

North Yorkshire Council

Health and Adult Services

Executive Member Meeting

12 March 2025

REPORT TO Director of Public Health

Purpose Of Report: The Director of Public Health is asked to approve the substance use services operating model that will be implemented from 1 April 2026, including associated procurements.

1.0 Background

1.1 North Yorkshire Substance Use Strategy 2024-2028:

"We will reduce harms associated with substance use across North Yorkshire – putting people, health and communities at the centre"

The Substance Use Strategy 2024-2028 has been approved by the North Yorkshire Drug and Alcohol Partnership Board and adopted by the council.

The strategy represents North Yorkshire's local partnership response to the national drug strategy, 'From Harm to Hope', which was published in December 2021, and the national alcohol strategy, which was published in 2012 – based on an assessment of local needs.

The strategy balances respect for everyone in North Yorkshire; individuals who use alcohol and other drugs, and people who experience harms as a result of alcohol and other drugs, whether or not they use them personally.

The strategy reflects an evidence-based approach to substance use, based on the following principles:

- Prevention – we will ensure that people can avoid the use of substances, including alcohol
- Harm reduction – we will reduce harms and deaths
- Recovery – we will support people to achieve their goals and live lives free from harmful substance use.

It includes three key priorities, supported by partnership action across six cross-cutting and enabling chapters:

- Priority 1: Drug supply and responsible retailing of alcohol
- **Priority 2: Deliver effective support for all people who experience harmful substance use**
- Priority 3: Achieve a generational shift and reduce demand for substances
- Harm Reduction
- Communications and engagement
- Workforce development

- Research and development
- Homes and jobs (protective factors)
- Targeted local action

1.2 Priority 2: Deliver effective support for all people who experience harmful substance use

The council is expected to ensure compliance with the following in using the Public Health Grant:

- “have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need and a plan which has been developed with local health and criminal justice partners”

1.3 Current commissioning arrangements:

The council currently commissions the following services which deliver a full range of evidence based open access and structured interventions in line with national guidance:

- North Yorkshire Horizons – specialist integrated adult drug and alcohol service. The service was implemented following a system transformation programme and competitive tender procurement in 2014, and last re-procured via a competitive tender procurement in 2019.
- North Yorkshire RISE – specialist young people’s drug and alcohol service. The service was implemented in 2021 following a competitive tender procurement.

North Yorkshire Horizons and North Yorkshire RISE perform well against local expectations and national comparators – such as wait times. North Yorkshire Horizons has been rated ‘outstanding’ during two inspections by the Care Quality Commission.

Current contracts end on 31 March 2026. Refer to Key Decision: <http://pa-mgov/ieDecisionDetails.aspx?ID=5743>

The council also commissions the following lived experience and recovery organisation (LERO):

- North Yorkshire Connected Spaces

New arrangements need to be implemented from 1 April 2026, when existing contracts are due to end.

The council also commissions GP and Pharmacy based services. A full review (including requirements and tariffs) has already concluded. New contracts will be established from 1 April 2025 following a procurement in line with The Health Care Services (Provider Selection Regime) Regulations 2023. These services, which will be commissioned by the council from GP’s and Pharmacies, will form part of the future operating model.

- GP based drug treatment shared care.
- Pharmacy based needle, syringe programme and harm reduction service.
- Pharmacy based opiate supervised consumption service.

1.4 Substance use services transformation programme:

Development of the local strategy has enabled the council and partners to reflect on the range of opportunities to review and reflect on the substance use services operating model for North Yorkshire, to ensure that investment and arrangements can collectively deliver ‘effective support for all people who experience harmful substance use’. The partnership embarked on a transformation programme in 2023, which has been informed by the following:

- building on our local journey over the last 10 years with a particular focus on supporting people who experience multiple disadvantage/ complex life circumstances;
- Needs assessments;
- Maximising the opportunities associated with the new council and partners' transformation programmes – e.g.
 - Housing Strategy;
 - Community Mental Health transformation;
 - Health and Adult Services Complex Life Circumstances transformation;
- Applying learning from the 2022-25 drug strategy grant investment programme (SSMTRG, IPS and IPD - <https://www.gov.uk/government/publications/extra-funding-for-drug-and-alcohol-treatment-2023-to-2025/additional-drug-and-alcohol-treatment-funding-allocations-2023-to-2024-and-2024-to-2025>);
- Applying learning from death reviews and serious incidents;

1.5 Substance use services operating model – from April 2026:

1.5.1 What we will deliver – for people:

Our transformation principles are:

- No exclusion
- Local
- Based on my goals
- Tell story once
- One plan
- One team

1.5.2 What we will deliver – for workforce:

Our transformation principles are:

- Caseloads in line with Dame Carol Black recommendation – e.g. 40 or less
- Caseloads of maximum 10-15 within multiple disadvantage offer
- Relational
- Trauma responsive
- Peer led and peer delivered
- Co-learning and co-working

1.5.3 Operating model and associated financial allocations:

The substance use services operating model will include:

1. Substantive core strategic roles – the following roles will continue to hold system leadership responsibilities:
 - Public Health Manager - Substance Use
 - Service Development Manager
 - Strategic Harm Reduction Lead
 - Specialist Training Facilitator/ Drink Drug Hub and workforce development lead.
2. A dedicated multiple disadvantage offer that is designed and delivered in partnership with partners including people with lived and living experience.
3. Procurement of a Lived Experience and Recovery Organisation.
4. Procurement of a specialist adult and young people's substance use service(s).

5. GP and Pharmacy based services commissioned by the council.

The following financial allocations are based on core public health grant funding only. They do not include potential other investment from other council directorates or partners, and they do not include potential future drug strategy grant funding from 26-27 onwards. Potential co-commissioning opportunities are being explored. The below financial allocations do not represent the financial envelope of procurements.

Future substance use services operating model – from April 2026 Financial allocations based on core public health grant investment only. Excludes other NYC investment, potential partner contributions and potential future grant funding allocations						
NYC + partners to deliver c.£233k p/a	NYC to commission out – c.£2.8m p/a			NYC to commission out Up to £100k p/a	Dedicated roles c.£196k p/a	NYC to commission out £174k p/a
Multiple Disadvantage Offer (outreach) - NYC led	Specialist drug and alcohol service – adults	Specialist drug and alcohol service adults – clinical offer	Specialist drug and alcohol service – young people	LERO	Service development capacity	via GP/ Pharmacy Services
Included: Specialist multi-agency, multi-disciplinary team: - based on national evidence base -Homelessness/housing; substance use; health needs; offending - Co-ordinator role -Skill mix -Small caseloads -Assertive outreach model -Flexible - Naloxone -Potential access to dedicated inpatient and resit £ budget/ resource	Included: -Adults who use illicit drugs -Harmful and dependent drinkers -Assessment, risk assessment, individual plan -Talking therapies/psychosocial interventions – motivational interviewing, CBT etc -Needle and syringe exchange and Pharmacy stock, support and waste contract -Criminal justice interventions + co-location -Harm reduction interventions -Naloxone co-ordination and supply to people in service -Web presence	Included: - Multiple Disadvantage Team Nurses (x2) co-located in NYC multiple disadvantage offer -Health & Wellbeing assessments -Opiate substitute prescribing, alcohol stabilisation and community detox -Inpatient detox and residential rehab -Drug testing -Vaccinations -GP shared care + co-location -Clinical interventions for under 18's	Included: -YP who have a structured treatment need -Assessment, risk assessment, individual plan -Talking therapies/psychosocial interventions – motivational interviewing, CBT etc -Criminal justice interventions -Harm reduction interventions - Co-location - Wider prevention offer	Included: -Peer led and delivered recovery movement that supports people who experience harmful substance use and their significant others -Facilitates voice into decision making and service design	Included: Service Development Manager Strategic Strategic Harm Reduction Lead Specialist Training Facilitator -Lead: Service and practice development -Lead: Harm reduction -Lead: DARD -Lead: Drink Drug Hub -Lead: Training -Lead: Comms -Lead: LDIS/ Drug Alerts	Included: • GP drug treatment shared care service • Pharmacy opiate supervised consumption service • Pharmacy needle, syringe programme and harm reduction service

2.0 Issues

These arrangements need to be implemented from 1 April 2026, as existing contracts end on 31 March 2026.

Homes and jobs (or education or volunteering opportunities) are important factors in our ability to deliver effective support for *all* people who experience harmful substance use. The Substance Use Strategy includes a commitment to champion and advocate on substance use and for people who experience harmful substance use across other local strategies and transformation programmes. This substance use service(s) transformation programme is aligned with and influencing the supported housing transformation programme and vice versa; the Rough Sleeping Initiative bid and vice versa; as well as the complex life circumstances transformation programme and vice versa.

3.0 Alternative options considered

All options have been robustly explored and tested against the transformation principles and wider transformation opportunities.

4.0 Financial Implications

The proposed financial allocations are based on core public health grant funding only. They do not include potential other investment from other council directorates or partners, and they do not include potential future drug strategy grant funding from 26-27 onwards. Potential co-commissioning opportunities are being explored.

5.0 Legal Implications

All procurement requirements will be completed in line with either The Health Care Services (Provider Selection Regime) Regulations 2023 or the Procurement Act 2024 depending on the service required. This will be managed by the council's procurement and contract management team and follow all internal governance.

6.0 Equalities Implications

The overarching Substance Use Strategy 2024-2028 was subject to an equalities impact assessment. Any further considerations will be addressed through procurement and contract processes.

7.0 Climate change implications

Any climate change considerations will be addressed through procurement and contract processes.

8.0 Reasons for recommendation/s

The substance use transformation programme has involved a wide range of council directorates, partners, and people with lived and living experience between 2023 - 2025. Transformation principles opportunities, benefits and risks have been thoroughly tested. The proposed model delivers an opportunity to build on the learning from the last decade, as well as learning associated with the additional grant funding, development and delivery of the local strategy and mobilisation of associated governance.

Recommendation/s

It recommended that the Director of Public Health approves the substance use services operating model that will be implemented from 1 April 2026, including associated procurements.

Name and title of report author:

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References:

Must Know: [Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association](#)

Why Invest: <https://app.box.com/s/p52mrjh78yryshd9smogm350s7ougg1>

Public Health Grant: <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2025-to-2026/public-health-ring-fenced-grant-financial-year-2025-to-2026-local-authority-circular>