



Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) Phase 3 (2022-25) – supporting guidance

1. Introduction

This guidance has been produced to help Local Authorities (LAs) develop their proposals for Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) revenue funding to improve drug and alcohol treatment support and outcomes for people experiencing, or at risk of, rough sleeping who have drug and alcohol dependence needs.

The funding is the year 3 allocation from a multiyear funding bid secured by the Department for Levelling Up, Housing and Communities (DLUHC, previously Ministry of Housing, Communities and Local Government) and Department of Health and Social Care (DHSC) at Budget in March 2020 and at Spending Review 2021 for drug and alcohol treatment and related provision, specifically to meet the needs of this cohort. Funding is managed and coordinated by the Office for Health Improvement and Disparities (OHID), within DHSC.

The 2022-25 funding will focus on providing additional resources in 20 LAs identified as having high numbers of people either experiencing or at risk of experiencing rough sleeping¹. Details of the Phase 3 areas can be found in Annex A. It is important to note at this stage that Phase 3 expansion is subject to final approval and sign off from the DLUHC Secretary of State. Subject to this approval, Phase 3 areas will join the 43 RSDATG Phase 1 areas, and 20 Phase 2 areas.

This grant is made up of three primary components. Funding for:

1. Wraparound and engagement staff teams, which should consist of posts to support and engage those who sleep rough or are at risk of rough sleeping into treatment

¹ These LAs have been identified using a range of different data sources including those who are rough sleeping, at risk of rough sleeping and with an accommodation need in the drug and alcohol treatment population

2. Commissioning and project coordination and support. Where it is required, areas are encouraged to bid for posts to increase capacity to support the local planning and monitoring requirements²
3. Structured treatment, which consists of: community treatment (CT), inpatient detox (IPD) and residential rehabilitation (RR). **Please note that this guidance does not cover this element of the grant and that we will be in touch with further information on this this funding component in the near future**

At this stage, areas are invited to bid **only** for the **Wraparound and engagement staff teams** and **Commissioning and project coordination and support**, using the funding proformas which ask you to:

- Evidence your understanding of need for this cohort locally and encourage you to think widely and creatively with your stakeholders about how the needs of this group is best met and supported via the RSDATG (Proforma Part 1 - Section 1)
- Identify gaps in your provision and ask you to outline how these new, or newly adapted, services will become accessible to this specific cohort and how they will meet the drug and alcohol treatment needs of those who sleep rough and those who are at risk of sleeping rough (Proforma Part 1 - Section 2)
- Consider what additional staffing and resources are required to create a 'wraparound and engagement model' that improves access to treatment services, as well as considering how the needs of the cohort can be better met (Proforma Part 1 - Section 3)
- Consider what additional needs you may have for commissioning, coordination, and data monitoring capacity (Proforma Part 1 - Section 4). Our learning from Phases 1 and 2 continues to support this approach as there is a strong emphasis on monitoring requirements

The purpose of the funding is to:

- a) support people experiencing, or at risk of, rough sleeping to access and engage in drug and alcohol treatment (access and engagement)
- b) ensure that the engagement that people have had with drug and alcohol treatment services whilst rough sleeping or in emergency or temporary accommodation is maintained as they move into longer term accommodation (continuity of care)
- c) build resilience and capacity in local drug and alcohol treatment systems to continue to meet the needs of this population in future years (resilient and sustainable models of care)

² When considering requesting additional funding needed in this area, please ensure requests are aligned with the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant planning

RSDATG provision should not duplicate existing services, or services that will be funded through the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant. It is important that RSDATG funded models complement the wider drug and alcohol treatment and provide specialist provision that has taken into consideration the complexity and range of needs of this cohort.

LAs are invited to bid for funding by completing the accompanying funding proformas, which have been also been shared with the OHID regional teams.

Funding will be available to RSDATG areas for the next three financial years. At this stage, we are only inviting Phase 3 areas to bid for staffing and posts for the next twenty one months, which will be funded – subject to ministerial clearance and OHID’s moderation process (see timetable below) - from project start until 31st March 2024.

OHID will carry out a review of staffing models funding during this period, ahead of awarding funding for the third year (2024-25).

Areas are asked to complete the proformas based on an understanding of the drug and alcohol dependence needs of the cohorts in focus:

- people who are currently rough sleeping in the LA area
- people who are at risk of rough sleeping in the LA area³

Recourse to public funds will be an issue for some in the target population. Areas are asked to complete the funding proforma mindful of charging regulations that apply to drug and alcohol treatment for overseas visitors. The position agreed with the Department for Health and Social Care is that the majority of community drug and alcohol provision will not be chargeable to overseas visitors as they can be considered to provide primary medical services (which are not within scope of the charging regulations so are freely available to all overseas visitors). Charges are applicable for in-patient and residential rehabilitation services unless the overseas visitor is within an exemption category set out in the Regulations. Further information on this is available via your OHID regional team.

OHID is asking LA public health drug and alcohol commissioners to lead on the completion of the funding application and to work in partnership with LA homelessness and rough sleeping leads and the Clinical Commissioning Group (CCG). LAs are asked

³ The definition of ‘at risk of rough sleeping’ is down to local determination but is likely to include people who are at risk because they are in: emergency accommodation set up to support people experiencing rough sleeping during the COVID-19 pandemic; in unstable or unsafe accommodation; sofa surfing; in other forms of short term or emergency accommodation, such as hostels, shelters and bed and breakfast; presenting to the local authority housing department and assessed as being at risk of homelessness.

to develop their bid with oversight from the OHID regional lead for homelessness/drugs and alcohol, and with input from their DLUHC homelessness and rough sleeping advisor. OHID has recently established the RSDATG Distributed Team and a programme manager from this team will be on hand to offer more detailed advice and guidance, while LAs develop their plans.

The funding application pack is made up of the following documents:

- this guidance
- how to complete the application
- Funding proforma Part 1 – Word document for completion
- Funding proforma Part 2 – Excel document for completion

All funding proformas should be submitted to the RSDATG inbox at RS_D&Atreatmentgrant@phe.gov.uk by COP Monday 18th April.

If you have any queries about the grant, please contact the RSDATG team via the inbox.

All Phase 3 LAs receiving funding will be invited to attend a webinar about the funding, and details of the date will be shared shortly.

2. Funding availability

Funding is available for allocation during 2022-25 to meet the needs of the target population (people who are rough sleeping and people who are at risk of rough sleeping) in the 20 Phase 3 LAs.

Phase 3 areas are invited to submit a funding application for expenditure for an initial period of 21 months. We anticipate awarding funding to areas by Quarter 2 of 2022-23. There are further details on the timeline in section 5.

Payments will be awarded by OHID to the LA as a section 31 grant, under the Local Government Act 2003. Full details of who will need to sign off the funding application are set out in section 11 of the *'How to complete the application'* document.

Details of how costs are calculated for each LA can be found in section 4 of this guidance.

3. What is the grant expected to fund?

Funding should enable areas to:

Identify problematic drug and/or alcohol use and intervene earlier (for example through outreach/in reach and care navigation models)

Support people who previously may not have accessed or engaged with drug and alcohol treatment (for example through engagement models, expanding and developing trauma informed approaches, wrap around multidisciplinary teams and improved access to peer mentoring)

Provide access to effective and evidence-based drug and alcohol treatment in line with clinical guidelines (including improving access to inpatient detox and residential rehabilitation)

Support and sustain recovery

Improve integrated care for individuals with co-occurring substance dependence and mental health needs

Transform services, move away from siloed working and develop more integrated working across local systems

There are three main components of the funding:

a. Wrap around and engagement support

This component should support individuals in accessing, engaging with and sustaining engagement with drug and alcohol treatment and other relevant services. This is particularly relevant for those who have multiple and complex needs, including co-occurring mental ill health and substance dependence, and experiences of trauma.

Consideration should be made for how this component of the funding will support people:

- Who are currently experiencing rough sleeping
- Who are at risk of sleeping rough
- Who have not previously engaged with treatment, including how the service might identify people (particularly those who are at risk of rough sleeping and may not yet be known to services)
- Throughout each stage of a person's interaction with treatment services, including engagement with, during and following residential rehab
- To ensure there is continuity of care if a person resettles in a different LA

Areas may experience particular challenges in identifying the population at risk of rough sleeping and in working proactively to secure their initial contact and engagement in services, and we expect this challenge to be addressed in the funding bids.

There is evidence to suggest that certain staffing roles can support people to access and engage with health and other services. For example, peer mentors, trauma informed navigators, co-occurring drug and alcohol and mental health workers. The Excel '*Funding Proforma Part 2*' document includes suggested posts which LAs might want to consider, but the application should be steered by local assessments of need and service provision and LAs are therefore encouraged to identify posts that address local needs, including those which might not be suggested. These posts should be entered in the Staff tab of the Excel '*Funding Proforma Part 2*' document under the category 'Other'.

Consideration should be given to how services can find ways to adapt, improve or extend their support to these populations. This could include flexible opening hours, more dedicated outreach, changes to ensure services are more trauma informed. There is evidence to suggest that certain models can be effective in supporting access to and engagement with health services, for example:

- bringing services to people (drug and alcohol in-reach or outreach teams)
- multi-disciplinary teams
- models with peer health advocacy at their core
- models that have been informed by people with lived experience of homelessness and rough sleeping
- interventions and training that support staff, services and systems to be trauma informed
- services being person centred

Consideration must be made for how this strand of the funding operates, for example, the structure of the team or model of care in which the wraparound and engagement posts will sit. Detail on how these posts will fit within wider services, and be supported, should be included in the proforma.

This grant is not to be used to fund mainstream mental health services or replace specialist mental health services. It is however clearly recognised that people experiencing co-occurring mental health and drug and alcohol needs often experience multiple challenges in accessing health services. Given these challenges, the grant can fund posts aimed specifically at supporting access and engagement with existing

mainstream or specialist mental health services. Areas must demonstrate in their application how the drug and alcohol pathway for this population integrates with existing mental health services and specifically how any co-occurring needs posts will support access to and engagement with these services. Areas are encouraged to consider the needs of this population within their wider drug and alcohol planning, including the SSMTR grant.

To support areas being able to recruit to posts, the amount awarded for staff posts (following moderation panel) under this element of the funding will be continued until at least the end of 2023-24, providing conditions of the grant agreement are being met. See section 4 for further information on the funding schedule.

This component of the funding will be paid in two instalments each year.

b. Structured drug and alcohol treatment

This component of the funding is currently under review as we look to align it with the menu of interventions offered through the SSMTR grant.

The RSDATG team will be in touch with further information about the RSDATG structured treatment funding component in the near future.

c. Commissioning and project coordination and support

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 existing commissioning and project coordination/support functions lack capacity and this poses a risk to service delivery, additional requests for funding commissioning and project support posts may be considered. Where it is required, we would encourage areas to consider additional support to strengthen local capacity, given the additional monitoring requirements of this grant. Posts that would be considered include those relating to commissioning, project coordination, admin support, data analysis and financial support. Please give consideration to the commissioning capacity offered across all national grant programmes to ensure alignment and to reduce duplication.

4. Allocation of funding

Calculation of costs

Costs for the main funded components of the grant will be calculated as follows:

1. **Wraparound and engagement support:** Areas are expected to consider the size of their population in scope and resources requested for staffing should reflect this. Requests should also take account of existing resources and service models.

The OHID national team will benchmark all requests for funding alongside each other in order that funding allocations are fair and proportionate across the LAs and while we will aim to meet the amount requested in the bid, it may not be possible in all cases.

2. **Commissioning and project coordination and support:** Areas are asked to consider what type of support they would need to assist in the local planning and meeting the monitoring requirements of the grant.
3. **Structured drug and alcohol treatment** – this funding component will be confirmed in due course.

Schedule for funding allocations

The schedule for the main funded components of the grant will be as follows:

1. **Wraparound and engagement support:** Areas will receive funding for these elements in two instalments during the financial year, the first at project start and the second is anticipated at the start of Q4.
2. **Commissioning and project coordination and support:** Funding will be allocated on the same basis as the wraparound component
3. **Structured drug and alcohol treatment funding:** Further information to follow.

5. Process and timetable

The process is as follows:

The funding proformas and guidance are shared directly with the Phase 3 areas via the RSDATG national team

Proformas are returned directly to the RSDATG national team by COP Monday 18th April

A national moderation panel will review all proformas and inform LAs of their allocations

Grant agreements will be drawn up and issued along with request for payment documentation

LAs sign and return grant agreements to OHID Operational Grants Management Team along with payment documentation prior to funding being released to the LA as a section 31 grant

If you have any queries about the funding, please contact the RSDATG national team at RS_D&Atreatmentgrant@phe.gov.uk.

The timetable for applications is outlined below. As stated, it is subject to ministerial approval:

Funding application materials shared with LAs by RSDATG national team	21 st March
Completed funding proformas submitted to RSDATG national team	18 th April
National moderation panel reviews and agrees funding applications	W/c 16 th May
Ministerial announcement	TBC
Local authorities notified of outcome and grant agreement shared	TBC
Local authorities return grant agreement terms and conditions together with requested payment documentation to OHID grants team	TBC

6. Monitoring

The grant agreements drawn up with each area receiving funding will stipulate that all areas will need to comply with monitoring and reporting requirements.

Monitoring and reporting will take place quarterly to ensure appropriate allocation and spend.

All funding may be immediately repayable to OHID, if any of the grant conditions contained in the grant agreement, are not met.

The grant will be monitored in accordance with the Cabinet Office Minimum Requirements, as summarised for information in Annex B.

Annex A

Phase 3 LAs to join the RSDATG programme in 2022-23, subject to ministerial approval:

Exeter

Shropshire

Mendip

Hastings

Bath and North East Somerset

Slough

East Riding of Yorkshire

Worcester

Canterbury

Chelmsford

Wiltshire

Thanet

Medway

Kensington and Chelsea

Blackburn with Darwen

Greenwich

Great Yarmouth

Lincoln

Herefordshire, County of

Stevenage

Annex B

The minimum requirements for the Grants Functional Standards were implemented by the Cabinet Office in December 2016 and updated in August 2021. They seek to ensure that departments deliver consistency and regularity and propriety in administering government grant funding.

There are ten minimum requirements:

Standard 1: [SOR \(Senior Officer Responsible\) for a Grant](#)

All government grants require a named senior responsible officer with clearly defined responsibilities throughout the lifetime of a grant.

Standard 2: [Approvals and Data Capture](#)

Departments will ensure they have a robust grants approval process to approve spend over £100k, and that details of all current grant schemes and awards are available on the Government Grants Information System (GGIS).

Standard 3: [Complex Grants Advice Panel \(CGAP\)](#)

Complex government grants, including those that are high risk, novel, contentious or repercussive, as well as those undergoing a step change in scope or funding, should be considered for submission to the Complex Grants Advice Panel for scrutiny and advice from subject experts.

Standard 4: [Business Case Development](#)

A robust business case, proportionate to the level of expenditure and risk, shall be developed for all government grants. This should be scrutinised and approved in stages, as part of grants approval process, in line with the guidance in Managing Public Money.

Standard 5: [Competition for Funding](#)

Government grants should be competed by default; exceptions may be approved where competition would not be appropriate. Detailed supporting evidence for any direct award decision should be provided in the approved business case.

Standard 6: [Grant Agreements](#)

All government grants shall be awarded through robust grant agreements, proportionate to the value of the grant and which reflect the Grants Functional Standard for government grants, in line with guidance in Managing Public Money. All government grant agreements shall include terms of eligible expenditure.

Standard 7: [Risk, Controls and Assurance](#)

All government grants should be managed within an effective and proportionate control

framework, including being subject to timely and proportionate due diligence, assurance and fraud risk assessment

Standard 8: [Performance and Monitoring](#)

All government grants should have outcomes agreed and longer-term outcomes defined, wherever possible, to enable active performance management, including regular reviews and adjustments where deemed necessary.

Standard 9: [Annual Review and Reconciliation](#)

All government grants should be reviewed annually at a minimum with a focus on financial reconciliation, taking into account delivery across the period, resulting in a decision to continue, discontinue or amend funding.

Standard 10: [Training](#)

All those involved in the development and administration of grant awards should undertake core training in grant management best practice.

This publication is available at [Guidance for General Grants - minimum requirements](#).