Middlesbrough moving forward

Finance, Governance and Support

HEALTH SCRUTINY PANEL

Date:	**Tuesday 2nd February, 2021**
Time:	**4.00 pm**
Venue:	**Virtual meeting**

AGENDA

Please note: this is a virtual meeting.

The meeting will be live-streamed via the Council's Youtube channel at 4.00 pm on Tuesday 2nd February, 2021

1. Apologies for Absence
2. Declarations of Interest
3. Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) — 3 - 18

   Jonathan Bowden, Advanced Public Health Practitioner (South Tees Public Health) and Chief Inspector Jonathan Tapper (Cleveland Police) will be in attendance to provide a briefing on Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery).

4. Overview & Scrutiny Board - An Update

   The Chair will present a verbal update on the matters that were considered at the meetings of the Overview and Scrutiny Board held on 27 January and 29 January 2020.

5. Any other urgent items which in the opinion of the Chair, may be considered.
6. Date & Time of Next Meeting - Tuesday, 16 February 2021 at 4 pm.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesborough
Monday 25 January 2021

MEMBERSHIP

Councillors J McTigue (Chair), D Coupe (Vice-Chair), B Cooper, A Hellaoui, B Hubbard, T Mawston, D Rooney, M Storey and P Storey

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Caroline Breheny, 01642 729752, caroline_breheny@middlesbrough.gov.uk

MIDDLESBROUGH COUNCIL

Report of:	Jonathan Bowden, Public Health

Submitted to:	Health Scrutiny Panel - 2 February 2021

Subject:	Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) – external funding investment in a whole system approach to tackling drug misuse in Middlesbrough.

Purpose of this report:

1. To provide information about Project ADDER, including the national grant funding and the associated delivery of the programme. Also in terms of Health Scrutiny, specifically how ADDER will impact on their agenda item: 'Opioid Dependency – what happens next?'.

Background Information and Key Issues:

2. The Home Office (HO) in conjunction with Public Health England (PHE) and other government departments are piloting an intensive, whole system approach to tackling drug misuse. Middlesbrough has been selected as a pilot area, with the potential to access approx. £5m of funding across partners over three financial years, starting in late 2020/21 through to 31/3/22.

3. Project ADDER aims to involve co-ordinated law enforcement activity, alongside expanded diversionary activity and treatment/recovery provision in the chosen pilot areas. This will be complemented by HO and National Crime Agency activity across the country to tackle middle market drugs and firearms supply.

4. The project will build on existing work and look to expand multi-agency partnership working in the local areas to drive sustained, positive health and crime related outcomes. Project ADDER is being piloted in five areas to evaluate the impact. The project is underpinned by an evaluation and monitoring framework which will help to inform the evidence base for future Government intervention and national investment in this field.

5. Over a period of just over two years, the project will aim to deliver reductions in the:
   - rate of drug-related deaths
   - drug-related offending
   - prevalence of drug use.

6. The HO and PHE are offering Middlesbrough ring-fenced funding specifically to facilitate the delivery of Project ADDER, from quarter four of financial year (FY) 20/21 until the end of FY 22/23. This will be split between Middlesbrough Council, who will receive the funding for the treatment/recovery and diversionary elements directly via PHE, and Cleveland Police who will receive the funding for the enforcement elements directly via HO. The Director of Public Health is responsible to PHE for ensuring that the grant is discharged effectively and the relevant activity is delivered by Middlesbrough Council. Similarly, a senior Cleveland Police

Officer will be held to account for their portion by HO. Despite the separation at this level, public health officers are working closely with police colleagues to ensure that ADDER is delivered as an integrated, system-wide approach.

7. The funding amounts each year will be contingent on HO and PHE approval of detailed, costed, annual delivery plans. There is up to £1.1m (£0.7m for diversion and treatment/recovery activity and £0.4m for enforcement) available for each local area this financial year. The funding allocated to FY 20/21 must be spent in this FY and cannot be rolled over, therefore, the timescales are extremely tight.

8. Proposals for funding in year two will be requested and considered prior to 1/4/21 and the amount available to Middlesbrough is anticipated to be up to approx. £1.9m per annum in total (divided between Middlesbrough Council and Cleveland Police). This is, however, subject to change based on wider funding decisions. The funding allocations awarded for subsequent years will be influenced by successful delivery of the 20/21 plan. Costed delivery plans for FY 21/22 and FY 22/23 will take into account impacts from FY 20/21, with many of the posts and interventions within the initial plan earmarked for continuation throughout the life of the project. There will still be scope to meet emerging needs and broaden the scope of delivery due to the number of one-off interventions in the initial delivery plan.

9. Project ADDER has remained strictly confidential during its planning phase, however, it was formally launched by the Home Office on 20/1/21: £148 million to cut drugs crime - GOV.UK (www.gov.uk) This enables the local programme team to discuss ADDER publically and progress the delivery.

10. Proposed interventions are outlined in the interventions table attached in appendix 1. They include a mixture of specialist posts, the majority of which will be employed by Middlesbrough Council, and aligned with the integrated service model for domestic abuse, homelessness/housing support and substance misuse; and delivery interventions. In summary, they will provide dedicated capacity to deliver:

    - Local Project ADDER Leadership and Management
    - Prevention and Early Intervention
    - Enhanced, targeted outreach and harm reduction services
    - Improved pathways and integration with health and social care services
    - Bespoke, local recovery enhancement regarding housing, training/employment and social/community aspects
    - Diversion from crime/criminal justice settings
    - Enforcement activity
    - Research, monitoring and evaluation.

11. The interventions we have proposed and the associated funding have been confirmed by the HO and PHE for 2020/21, along with commitment to fund interventions throughout 2021/22 and 2022/23 (following agreement of annual delivery plans). Formal approval was gained from full Middlesbrough Council Executive on 19/1/21.

Potential Implications:

Exit strategy

12. There are no identified negative legal or financial implications in relation to delivering Project ADDER. This has been discussed with relevant Legal and Democratic Services officers and finance colleagues, including them having oversight of the draft grant agreement.

13. The Project ADDER grant is additional, ring-fenced funding that does not impact on the Council's baseline financial position. The additional income will fund new activity and there will be no adverse impact on existing Council services.

14. Whilst there is the real potential that this programme of work will make the national case for an increased baseline funding for this agenda this cannot be guaranteed and as such all interventions will need to be designed with a clear exit strategy in place. Specific consideration will be given to:

- Hosting arrangements and liability for posts - any post hosted by the local authority could be initially recruited to a maximum of 2 years on fixed term contracts;
- Continuation of service pathways beyond the initial funding – consideration will need to be given to how successful ways of working from the project are embedded within future commissioning intentions and existing service pathways across partners. From the outset we will be clear on the need for ADDER to create a legacy. We are proposing a mixture of roles, interventions and service elements to enable some to be self-sustaining (following initial investment) and others to be built into future service developments if they are proven to deliver successful outcomes;
- Interventions where system savings can be identified would be flagged at the outset, however, we would retain realism over the ability of these savings to become either "cashable" or reallocated to this programme;
- Ongoing research and evaluation throughout the programme is embedded in and funded through the national programme. Nationally funded support will be provided from PHE and Home office teams to support local pilot areas in exit strategy arrangements and embedding successful practice.

Timescales for spending funding allocated

15. The funding comes with strict timescales for delivery. To mitigate this, proposals for year 1 focus on areas such as pathway development, capital investments and posts which have potential to be embedded within existing services. This ensures we have not committed to delivery which is not possible in the remaining 6-7 months of this financial year.

Buy-in from key partners

16. External partner organisations have already committed to working in partnership with the Council on the vulnerability agenda, within which ADDER undoubtedly fits. We are confident that the cross cutting nature of the agenda and the potential multi-agency benefits from this significant investment will ensure strong engagement across partners. A multi- agency delivery partnership will form part of the governance of the project.

Governance arrangements

17. It is proposed that that the Council elements of the work programme would sit within adult social care and health integration directorate project board structure and adopt the Council's project management approach.

18. The programme requires strong cross-council engagement, spanning public health, finance, commissioning and procurement, adults and children services in particular. A multi-agency partnership will be formed with formal accountability and reporting requirements through PHE/DHSC and the Home office.

Communications

19. Communications for Project ADDER will be led nationally, in close liaison with pilot areas' communications teams. In addition, there is ambition to carry out ministerial visits to ADDER pilot areas when COVID restrictions allow for this.

Recommendations and/or issues:

20. It is recommended that Health Scrutiny Panel:
    - Notes the information about Project ADDER;
    - Agree that there is potential for ADDER to have a significant positive impact on the local opioid dependency issue and, therefore, to reflect this in the panel's recommendations report regarding this agenda;
    - Confirm that the panel will be happy to receive ongoing updates regarding the progress of ADDER delivery from the programme lead.

Why is this being recommended?

21. Project ADDER presents an opportunity to attract significant external funding to Middlesbrough, which will benefit an extremely vulnerable group.

22. The benefits of Project ADDER include:

    - The funding could save lives and reduce our unacceptable drug-related deaths (DRD) rate, which is at the highest level on record. This means that people are statistically more likely to die from a DRD in Middlesbrough than they are from a car/road-related death. The latest ONS report shows Middlesbrough's DRD rate is 16.3 deaths per 100,000 population, meaning that we have one of the highest rates in Europe. This is significantly higher than both the NE regional and national averages, which are 9.1 and 4.7 respectively.

    - The enforcement element in particular would assist in tackling wider drug-related issues in the town. The project would likely lead to approx. £1.95m per annum additional funding for the next two financial years, across the Council and Police Partners (depending on the ability of other areas to successfully deliver their plans, this could potentially be increased).

    - It could benefit the forthcoming integrated service model which brings together domestic abuse, homelessness and substance misuse services from 1st April 2021 aiming to better address the complex vulnerabilities faced some of our residents.

Project ADDER will help us to maximise the benefits of this new model with significant external investment in key areas of drugs support.

- Positive discussions have taken place with Police and healthcare partners regarding joint interventions and future partnership working. Securing Project ADDER funding will enable these plans to be progressed and be formalised.

- Breaking the cycle of addiction will prevent escalating needs in terms of future substance misuse service delivery, as well as the multitude of LA and partner organisations' services that this will positively impact.

- Substance misuse impacts on a wide range of health outcomes and service provision, including demand on children's services, primary and secondary care, and adult social care. Improved outcomes in substance misuse will translate to further benefits across key areas of health and social care.

- Stakeholder consultation and co-production of ADDER and the associated interventions, including with the local service user community and 'experts by experience', will form a key part of the programme.

- Project ADDER supports the recent Middlesbrough Council Health Scrutiny Panel's examination of opioid dependency, which recommended that this topic was to become a long-term, standing agenda item due to its level of impact and complexity. Multiple partner organisations have been invited to the panel over the last year in order to promote a whole-system approach to tackling this 'wicked problem'.

Other potential decisions and why these have not been recommended

23. Retaining the status quo and not accepting this funding would deny Middlesbrough the opportunity for significant investment and improvement in services for some of our most complex and vulnerable residents. Addressing substance misuse and tackling the underlying social determinants of poor health in this group, including issues such as; housing, criminal justice, employment and positive relationships, provides the potential to transform local lives. The negative impact that substance misuse has on the wider community and the town as a whole can be significantly mitigated by investment at this scale.

Risks

24. No significant risks that would negatively impact on the strategic risk register have been identified. Several related risks relating to the forthcoming integrated service model will be positively influenced by Project ADDER, including ensuring enhancement of delivery capacity and specialisms within the staffing model.

Author: Jonathan Bowden Advanced Public Health Practitioner

Appendix 1- Interventions Overview

Intervention Grouping	Intervention	Description (including FTE and throughput/outcome targets)
Project ADDER Development and Delivery	Local Project ADDER Leadership and Management	• Programme Manager: 50% match funding towards 1 x FTE at linked grade Q/R (approx. £65k p.a. inc. on costs total). *5 months of costs included.* This role will: o Provide the strategic leadership and vision for Project ADDER, integrating substance misuse with the wider vulnerable persons agenda by ensuring collaboration between key partners and by harnessing existing local assets o Ensuring that Project ADDER aims and objectives are included within partner agency policies, as well as vice versa in terms of criminal justice, mental health, health, etc. o Oversee the governance arrangements for Project ADDER, providing a direct link between the project's delivery and the DPH, who is Chair of the steering group o Provide the direct link between Project ADDER and the senior leadership of Middlesbrough Council o Maximise the outcomes and sustainability/legacy of Project ADDER initiatives within the available resources, partnership 'match funding' and collaborative opportunities by co-ordinating the local approach to obtain benefits for all partners over the longer-term o Lead on the relationships with the Home Office, PHE and other area leads re. Project ADDER o Oversee the development of the strategy for years 2 and 3 of Project ADDER, including co-dependencies, collaboration and complementary elements within partners' strategies. • ADDER Project Manager – to oversee the development roles (within this proposal) and project documentation, *5 months of costs included.* The remit of this role is to: *0.8 for 3 months* o Develop a project plan for Project ADDER, including GANTT chart and SMART objectives with named owners for each action

		○ Develop a performance management framework for Project ADDER to drive the desired outcomes and enable close monitoring ○ Be a conduit between Project ADDER and the local substance misuse treatment/recovery system ○ Explore the feasibility of a local, sustainable inpatient detox facility ○ Co-ordinate local Project ADDER meetings and groups, maintaining accurate records ○ Ensure that timescales are met and plans are delivered to achieve required outputs.
Prevention and Early Intervention (P&EI)	P&EI Development Co-ordinator	Procure suitably experienced organisation to develop a proposal for year 2 of ADDER re. targeted P&EI programme, capacity building and implementation plan, following a review of current arrangements. This will deliver: ○ Review current provision ○ Develop a P&EI programme ○ Develop a capacity building plan ○ Mobilise and implement the above
	System-wide IBA development	IBA Co-ordinator post to work across primary, secondary and community-based care, ensuring engagement of partners and their settings across the town. 4 months of costs included. The post will: ○ Develop a delivery plan, including appropriate settings ○ Develop a mobilisation and implementation plan ○ Launch the service and deliver IBA to 500 people by 31/3/21, targeting the following groups: ➢ Carers ➢ Parents of YP (education and building resilience) ➢ Cannabis, cocaine and NPS users ➢ Specific pathways for education settings ➢ Training champions in partner organisations to build local capacity

Enhanced, targeted outreach and harm reduction services	Specialist Assertive Outreach and Engagement provision	2 x FTE Assertive Outreach and Engagement workers to enhance existing provision and target those at the highest risk of dying, e.g. prison leavers, those considered near misses/overdoses, rough sleepers, vulnerable adults and crack users with unmet needs. 4 months of costs included. These posts will deliver: • Develop pathway for high risk and vulnerable individuals • Work with DART service to ensure engagement and transition plans for highest risk prison leavers in order to improve the rate of prison leaver engagement from 34% to 50% by 31/3/21 • Make contact and attempt to engage all identified 'near misses' with a target of 75% successful engagement by 31/3/21 • Work with adult services to develop an enhanced vulnerable adults safeguarding pathway to improve the rate of engagement by 10% by 31/3/21 • Reduce the level of unmet need for crack users from 54% to 45% by 31/3/21 • Identification of rough sleepers and onward referral into appropriate service(s) with a target to engage 25 people by 31/3/21
	Young persons' outreach and engagement approach	2 x FTE YP engagement workers – will be reactive to intelligence re. county lines, coercion, trafficking and work with childrens services to ensure appropriately enhanced safeguarding pathways are in place. 4 months of costs included. These posts will also deliver: • Working with Police colleagues to play a full part in acting on County Lines intelligence, developing an enhanced support pathway • Targeted, visible outreach to hotspot locations, linking in with key colleagues such as NPT, community safety, homelessness service, etc. working in the two priority wards of Newport and North Ormesby (initially) • Increased YP levels of engagement into treatment by an additional 15% • Supporting the P&EI Co-ordinator in delivering risk and resilience messages to YP in key locations, delivering to 100 YP by 31/3/21

	Enhanced local naloxone programme	• Police Naloxone Pilot: Frontline Police Officers to carry and dispense nasal naloxone – to specifically target those not already covered by the syringe kits, such as carers/significant others, who would be more comfortable administering a nasal spray. This will deliver: o A minimum of 500 nasal kits into the local system o Training for all officers who will be carrying the kits, who will then train people they distribute the kits to. • Increased nasal naloxone availability: Nasal naloxone kits to be provided throughout the town, particularly in areas with the highest risk of overdoses. This element will deliver: o Explore feasibility of partnership with NEAS to locate nasal naloxone kits within/adjacent to defibrillators (in separate lockboxes) that can be released when necessary o Locate nasal naloxone kits in 25 key, overdose hotspot locations across the town o Distribute naloxone kits to those at risk on release from Police custody (already happens from Holme House prison).
	Development of dedicated cocaine and other recreational drugs approach	Gather emerging evidence of effective interventions and engagement initiatives to develop an innovative, local service dedicated to cocaine and recreational drugs treatment via the commissioning of a suitably experienced organisation. This will deliver: • A cocaine and recreational drugs peer research report • Carry out evidence review of emerging models/interventions, including substitute prescribing • A mobilisation/implementation plan and specification for an evidence-based, dedicated cocaine and recreational drugs service in years 2 and 3 including preventative, treatment, recovery and prescribing interventions with an element of contingency management to help engagement.

Improved pathways for health and social care services	Transformation workers to review and improve pathways for specific cohorts within substance misuse clients	2 x FTE Pathway Transformation Workers (4 months of costs included): 1 x post will deliver improved pathways between primary/secondary care and social care for substance misusers: • Co-ordination of a multi-agency, task and finish group to improve pathways by reviewing existing approach, examples of best practice and designing a plan for improved practice • Implementation of a multi-agency substance misuse network meeting to drive transformation across the system/within partner organisations • Carry out casefile audits to identify the 20 most appropriate/high risk individuals to engage with in order to prevent escalation of needs by 31/3/21 1 x post will focus on transformation of pathways for vulnerable females, particularly pregnant women, sex workers, offenders, prison leavers, victims of domestic abuse and those who have had children removed. It will deliver: • Co-ordination of a multi-agency, task and finish group to improve pathways by reviewing existing approach, examples of best practice and designing a plan for improved practice • Implementation of a multi-agency substance misuse network meeting to drive transformation across the system/within partner organisations • Carry out casefile audits to identify the 20 most appropriate/high risk individuals to engage with in order to prevent escalation of needs by 31/3/21
	Hospital Interventions and Liaison Team (HILT) - additional specialist roles	Dedicated 1 x FTE Co-ordinator to focus on managing the most at-risk patients and developing a plan and pathways (between the NHS Trust and community settings) to ensure patients with drug-related issues are identified, engaged and supported. They will be attached to the HILT team, which is funded by the Trust and this additional post should also attract further match funding from TEWV for an equivalent mental health/substance misuse role within the psychiatric-liaison team (to co-work with the HILT team). 4 months of costs included. This will deliver:

		• Refer all overdoses/DRD near miss patients into relevant pathway (as detailed above in 'Specialist Assertive Outreach and Engagement provision') • Development of robust pathway to community support services and enhanced follow-up of patients following discharge • Finalise agreement with TEWV for equivalent MH role to be based within HILT • Engagement of 100 patients within the hospital by 31/3/21 • Develop and deliver mutual training programme to upskill 50 staff from all related settings on substance misuse, mental health and wider vulnerabilities to improve knowledge and practice across the local system
	Physical Health Support	The lung health clinic specifically for drug users with respiratory co-morbidities is not feasible in year 1 due to the impact of C-19 on specialist respiratory capacity within the Trust. We have proposed an alternative which should be approved by HO/PHE imminently: Deliver a range of nutrition and dietary interventions to ADDER clients. This would include Jamie's Ministry of Food classes, cooking on a budget courses, healthy eating choices training and some equipment for those who need it.

A bespoke, local, 'Jobs, friends and houses'-style approach	Dedicated substance misuse-related employment, training, accommodation and social pathway – please see:
	 
	Benefits of JFH style approach to Mbro.d
		Procure a suitably experienced topic expert to research and develop this approach – to work with relevant partners in identifying and engaging the necessary expertise. This will result in:
		• Gathering of evidence and best practice
		• The production of an implementation plan, co-produced with members of the local recovery community
		• Engagement of education providers – this will enable dedicated training and education routes for people in recovery. This will be aimed at multiple levels of education, training and experience, matching opportunities with the desire and motivation of the individuals coming through
		• Engagement of Jobcentre +, local employers and employment agencies – to:
		  ○ Inform the education/training providers in terms of local employment needs and matching their offer accordingly
		  ○ Create apprenticeship/training placement opportunities

		○ Support the development of social enterprises; • Engagement of additional housing providers to co-design pathways and enable the offer of housing from the point of engagement through to independent living in quality, sustainable homes for life • Plan for the development of a keeping in touch peer/volunteer service for those in recovery who have left structured treatment/recovery services in year 2 • Draft targets and performance management framework • Co-ordinate the development of independent research to quantify the benefits of this local approach to the public sector.
	Development of dedicated substance misuse secondary housing pathway provision – please see:  Benefits delivered by Secondary Recov	Fill in the gaps within the existing pathway to ensure a successful transition from local residential rehabilitation, prison and other recovery settings into settled and sustainable accommodation that exceeds the minimum decent homes standard. Through one-off capital investment, this element can become a self-sustaining and scalable legacy of ADDER by utilising the associated housing payments for reinvestment and expansion purposes. This will deliver: • A minimum of 8 x additional beds, dedicated to substance misuse clients, available for year 2 of ADDER and beyond (in perpetuity) • Specialist, ongoing support to ensure sustainable recovery and relapse prevention via care for the 'whole person' and harnessing wider support provision as necessary (including the jobs and friends elements) • Increased flow/churn through the primary rehab by working collaboratively with the local provider to offer intensive support to participants and the offer of a smooth pathway into secondary housing provision • Support to enable transition into independent living in quality, sustainable homes for life, via relationships with all relevant types of housing providers and a 'good tenant passport' (i.e. paying rent/mortgage on time, maintaining a decent home, being a good neighbour, etc.) • Further preparation for independent living and being able to consider themselves as a valued member of their community:

		○ Nutrition classes including healthy eating, Jamie's Ministry of Food, cooking on a budget, etc. ○ Positive mental health interventions ○ Fostering positive family and social networks that will support ongoing abstinence/recovery; • A reduction in substance misuse re-presentation rates by ensuring that 80% of those placed are successfully supported to remain on a recovery pathway.
	Dedicated recovery house, based on Oxford House-style principles – please see: https://www.recoveryanswers.org/research-post/oxford-houses-offer-both-recovery-benefits-cost-savings/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215736/  Oxford House_manual.pdf	Purchase and refurbishment of a suitable property as the initial home to provide a platform for expansion. Through one-off, match-funded capital investment, this element can also become a self-sustaining and scalable legacy of ADDER once the initial property is up and running. This will provide: • The purchase and renovation of a house with a minimum of 4 x beds (self-contained due to COVID-19 implications), to be used in perpetuity as an Oxford House • Dedicated support capacity to enable the development and implementation of the initial Oxford House • The generation of surplus funds in order to enable the development of a second Oxford House (and so on…) • Expanded mutual aid opportunities for the local recovery community
	Building Recovery in the Community (BRiC) provision	1 x FTE BRiC Worker – to provide floating support across the bespoke, local programme. 4 months of costs included. This post will deliver: • Engagement of 20 people as a minimum • Development of local community offer, including a minimum of 3 support groups

Diversion	Enhancement of existing DIVERT scheme	2 x FTE substance misuse keyworkers to work across custody suite and IOM/PPO teams to provide specialist support, advice and pathways to community services. Will provide targeted testing on arrest, rehabilitation order recommendations for sentencing, liaison with DIVERT scheme, etc. 4 months of costs included. These posts will deliver: • Intensive engagement of those identified as having substance misuse issues by criminal justice partners • Breaking the cycle between drugs and crime • Reduce the re-offending rate for Middlesbrough as a result of engaging more people into the DIVERT scheme.
	Develop a local drug-driving scheme	Commission suitably experienced organisation to develop and deliver a drug-driving intervention and engagement approach for those caught driving whilst drug-impaired (predominantly cocaine and cannabis) – both digital and face-to-face offers. Once set up, this will be sustainable by charging the participants in lieu of a higher fine/disqualification from driving (and, potentially, a reduced driving ban). This will deliver: 1. Assess the local demand for a drug driving service. Including the identification of drug users who, predominately would not engage with traditional services. 2. Establishing whether local/national service providers currently delivering drink driver rehabilitation scheme (DDRS) courses, offer drug driver rehabilitation interventions. Identifying any national or international best practice or evidence of impact. 3. Engage criminal justice agencies such as the Police, Courts and Probation on out of court disposal options. 4. Identify the feasibility of developing a drug driving course, engaging with the Driver and Vehicle Standards Agency, Department for Transport and Road Safety GB. 5. Research the feasibility of a reduction in the length of a driving band if a course is completed, as a means of generating an income that could be reinvested into ADDER beyond the funding timescales. 6. Identify appropriate pathways into treatment services.

	Youth Offending Service Link Worker	1 x FTE substance misuse keyworker to work primarily on transition pathways and supporting the most complex clients, whilst building capacity and expertise within YOS (to work as a virtual team with the YP Assertive Outreach workers). 4 months of costs included. This post will aim to: • Reduce the number of YP involved in crime and ASB from 52% to 45%. • Deliver YP specific substance misuse training to 30 staff. • Work with the top 10 most complex clients identified as using substances and offending.

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