



## Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) Phase 3 - how to complete the application

Phase 3 areas have received the RSDATG funding application pack.

Submission should be led by the drug and alcohol commissioner and the proformas co-produced in partnership with the local authority homelessness and rough sleeping commissioner, the relevant local drug and alcohol treatment provider and Clinical Commissioning Group. Areas are encouraged to develop their bids with oversight from the OHID regional lead for homelessness/drugs and alcohol, and with input from the DLUHC rough sleeping advisor. The programme manager from the RSDATG Distributed Team will be on hand to offer more detailed advice and guidance, while LAs develop their plans. Areas are asked to provide signatures as evidence of partnership working before submitting the proforma.

Funding will be awarded at upper tier local authority level. Where the Phase 3 area is a lower tier local authority, the application must be led by the drug and alcohol commissioner at the upper tier but completed in collaboration with homelessness teams in the lower tier. All questions should be answered in relation to the population in the identified area only and the resources directed at this level.

The funding proforma is in twelve sections. Questions requiring qualitative or free text supporting answers should be addressed on the attached Word document titled 'Funding Proforma Part 1'. Questions requiring quantitative answers should be responded to on the attached Excel document titled 'Funding Proforma Part 2'. Guidance on how to complete each section is detailed below.

Bids for funding should, where possible, draw on and build on local learning from the COVID response to homelessness and rough sleeping and the 'Everyone In' initiative. Areas that are receiving Changing Futures Programme funding from the Department for Levelling Up, Communities and Housing (DLUHC) and NHS England 'long term plan' funding for specialist mental health services for people who sleep rough, should ensure that RSDATG funding requests and posts are aligned.

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

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

Section 1 should be completed using the Excel document titled 'Funding Proforma Part 2'. The answers to this section will be used as an early indication of current level of need.

Please enter the name of your local authority in cell C10 of the Front sheet tab. The Excel document is locked so you can only enter information in the required cells. This is to help with data processing at our end. Please let us know if you have any issues with the Excel proforma.

In the Population tab please only record individuals once in either the rough sleeping or at risk of rough sleeping category. **Q1** to **Q5** relate to your local rough sleeping population. **Q6** to **Q11** relate to your population that is at risk of rough sleeping. There is no single definition of 'at risk' and it will be down to local determination to define this population, however, a guide to what the definition is likely to cover is included.

**Q1** to **Q3** are important for us to understand the number of people currently rough sleeping, the number that are dependent on drugs or alcohol, and the number that are already engaged in structured treatment. **Q4** and **Q5** provide more data on the estimated level of engagement with people experiencing rough sleeping by your new Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) funded teams.

**Q6** asks areas to describe how they define the at risk of rough sleeping population and the data sources they may have used. **Q7** to **Q9** are important for us to understand the number of people currently at risk of rough sleeping, the number that are dependent on drugs or alcohol, and the number that are already engaged in structured treatment. **Q10** and **Q11** provide more data on the estimated level of engagement with people at risk of rough sleeping by your new RSDATG funded teams.

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

Section 2 should be completed on the Word document titled 'Funding Proforma Part 1'.

This funding is to provide additional resources to support people who are experiencing, have recently experienced or are at risk of rough sleeping. It is not to

replace funding for posts or a service which is already being delivered, or one which will support a different population. RSDATG provision should not duplicate existing services, or services that will be funded through the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant. RSDATG funded models should complement wider drug and alcohol treatment and provide specialist provision that has taken into consideration the complexity and range of needs of this cohort.

Careful consideration should be given to avoid duplication in areas receiving funding via the Changing Futures Programme or NHS England mental health funding for specialist rough sleeping posts.

You are asked to provide responses to each question in this section for the two populations in scope:

- People who are sleeping rough
- People who are at risk of sleeping rough

To establish why additional resource is being requested and how this additional resource will meet the needs of the populations, current local service provision for these populations must be understood. In Section 2, please list current drug and alcohol provision for these two populations including examples of how it is tailored to meet their needs and to support access to and engagement in treatment (for example flexible opening hours, adopting a trauma informed care approach).

Please provide details on where gaps have been identified and how this funding will be used to address both initial access and then sustained engagement in treatment, and the posts you would be looking to fund.

Please ensure you are answering each question with relevance to the target area only. For example, if you are a commissioner in an upper tier authority, and the target area is the lower tier, please ensure you are answering with relevance to the lower tier authority area.

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

Section 3 should be completed on both the Word 'Funding Proforma Part 1' and Excel 'Funding Proforma Part 2' documents.

**Q3a** in 'Funding Proforma Part 1' asks areas to describe how the plans they identify in 2d would work, including what new staff posts would look like, where they would sit and how they would fit within existing treatment, rough sleeping and homelessness service provision. We encourage areas to include an organogram or visual diagram of their proposed staffing model.

**Q3b** Please complete Q12 in the 'Funding Proforma Part 2'. This asks which additional staff posts will be needed to fill the identified gaps in service provision and enable delivery of wraparound and engagement interventions to support the target populations to access, engage with and sustain engagement with drug and alcohol treatment.

From Row 22 onward you are asked to complete the table by following these steps:

- Enter the name of the role
- Select the category of staff role from the drop down list
- Enter the employer name the additional staff will be employed by
- Select the employer type from the drop down list
- Enter the number of requested posts currently employed as full time equivalents – please enter numbers only
- Enter the additional requested posts required as full time equivalents – please enter numbers only
- Enter the estimated annual costs for additional posts per full time equivalent. Please enter numbers only and include all overhead and on-costs as well as salary costs.
- The next column (column J) will automatically calculate the expected total annual cost for all the additional posts
- Enter whether the roles are expected to work with the rough sleeping, at risk of rough sleeping or both populations.
- Under the notes section please include:
  - How each role is expected to increase access to and engagement with services
  - The team the role will be based in
  - Line management and support (including any clinical supervision and reflective practice where appropriate)
  - Whether the role is expected to be building based and/or part of an in-reach or outreach model

FTE: These questions are measured in FTE units (i.e. Full Time Equivalent). For example, a member of staff working three days per week would be 0.6 FTE; a full-time worker would be 1 FTE.

## Section 4. Commissioning, project coordination and administrative support

Section 4 should be completed on both the Word 'Funding Proforma Part 1' and Excel 'Funding Proforma Part 2' documents.

Areas will be expected to build on funding they receive this year and in further years and ensure that services are integrated, with drug and alcohol treatment provided as part of wider health and care support alongside homelessness and rough sleeping

services. Where required, we encourage areas to consider additional support to strengthen local capacity, given the additional monitoring requirements of this grant. Posts that may be considered include those relating to commissioning, project coordination, admin support, data analysis and financial support.

**Q4a** in 'Funding Proforma Part 1' asks areas to provide details on current relevant commissioning and project support capacity and any significant gaps that might pose a risk to this funding that this funding could support.

**Q4b** Please complete Q13 in the 'Funding Proforma Part 2' with any requests for additional commissioning or project support to enable this project to be appropriately overseen.

Please complete Q13 from row 52 following the same steps outlined for Q12 above. Please include all anticipated overheads and on-costs as well as salary costs.

## Budget template tab

Once you have completed the Staff tab on the 'Funding Proforma Part 2' you are required to complete the Budget tab. This should include all the staff roles detailed in questions 12 and 13 of the Staff tab.

Please complete the Budget tab by following these steps:

- Enter the total funding you are requesting against each quarter in row 9.
- List any other grant funding you are currently receiving in rows 11-14.
  - The purpose of asking for details of other grant funding is to check for any possible duplication of funding covering the same expenditure/outcomes
- Complete the table from rows 21-41.
- Enter the type of expenditure (e.g. Pay) in column B
- Enter the details of the expenditure in column C. Please match the name of the staff roles listed in the Staff tab.
- Enter the expected start date of the post in column D.
- Enter the FTE against each post. Please enter as numbers only.
- Enter the cost of each post against each quarter. Columns G, H, I, K, L, M and N.
- Enter any comments against each of the posts in column P.

## Section 5. Service integration and alignment with other funding streams

Section 5 asks areas to provide detail on how the RSDATG funding will be aligned with existing service provision and with other funding streams such as the Changing Futures Funding, NHSE's rough sleeping mental health

funding, DLUHC's Rough Sleeping Initiative (RSI) funding. Please also outline how the RSDATG funding will fit within the wider drug and alcohol treatment provision funded via the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant.

Whilst drug and alcohol treatment provision is commissioned at upper level authority level, in the case of two-tier local authorities, the RSDATG funding is aimed at lower tier housing authority level and we would therefore like areas to describe how the RSDATG funded services are meeting the needs of the cohort at that level.

## Section 6. Continuity of care arrangements

Section 6 asks areas to provide detail on continuity of care arrangements for service users when leaving treatment and leaving temporary accommodation. Please describe any step down and continuity of care arrangements in the local area.

## Section 7. Outcomes and governance

Section 7 should be completed on the Word 'Funding Proforma Part 1' document. **Q7a** asks areas to describe how this funding is expected to impact on the following outcomes in the LA area:

- (i) access to treatment
- (ii) sustained engagement
- (iii) successful completion
- (iv) stable accommodation
- (v) cooccurring 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)

We are required to monitor the outcomes in Q7a as well as the numbers of people accessing and engagement with treatment services as a result of the RSDATG. Therefore please outline your current data collection methods and how you intend to meet these requirements on a quarterly basis (**Q7b**).

OHID has commissioned a bespoke case management system that enables capture of all this data and we would strongly encourage areas to explore this no cost offer with OHID and ILLY, the case management provider (**Q7c**).

Areas are encouraged to set their own local outcomes for this initiative. Please describe what these will be in **Q7d**.

**Q7e** asks areas to outline the governance and oversight arrangements they expect to put in place.

We are aware of the differing governance arrangements between local authorities which can potentially lead to delays in accepting the RSDATG funding and returning the required documentation in time. Please outline the length of time you anticipate this process to take and highlight any associated risks (**Q7f**).

## Section 8. Commitment to evaluation, monitoring and reporting

Section 8 should be completed on the Word 'Funding Proforma Part 1' document. A fundamental part of accepting the RSDATG is a commitment to monitoring, reporting and evaluation, including engagement with an evaluation process.

## Section 9. Key milestones, risks and mitigations

Section 9 should be completed on the Word 'Funding Proforma Part 1' document. Please use this section to clearly outline key milestones and deliverables. Please use the SMART approach (Specific, Measurable, Achievable, Realistic and Timely). Milestones and deliverables should be specific and measurable so that we can accurately track the impact of the funding. You may wish to include a timeline or Gantt chart to help us understand your mobilisation plans (**9a**).

A key challenge for Phase 1 and 2 areas has been recruitment. Therefore, we would like areas to be proactive and think in advance about innovative recruitment strategies and think about how to address the associated challenges (**9b**).

Please also provide details on any possible risks to delivery. This section should outline overall risks but also those specifically in relation to the identified milestones. Please outline any specific actions to mitigate these risks. You may wish to include a risk log as part of this (**9c**).

## Section 10. Co-production

Section 10 asks for evidence that relevant partners have been involved in the co-production and been included and sighted in the preparation of this funding bid, including people with lived experience of homelessness and rough sleeping.

## Section 11. Signatories

Section 11 should be completed on the Word 'Funding Proforma Part 1' document.

To indicate the commitment of the partnership to the proposal being submitted, signatures are required from the following:

- local authority director of public health/consultant in public health
- local authority director of housing and/or senior housing or homelessness commissioner
- chief executive of the local authority (or individual with delegated authority to sign on behalf of the chief executive)
- executive approval for lead CCG (i.e. director of commissioning; mental health commissioning lead; clinical lead for mental health)
- executive approval from the drug and alcohol treatment provider involved in the co-production of the funding bid
- local authority director of adult social services