



## Adult Social Care and Public Health Committee

<b>Date:</b>	<b>Tuesday, 14 June 2022</b>
<b>Time:</b>	<b>6.00 p.m.</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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### SUPPLEMENT – URGENT ITEM

18. NATIONAL SUBSTANCE MISUSE GRANT FUNDING UPDATE  
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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

TUESDAY 14 JUNE 2022

<b>REPORT TITLE:</b>	<b>NATIONAL SUBSTANCE MISUSE GRANT FUNDING UPDATE</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF PUBLIC HEALTH</b>

### REPORT SUMMARY

Wirral Council has received three funding allocations from national Government to reduce the impact of substance misuse within the borough, these are: Wirral ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator programme; Inpatient detox funding and the Individual Placement Support (IPS) programme.

This report provides the Adult Social Care and Public Health Committee with an update on progress in delivery of these three grant funded programmes.

In addition, the report updates the Committee on the extension of the duration of funding to be received in order to achieve national drug strategy objectives. With funding to be received towards this aim now extended until the end of the 2024/25 financial year.

The report provides an overview of the Wirral ADDER programme plan for 2022/23 (including underspend) and requests the committee approve the planned use of funding.

The proposed actions affect all Wards within the borough.

The decisions requested are key decisions.

The expenditure of this funding and the delivery of these programmes of work will have an impact on all of the Wirral Council Wards, but it will have a stronger impact on those areas of Wirral that present the most significant social and health inequalities. Although this funding doesn't directly save Council expenditure, the outcomes achieved from this work will produce financial savings and social value benefits due to the positive impact on individual Wirral residents, and the communities they live in (in terms of improved health and lifestyles, and reduced crime, family disruption, and domestic abuse).

### RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to:

1. Endorse the progress made to date in mobilising and delivering the 3 national grant funding programmes (Wirral ADDER Accelerator programme, Inpatient detox funding and Individual Placement Support funding).

2. Approve the proposal to utilise the predicted extension of the provision of additional funding to deliver the national drug strategy until the end of the 2024/25 financial year.
3. Approve the proposed utilisation of the ADDER programme grant for the 22/23 period (£1.4m) and proposed utilisation of the underspend carried forward from 2021/22 funded by Home Office and Office for Health Improvement and Disparities (OHID), formerly Public Health England.
4. Approve the payment of £106K of in-patient detox grant for 2021-22 to CGL/Wirral Ways to Recovery, as part of a contract variation, to re-imburse the additional expenditure on detox placements they have made this year to this amount. This is additional to their budgeted capacity and has been accrued as part of delivering the Inpatient Detox Grant Programme.
5. Approve the continuation of the Individual Placement Support Grant (£135,000) for 2022-23.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 Delivery of the ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator, the increased Inpatient detox capacity, and Individual Placement Support (IPS – support into employment) programmes will strengthen local capacity to reduce drug related deaths, hospital admissions and drug related offending.
- 1.2 The components of the Wirral ADDER plan for 2022/23 are in line with the evidence-based interventions, put together by the National ADDER Programme team, that local authorities are required to adhere to when developing their local plans.
- 1.3 The grants for 2022/23 need to be utilised within the financial year.
- 1.4 The proposals included in the Wirral ADDER plan build back quality into the local drug (and alcohol) treatment and recovery system as well as capacity and have been approved by colleagues in the local multi-agency ADDER Steering Group and by the national ADDER Programme Team, within the Home Office and the Office for Health Improvement and Disparities (OHID), formerly Public Health England. This also includes investment in the wider system of services, beyond direct drug and alcohol treatment services, to strengthen the Wirral Partnerships' ability to deliver the overarching aims and objectives of the new 10 Year National Drug Strategy.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 Other options were considered in relation to developing the Wirral ADDER Delivery Plan and determining the interventions to be delivered. The Wirral ADDER

Programme Delivery Plan for the period 22/23 has been developed with the multi-agency Wirral ADDER Steering Group following review of local intelligence, consultation with a wide range of partners, and analysis of service and system capacity, strengths and weaknesses. The Delivery Plan was reviewed and approved by Government colleagues in the Home Office and the Office for Health Improvement and Disparities (formerly Public Health England).

### **3.0 BACKGROUND INFORMATION**

#### **3.1 Wirral ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Programme**

In January 2021, the Government announced an additional £148 million funding to reduce drug-related crime and health harm. All local authority areas received funding, but there was also an announcement of enhanced funding for Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery), a joint Home Office, Department for Health and Social Care and the Office for Health Improvement and Disparities (formerly Public Health England) programme. The ADDER programme and funding was targeted at those areas in the country where the impact of drug misuse was most significant.

- 3.2 Wirral was selected as one of eight additional sites that were brought into the programme as part of an expansion of Project ADDER from the original 5 sites. These additional sites, which are called Project ADDER Accelerators, have expanded and built on the original ADDER model. The ADDER programme has provided additional investment to participating areas with particular focused support from across Government for those leaving prison, people experiencing homelessness and recovery support around employment. Wirral was selected to be a Project ADDER Accelerator site based-on consideration of a set of key indicators including high-levels of drug-related deaths and drug related offending. Clear aims and objectives for the ADDER Accelerator programme have been set out by the Home Office and Office for Health Improvement and Disparities (formerly Public Health England), along with key performance metrics.
- 3.3 Originally the ADDER programme was set to run for 2 years, with Wirral in line to receive £1.4m in each year. However, additional national funding has been allocated by the Government to support the delivery of the aims and objectives of the National Drug Strategy, and this has extended what was a 2-year funding programme, aligned with ADDER, to 4 years running until the end of 2024/25. Wirral has been provided with indicative figures for year 3 (2023/24) and year 4 (2024/25) but these have not yet been formally signed off by the Treasury. Once confirmed we will update the Committee and bring forward future spending proposals for their approval.
- 3.4 Although there will need to be investment in the core drug and alcohol treatment service to support the delivery of the key targets (relating to increasing the numbers

engaging with treatment while reducing the case load sizes to improve the quality of the engagement and support better outcomes, such as improved general health and reductions in crime), this extended funding programme will also be utilised to deliver improvements in the wider system e.g. developing supported housing opportunities, improving pathways into employment, increasing the awareness of harm and the offer of support available to younger people, developing community recovery projects. This wider investment will be supporting the recovery of communities at the same time as supporting the recovery of individuals.

- 3.5 A report was brought to Committee in September 2021 and approval was given to the planned proposals for spending the £2.8million ADDER/Accelerator Programme grant funding over the two-year period (2021-2023). This report provides the committee with an update on progress made to date on implementation of the agreed Delivery Plan. Good progress has been made in mobilising the year 1 Plan.

This progress is summarised below:

<b>Wirral ADDER Programme, Year 1 Progress Report</b>				
	<b>Project</b>	<b>Funding allocated</b>	<b>Provider(s)</b>	<b>Progress</b>
i)	Increased staff capacity, supporting case work, outreach work, and in-reach work	£255k p.a.	CGL/ WWtR	All posts recruited to and active
ii)	Improved Links and Engagement with Primary and Secondary Health Care Includes: - Specialist in-service GP clinics  - Respiratory Care Clinics in Treatment hubs  - Specialist RMN post	£260k p.a.	CCG/GPs/ WWtR  CCG/WUTH/ WWtR  CCG/CWP	Service Spec being finalised. Requesting Expression of Interest  Service in place and functioning  Finalising spec with CCG/CWP. CWP preparing to recruit
iii)	Enhanced partnership work with community pharmacies	£154k p.a.	CPCW/ WWtR	Service Spec being signed off by both partners
iv)	Enhanced Naloxone provision	£52k p.a.	WWtR	Mobilised, provision expanded.
v)	Housing support workers	£54k p.a.	WWtR & Torus	Posts recruited;

			Housing	project being mobilised.
vi)	Criminal Justice linked work	£216k p.a.	WWtR and TWW	Posts recruited and Mobilised
vii)	Additional Residential Rehab capacity	£119 p.a.	Residential Rehab Providers	Increased capacity being used now.
viii)	Additional capacity to prescribe the Buvidal option	£40k p.a.	Camurus Pharmaceutical, and CGL	Increased capacity being used now.
ix)	Enhance links to Children and Young People's services and family services	£114k p.a.	WWtR & CYP team.	Staff recruited and work mobilised
x)	Increased system commissioning, project management and data analysis capacity	£136k p.a.	WWtR & Wirral Council	Staff recruited and delivering

### 3.6 In-patient Detox (IPD) Funding Update

The Department of Health and Social Care (DHSC) are providing additional funding across the country for in-patient detox and are doing this through collective consortia, rather than funding to individual local authorities. This funding has 2 main purposes:

1. To increase the resource in drug and alcohol treatment systems to utilise this treatment modality and improve treatment outcomes
2. To support the in-patient detox estate, prevent further closures of services and to drive some new growth

Wirral is part of the Cheshire and Merseyside consortia and is fulfilling the central co-ordinating role. The Cheshire and Merseyside Consortia has been allocated £651,991 in 2021-22, and in 2022-23. As part of the delivery of this programme the Council needs to transfer £106K to CGL/Wirral Ways to Recovery for the additional detox placements they have made this year. In 2022-23 this funding will be utilised through the establishment of Block contracts with identified local IPD providers, to be accessed by all 9 Cheshire and Merseyside L.A. areas.

### 3.7 Individual Placement Support funding

The Office for Health Improvement and Disparities (OHID) has rolled out a national scheme to implement Individual Placement Support programmes across the country. This is a structured approach that has been developed to support people with drug and alcohol dependency needs into employment. This funding is coming through OHID from DWP (Department for Work and Pensions). There is a national formula to

determine an allocation for any area and in line with this Wirral has been provided with £207,500. This is calculated to cover the cost of a team of 3 trained IPS advisors and is split between £72,500 in 2021-22 and £135,000 in 2022-23. This project is being delivered by Recovery Works as one of the delivery partners in Wirral's Adult Drug and Alcohol Treatment and Recovery contract. Posts have all been recruited to, staff have received the required training, and the project has been mobilised and is delivering.

### **3.8 Joint work with Merseyside Police**

As part of the ADDER programme Merseyside Police has received £1.6million. This is to support their operations across the three ADDER areas in Merseyside: Wirral, Liverpool, and Knowsley. The ADDER programme is strengthening joint working between Merseyside Police, Wirral Ways to Recovery and local programme partners. This has included the development of joint training, strengthening of referral pathways between agencies and outreach work. Partnership activity and referrals to treatment have both increased substantially since the mobilisation of this programme.

### **3.9 Underspend and re- profiling of the Delivery Plan.**

An underspend was accrued in 2021-22 (year 1) as a consequence of the delay in mobilising the programme in this first year while the necessary formal approvals and sign offs were secured from the OHID/Home Office Central team, and internally from Wirral Council. At this point the mobilisation of the programme was able to commence.

This delay has occurred in all of the ADDER areas, for the same reasons. It has been acknowledged by the Home Office/DHSC who have worked closely with the areas involved in the programme to support them in developing additional plans to reprofile the underspend. With this support, and with input from the local Steering Group, Wirral has developed an underspend plan for delivery in 2022-23, This plan is now being mobilised alongside the original plan for year 2 of the ADDER programme. For more detail of this Plan see **Appendix 1**.

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The delivery of the ADDER/Accelerator programme is funded via a ring-fenced two-year grant from the Home Office/Office for Health Improvement and Disparities (formerly Public Health England). This funding can only be used to deliver those activities outlined within the Menu of Interventions that comes with the programme. The expenditure will be monitored monthly to ensure that it stays within plan and does not overspend or underspend. The Council will be required to return any unused funding to the Home Office/Office for Health Improvement and Disparities.

4.2 There is a strong case for investment in this field and the whole-system approach that Project ADDER promotes. The Government estimates a £4 social return on every £1 invested in drug treatment with this increasing to a total of a total of £21 over 10 years.<sup>1</sup>

## **5.0 LEGAL IMPLICATIONS**

5.1 For the Project ADDER funding, Regulation 72 of the Public Contracts Regulations has been used, which allows contracts to be varied by up to 10% of the current contract value. The reasoning for utilising this was based on the immediate timeframe for establishing delivery, the prescriptive set of interventions that are required to be delivered, and the specific nature of the funding's objectives - reducing drug related deaths, hospital admissions and offending.

5.2 Legal and procurement advice has been sought and continued legal support will be provided in relation to these matters. Monthly returns and quarterly financial reconciliations will also enable us to gain assurances that the funding is being effectively used.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 Details of interventions to be funded utilising these Wirral grants are outlined above. With the indication that the funding has now been extended to four years, posts are now mostly being recruited on permanent contracts.

## **7.0 RELEVANT RISKS**

7.1 Risks to the delivery of the project include:

- Delay in implementing partnership work due to continuing pressures presented by COVID-19.
- Difficulties in recruiting staff quickly enough to get the programme up to an optimal level of performance within the necessary time frame.
- Time taken to implement new proposals and projects while meeting procurement, commissioning, and legal requirements.
- Shortage of suitably skilled and experienced people to recruit to the high number of new posts being created by a greatly expanded national programme.
- Difficulty in recruiting appropriately qualified specialist health professionals and other staff from an available national workforce that is already insufficient to meet the needs of NHS, Criminal Justice and Social care systems.
- Continuation of service developments and enhancements now being put in place, including additional posts, beyond the 4 years of the current predictive funding proposals if this central funding is not extended beyond this time frame.

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<sup>1</sup> <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

7.2 These risks will be managed and mitigated by the Wirral Steering Group and monthly Programme review meetings with national programme co-ordinators from the Home Office and DHSC. Conversations are already planned with partners to identify how we can ensure an efficient and sustainable programme expansion and mobilisation beyond the 2022/23 financial year, and on into 2023/24 and 2024/25.

7.3 There is no risk to the Council in accepting this grant funding. The funding can only be used to deliver these specific activities as outlined within the Menu of Interventions in the Planning and Commissioning Guidance provided by the Home Office. The grant cannot be overspent. If there is any unused funding the Council will be required to return this to national Government.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 In order to co-ordinate and develop the Delivery Plan for spend 22/23 and to ensure successful delivery and reporting, the Plan was shared with and approved by the ADDER Steering Group which is led by the Wirral Council Public Health team and includes a strong representation of a wide range of key partners.

## **9.0 EQUALITY IMPLICATIONS**

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. Work is underway to ensure equality implications are reviewed as part of the project delivery. Equality Impact assessments are being undertaken to ensure all interventions are delivered in a way that does not discriminate.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 Illicit substance misuse is a global trade that can damage the environment in a number of ways:

- The cultivation of cocaine is a significant contributor to deforestation in Latin America.
- Opium production contributes to water shortages in Afghanistan
- Environmental harm from dumping of chemical waste from MDMA and ecstasy production

It is hoped by reducing demand for illicit substances, the interventions outlined in this report will minimise environmental harm.

10.2 Climate implications are being considered as part of the delivery of the interventions outlined above. For example, one aim of this Wirral plan is to increase the capability of the system to take the services closer to where the people live. This is primarily to facilitate increased accessibility, but it will also reduce the distance people need to

travel to appointments, and therefore reduce the environmental impact of this travelling.

Another element of this programme that will contribute towards reducing carbon emissions comes with the naloxone distribution. Much of this will be undertaken by the dedicated team utilising bicycles (reclaimed bicycles donated by Merseyside Police colleagues).

## 11.0 COMMUNITY WEALTH IMPLICATIONS

Delivery of the Wirral ADDER Accelerator programme will support community wealth building and provide significant local social value by working to improve the lives of some of our most vulnerable residents. Interventions delivered as part of the programme will:

- Support community development through building resilient local communities and community support organisations. This activity will be focused in areas and communities with the greatest need.
- Support the creation of a significant number of local employment and training opportunities.
- Support increasing the number of people with jobs from areas of Wirral with the higher levels of social deprivation and health inequalities.

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## APPENDICES

Appendix 1: ADDER Underspend Re-profiling Plan 22/23

## BACKGROUND PAPERS

[Action to tackle misery of drug misuse - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/action-to-tackle-misery-of-drug-misuse)

Extra funding for drug and alcohol treatment: 2022 to 2023:

<https://www.gov.uk/government/publications/extra-funding-for-drug-and-alcohol-treatment-2022-to-2023>

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	7 <sup>TH</sup> June 2021
Adult Social Care and Public Health Committee	8 <sup>th</sup> September 2021
Health and Wellbeing Board	15 <sup>th</sup> December 2021



Menu of intervention	Activity	Method
<p>Enhanced Naloxone Provision: Create and enable a peer naloxone distribution service.</p> <p>Enhanced harm reduction provision</p>	<p>Create and enable a peer naloxone distribution service (connect with additional pharmacy support)</p>	<p>Volunteer coordinator &amp; digital engagement officer (in conjunction with pharmacy coordination).</p>
<p>Enhanced Naloxone Provision: Create and enable a general naloxone distribution service</p> <p>Enhanced harm reduction provision</p>	<p>Create and enable a peer naloxone distribution service (connect with additional pharmacy support)</p>	<p>Naloxone costs. The funding allocated for this project would be split against the following spend:</p> <ul style="list-style-type: none"> <li>- Naloxone</li> <li>- Bike service (bikes donated by constabulary)</li> <li>- Bike equipment</li> <li>- Volunteer uniforms</li> <li>- Volunteer expenses</li> </ul>
<p>Additional capacity to prescribe the Buvidal maintenance option: Additional provision of Buvidal, primarily with a view to supporting treatment prior to release from prison.</p>	<p>Increased/piloted provision of novel long-acting opioid substitution treatments. Additional provision of Buvidal, primarily with a view to supporting treatment prior to release from prison.</p>	<p>Buvidal supply</p>
<p>Improved Links and Engagement with Primary and Secondary Health Care:</p> <p>Enhanced harm reduction provision.</p>	<p>Identification that additional support via GP specialist interest clinic would increase the likelihood of providing holistic healthcare to 'hard to reach' service users.</p>	<p>Specialist clinics including GP Clinics, Specialist Mental Health Nurse, Respiratory Health Screening Nurses.</p> <p>Support to Connect service users with primary and secondary health care (with focus on Long Term Conditions). Instigating specialist clinics including GP Clinics, Specialist Mental Health advice, Respiratory Health Screening, and treatment commencement clinics.</p>

<p>Enhanced partnership work with Community Pharmacies: working more closely with the Specialist drug service. This will be evaluated through this first year.</p> <p>Enhanced harm reduction provision.</p>	<p>Enhanced pharmacy support to improve health intelligence, information sharing, health interventions, and s / training / provision (Plus set up costs e.g., training).</p>	<p>Pharmacy co-ordinators and health improvement project</p> <p>a. Pharmacy Coordinators x2 (based with the drug service)</p> <p>b. Naloxone costs</p> <p>Pharmacy health improvement project (enhancing the role of community pharmacists, including working with the Assist-lite tool)</p>
<p>System coordination and commissioning</p>	<p>Increased commissioning capacity to act as a dedicated system coordinator (standard component in accelerator sites) working to project manage health and care elements of the delivery plan, lead liaison with government officials and work with enforcement coordinators to embed whole system working in practice.</p>	<p>Programme Management capacity within the Public Health team to provide focus, strategic overview, and support to report back to Project ADDER programme team.</p> <p>Project management to provide focus, strategic overview, and support to report back to Public Health England</p>
<p>Enhanced harm reduction provision</p>	<p>Enhanced outreach (including domiciliary outreach for people with disabilities and new mothers/babies) and engagement, including targeted street outreach for the rough sleepers (aligned and complementing rough sleeping grant initiatives) and crack and heroin users who are not in</p>	<p>Additional Specialist Drug Workers embedded in the YMCA hostel team, with option of possibly extending the role to other homeless hostels.</p> <p>Hostel Substance Misuse Worker post will be part of the YMCA's Multi Skilled Support team, supporting their residents and other clients. It will provide the following:</p> <p>focal point (but not the lone point) for maximising the effectiveness of communication and liaison with WWtR.</p> <ul style="list-style-type: none"> <li>• Co-ordinate and integrate the work of the 2 services.</li> <li>• Liaise with the Police and the Probation service.</li> </ul>

	contact with treatment	<ul style="list-style-type: none"> <li>• Support drug using residents/clients from point of entry into YMCAW</li> <li>• Provide assessment, and recovery planning and facilitate onward referral.</li> <li>• gather intelligence about the level and nature of drug use in the hostel.</li> </ul>
Increased pharmacological and psychosocial treatment capacity	Enhanced offer for co-occurring mental health/substance misuse (e.g., specialist clinician)	<p>Establishment of Mental Health Treatment Requirements (MHTRs) as part of the Wirral ADDER Programme.</p> <p>The CSTR (Community Sentence treatment Requirements) programme is a partnership between the Ministry of Justice, Department of Health and Social Care, NHS England and NHS Improvement, Office for Health Improvement and Disparities (OHID), formerly Public Health England and Her Majesty’s Prison and Probation Service. It was launched in October 2017 to address the low use of treatment requirements.</p> <p>Many offenders experience mental health and substance misuse problems, but the use of treatment requirements as part of a Community Order (CO) or Suspended Sentence Order (SSO) remains low. Improved partnership working can increase the use of treatment requirements, particularly as an alternative to short custodial sentences.</p> <p>The 3 requirements are: MHTRs (Mental Health Treatment requirements) DRRs (Drug Rehabilitation Requirements) and ATRs (.Alcohol Treatment requirements)</p> <p>The suitability of an offender for a MHTR with requirements to agree to mental health and substance misuse support will be psychologically assessed, and then followed up by continuing psychology support during the duration of this order.</p>
System coordination and commissioning	Enhanced collaboration, information sharing and joint working arrangements	Citizens Advice Wirral to provide a Specialist Advice, Casework and Social Prescribing service to support people who are engaging with local Drugs and Alcohol services:

	between drug treatment and other key local agencies (depending on which local pathways into treatment for vulnerable/priority groups need strengthening)	The service would provide Specialist Advice, Casework and Social Prescribing to the Change, Grow, and Live service users including those using the Spider Project (abstinence service). The service would also support those service users in residential rehab and residential detox (e.g., Phoenix Futures, Birchwood).
Increased pharmacological and psychosocial treatment capacity	Increased residential rehabilitation placements including referrals from prison healthcare teams for post-prison release placements and from probation services as part of a Drug Rehabilitation Requirement treatment package.	<b>Additional Residential Rehab Capacity</b> Residential rehab is a valuable and important intervention for those with engrained drug (and alcohol) using lifestyles). Placements where necessary will include detox and will offer stays of variable lengths, determined by the assessed need, and identified objectives of the person taking up the opportunity. Links with the community services will be maintained during the placement and work will be done to ensure suitable stable and drug free accommodation is on offer at the end of the placement.
System coordination and commissioning	Enhanced local drug-related deaths (DRDs) and non-fatal overdose partnership investigations	<b>Enhanced Drug Related Deaths Monitoring Proposal</b> Drug related death (DRD) remains a significant issue at both a local and national level and reducing DRD is a primary objective of the ADDER programme. 2020's death registrations showed a record number of drug poisonings recorded for the ninth consecutive year. Wirral's records also show a similar increasing trend. This proposal increases the capacity for scrutinising the circumstances of each case, from the current practice of quarterly panels that incorporate 3 other L.A areas.
System coordination and commissioning	Whole-system complex needs workforce training package jointly delivered to enforcement, drug treatment and other key professionals covering drugs and alcohol,	<b>Breaking the Cycle – system wide training programme to increase the wider workforce awareness of trauma informed care.</b> Propose to instigate a programme of training focused on developing the wider workforce understanding of trauma informed care. This training would emphasise that this understanding is just as important when working with many adults as it is when working

	and related topics such as domestic abuse, homelessness, mental health, parental substance misuse and trauma-informed care training	with children and young people. The delivery of this training would embed this knowledge and skill set within the workforce of partner organisations and the process of attending the training will have the added benefit of developing the contacts between different teams, and strengthening the partnership work
Enhanced recovery support	One-off pump-priming payment to support development/expansion of a recovery community and peer support network, including in treatment, to increase the visibility of recovery and support social integration	Family Engagement Worker The Spider Project, Wirral’s recovery focused service, are about to open a new “Recovery Community centre” – with recovery not restricted to recovery from Substance Misuse. This provides an ideal opportunity to enable greater engagement with families in a neutral environment. The proposal will support an additional family Support worker along the lines of the POPS model that has been developed.
Increased pharmacological and psychosocial treatment capacity	Enhanced offer for parents needing treatment including for example appointments at home in children and family support services, access to regulated childcare provision and therapeutic services for children	Partners of Prisoners   What POPS do The proposal would establish a role to build upon the ‘natural’ support that family and concerned others can provide, but often struggle with because they are unsure or lack confidence. A POPS approach by the Spider Project would be a valuable expansion of the support services available to families on the Wirral.
Increased pharmacological and psychosocial treatment capacity	Increased/piloted provision of novel long-acting opioid substitution treatments	Expansion of Budival programme This programme is developing well, and the initial findings from the local work, and from other programme around the country, are offering encouraging outcomes that suggest that this could be a valuable new intervention that supports people to achieve greater stability, move towards leaving their drug using lifestyle behind, or create a safer home for families where one or both parents are drug users. The intention is to increase the funding allocated to this project and so that we can expand the group of service users who are provided with this option and therefore have a larger cohort to

		analyse the outcomes.
System coordination and commissioning	Enhanced collaboration, information sharing and joint working arrangements between drug treatment and other key local agencies (depending on which local pathways into treatment for vulnerable/priority groups need strengthening)	Communications, marketing of access to ADDER and Engagement Officer This applies to 1 x FTE Marketing officer. Most essentially this post will market and promote access to the service. They will investigate the effectiveness of existing comms and pathways and review. Design and create new pathways sharing best practice. The officer will produce an annual impact review and lessons learned review sharing findings with all partners. Promotes visible recovery across the whole partnership spanning the Wirral offer.
System coordination and commissioning	Enhanced collaboration, information sharing and joint working arrangements between drug treatment and other key local agencies (depending on which local pathways into treatment for vulnerable/priority groups need strengthening)	Additional Dedicated infra-structure commissioning support. Purchase seconded dedicated staff resource in the following required disciplines; <ul style="list-style-type: none"> <li>• Contracting/procurement,</li> <li>• Finance,</li> <li>• Intel/data collation and analysis and performance monitoring.</li> </ul>
Enhanced harm reduction provision and  Treatment capacity to respond to increased diversionary activity, including through out of court disposals, liaison and diversion and drug testing on arrest	Enhanced outreach (including domiciliary outreach for people with disabilities and new mothers/babies) and engagement, including targeted street outreach for the rough sleepers (aligned and complementing rough sleeping grant initiatives) and crack and heroin users who are not in contact with treatment	2 additional case workers in (WWtR) treatment service to support further reduction in case load sizes while setting out to increase the numbers in treatment:
Enhanced harm reduction provision	Enhanced outreach (including domiciliary outreach for people	Young Person’s Substance Misuse worker to engage with 18–24-year-olds: Extend the Response Young Peoples’ Substance

	with disabilities and new mothers/babies) and engagement, including targeted street outreach for the rough sleepers (aligned and complementing rough sleeping grant initiatives) and crack and heroin users who are not in contact with treatment	Misuse Team by having a Substances Worker(s) for young people 18-24. Base this post within the Response YP service but have the post holder work closely with the WWtR team, to strengthen communication, co-operation and co-ordination where required to enable smoother transition from youth provision into adult services. The postholder would strengthen the partnership work between Adult Services (WWtR) and Y.P. services (Response) but be more involved in the Response/Young People's service, building stronger relationships with this cohort before they become 18. This role will also be able to contribute to 'In the Zone' the carousel provision for schools and colleges.
System coordination and commissioning	Enhanced local drug-related deaths (DRDs) and non-fatal overdose partnership investigations	Evaluation of Near misses and non-fatal overdose - this extends and compliments the work identified in line 40, to include monitoring and scrutiny of near misses and non-fatal overdoses and absorbing the learning that these incidents offer.
System coordination and commissioning	Enhanced collaboration, information sharing and joint working arrangements between drug treatment and other key local agencies (depending on which local pathways into treatment for vulnerable/priority groups need strengthening). Enhanced local drug-related deaths (DRDs) and non-fatal overdose partnership investigations	Drug Related deaths - Coroner link role: This post to liaise with the coroner's office to facilitate the DRD bi-annual audit, and to ensure that the learning identified from the work funded in rows 40 and 49 is consolidated and put into practice, through incorporating it into the treatment service delivery and through promoting, where appropriate, indicated changes across the wider system.
Enhanced harm reduction provision.	Enhanced outreach (including domiciliary outreach for people with disabilities and new	Community Connector and Engagement role: This role will work with the wide and extensive network of third sector organisations, not necessarily substance misuse specific, acting as a

<p>Increased integration and improved care pathways between the criminal justice and other settings, and drug treatment</p>	<p>mothers/babies) and engagement, including targeted street outreach for the rough sleepers (aligned and complementing rough sleeping grant initiatives) and crack and heroin users who are not in contact with treatment</p>	<p>communicator with, and champion for these organisations/projects, providing a link between their own communities and the ADDER programme. It will promote the prevention and harm reduction messages, the benefits and routes into treatment, and the recovery agenda. A key purpose and objective will be to recruit this wide network of community services and organisations into supporting the messages and work of the drug and alcohol treatment system. The post will also use the role and connections with this network to challenge stigma, facilitate access to services in both directions, and seek constructive feedback to support system change. the post will also promote equality issues. It will be placed within an organisation involved with or supporting the community network.</p>
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