



## Funding Proforma Part 1: Rough sleeping drug and alcohol treatment grant (RSDATG) wraparound and engagement teams 2022-25

Although there is no word limit, please keep responses in the proforma as concise as possible.

Local authority contact details	
Name of local authority submitting the bid	
Name of lead drug and alcohol commissioner	
Name of bid lead, job title / position in local authority	
Telephone number	
Address and postcode	
E-mail address	

### Section 1 – Numbers of people from the rough sleeping and at risk of rough sleeping populations requiring drug and alcohol treatment

Please complete questions 1 - 11 in the population tab of the attached Excel document.

### Section 2 – Current drug and alcohol treatment provision for populations experiencing, and at risk of, rough sleeping

*Please note: The aim of this funding is to provide additional support to people who are experiencing, or are at risk of, rough sleeping. It is not to replace funding for a service that already exists or posts that do not meet this aim.*

#### 2a. Please list your current drug and alcohol service provision for the following cohorts:

People who are sleeping rough

People who are at risk of sleeping rough



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**2b. Please describe how current services work to support the following with access to and engagement with drug and alcohol treatment:**

People who are sleeping rough

People who are at risk of sleeping rough

**2c. Please describe where you have identified gaps in service provision (to support initial access and sustained engagement into drug and alcohol treatment) for:**

People who are sleeping rough

People who are at risk of sleeping rough

**2d. Please describe how you would use the funding for your wraparound and engagement teams to address the above gaps in service provision to both improve initial access to and sustained engagement in treatment for:**

People who are sleeping rough

People who are at risk of sleeping rough

**Section 3 – Further details of your planned wraparound and engagement teams to support individuals and services to enable access and sustained engagement with drug and alcohol treatment**

**3a. Please describe what your wraparound and engagement staff team would look like, including roles and responsibilities, the structure in which the new posts would sit and how they would fit within existing treatment and homelessness service provision (please outline all additional posts you intend to fund through this grant).**

**3b. Please complete Question 12 in the Staff tab of the attached Excel document.**

**Section 4 – Commissioning, project coordination and administrative support**

**4a. Please describe how the additional posts identified in section 3 would be supported by existing commissioning and project support functions and any significant gaps which would pose a risk to service delivery that this funding could address**

**4b. Please complete Question 13 in the Staff tab of the attached Excel document.**



**Section 5 – Service integration and alignment with other funding streams**

**5a. Please explain how the new funding will be integrated with existing service provision, as part of a wider health and care pathway for this population**

**5b. Please provide details of how this funding aligns with other funding streams (e.g. Supplemental Substance Misuse Treatment and Recovery Grant funding, Changing Futures Programme funding, Rough Sleeping Initiative funding, Out of Hospital Care programme funding) and how you will ensure effective coordination across the funding streams at a local level**

**5c. If you are working in a two tier authority, please describe how resource will be targeted to the lower tier and the challenges and risks associated with this**

**Section 6 – Continuity of care arrangements**

**6a. Where an individual is out of the local authority, please describe how continuity of care arrangements will work to ensure that people are supported to access the local drug and alcohol services, including when people leave treatment**

**6b. Where an individual is moving to longer term accommodation from temporary or emergency accommodation, please describe how continuity of care arrangements will work to ensure that people are supported to access the local drug and alcohol services**

**Section 7 – Outcomes and governance**

**7a. Please describe how this funding will impact on the following national outcomes**



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- (i) access to treatment
- (ii) sustained engagement
- (iii) successful completion
- (iv) stable accommodation
- (v) co-occurring drug and alcohol dependence and mental ill health needs
- (vi) GP registration
- (vii) general health care engagement
- (viii) access to inpatient detox/residential rehab (where appropriate)

**7b. In addition to 7a, for this funding we need to monitor additional people accessing and engaging with treatment as a result of the RSDATG.**

**Please describe your existing local data collection systems that will enable you to monitor the people engaged with the RSDATG funded teams and measure the impact on outcomes from 7a**

**7c. To help with case management and data collection we have procured a bespoke case management system called ILLY CarePath to help monitor people engaged with the RSDATG funded teams.**

**Would you be interested in using this case management system as part of the RSDATG? Please explain your answer**

**7d. Please describe any additional local outcomes you would hope to see from this additional funding**

**7e. Please describe the local governance and oversight arrangements that you will put in place to ensure the funding is reaching the population in scope and having the impact intended**

**7f. Please outline the local authority's governance procedures and the expected timeline for acceptance of the RSDATG grant agreement**



**Section 8 – Commitment to evaluation, monitoring and reporting**

**8. Please confirm you will comply with all monitoring, reporting and evaluation requirements set by OHID**

**Section 9 – Key milestones, risks and mitigations**

**9a. Please provide a timeline that outlines the key milestones and deliverables**

**9b. Please describe your recruitment strategies and outline how you plan to overcome any associated challenges**

**9c. Please provide details of any possible risks to delivery (both overall and specifically in relation to milestones identified) and actions to mitigate these risks**

**Section 10 – Coproduction**

**10a. Please describe how the commissioners for local homelessness and rough sleeping services have been consulted and involved in the development of this funding proforma**

**10b. Please describe how that local providers of drug and alcohol treatment services have been consulted and involved in the development of this funding proforma**



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**10c. Please describe how the relevant OHID regional homelessness and / or drug and alcohol lead and the DLUHC Rough Sleeping and Homelessness Advisor have been sighted or involved in the development of this proforma and is supported by them**

**10d. Please describe how people with lived experience have been able to contribute to this proposal**

**Section 11.1 – Signatories**

**Local authority director of public health / consultant in public health**

<b>Signed</b>	
<b>Name</b>	
<b>Email</b>	
<b>Telephone</b>	

**Section 11.2 – Signatories**

**Local authority director of housing and/or senior housing or homelessness commissioner**

<b>Signed</b>	
<b>Name</b>	
<b>Email</b>	
<b>Telephone</b>	

**Section 11.3 – Signatories**

**Chief executive of the local authority (or individual with delegated authority to sign on behalf of the chief executive)**

<b>Signed</b>	
<b>Name</b>	
<b>Email</b>	
<b>Telephone</b>	

**Section 11.4 – Signatories**

**Executive approval for lead CCG (i.e. director of commissioning; mental health commissioning lead; clinical lead for mental health)**

<b>Signed</b>	
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<b>Name</b>	
<b>Email</b>	
<b>Telephone</b>	

**Section 11.5 – Signatories**

**Executive approval from the drug and alcohol treatment provider involved in the co-production of the funding bid**

<b>Signed</b>	
<b>Name</b>	
<b>Email</b>	
<b>Telephone</b>	

**Section 11.6 – Signatories**

**Local authority director of adult social services**

<b>Signed</b>	
<b>Name</b>	
<b>Email</b>	
<b>Telephone</b>	

**Section 11.7– Signatories**

**Other local strategic partner (please specify name of organisation)**

<b>Signed</b>	
<b>Name</b>	
<b>Organisation</b>	
<b>Email</b>	
<b>Telephone</b>	