Detailed plan for 2022-23

Your allocation
Proposed total 2022-23 SSMTR grant spend

Link back to notes and guidance

				in 2022-23	% of additional spend in 2022-23
				£ -	Social in 2022-20
System coordination and commissioning				£ -	
				£ -	
				£ -	
				£ -	
2. Enhanced harm reduction provision				£ -	
				£ -	
				£ -	
				£ -	
				£ -	
3. Increased treatment capacity				£ -	
				£ -	
				£ -	
				£ -	
				£ -	
4. Increased integration and improved care				£ -	
pathways between the criminal justice settings, and drug treatment				£ -	
				£ -	
				£ -	
				ę .	
				£ -	
5. Enhancing treatment quality				£ -	
				£ -	
				£ -	
				£ -	
6. Residential rehabilitation and inpatient				£ -	
detoxification				£ -	
detaxiiidadii				£ -	
				£ -	
				£ -	
7. Better and more integrated responses to				£ -	
physical and mental health issues				£ -	
				£ -	
				£ -	
				£ -	
8. Enhanced recovery support				£ -	
o. E.mancea recovery support				£ -	
				£ -	
				£ -	
				£ -	
Other interventions which meet the aims and				£ -	
targets set in the drug strategy				£ -	
				£ -	
				£ -	
				£ -	
10. Expanding the competency and size of the workforce				£ -	
worktorce				£ -	
				£ -	

You should outline your proposals and projected spend against the menu of interventions (MOI). You can select interventions from the MOI according to local need, but it is vital that your proposals help to achieve the drug strateg quickness quillend shows and realise your locally agreed targets.

Your plans do not need to include everything in the menu if you already hat adequate local provision, but they do need to support the increased treatn capacity and workforce targets over the three years of the grant.

The three-year funding announced in the drug strategy is to enable all are to begin implementing the recommendations outlined in Dame Carol Blac review, and these are reflected in the MOI.

We are phasing in the additional funding that will be required for full nations implementation of Dame Card Black's relevant recommendations. The first 50 areas will see their funding grow significantly over the course of the following two years. These areas are asked to commence planning now to deliver against the full menu of interventions and drug strategy ambitions.

Areas that are not in this first 50 can also select from all the interventions on the menu asking as they can meet the aims of the 2021-22 great to reduce drug related deaths and improve criminal justice pathways into drug relationship the very selection of the properties of the

25 and will be expected to plan to implement the full recommendations from Dame Card Bask's treative and from the full mean of interventions at dower rate and with a later commencement. However, it is important that the shorttem plans in these areas create a foundation for the longer-term ambitions, and whatever can be done in the short term to achieve the longer-term goal is considered.

 can be shown to deliver the outcomes expected in the drug strategy and target the priority cohorts identified in the treatment section of the drug strategy

- can be mobilised and delivered within 2022-23 to 2024-2
- have evidence of effectiveness and cost effectiveness
 comply with localistics and are in line with effected evideling
- comply with legislation and are in line with clinical guidelines
 are not interventions that are being developed and funded as part
- separate pilots and programmes of work
- are only modest pump-priming for costs that could be significant and will