

Report to: Cabinet

Date of meeting: 25 February 2025

By: Director of Adult Social Care and Health

Title: Proposal to cease the funding for Drug and Alcohol Recovery Services when the current contracts end in summer 2025

Purpose: To consider the outcome of the public consultation and to decide on the proposal to reduce the funding for Drug and Alcohol Recovery Services, in light of external funding becoming available.

RECOMMENDATIONS

Cabinet is recommended to:

- 1) Subject to confirmation of sufficient Drug and Alcohol Treatment and Recovery Grant (DATRIG) allocation by 31 March 2025, agree to:**
 - (i) continue funding a carers drug and alcohol recovery service for an additional year to June 2026 subject to the amendments described in paragraph 5.7 of this report;**
 - (ii) combine the drug and alcohol recovery support services currently provided by the Seaview Project (as described in paragraph 2.1 of this report) into a single contract and to continue funding these services for an additional year to June 2026 subject to the amendments described in paragraph 5.7 of this report.**
 - 2) In the absence of confirmation of sufficient Drug and Alcohol Treatment and Recovery Grant (DATRIG) allocation by 31 March 2025, agree to cease funding for drug and alcohol recovery service (as described in paragraph 2.1 of this report) following expiry of the current contracts on 30 June 2025; and**
 - 3) Delegate to the Director of Adult Social Care and Health authority to take all actions considered necessary to give effect to the recommendations set out in this report, including but not limited to, issuing any required contract notices.**
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1 Introduction

- 1.1** Cabinet agreed on 26 September 2024 to launch a consultation exercise relating to the proposal to stop funding three drug and alcohol recovery services (as detailed in paragraph 2.1 below) when the current contracts end 1 June 2025 (the papers are available: [here](#)). This proposal, as well as other potential service changes being explored by Adult Social Care and Health, is to help close the Council's funding gap.

- 1.2 The consultation ran between 3 October and 28 November 2024. The impact of the new funding settlement for the Council has been considered when making the proposals in this report.

2 Background

- 2.1 The drug and alcohol recovery services are commissioned to empower those in recovery from drug and alcohol use to build recovery capital to sustain their recovery. These services also provide visible recovery role models to those at an earlier point in their recovery. The services currently being delivered are:

Recovery services	Average number of adults using services	Net budget 2024/25 £'000
A Carer's Service delivered by Adfam	148 families in 2023/24	100
Support for members of the street community delivered by Seaview	163 people in 2023/24	60
Support for people in recovery, including support to access other services delivered by Seaview	30 people since July 2024 when service started	120
Savings 2024-25*		39
Net budget		319

* £39,000 has been saved in 2024/25 as the intended provider was unable to start providing the service

3. Proposal

- 3.1 As set out above, the proposal that went out to public consultation is to cease the funding for three separate drug and alcohol recovery services (as set out in paragraph 2.1 above) when the contracts for these services reach their natural expiry on 1 June 2025.
- 3.2 The estimated annual revenue savings in a full year for this proposal are £319,000.
- 3.3 To determine the potential savings, we took the overall gross budget for the service. One-off costs, including the costs of restructuring staff, have been considered in the context of the ongoing saving but not included in the figures presented.
- 3.4 The consultation responses are summarised in section four below and highlight several potential impacts of proceeding with this proposal. Following the feedback received through the consultation, the Council has considered whether there is scope to retain any of the services whilst still achieving the savings. Further details of this assessment are set out in section five below.

4. Insight

- 4.1 An 8-week public consultation on the proposal ran from 3 October to 28 November 2024. We asked people for their views on the proposal and how they would be affected if it went ahead.
- 4.2 All the feedback received during the consultation is available within the Members' and Cabinet Room for Members' consideration.

- 4.3 317 responses were received for this consultation across the survey and other feedback methods. The majority of respondents across all response methods disagreed with the proposal to stop funding drug and alcohol recovery services:

Response	Percentage
Strongly agree	8%
Agree	2%
Neither agree nor disagree	0.5%
Disagree	3%
Strongly disagree	86%
Not sure	0%
Didn't answer	0%

- 4.4 The full consultation results report can be found in Appendix 1 of this report, but the key messages included the following themes:

- This is a vital service that provides a lifeline to people who would otherwise struggle to cope. It provides essential support and a safe space for those recovering and their families;
- People would not be employed, or functioning in and contributing to society, without the support of the service to remain recovered;
- Providing treatment services without funding recovery makes no sense and the additional grant funding for treatment ending at the same time would compound the risks;
- There are few alternative services offering recovery support and the peer support element is particularly valued. The specialist carer services are not replaceable with universal services;
- Without these services it is likely that people would experience poorer recovery, which would affect their physical and mental health and the wellbeing of their families and carers;
- There would be increased pressure and cost on other Council services and also to other organisations, such as charities, hospitals and the police;
- People would be at increased risk of relapse and there would be a rise in mortality, whether by suicide or deaths caused by substance misuse. There would be an increase in anti-social behaviour, crime, and homelessness, which would have a knock-on effect for the local economy and community, particularly in Hastings and Eastbourne;
- People and organisations said that the proposal shouldn't go ahead and in some cases they said that recovery should be prioritised over treatment services, as they help people to begin functioning within society again.

Equalities Considerations

- 4.5 In considering these proposals, Cabinet must have due regard to the need to:
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it,
- as required under s.149 of the Equality Act 2010.
- 4.6 To better understand the likely impacts of the Proposal on those who have one or more protected characteristics, an Equality Impact Assessment (EqIA) has been carried out (a copy of which can be found out in Appendix 2).
- 4.9 The responses from the consultation were used to inform the analysis carried out in the EqIA. Cabinet members must read and have regard to the EqIA when making the decision about this Proposal.
- 4.10 The EqIA shows that, if the original proposal were to go ahead, adults aged 18-64 will be negatively and disproportionately impacted by the proposal. There would also be a negative impact on children and families, for whom there is no suitable alternative to deliver the specialist carers support that Adfam currently provides.
- 4.11 Disabled people, specifically people with mental health conditions, would also be negatively impacted by the proposal as the current recovery services provide a range of mental health support. Respondents to the public consultation said recovery services are a “vital lifeline”, without which people will experience poorer recovery which will affect their physical and mental health and increase the risk of relapse as people are pushed into crisis. One respondent said, *“drug and alcohol recovery services are a matter of life and death”*.
- 4.12 The proposal would also have a negative impact on carers who are a valuable resource to a person’s recovery and need specialist support to maintain their caring role. The carers service provides invaluable and specialist support that could not be replaced by general carers services. Most people accessing the carers service are women who will be disproportionately impacted by the loss of this service.
- 4.13 Though small in number, some ethnic minority groups are overrepresented in recovery services, so will be disproportionately impacted by the proposal and may face specific barriers to accessing alternative services.
- 4.14 The proposal would also be expected to have a negative impact on community cohesion. People would not be able to access specialist recovery services and may face stigma in mainstream health and care settings and in public places. Stopping recovery services increases the risk of anti-social behaviour, crime and homelessness which will have a knock-on effect for the local economy and community, particularly in Hastings where there are higher rates of substance misuse. Limited transport options and higher costs of travel to alternative services could also prevent people living in rural areas from accessing support.
- 4.15 People feel that without recovery services there will be no hope for recovery, and a rise in mortality, whether by suicide or deaths caused by substance

misuse. Central government grant funding for treatment services coming to an end at the same time will compound the risks involved in stopping funding recovery services. People reported that there are no alternative services and ceasing recovery services is likely to increase pressure and cost on the Council and other organisations such as charities, hospitals and the police.

- 4.16 The full equality impact assessment can be found in Appendix 2 of this report.

5. Revised proposal

- 5.1 Our priority in Adult Social Care and Health is to meet our legal duties under the Care Act. To help us to do this, we have identified funding areas that we think need to be protected when we are looking at savings options.
- 5.2 These priority areas are the community care budget, carers support services, funding for the voluntary and community enterprise sector (VCSE), and funding for staffing frontline and care market roles.
- 5.3 The value of the Drug and Alcohol Recovery services in improving the wellbeing of residents is recognised, as is the role they play in reducing the amount of support people need from other health and care services, such as social care.
- 5.4 There is no Care Act requirement to provide these services.
- 5.5 The consultation has highlighted there are few alternatives to these services throughout the county. The alternatives that were suggested include:
- More joint working between agencies;
 - Signposting to other well-being services such as those delivered by faith groups;
 - Signposting to Fellowship meetings such as Alcoholics Anonymous;
 - An increased use of volunteers to deliver services.

The unsuitability of these alternatives for those with multiple compound needs was highlighted within the consultation report. For those affected by both drug and alcohol misuse and domestic abuse, alternative provision to give access to a community outreach and safe accommodation has been commissioned.

- 5.6 Since the original proposal to cease funding recovery services was put forward in September 2024, the Council has been informed by the Office for Health Improvement and Disparities (OHID) that the Council will receive a Drug and Alcohol Treatment and Recovery Grant (DATRIG). However, the precise allocations and level of funding the Council will receive has not yet been confirmed.
- 5.7 Subject to a sufficient allocation of the DATRIG, it is proposed that drug and alcohol recovery services will be maintained for an additional year. However, even with the DATRIG funding, it is anticipated there will be a shortfall in funding for recovery services meaning a like-for-like service cannot be maintained for 2025/26. Although a substantially similar service can be continued by reconfiguring some services, it is proposed that the two services delivered by the Seaview Project should be combined into a single contract, allowing for cost savings and better efficiencies. The details of service delivery will be developed with the service providers once the level of DATRIG funding has been confirmed, and if Cabinet agree the proposal.

6. Impacts and risks

6.1 Financial Implications of the revised proposal:

	Current Budget	Revised Budget		Total Savings
	2024/25	2025/26	2026/27	
	£'000	£'000	£'000	£'000
Expenditure budget	319	248	163	(156)
Income budget	0	(163)	(163)	(163)
Net budget	319	85	0	(319)
Net savings	0	(234)	(85)	(319)

The calculation of the revised budget assumes that:

- A reduced service, as described in paragraph 5.7, continues to be provided, for the financial year 2025/26 funded by external funding (DATRIG).

6.2 The table below explores the potential impacts that the proposal to cease these services, if implemented would have on the health and care system, organisations, services and residents.

Health and care system	<p>The feedback from the consultation process was that there would likely be increased presentations to other services because of the original proposal. The revised proposal to continue to offer recovery services at a reduced level will significantly reduce this impact.</p> <p>The areas of the system most at risk would be ESCC Adult Social Care, ESCC commissioned Carers' Services, primary health care, hospital emergency departments and the criminal justice system.</p> <p>This can be mitigated by having an open access treatment service for those that relapse. This service is being recommissioned with a new service due to start in April 2026; the new service will be designed using quantitative and qualitative methods to ensure it meets the needs of those using it. This includes holding consultation events with those who use, have used or care for someone that uses the service as well as using a range of data to identify under-represented groups in the treatment population.</p> <p>A further mitigation includes joint working with local judiciary to maximise the use of court mandated treatment orders to divert those involved in drug and alcohol related crime away from prison.</p>
Organisations and services	<p>The consultation report states there will be an increase in demand on charities and other organisations that may not have the specialist knowledge to support this group. The revised proposal to continue to offer recovery</p>

	<p>services at a reduced level will significantly reduce this impact.</p> <p>Work will be explored to upskill staff within universal services, including universal carers' services, through peer training initiatives.</p>
Residents	<p>The consultation report highlights risks to:</p> <ol style="list-style-type: none"> 1. Clients – this group will be at an increased risk of relapse into drug and alcohol misuse and a drug and alcohol related death. 2. Carers – the burden on unpaid carers will be increased which could also raise the likelihood of client relapse. 3. The wider community: the removal of the services could see an increase in anti-social behaviour and crime relating to drug and alcohol misuse. In turn, this could reinforce stigma attached to drug and alcohol misuse. <p>The revised proposal to continue to offer recovery services at a reduced level will significantly reduce this impact.</p>

7. Conclusions and reasons for recommendations

- 7.1 The Council is required to set a balanced budget. The 'State of the County' report presented to Cabinet in June 2024 set out a projected £55m deficit on the 2025/26 budget. Savings proposals requiring public consultation that would help to close this gap were presented to Cabinet in September 2024.
- 7.2 The total savings proposals for the Medium-Term Financial Plan for 2025/26-2027/28 set out in November 2024 were £20.628m, across all Council departments. The Adult Social Care & Health (ASCH) contribution to the savings total is £11.455m. In addition to these savings proposals, in order to achieve a balanced budget, the Council is also drawing on its financial reserves.
- 7.3 It is anticipated that the additional funding to be made available to the Council for 2025/26 through the DATRIG makes it possible to achieve the required saving of £319,000, whilst also preserving drug and alcohol recovery services for people in the County for an additional year. The recovery services provided will be at a reduced level to reflect the funding anticipated to be available; however, if the revised proposal is agreed, officers will work closely with the service provider to minimise this reduction through reconfiguring the existing service model. Cabinet are therefore recommended to agree, subject to sufficient allocation of the DATRIG, to continue funding drug and alcohol recovery services, as described in this report, for an additional year.
- 7.4 If, however, the DATRIG allocation is not confirmed by 31 March 2025 or the confirmed allocation is insufficient to fund these services, Cabinet are recommended to cease funding for drug and alcohol recovery services with effect from 30 June 2025 when the existing contracts expire.

- 7.5 Cabinet members must read and have regard to the EqIA when making decisions related to this proposal.

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Local members

All divisions

Background Documents

Consultation responses

Appendices

Appendix 1: Consultation Report

Appendix 2: Equality Impact Assessment