

RECORD OF OFFICER EXECUTIVE DECISION

State if decision exempt from publication (Appendices are EXEMPT)

Certain information may be exempt from publication if it falls under Schedule 12A of the Local Government Act 1972. However, these exemptions only apply so long as, in the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing it.

No.	Date of Decision:	29/11/2024
1.	Name of Decision Maker and Job Title:	Deputy Chief Executive and bi-Borough Executive Director of Adult Social Care and Health
2.	Status of the decision (e.g. by Executive Director in consultation with Portfolio Holder under the Constitution):	Executive Director in consultation with Portfolio Holder under the Constitution
3.	Specific Delegation from Executive (Leader, Cabinet or Cabinet Member) / Committee:	Cabinet Member
4.	Other Consultees involved. (i.e. Director of Law & Finance):	Legal and Finance teams
5.	Material considered as part of the decision-making process. Include how best value achieved and equality objectives met (as appropriate):	Public Health Grant eligibility
6.	Decision taken:	Executive Director is recommended to approve the allocation of grant funding totalling £97,932 to The Doctor Hickey Surgery for a period of five months from 1 November 2024 to 31 March 2025.
7.	Reasons for the Decision:	To supplement the Surgery's existing health service and that structured substance misuse treatment is recorded on the National Drug Treatment Monitoring System (NDTMS). Recording the number of individuals in treatment (NiT) is essential for the Council to meet substance misuse targets set by the Office for Health Improvement and Disparities (OHID). Failure to meet these targets may impact the Council's future funding.
8.	Risk Analysis:	The proposed service agreement with the Surgery is based on an existing Shared Care Agreement between the Council, GP/Primary Care, and our core substance misuse provider (Turning Point) to provide a streamlined treatment pathway for residents affected by substance misuse.

		<p>The Surgery is a long-established GP service operating in Westminster. Although its general service would continue, the termination of this specific funding would mean that the Surgery would no longer report data onto NDTMS or collaborate directly with our core substance misuse provider. This could lead to gaps in coordinated care and impact data collection crucial for meeting Council targets.</p> <p>The proposed funding to the Surgery is time-limited, with a review set during the five-month pilot project to assess outcomes and inform the potential for future collaboration and funding.</p>
9.	Details of alternative options considered and rejected:	N/A
10.	Conflicts of interest declared by any Executive Member/ other Member or officer consulted by the decision maker which relates to the decision:	N/A
11.	Dispensations Granted: (If any)	N/A

I certify that this is a true record of the executive decision in relation to the grant funding for The Doctor Hickey Surgery.


Signed by the Decision Maker:



Bernie Flaherty
Deputy Chief Executive and Bi-Borough Executive Director of Adult Social Care and Health

11 November 2024

Executive Decision Report

Decision maker and date of Leadership Team meeting or (in the case of individual Lead Member decisions) the earliest date the decision will be taken	Bernie Flaherty, Executive Director Adult Social Care and Public Health Date of decision:	
Report title	Grant funding to The Doctor Hickey’s Surgery in to supplement their existing health service and ensure the recording of structured substance misuse treatment on the National Drug Treatment Monitoring System (NDTMS).	
Reporting officer	Jitte Brys, Markets Manager, Integrated Commissioning Team	
Key decision	No	

1. EXECUTIVE SUMMARY

- 1.1. This EDR seeks approval for the allocation of grant funding to The Doctor Hickey’s Surgery (hereafter referred to as “The DHS”) in Westminster to supplement their existing health service and ensure the recording of structured substance misuse treatment on the National Drug Treatment Monitoring System (NDTMS).
- 1.2. The grant funding to The DHS is crucial for the Council to meet the targets for the number of people in structured drug and alcohol treatment set by the Office for Health Improvement and Disparities (OHID). Failure to achieve these targets will result in the Council having to return up to 10% (£117,000) of the total supplementary grant allocation to OHID. It could also impact future grant funding to the Council, given national budget pressures.
- 1.3. The proposed grant funding to The DHS will be for a period of five months, from 1 November to 31st March, for a total value of £97,932.¹

2. RECOMMENDATIONS

- 2.1 It is recommended that the Executive Director of ASCH approves the allocation of grant funding (that is £97,932) to The DHR for a period of five months – which will be funded from the 2024/25 annual Public Health Grant received by Westminster City Council.

¹ See Appendix 2 for full costings

3. REASONS FOR DECISION

- 3.1 At the heart of the Fairer Westminster strategy is a commitment to reducing inequalities in the borough. This includes a variety of grants programmes to protect and promote the wellbeing of some of our most vulnerable residents. The DHS provides specialist support to a large population of rough sleepers and homeless residents in hostels within the borough. With an estimated 2,466 patients, the surgery offers support and treatment to a particularly vulnerable group, often presenting with chaotic lifestyles, multiple health needs, and substance misuse issues.
- 3.2 Funding to The DHS will ensure that the Council meets its targets for the number of people in structured drug and alcohol treatment as set out by OHID.

4. BACKGROUND

- 4.1. The DHS provides essential GP primary care services to around 2,466 homeless individuals in Westminster. Staffed by a dedicated team including four GP partners, two nurses, a practice manager, a healthcare assistant, and administrative staff, the surgery addresses the unique healthcare needs of its patient population. The DHS operates within the North West London Integrated Care System and is part of a broader network of GP practices. The DHS has been rated “Overall Outstanding” by the Care Quality Commission.
- 4.2. As part of OHID’s Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG), the Council has been set a number of partnership targets in alignment with the national objectives outlined in the 10-Year National Drugs Strategy. One of these targets is the number of people starting structured drug and alcohol treatment (i.e. “numbers in treatment” (NIT)).²
- 4.3. OHID requests that service providers, including primary care GP surgeries, accurately record this treatment as ‘structured treatment’ (Tier 3) on the National Drug Treatment Monitoring System (NDTMS).³ Additionally, referrals should be directed to our commissioned treatment providers, as these are the entities through which OHID measure the ‘number in treatment’ targets.⁴
- 4.4. Without additional grant funding, The DHS does not have capacity to enter its “numbers in treatment” onto NDTMS. Nor does the surgery fit within the standard Shared Care Agreement with the Council’s core substance misuse provider, as it offers a broader range of services beyond prescribing for patients with a substance misuse issue.

² “structured” treatment refers to a comprehensive, organised approach to addressing substance use problems that includes personalised care plans, therapeutic interventions, and ongoing support to facilitate recovery.

³ Tier 1: universal services, Tier 2: Targeted Services, Tier 3: structured treatment, Tier 4 specialist services (i.e. in-patient detox/rehab).

⁴ Turning Point’s Drug and Alcohol Wellbeing Service (DAWS) is the Council’s core provider for substance misuse support. Followed by Change Grow Live (CGL) which provides The Alcohol Service (TAS).

- 4.5. Supporting The DHS in entering its patients onto NDTMS not only helps the Council meet SSMTRG targets, but by accurately recording the number of homeless residents starting treatment, both OHID and the Council will gain a clearer understanding of Westminster’s treatment population. In turn, this will create opportunities to improve service delivery, enhance outcomes, address unmet needs, and support future service planning and commissioning.

5. PROPOSAL AND ISSUES

- 5.1 The proposal is to approve the allocation of SSMTRG funding to The DHS as soon as possible so that the surgery can start entering its “numbers in treatment” onto NDTMS with immediate effect. This data recording needs to be completed by The DHS on a monthly basis in line with NDTMS submission deadlines for the duration of the grant agreement.
- 5.2 The issue with SSMTRG funding is that it is time-limited and not confirmed beyond 2024-2025. As such, the Council is unable to confirm with the provider whether it will be able to continue funding the service beyond this date.

6. OPTIONS AND ANALYSIS

- 6.3 See Options and Analysis in Appendix 1.

7. CONSULTATION AND COMMUNITY ENGAGEMENT

- 7.1 The DHS aligns with the bi-Borough’s Health and Wellbeing Strategy principles (2023-2033 Health and Wellbeing Strategy) of being community-led and working in partnership with other health and substance misuse providers. Its services are tailored to the needs of the local homeless community and, through regular feedback from patients, it continually seeks improvements to better meet their needs.
- 7.2 The DHS’s delivery model and expertise is highly valued across the drug and alcohol treatment system and recognised for its unique role in reaching out to one of the most vulnerable service user groups that is unlikely to engage with the core/ standard drug and alcohol services due to their complex needs and chaotic lifestyles.

8. HUMAN RESOURCES AND EQUALITIES IMPLICATIONS

- 8.1. There are no HR implications.
- 7.3 The funding to The DHS is time-limited and we suggest that a full EqIA is not necessary at this stage.

9. LEGAL IMPLICATIONS

- 7.4 The Council is seeking approval to fund £97,932 to The DHS (“the Recipient”). The funding will be used to supplement their existing health service and ensure

the recording of structured substance misuse treatment on the National Drug Treatment Monitoring System

- 7.5 The Council has the power to award funding in the form of a grant under section 1 of the Localism Act 2011, subject to sections 2-4, which permits the Council to do anything that individuals generally may do. Such powers are conferred to be exercised in any way whatsoever, which include to do so for the benefit of the Council, its area or for persons resident or present in its local area.
- 7.6 The award of the grant to the Recipient may be categorised as a “subsidy” under Section 2(1) of the Subsidy Control Act 2022 (SCA). In that instance the subsidy must, amongst other things, be consistent with the principles set out therein or fall within one of the exemptions.
- 7.7 Based on the contents of this report, it appears that the proposed subsidy does not fall under the definition under the SCA. These are local services within the borough targeted at substance misuse treatment and are non-commercial. Consequently, the subsidy control regime under the SCA does not apply.
- 7.8 Under the Council’s Constitution the decision to award the grant may be taken by the relevant Executive Director.
- 7.9 A formal grant agreement will have to be drawn up by and in consultation with Legal Services. That agreement will be enforceable so that if a grant is not used for the purpose for which it was given it may be recovered by the Council and/or further payments of the grant may be refused. The Council should also seek to align the grant payment to appropriate monitoring and review provisions.
- 7.10 Legal comments provided by Solicitor, Contracts and Procurement on 5 November 2024.

10. FINANCIAL IMPLICATIONS

- 10.1 The budget of £97,932 for the proposed five-month programme is captured within the Westminster’s 2024/25 financial forecast.
- 10.2 This will be funded from the 2024/25 annual Public Health grant received by Westminster City Council.
- 10.3 This will have no impact on the council’s General Fund budget.
- 10.4 Finance comments supplied by Public Health Finance Manager, 26th October 2024.

Anna Raleigh
Director of Public Health

Formal clearance requirements for all key decision reports

Cleared by Finance (officer's initials)

AK, 26/10/2024

Cleared by Corporate Finance (officer's initials)

[N/A]

Cleared by Legal Services (officer's initials)

AC (DPS ref: 40020709),
05/11/2014

Cleared by Communications & Community Engagement (officer's initials)

[N/A]