

Treatment workforce expansion planning

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Workforce category	Notes	Baseline 2021-22: Number of full time equivalent posts to nearest 0.25FTE, by evaluating those funded by 2021-22 universal drug treatment grant	Year 1 2022-23 planned recruitment: Number of full time equivalent posts to nearest 0.25FTE - this should include ongoing posts originally funded by 2021-22 universal drug treatment grant
Social workers	Social workers registered to practice on the Social Work England register https://www.socialworkengland.org.uk/umbraco/surface/searchregister/results	To be populated by you	To be populated by you
Pharmacists	Pharmacists registered to practice on the General Pharmaceutical Council (GPC) register https://www.pharmacyregulation.org/register/pharmacist	To be populated by you	To be populated by you
Nurses	Nurses registered to practice on the Nursing and Midwifery Council register https://www.nmc.org.uk/registration/search-the-register/	To be populated by you	To be populated by you
Addiction psychiatrists	Doctors registered on the General Medical Council (GMC) specialist register to practice 'substance misuse psychiatry' https://www.gmc-uk.org/registration-and-licensing/the-medical-register	To be populated by you	To be populated by you
Other doctors	Doctors registered on the GMC register to practice https://www.gmc-uk.org/registration-and-licensing/the-medical-register	To be populated by you	To be populated by you
Consultant psychologists	Consultant psychologists registered on the Health and Care Professions Council (HCPC) register https://www.hcpc-uk.org/check-the-register/	To be populated by you	To be populated by you
Practitioner psychologists	Practitioner psychologists registered on the HCPC register https://www.hcpc-uk.org/check-the-register/	To be populated by you	To be populated by you
Assistant psychologists	Assistant psychologists should only be employed where there is a qualified HCPC-registered psychologist to supervise them.	To be populated by you	To be populated by you
Drug and alcohol workers	A paid employee of a local council-commissioned drug and/or alcohol treatment provider who does in-person and digital clinical work, and usually holds a caseload of people in structured treatment including keywork, harm reduction, outreach and psychosocial interventions, with individuals who have, or have had, drug and/or alcohol problems. This includes specialist roles targeting specific need, populations or working in specific settings including: women; the BAME community; LGBT community; mental or physical comorbidities; people involved with the criminal justice system; families, housing and employment support; and GP shared care. Also counted here should be outreach workers who may not carry a caseload or work with people currently in structured treatment but do provide harm reduction and other interventions to people who could, and arguably should, be in treatment.	To be populated by you	To be populated by you
Criminal justice drug and alcohol workers (subset of total)	A 'drug and alcohol worker' (see previous definition) who works with individuals involved in the criminal justice system in order to facilitate their engagement and retention in treatment, including supporting individuals through a range of criminal justice pathways including out of court disposals, court mandated community sentence treatment requirements and during/after custody/imprisonment.	To be populated by you	To be populated by you
Young peoples' drug and alcohol workers (subset of total)	A paid employee of a local council-commissioned young peoples' specialist substance misuse service who does face-to-face and digital clinical work, including keywork, harm reduction, outreach and psychosocial interventions, with young people who have, or have had, drug and/or alcohol problems or are at risk of developing problems.	To be populated by you	To be populated by you
Other drug and alcohol workers (subset of total)	Definition as in drug and alcohol worker row above, but excluding young people's drug and alcohol workers and criminal justice drug and alcohol workers	To be populated by you	To be populated by you
Service managers	Drug and alcohol treatment service managers, who do not carry a clinical caseload. Team leaders who do carry a clinical caseload should be included in the row relevant to their training/role, e.g. drug and alcohol worker, nurse.	To be populated by you	To be populated by you
Local council commissioners/coordinators/analysts	Local council-employed adult and young peoples' drug and alcohol treatment commissioners, coordinators and analysts, leading on or supporting any of, but not limited to, the following: commissioning; needs assessments; performance management; partnership coordination; drug and alcohol related death investigations; supporting collaboration, information sharing and joint working arrangements; regional or sub-regional commissioning.	To be populated by you	To be populated by you

The drug strategy includes an ambition to increase the capacity and quality of the drug and alcohol treatment workforce over the next three years. This includes recruiting:

- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- adequate commissioning and co-ordinator capacity in every local council

Dame Carol Black's review and clinical guidelines recommend treatment systems have multidisciplinary teams, made up of nurses, doctors, addiction psychiatrists, psychologists, pharmacists, and social workers. Your plans should include proposals to ensure treatment systems have all these professions available to them, or initial steps to work towards that if your local council is in a later tranche of increased funding.

Included below is an outline of the national workforce expansion modelling, which informed the calculations for the additional treatment investment across the next three years. It is included here to aid your planning in relation to the relative numbers staff from different groups. The modelling uses the workforce baseline taken from the results of workforce survey undertaken by Dame Carol Black's independent review of drugs in 2020.

Please only include staff in this return who are commissioned to deliver (or in the case of local council commissioners/coordinators to oversee) drug and alcohol treatment and recovery services by the local council.

Please enter full time equivalent numbers (FTE), to the nearest 0.25, as opposed to the number of people employed.

We are aware that the 'doctor' category in this template does not represent the range of skills and experience of doctors who aren't addiction psychiatrists. For this process, we have not split out GPs, physicians, training grades and others. A workforce benchmarking exercise to follow will capture this level of detail, to inform the workforce strategy and future local planning.

Consideration should also be given to how you will support workforce development in inpatient units and residential detoxification. Ensuring contract prices allow for this and regional collaboration or coordination may be part of the solution. OHID, in partnership with HEE will undertake further work in this area.

Please categorise staff according to the role they are employed to deliver. For example, where someone who is a qualified social worker is currently employed as a drug and alcohol worker, they should be categorised as a drug and alcohol worker.

Number of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison/secure estate

[Link back to notes and guidance](#)

Please enter as a percentage the planned continuity of care performance for each of the next three years

	Baseline 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
National	37%		75%	
Local planning (%)	29%	To be populated by you	To be populated by you	To be populated by you

The drug strategy sets out a national ambition that by the end of 2024-25 there should be 'a treatment place for every offender with an addiction'.

Local councils should engage with their partners, including police, probation and prison health providers, to optimise access to treatment for individuals referred from custody suites, courts and prisons and ensure that there is a shared understanding of how improved health and reoffending outcomes can be delivered for this cohort.

Using data from the Public Health Outcomes Framework C20 indicator, this table shows continuity of care figures for adult offenders who have a continuing treatment need on discharge from prison and who are successfully engaged into local community treatment services. As you are aware, the continuity of care between prison discharge and engagement in treatment is a fundamental part of reducing reoffending and recidivism. Therefore, we have a national ambition to ensure 3 in 4 prison leavers with a substance misuse issue are engaging in treatment 3 weeks after release by the end of 2023. We have worked with the Ministry of Justice to identify this as a stretching goal to reach that will truly shift the dial. To that end, we need all local councils and their partners to set trajectories to make this a reality.