

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	<ul style="list-style-type: none"> • Programme Manager: 50% match funding towards 1 x FTE at linked grade Q/R (approx. £65k p.a. inc. on costs total). <i>5 months of costs included</i>. This role will: <ul style="list-style-type: none"> ○ 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 ○ 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. ○ 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 ○ Provide the direct link between Project ADDER and the senior leadership of Middlesbrough Council ○ 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 ○ Lead on the relationships with the Home Office, PHE and other area leads re. Project ADDER ○ 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, <i>5 months of costs included</i>. The remit of this role is to: <i>0.8 for 3 months</i> <ul style="list-style-type: none"> ○ Develop a project plan for Project ADDER, including GANTT chart and SMART objectives with named owners for each action

		<ul style="list-style-type: none"> ○ 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	<p>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:</p> <ul style="list-style-type: none"> ○ Review current provision ○ Develop a P&EI programme ○ Develop a capacity building plan ○ Mobilise and implement the above
	System-wide IBA development	<p>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:</p> <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ➤ 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


<p>Enhanced, targeted outreach and harm reduction services</p>	<p>Specialist Assertive Outreach and Engagement provision</p>	<p>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:</p> <ul style="list-style-type: none"> • 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
	<p>Young persons’ outreach and engagement approach</p>	<p>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:</p> <ul style="list-style-type: none"> • 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

	<p>Enhanced local naloxone programme</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ A minimum of 500 nasal kits into the local system ○ 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: <ul style="list-style-type: none"> ○ Explore feasibility of partnership with NEAS to locate nasal naloxone kits within/adjacent to defibrillators (in separate lockboxes) that can be released when necessary ○ Locate nasal naloxone kits in 25 key, overdose hotspot locations across the town ○ Distribute naloxone kits to those at risk on release from Police custody (already happens from Holme House prison).
	<p>Development of dedicated cocaine and other recreational drugs approach</p>	<p>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:</p> <ul style="list-style-type: none"> • 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	<p>2 x FTE Pathway Transformation Workers (4 months of costs included):</p> <p>1 x post will deliver improved pathways between primary/secondary care and social care for substance misusers:</p> <ul style="list-style-type: none"> • 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 <p>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:</p> <ul style="list-style-type: none"> • 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	<p>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:</p>

		<ul style="list-style-type: none"> • 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
	<p>Physical Health Support</p>	<p>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:</p> <p>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.</p>
<p>bespoke, local, ‘jobs, friends and houses’-style approach</p>	<p>Dedicated substance misuse-related employment, training, accommodation and social pathway – please see:</p> <div style="text-align: center;">  <p>Benefits of JFH style approach to Mbro.d</p> </div>	<p>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:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Inform the education/training providers in terms of local employment needs and matching their offer accordingly ○ Create apprenticeship/training placement opportunities

		<ul style="list-style-type: none"> ○ 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.
	<p>Development of dedicated substance misuse secondary housing pathway provision – please see:</p>  <p>Benefits delivered by Secondary Recov</p>	<p>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:</p> <ul style="list-style-type: none"> ● 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:

		<ul style="list-style-type: none"> ○ 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.
	<p>Dedicated recovery house, based on Oxford House-style principles – please see:</p> <p>https://www.recoveryanswers.org/research-post/oxford-houses-offer-both-recovery-benefits-cost-savings/</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215736/</p>  <p>Oxford House_manual.pdf</p>	<p>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:</p> <ul style="list-style-type: none"> ● 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
	<p>Building Recovery in the Community (BRiC) provision</p>	<p>1 x FTE BRiC Worker – to provide floating support across the bespoke, local programme. 4 months of costs included. This post will deliver:</p> <ul style="list-style-type: none"> ● Engagement of 20 people as a minimum ● Development of local community offer, including a minimum of 3 support groups

<u>Diversion</u>	Enhancement of existing DIVERT scheme	<p>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:</p> <ul style="list-style-type: none"> • 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	<p>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:</p> <ol style="list-style-type: none"> 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	<p>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:</p> <ul style="list-style-type: none">• 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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