subject to submission of plans led by the Public Health Team that are approved by the Office of Health Improvement and Disparities (OHID).

Receipt of additional allocations will be dependent on the Council maintaining existing (2020/21) investment in drug and alcohol treatment from the Public Health Grant.

Councils are encouraged to ensure they have sufficient capacity to manage delivery of the allocations and associated national reporting requirements – e.g. system leadership, project management etc.

Allocation packs are yet to be received, but additional allocations are likely to comprise the following:

- Supplemental funding for substance misuse treatment and recovery – at least £315,000 in year one, increasing in year two and three. The Council received £315,000 via a non-recurrent Section 31 Grant in 2021/22 and this will be maintained into 2022/23 as a minimum, and increased thereafter;
- Inpatient funding – at least £62,487 per annum. The Council received an allocation consistent with this value in 2021/22 and formed a consortium with Leeds, Calderdale and Barnsley Councils, and provider HumanKind. Leeds City

	<p>Council is leading on the commissioning arrangement on behalf of the consortium;</p> <ul style="list-style-type: none"> • Individual Placement Support – yet to be confirmed; • Housing Options Support – yet to be confirmed; <p>Public Health Team led planning:</p> <p>North Yorkshire:</p> <p>The Public Health Team has led planning meetings throughout 2021 and 2022 with a range of partners including the adult specialist community drug and alcohol service, the young people’s drug and alcohol service, North Yorkshire Police, the Probation Service, the Office of the Police, Fire and Crime Commissioner and OHID.</p> <p>Needs have been assessed, existing commissioning arrangements have been reviewed and priorities have been agreed. The Public Health Team is continuing to work with partners to develop plans in preparation for submissions once allocation packs are received.</p> <p>Inpatient Consortia – led by Leeds:</p> <p>The Consortium will be maintained throughout the 2022/23 – 2024/25 period. The North Yorkshire Public Health Team will continue to support Leeds Council commissioning arrangements.</p>
4	<p>Significant risks and mitigation</p> <p>Receipt of allocations will be contingent on submission of detailed plans on an annual basis by the Public Health Team. Detailed plans will cover local targets for increasing engagement in drug and alcohol and associated support by people who could benefit, and details of how quality of support will be improved. Details of local plans to reduce drug and alcohol related deaths would also be expected. It is likely that Public Health Teams will report on progress and spend plans on a quarterly basis. There will be a significant resource requirement for the Council, which we are addressing as part of planning.</p> <p>It should be noted that unforeseeable events, including recruitment challenges which are identified in the Dame Carol Black Review and Drugs Strategy may mean that aspects of the spend plan may not be deliverable. OHID may seek to recoup underspends.</p>
5	<p>Financial implications/benefits</p> <p>The Council will receive additional allocations subject to submission of plans led by the Public Health Team that are approved by the Office of Health Improvement and Disparities (OHID) on an annual basis.</p> <p>Receipt of additional allocations will be dependent on the Council maintaining existing (2020/21) investment in drug and alcohol treatment from the Public Health Grant.</p>

6	Recommendations It is recommended that HAS Executive approve submission of partnership plans and receipt of associated Section 31 Grants over the three-year period. This will maximise available investment to expand and improve the quality of support for people who experience drug and alcohol misuse across North Yorkshire.
7	Next steps The Public Health Team will continue to work closely with partners to develop plans for submission, as allocations are made available. Plans will be approved by the Public Health Leadership Team and Health and Adult Services Leadership Team.

Angela Hall
Public Health Manager
30/3/22

**NORTH YORKSHIRE COUNTY COUNCIL
HEALTH AND ADULT SERVICES EXECUTIVE**

Meeting of the Health and Adult Services Executive

**11 March 2022 at 13:30
Via MS Teams**

DECISION RECORD & MEETING NOTES

Present: Councillor Michael Harrison and Councillor Andrew Lee

Officers: Richard Webb (RW), Dale Owens (DO), Chris Jones-King (CJK),
Abigail Barron (AB), Adam Gray (AG)

Minutes: Dawn Day

NO.	ITEM	For Note/ Action
	<p>Declaration of Interests</p> <p>County Councillor Michael Harrison declared an interest as his spouse works in Health and Adult Services. He relied on a dispensation granted by the standards committee enabling him to partake fully in the meeting.</p>	
1	<p>Notes of previous meeting held on 11 February</p>	
	<p>Reviewed and agreed.</p>	
2	<p>Items for Corporate Director decision in consultation with Executive Members</p>	
2.1	<p>Pilot an integrated working arrangement between the Council and the CCGs</p> <p>The proposal is to pilot a new working arrangement using a Section 113 Agreement between the local authority and the NHS Vale of York CCG which aims to improve quality assurance and improvement in care settings. This has already been through CCG governance processes and been approved.</p> <p>Over the period of the Covid-19 pandemic response NYCC Quality Monitoring and Quality Improvement Teams have worked closely with NHS colleagues across our three main Clinical Commissioning Groups (CCG) and Integrated Personal Commissioning Teams (IPC).</p> <p>The pilot will allow us to develop new ways of working using section 113 guidance and understand how that can be applied in other service areas to create opportunities for more efficient use of resources around 'place' to improve outcomes for the people who use our care settings.</p>	

	<p>The intention is to start the pilot from 1 April 2022. This will be reviewed at six months and if successful, a business case and job descriptions will be drawn up.</p> <p>Cllr Harrison asked about the £1.3m NYCC contribution. RB confirmed this was the current cost of the QIT team and included COMF funding. Cllr Harrison agreed this will help enhance quality and practice and could help prevent admission to hospital.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • All recommendations were agreed and the proposal approved. • A further update will be given to Cllr Harrison and formally brought back to HAS Executive to review. <p>2.2 Targeted prevention in local communities</p> <p>The purpose of the report was to consider the options for the future commissioning of targeted prevention activity in local communities and determine the agreed approach.</p> <p>Since the report was issued, a new option has been suggested, following discussions with Community First Yorkshire (CFY).</p> <p>The alternative option would be a six-month extension, followed by a six-month notice period. All incumbent providers would need to agree. This will enable NYCC to have a further 12 months to work with providers. Should providers not agree, option 2 contained within the report would be the recommended course of action.</p> <p>Officers confirmed that legal advice prevented a 12-month extension, but the 6 month extension and 6 month notice period would be an option.</p> <p>AB welcomed the support from CFY and the facilitation they have brought to the discussion.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • The amended option proposing to extend contracts for six months, followed by a six months notice period • If the above is not achievable in a reasonable timescale, option 2 is the agreed option. <p>2.3 Fees for in-house community care services for 2022/23</p> <p>AH and DO presented the report setting out the proposed changes in fees and charges for in-house community care services. This is approximately a 4% increase.</p>	
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Fees for transport have changed significantly over the last two years and we are now adding inflation.

Cllr Lee asked if the cost of £7.50 was acceptable with the existing pressures on fuel prices. AH confirmed this was only a contribution set in the budget in November with no knowledge or anticipation of the current crisis.

RW confirmed that the cost of living, inflation and fuel was becoming a more pressing issue.

Agreed:

- **Approval for the new charging rates as outlined in section 3, tables 1 and 2 of the report to be effective from 11 April 2022.**

Fees payable for external providers of social care provision

DO presented the proposed fees for residential, nursing, domiciliary care and community based services in 2022/23.

Work has been undertaken on a new actual cost of care exercise which will result in a significant increase in care rates to be paid to providers in North Yorkshire as we move to fully implementation of the actual cost of care.

Consultation has taken place with Independent Care Group (ICG) and the proposals accepted.

Agreed:

- **The seven recommendations outlined in the report were approved.**

2.4 S75 HARA Agreements

County Councillor Michael Harrison declared an interest in this particular item, as his spouse works in Health and Adult Services. He relied on a dispensation granted by the standards committee enabling him to partake fully in the meeting.

CJK presented the report for consideration.

HAS Executive were asked to consider, and agree, the extension of the existing Section 75 County Council/NHS commissioner and provider agreements for the integrated community health and social care services in the Harrogate district.

There will be a future report on the next stages of the service's development, alongside potential revisions to the Section 75s and any public consultation requirements.

	<p>Cllr Harrison asked to what extent we have looked to see what is not working and what has improved. CJK advised that part of the work would include a review. The challenges with the pandemic have affected the pace of the review. We have implemented phase 1, which was management structure and governance. Phase 2, the further integration of teams and phase 3, emergency response will be reviewed. The intention would be to scope phase 2 this year.</p> <p>Cllr Lee asked if other areas would benefit from a similar approach if the working arrangements within Harrogate have improved. CJK advised that each area was different and operated in a different way, but it was important to review and scrutinise.</p> <p>RW recommended a more formal peer review.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • A 12 month extension to the Commissioner and Provider S75 Agreements were approved. • That further proposals for future development of the service and any revisions to the Section 75 Agreements are brought back for consideration within the extension period, to enable any decisions and public consultation to take place with respect to longer-term arrangements being agreed beyond 2022/23 	
3	Items for Executive Member decision	
	None.	