

Report to: EXECUTIVE CABINET

Date: 27 July 2022

Executive Member: Councillor Eleanor Wills – Executive Member (Health)

Reporting Officer: Debbie Watson, Interim Director of Population Health
James Mallion, Interim Assistant Director of Population Health

Subject: **SUPPLEMENTAL SUBSTANCE MISUSE TREATMENT AND RECOVERY GRANT 2022/23, 2023/24 and 2024/25 – 3 YEARS FUNDING**

Report Summary: This report provides background information on the Supplemental Substance Misuse Treatment and Recovery Grant, which the government is awarding to local authorities to deliver the ambitions set out in the new national drug strategy. It outlines the successes of the previous year of additional substance misuse grant funding from government and describes the proposed approach to the commissioning and delivery of this continued grant in Tameside with a value of £539,066 for 2022/23 and indicative figures of £728,609 for 2023/24 and £1,195,980 for 2024/25.

The Council proposes to commission our existing specialist substance misuse service provider, CGL Services My Recovery Tameside to deliver the services funded by the grant. The substance misuse commissioners in the Population Health Team are working collaboratively with the management team from CGL to develop a continued robust delivery plan that meets local needs and delivers on the changing range of interventions set out in this report.

Recommendations: That Executive Cabinet be recommended to agree:

- (i) That approval is given to award the indicative allocation of £2,463,655 for delivery of the Supplemental Substance Misuse Treatment and Recovery Grant in 2022/23, 2023/24 and 2024/25 as outlined in this report in the premise that the indicative figures of £728,609 for 2023/24 and £1,195,980 for 2024/25 are received, though the final allocations may vary.
- (ii) That approval is given to vary the existing contract with CGL Services My Recovery Tameside to deliver the Supplemental Substance Misuse Treatment and Recovery Grant in 2022/23, 2023/24 and 2024/25. This has been advised by STAR as an appropriate procurement route as the financial value sits within the threshold for variations to the existing contract, and the timescales of the grant funding fall within the current contract term.

Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Budget Allocation (if Investment Decision)	3 Years Funding 22/23 £539k 23/24 £729k 24/25 £1.196k
	CCG or TMBC Budget Allocation	TMBC
	Integrated Commissioning Fund Section –	Section 75

S75, Aligned, In-Collaboration	
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	The financial implications outlined in this paper is to confirm the additional supplemental additional grant allocation that has been awarded to Tameside LA. The deployment of these funds within the paper is to commission CGL Services through procurement routes to deliver the requirement of the grant up to its maximum value with no additional costs to the Local Authority. Final allocations may vary, but the LA will not over commit available funds.
Additional Comments	

**Legal Implications:
(Authorised by
Borough Solicitor)**

the

As with any grant funded initiative it is critical that the project officers comply with the terms of the grant to ensure that no clawback or refusal of further tranches of funding are triggered.

The project officers should ensure that they seek advice from procurement in relation to the extension of existing contracts to ensure that it is undertaken compliantly.

How do proposals align with Health & Wellbeing Strategy?

The proposals link with several of the strategic priorities of the health and Wellbeing Board:

- Improve the health and wellbeing of local residents throughout life
- Give targeted support to those with poor health to enable their health to improve faster
- Develop cost effective solutions and innovative services, through improved efficiency

This programme will address the priority to reduce reoffending.

How do proposals align with Locality Plan?

The proposals will support the locality plan objectives to –

- 1.1 Improve health and wellbeing for all residents
- 1.2 Address health inequalities
- 1.3 Protect the most vulnerable and those suffering multiple disadvantage

How do proposals align with the Commissioning Strategy?

This supports the Commissioning Strategy priorities around addressing the wider determinants of health and encouraging healthy lifestyles

Recommendations / views of the Health and Care Advisory Group:

Not taken to HCAG. This report has been discussed at the Tameside Community Safety Partnership, where it is proposed that progress on this work and outcomes will continue to be reported to.

Public and Patient Implications: The recommendations will ensure continued access to services to improve health and wellbeing and reduce drug related crime and wider drug related harms, including drug related deaths.

Quality Implications: The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness. The same quality assurance over the existing contract with CGL Services will apply additional services from this grant funding.

How do the proposals help to reduce health inequalities? This expanded programme of interventions will continue to address a wide range of inequalities. There will be a strong focus on identifying and reaching those suffering multiple disadvantage. There will also be a greater focus on supporting the most vulnerable children and young people to reduce drug and alcohol harms. The pathways and protocols developed will ensure more support and equitable access to service.

What are the Equality and Diversity implications? The Substance Misuse services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. This proposal targets those who are involved in or on the edge of the criminal justice system; and the most vulnerable children and young people in our communities to reduce drug and alcohol harms.

What are the safeguarding implications? There are no safeguarding implications associated with this report. Where safeguarding concerns arise the Safeguarding Policy will be followed.

What are the Information Governance implications? The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the provider. A Data Protection Impact Assessment (DPIA) is in place with the provider under the existing contract.

Has a privacy impact assessment been conducted? A privacy impact assessment has not been carried out.

Risk Management: Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the grant funding has been awarded. Particular risks to this programme include recruitment delays due to the large amount of recruitment to similar roles taking place across the country, associated with this funding; and maintaining capacity in relevant partner agencies to continue to support and be involved in the programme. These are being mitigated in the planning for this programme. Further detail in Section 6 of the report.

Access to Information: The background papers relating to this report can be inspected by contacting the report writer James Mallion, Interim Assistant Director of Population Health.

 Telephone: 0161 342 2328 / 07970946485

 e-mail: james.mallion@tameside.gov.uk

1 INTRODUCTION

- 1.1 Substance misuse places a significant burden on health outcomes in Tameside. High rates of drug and alcohol consumption and dependence have a substantial impact with Tameside having high rates of alcohol-specific mortality, opiate users and adults with drug dependency living with children in the borough.
- 1.2 The local authority commissions an established, all-age integrated substance misuse service, which is delivered by CGL Services, My Recovery Tameside (CGL MRT), which was first commissioned in August 2015 as a 10-year transformational contract. Despite substantial challenges in recent years and increasing demand, outcomes within the service have significantly improved, with a 13% increase in the numbers now successfully accessing treatment, a 9% increase in those leaving the service in a planned way as a result of their successful outcomes, and the number of people accessing treatment from the criminal justice system has more than doubled.
- 1.3 In the last financial year (2021/22) the government provided additional funding to support drug treatment services and reduce drug related crime. Tameside was awarded a Section 31 grant of £406k. A report was taken through Strategic Commissioning Board in April 2021 and this funding was used to vary the existing contract with CGL to provide enhanced services across the borough. Further detail of the performance and impact of this additional funding can be found in section 3 of this report.
- 1.4 In December 2021 the Office of Health Improvement & Disparities (OHID) announced further additional funding for drug treatment services of £780million nationally over the next 3 years, alongside the launch of the new national drugs strategy. This new funding, the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTR) will support improvements in the quality and capacity of drug and alcohol treatment over the next 3 years.
- 1.5 This paper outlines the strategic context to this funding; successes and impact of last year's additional grant funding; proposals of how this further funding will be utilised to improve health outcomes for Tameside residents in 2022/23, 2023/24 and 2024/25; and next steps to put this in place.

2 THE NATIONAL AND TAMESIDE CONTEXT

- 2.1 In early 2020, the Independent Review of Drugs¹ by Professor Dame Carol Black was published which outlined the current situation with substance misuse treatment and recovery services; preventative interventions; and the ways in which drugs fuel serious violence and cause wider harms in England. This made a series of recommendations for change to improve the effectiveness of drug prevention and treatment.
- 2.2 On the back of this review, the new government drugs strategy was published, "***From Harm To Hope: A 10-year drugs plan to cut crime and save lives***"², which provides a 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high quality treatment and recovery system. The grant funding described in this paper has been allocated to provide the additional resource needed to deliver the change this strategy calls for.
- 2.3 Locally in Tameside, there is already an extensive work programme to tackle the harms of drugs and alcohol across the borough including our specialist, all-age, integrated substance misuse treatment service CGL MRT which has a long-term contract in place until July 2025,

¹ <https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

² <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

however we also have the hospital addiction service; therapeutic residential supported housing; motivational programmes in community and residential settings; proactive work with licensing colleagues to reduce alcohol availability across the community; the Alcohol Exposed Pregnancies programme; dedicated work on hidden harm to children; and a newly established multi-agency drug related death panel to share learning and improve practice.

- 2.4 The Tameside Community Safety Partnership (CSP) also plays pivotal role in the substance misuse agenda and progress on the work programme is reported to this group. The priorities of the Tameside Community Safety Strategy align with key aspects of the Substance Misuse Programme and outcomes of the locally commissioned service.

3 OUTCOMES OF THE 2021/22 UNIVERSAL SUBSTANCE MISUSE GRANT FUNDING

- 3.1 Tameside council received £406k of additional grant funding for the Universal programme to tackle drug related harms and crime in 2021/22.

- 3.2 CGL were commissioned to deliver the specific set of interventions required for this programme. These included enhanced harm reduction; increased treatment capacity for those entering and leaving the criminal justice system; improved pathways with criminal justice; enhanced recovery support; and specific action to tackle drug-related deaths.

- 3.3 This programme has been successfully delivered throughout 2021/22 in Tameside with some key achievements to date:

- Continuity of Care (people in need of support for substance misuse accessing a treatment provider upon release from prison) has increased 26% this year with Tameside now having 75% of all prison leavers who require support accessing it, significantly higher than the national average.
- Dedicated workers now in place in the custody suite to engage with those entering the criminal justice system who may have substance misuse issues
- Daily meetings in place between custody in-reach worker and the Liaison and Diversion team based in the custody suites at GMP Ashton to rapidly identify and support people needing early intervention.
- 21% increase in referrals to drug treatment from criminal justice partners due to improved pathways and regular meetings to co-ordinate care between GMP, Probation, HMP Forest Bank, Active Tameside, local shopping centres, Tameside GPs, The Anthony Seddon Fund and other local organisations.
- Large increase in distribution of naloxone kits (used in the event of an overdose and proven to save lives). Over 700 kits distributed with a mixture of injected and nasal kits - throughout the hospital, including A&E; to staff at Hyde Shopping Centre; housing staff at Jigsaw; Job Centre; homelessness teams; and the Bridges domestic abuse service
- A needle & syringe exchange machine providing clean injecting kits has been installed at The Station pub in Ashton for vulnerable service users
- Prison in-reach worker directly supporting people in prison and working closely with homeless teams to support those at risk of being homeless upon leaving prison. HMP Forest Bank has already fed back *“CGL Tameside are offering a very ‘smooth transition’ from prison to community, the most fluid so far”*.
- Prison release tracker now in place to better monitor all prison releases.
- New drug-related death panel established for Tameside with multi-agency membership and support from Liverpool John Moors University and the Coroner’s office - to examine the circumstances around each drug-related death of a Tameside resident to learn and improve actions & approaches across all agencies
- Increase in group work with dedicated sessions taking place at the Women & Families Centre (2 full cohorts taken through a dedicated 8-week programme to date, with 1 more in progress). A quote from a client attending the group: *“I am able to talk about my situation and know that I have the support of others in the group”*.

3.4 To add to these achievements, Tameside have been contacted by the national team at OHID running this programme to use our work as a case study as we are currently one of the highest performers nationally in terms of the increases in the number of people we have in treatment through criminal justice, the number of referrals we are receiving from partners and the proportion of people who have continuity of care once they leave prison.

4 PROPOSALS FOR THE SUPPLEMENTAL SUBSTANCE MISUSE TREATMENT AND RECOVERY GRANT 2022/23 – 2024/25

4.1 Following the 1-year funding from central government in 2021/22, a new 3-year package has now been announced for 2022/23, 2023/24 & 2024/25 for local authorities in order to help deliver the government’s new drugs strategy.

4.2 As with last year, the funding will be dependent on maintaining existing (2020/21) investment in drug and alcohol treatment.

4.3 This funding is titled the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant and will consist of two separate components: **Supplemental** – offered to every local authority at a similar level to 2021/22, with Tameside being one of 50 areas nationally with higher levels of need who will be allocated enhanced funding in 2023/24 and 2024/25; **Inpatient Detoxification** – smaller element delivered at sub-regional level to provide additional clinical detox beds.

4.4 The **Supplemental** component is the main element, which this paper discusses. Allocations have been announced for Tameside which can be found in the table below.

Tameside SSMTR Grant Allocation	2022/23 (confirmed)	2023/24 (indicative)	2024/25 (indicative)	Total
Supplemental	£539,066	£728,609	£1,195,980	£2,463,655

Table 1: Tameside SSMTR Grant Allocation (3-years) 2022-2025

4.5 Similar to the grant conditions for last year’s funding, there is a specific menu of interventions which this funding must be used for, to improve outcomes for people who misuse substances. There is a greater focus on outreach, early intervention and supporting children & young people over the next 3 years of the funding.

4.6 The supplemental grant will be used to continue much of the good work that has commenced in 2021/22. The council were informed of the details of the new grant funding on 15 February 2022 which meant that any form of competitive procurement exercise would not be possible in order to deliver this within the 2022/23 financial year. For this reason, and in line with approaches across the country, it is proposed that our existing substance misuse treatment provider CGL will again be commissioned to deliver the next 3 years of this programme. Further detail is set out in Section 7 of this report.

4.7 The grant conditions specify 9 areas in which further capacity and improvements are needed to meet the ambitions of the national drugs strategy, and will be the focus of this additional funding over the next 3-years. Table 2 below outlines the proposals put forward in Tameside under each area, including the total of 11 posts being recruited in 2022/23 within CGL. These plans have been submitted to OHID and approved. Please note that plans are more detailed for 2022/23, with indicative plans in place for 2023/24 and 2024/25 – further detail of the plans can be found in Appendix 1 at the back of this report.

Supplemental Substance Misuse Recovery & Treatment Grant – Key Areas (menu of interventions)	Plans for Tameside for 2022/23 – 2024/25
1. System coordination and commissioning	Part time project manager employed by CGL to drive this programme forward with key partners and forums such as the Community Safety Partnership
2. Enhanced harm reduction provision	1 Healthcare Assistant, 2 Outreach Workers (one dedicated to children & young people), and 1 part-time Specialty Doctor will be employed to increase testing for blood-borne viruses, increase needle safety, support specialist prescribing for opiate users and provide more naloxone, including training for wider staff in these interventions. The outreach work will also engage with further cohorts and partners such as the ambulance service, sexual health services and steroid users. The outreach work will expand further in 2023/24 and 2024/25
3. Increased treatment capacity	1 Lead Nurse to increase numbers in treatment, 1 Recovery Coordinator to increase psychosocial group interventions, and an increase in investment in the ANEW therapeutic recovery housing model to enable more people to detox in the community
4. Increased integration and improved care pathways between the criminal justice settings, and drug treatment	1 Prison In-reach Worker and 1 Police Custody Link Worker to continue this highly successful element of our existing programme to support people in the criminal justice system to access treatment
5. Enhancing treatment quality	1 Young Person Intervention Worker who will increase numbers of young people receiving early interventions by directly targeting education settings and community services and events. Further young person workers will be added to this approach and an enhanced early intervention model for 2023/24 and 2024/25. Multi-agency Tameside Drug-Related Death Panel will continue with dedicated support to improve practice, based on learning
6. Residential rehabilitation and inpatient detoxification	The GM allocation will provide 220 additional beds for Tameside residents requiring an admission for detox
7. Better and more integrated responses to physical and mental health issues	Lead nurse and leadership team will drive ongoing partnership work across healthcare agencies, particularly mental health support via Pennine and community mental health teams. To include training for wider staff groups
8. Enhanced recovery support	2 Recovery Support Workers employed to work with service users to ensure they have access to a wide variety of activities to support sustained recovery.
9. Expanding the competency and size of the workforce	To meet the aim to generally expand the skills and size of the workforce to reduce existing caseloads, 4 additional Recovery Coordinators will be employed. Further Drug & Alcohol Recovery Workers and Recovery Support Workers will be recruited in 2023/24 and 2024/25 to further expand early intervention and treatment capacity

Table 2: Tameside plans for the SSMRT Grant for 2022-2025

4.8 For the inpatient detox element of this programme Tameside will benefit from a GM-wide allocation to increase inpatient detox capacity. Further conditions are set out in a Memorandum of Understanding that accompany the grant agreement, however this element of the funding will not be allocated directly to the council as it will be managed at a GM-level. Tameside's allocation will be £65,467 per year over 3 years, which will purchase 220 bed nights, at current rates, for high risk service users requiring admission and a bed for clinical detox. This will be monitored to ensure we receive our allocation and value for money.

5 OUTCOMES TO BE ACHIEVED 2022/23 – 2024/25

- 5.1 The areas of work outlined in Table 2 above will seek to achieve the following outcomes for Tameside residents:
- Increase in people receiving treatment (overall 20% increase for adults and 50% increase for children & young people) by 2025.
 - Improved continuity of care (number of adults who engage in community based treatment upon leaving prison). Currently high performing with 75% success rate compared to national 37% - target to increase this to 88% success in Tameside by 2025 (to be achieved by improving pathways with courts, prisons and police custody)
 - Reduced drug-related deaths, principally from overdose poisoning (increase provision and use of naloxone kits)
 - Increase the proportion of service users in residential rehab to 2% of overall treatment population – target for a 100% increase on current levels to meet this by 2025 in Tameside
 - Increase in use of inpatient detoxification bed nights (220 additional bed-nights for Tameside residents)
 - Enhancing needle and syringe programmes (NSP) to reduce blood-borne viruses (BBV) and introducing peer to peer NSP
 - Increase access for steroid users, by direct targeting and partnership work with local gyms
 - Greater focus on group work interventions and outreach provision to prioritise early intervention and increase treatment capacity (reducing Recovery Worker caseloads)

6 RISKS

- 6.1 There is potential for delays in commencing some elements due to risks around successful recruitment, with large numbers of areas nationally recruiting to very similar posts to deliver the expansion of these programmes at the same time. Tameside plans to retain the existing staff employed during 21/22 wherever possible and recruit as quickly and efficiently as possible, with support from CGLs national resources, with minimal slippage. We expect to be able to deliver the programme in-year.
- 6.2 Partner agencies required for the delivery of the programme such as probation services and the police may experience delays in their engagement with this work due to other pressures such as ongoing internal reform and reviews taking place in some of these agencies, however engagement during the current year has been positive and progressed well as detailed in section 3 of this report.

7 NEXT STEPS

- 7.1 If approval is given, the Council will vary the existing contract with CGL MRT to deliver the Supplemental component of the Section 31 Grant for 2022/23, 2023/24 and 2024/25. This is based on the established contract with CGL Services to provide substance misuse treatment services in Tameside. There is provision within the current contract to extend the service to the amounts set out in this grant allocation and over this time scale up to 2024/25. The cumulative value of modifications on this contract to date, including the proposals outlined in this paper, remains less than 50% of the original contract value, therefore this can be awarded via a modification and contract variation. Population Health have engaged with and sought advice from STAR procurement throughout this process and will continue to follow this advice regarding the relevant procurement route and requirements.
- 7.2 This work will be driven by the existing Reflect & Reconnect steering group led by CGL and TMBC consisting of key partners working on the various aspects of the programme including GMP, Probation, Mental Health services, Housing, Homelessness services, the Women & Families Centre, Bridges Domestic Abuse Service, Job Centre Plus and others. This group

will ensure the delivery meets local needs and delivers the range of interventions set out in the OHID grant guidelines. The progress and outcomes will also continue to be reported into the Tameside Community Safety Partnership.

- 7.3 CGL will retain the flexibility to subcontract elements of the programme where appropriate, to ensure successful and timely delivery of interventions. Also, where and if it has been agreed, to deliver elements on a GM footprint.
- 7.4 CGL will implement the programme of interventions, ensure the offer is embedded within local neighbourhoods and monitor the outcomes of the work. The Council will retain responsibility for evaluation and reporting back to OHID in terms of spend, achievements and outcomes. Population Health will also continue to have oversight, ensuring the sustainability of the projects in the longer term, utilising partnerships and local communities as assets.

8 CONCLUSION

- 8.1 This grant has been provided to support local areas and treatment systems to meet the targets and ambitions set out in the government's new national drugs strategy. It presents an opportunity in Tameside to build on the successes already being seen with the overall performance and improvements in our local treatment service, provided by CGL, and also the positive impact of the additional grant funding received in 2021/22.
- 8.2 Over the next 3 years, this grant funding will enable us to: increase the number of people in treatment; successfully engage more adults in community-based structured treatment following release from prison; and reduce the levels of, drug-related deaths, drug-related offending and prevalence of drug use in Tameside.

9 RECOMMENDATION

- 9.1 As stated at the front of this report.

APPENDIX 1

Supplemental Grant Planning Template 22/23 – 24/25

a) Indicative 3-year Planned Investment

Source	Baseline		Year 1	Year 2	Year 3
	2020-21 (actual)	2021-22 (projected)	2022-23	2023-24	2024-25
Adult substance misuse spend categories ¹	£ 3,311,000	3,416,660	3,523,951	3,419,951	3,419,951
Specialist drug and alcohol misuse services for children and young people ²	£ 174,000	£174,000	£174,000	£174,000	£174,000
Additional local investment that contributes substantially to substance misuse treatment and recovery outcomes ³	0	47,460,87	62,890.61	62,890.61	62,890.61
Supplemental substance misuse treatment and recovery grant		£0	£539,066	£728,609	£1,195,980
Inpatient detoxification grant		£0	£65,467	£65,467	£65,467
Total		£ 3,590,660	£ 4,365,375	£ 4,450,918	£ 4,918,289

b) Detailed Plan 2022/23 (Key Areas & Proposals)

Area	Intervention	Your proposal
1. System coordination and commissioning	Strategic Leadership and Partnerships	The Service Manager will lead on strategic and operational collaboration and expand and develop system-wide partnerships to support key strategic aims and outcomes of the SSMTRG (increasing numbers in treatment, reducing caseloads, improving quality, workforce development and reducing mortality). The Service Manager will lead the further development of the strategic vision for improving the capacity and quality of substance misuse services in Tameside. The Service Manager will also ensure that the vision is aligned to the existing strategic vision for My Recovery Tameside (MRT) and work in partnership with Population Health and Commissioning to align the vision and operational delivery to the Tameside strategic plan and the national ambition.
	Reflect and Reconnect programme leadership	CGL will extend the contract of the Project Manager to operationally lead and manage the Criminal Justice and Harm Reduction team and the programme delivery in this area. The Project Manager will continue to oversee the line management of non-clinical staff who are delivering CJ and Harm Reduction Interventions. The Project Manager will be accountable to the Deputy Services Manager and will maintain and further develop partnerships with CJ agencies and local services to support an increase in people involved in the CJ system to access services. The Project Manager will also lead on harm reduction across the service, ensuring this is embedded across all areas of provision, including adults, YP, families and the wider community.
	TMBC Population Health Manager and Adult Commissioner.	The Population Health Manager and Commissioning team will ensure strategic leadership, commissioning, performance management and evaluation for the SSMTRG. They will provide Population Health leadership and guidance to meet the Substance Misuse needs of the local population, across Children, YP, families and adults. The Population Health and Commissioning Team will work closely with the Services Manager to ensure a system-wide response to SSMTRG and the increase of people in treatment, reduced caseloads and reduced mortality. The programme will be steered by a Partnership Group and will report to the Community Safety Partnership and Interim Assistant Director of Population Health on a quarterly basis.
2. Enhanced harm reduction provision	Enhancing BBV interventions, expanding NSP and introducing peer to peer NSP	<p>CGL My Recovery Tameside will employ an Health Care Assistant (HCA) to deliver interventions to reduce the harm associated with injecting drug use and to encourage the use of needle syringe provision (NSP). The HCA will also provide BBV testing, safer injecting training for staff and service users, and work with the Lead Nurse and Project Manager to develop a peer to peer NSP within Tameside. The HCA will work within the clinical team and provide interventions to support the wider nursing and clinical provision, thereby creating additional capacity for the existing Health and Well-being Nurses.</p> <p>Phlebotomy training will be offered to the HCA, to support BBV testing and treatment, and to support safer injecting training. By sharing this knowledge and expertise, the HCA will also contribute to the skills development of the wider staff team, as well as providing key harm reduction information to people who use the service.</p> <p>Educational resources, training materials and information for service users</p>
	Expanding community Naloxone provision and developing Peer to Peer provision	<p>The Harm Reduction Outreach worker will deliver training in overdose prevention and overdose response to service users. These will be structured group work sessions. They will also deliver training sessions to staff, to enhance the quality of harm reduction interventions across the entire service. They will be expected to maintain and build upon existing partnerships with local provision such as N.W.A.S and St John's Ambulance and identify and seek out further opportunities to engage with partner agencies across the borough to both provide harm reduction interventions and to encourage people into treatment services. They will train service users to disseminate this information within their peer groups, developing peer to peer Naloxone provision</p> <p>MRT will develop a YP specific outreach offer, by employing a YP outreach worker to identify local need (via partnerships and local intelligence), to develop and deliver local campaigns aimed directly at YP and to deliver harm reduction interventions. They will compliment the adult outreach worker on specific community activities, (for example, drug litter clearance to reduce stigma in the community and forge partnerships). Both adult and YP outreach workers will focus on asset based community work and establishing partnerships and early intervention within communities.</p>
		CGL My Recovery Tameside will continue to purchase additional prenoxad and nrxoid kits. We will continue to disseminate these to people using the service, to family members, partner agencies, town centres and other services. This will contribute to the aim to reduce mortality in opiate substance users within the borough.
	Increasing access for steroid users, by direct targeting and partnership working with local gymnasiums	MRT will continue to build on the targeted outreach work with steroid users, providing training and education directly aimed at gyms, resources (leaflets and digital information) and needle syringe provision. Not only will this reduce harm amongst steroid users, MRT can encourage steroid users to access site-based NSP should they encounter any difficulties with their injecting use.
	Continuation of o/r programme from 21/22	MRT will continue with the outreach provision that has been delivered in 2021/22 and build upon this work with the clear plan and priorities around increasing outreach to rough sleepers, sexual health services (including those involved in chemsex) and to identify the needs of Tameside sex workers. We will use existing partnerships to identify need and to access and engage these groups of people in both outreach, harm reduction and structured treatment (if appropriate). This will contribute to increasing the number of people in treatment services.
	Identify the need for low threshold prescribing	We will continue to employ the Specialty Doctor to lead on prescribing of Buprenorphine and to also review the need for, and the implementation of low threshold prescribing to improve harm reduction for Tameside opiate users. This Specialty Doctor will also provide additional clinical capacity to accommodate the increased numbers of people in to treatment, ensuring that pharmacological interventions are delivered in a timely way.

3. Increased treatment capacity	Continue with buvidal	CGL MRT will employ a Lead Nurse to lead the delivery of the buvidal programme, to clinically supervise existing Health and Well-being Nurses and HCA's. The Lead Nurse will oversee clinical harm reduction interventions (e.g.BBV) and drive performance for vaccination and Hepatitis C treatment. The Lead Nurse will also oversee clinical alcohol interventions, providing additional resources to support increasing numbers of alcohol users in treatment. The Lead Nurse will contribute to collating learning from service-based death reviews and contribute to the DRD panel. The Lead Nurse will ensure safety and compliance with NICE guidance and will lead on service based regulation and compliance (e.g. infection control). The Lead Nurse will also develop partnerships with health care providers (Hospital, Hals, primary care nursing) and contribute to the development of ICS within MRT.
	Psychosocial group interventions	A Recovery Coordinator will be recruited to focus on developing and delivering a comprehensive group work programme which provides PSI to people accessing the service. For the initial 12 months, they will carry a caseload and this will be adjusted to accommodate the development of PSI. In 23/24 and 24/25, the PSI development will be complete and they will then carry a full caseload. This will contribute to the reduction in overall caseloads within the service and improve the quality of PSI interventions delivered within the service.
	Increasing community detox	The employment of the HCA (detailed above) will allow the re-deployment of existing Health and Well-Being Nurses to deliver increased alcohol community detoxes. In 22/23, MRT will continue to subcontract ANEW utilising existing subcontracted therapeutic recovery housing to increase the support for community detox provision. This will enable more people to access community detox, who may not have previously been able to do so, due to the living arrangements. The MRT nurses will provide direct face to face support and ANEW will provide the living support. Clinical assessment will take place for suitability for community detox. Those with identified clinical need, requiring additional clinical support, will continue to be referred to the IPD beds.
4. Increased integration and improved care pathways between the criminal justice settings, and drug treatment	Continue with the existing reflect and reconnect programme	MRT will continue to support people involved in the CJ system to access treatment. We will continue to build upon the relationships we have established with prisons, increasing prison in-reach and continuity of care from prison to community. This will contribute to increasing the numbers of people in structured treatment and reducing the risk of harm for people at the point of transfer from prison to community. This will also contribute to increasing the numbers of people accessing structured treatment.
		MRT will continue with the existing Reflect and Reconnect group intervention programme that supports people involved in (or at risk of being involved in) the CJ system. This group intervention provides both EBI and structured PSI and has been adapted for both. The programme also offers flexibility in terms of access. MRT will continue to provide continuity of care pathways from the Police, Test on Arrest, Required Assessments, L&D, IRS and Womens Centre to the Reflect Interventions and wider core service, via the Police Custody Link Worker. This worker will continue to review, adapt and deliver the interventions, maintain and develop relationships with partners, carry a caseload of people accessing structured treatment and promote the programme across the partnership.
		The continued employment of a Project Support Officer (Administrator) will ensure systems and processes are effectively monitored and administered, referrals are processed in a timely way and case management information is shared to support continuity of care.
		MRT will continue to offer Buvidal to those with clinical need. The service anticipates there being 15 people starting on Buvidal treatment and continuing this for a minimum of a 12 month period. The costs here include both prescribing and dispensing costs.

5. Enhancing treatment quality	Explain Early Intervention provision for YP	MRT will expand the offer for YP to include an Early Intervention Worker to specifically target education establishments (mainstream and specialist) and community events, to provide IBA and Brief interventions to YP in order to prevent substance use escalation. This role will link closely with existing YP Resilience Workers to identify need within local educational and community services and will develop specific IBA and BI interventions to meet local need. The focus here will be on prevention, working closely with partners and delivering high quality interventions. This will allow increased capacity within the YP service, as existing YP Resilience Workers will focus on delivering structured interventions to YP with more complex needs. This will ensure the number of YP accessing structured support increases.
	Segment caseload	MRT will employ an individual to complete the segmentation of the existing caseload and develop an evaluation framework plan. By fully understanding the complexity of needs of the service user cohort, MRT will be able to continue to deploy resources where they are most needed, focus on specific harm reduction interventions to meet local need, ensure the delivery of timely interventions and ensure the workforce is skilled to deliver the appropriate interventions for the cohort. This will also provide the basis for a scoping needs assessment during 2023/24. The segmentation and needs assessment will identify key factors around under-represented groups (e.g. Ethnic minority communities) and provide the opportunity for Population Health and MRT to adapt services.
	DRD panel	MRT and Tameside Population Health will continue to work closely with LJMJ and to hold a quarterly Drug Related Death Panel. This will enable the service and partner agencies to identify key themes in relation to local deaths and develop learning and actions to work towards reducing mortality.
6. Residential rehabilitation and inpatient detoxification	residential rehabilitation placements	During 21/22, we block purchased a number of residential rehab beds. Due to circumstances beyond our control, not all of these beds were used. The main reasons were covid, delays in accessing in-patient detox, service user choice and service user changing needs. MRT has an existing core contract with ANEW Approach CIC to provide 12 week stays in therapeutic recovery housing, within Tameside. Therefore, £15,000 will also be provided to ANEW to provide additional therapeutic recovery housing beds. This will ensure that the people who use our service have a wide choice of both out of borough and local residential placements to support their recovery.
7. Better and more integrated responses to physical and mental health issues	Health and Social Care Partnerships	MRT and Population Health will continue to build upon existing partnerships with Primary Care Networks, working towards Integrated Care Systems. We will also continue to work closely with local Hospitals, Hospital Addiction Liaison Service (HALS), CMHT, Palliative Care and Children's and Adult Social care. The Lead Nurse (detailed above) will lead on the continued development of these partnership with our Health and Social Care providers. Not only will this ensure MRT is a key stakeholder in the development of ICS, it will also ensure that the partnership responds to the physical and mental health needs of the service users from a multi-disciplinary approach.
	Additional Resources	MRT will hire a small number of venues across the borough in which to deliver interventions and training. These venues will not only support easier access for people with accessibility difficulties (physical and mental), but will also support greater partnership working with other agencies. The venues will be used to deliver training/workshops for professionals and the funding will therefore be used for training packs and resources to support delivery.
8. Enhanced recovery support	Deliver community based recovery support	MRT will build upon the planning undertaken by the BRIC worker in the previous 6 months and deliver programmes to support sustained recovery. The BRIC worker has completed key tasks that have established a delivery programme for MRT. The outcome of this work is that MRT have identified the need for front-line Recovery Support staff who can work directly with people who use the service, to ensure they have access to a wide-variety of activities that will support sustained recovery. This will include facilitated access to mutual aid groups, the delivery of diversionary activities, development of links between ANEW approach, community groups and MRT activities to ensure an holistic and vibrant recovery community across Tameside
9. Expanding the competency and size of the workforce	Increase Adult Recovery Workers	CGL MRT recognised the need to significantly reduce caseloads. This will contribute to harm reduction, improved quality in terms of PSI interventions, better access to a range of local services via partnership working, better access to recovery support, increased throughput and improved performance in terms of outcomes. CGL MRT will increase the number of Recovery Coordinators across the service, with an aim to significantly reduce caseloads within the 3 years.
	Additional administrative Support	MRT will employ an additional part time administrator to support the staff and service. They will provide key activities including the administration of referral pathways, providing information to service users and partners, supporting with prescribing administration and clinical support.

Priorities for the upcoming year 22/23.

- Fully integrate Reflect workers recruited in 21/22 into core service and increase staff referrals into the Reflect programme
- Review existing programmes and pathways to increase service user throughput and increase the number of service users who can attend inpatient detox and residential rehab. Including shorter courses, late night groups and community based groups.
- Increasing the availability of clinical assessment appointments for prison releases.
- Harm Reduction making further links with community organisations, businesses, gyms, housing, early help, sexual health, adult social care, care homes and supermarkets to increase the provision of Naloxone – specifically training events for Naloxone to be set for all organisations including GPs and Primary Care Networks. This will help to reduce the number of Drug Related Deaths from opiate overdose.
- Encourage and increase collaborative working and to give an update on the progress of the project via continued monthly key stakeholder meetings.
- Driving the offer of inpatient detox and residential rehab for all criminal justice clients.
- Speciality Doctor will be leading on prescribing of the Buvidal programme and review the need for, and implementation of low threshold prescribing to improve harm reduction for opiate users.
- Improve links with Jobcentre Plus to increase the number of referrals, people being referred to the Reflect group and to help offenders to stabilise in the community.
- Complete vetting with GMP Ashton for the custody in-reach worker. This will provide Reflect with a visible presence in the custody suites with the aim of increasing the number of referrals into structured treatment and brief interventions and decreasing criminal activity.
- Continue to recruit volunteers to start peer to peer needle and syringe programme.
- Further prisons to be contact about completing pre-release triages, including Styal, Risley and Preston. This will be completed by the prison in-reach worker and the frequency of the visits will be in line with the number of releases from each prison.
- Develop roles, according to service need and expansion of the extra diversion, including Out of Court Disposal referrals. To increase and process incoming referrals into treatment and reduce offending and recidivism.

c) Outline Plans 2022/23, 2023/24 & 2024/25

Cohort	Outline plan for 2022-23	Outline plan for 2023-24	Outline plan for 2024-25
Young people (under 18)	The YP Harm Reduction Outreach worker (x 0.5) and YP Early Intervention Worker (x 0.5) will increase harm reduction and early intervention within schools and other community groups and services. This will increase capacity for the existing YP Resilience Workers to deliver structured treatment to YP with more complex needs.	Additional YP workers will continue. My Recovery Tameside (MRT) will expand the scope of these roles and build upon the work delivered in 2022/23	In 2024/25 MRT plans to employ an additional YP Resilience Worker to support the increase in people accessing structured support.
Adults	The Project Manager will lead on the delivery of Criminal Justice (CJ) and Harm Reduction interventions, ensuring harm reduction is embedded across the service. The Specialty Doctor will oversee the prescribing and delivery of medical interventions, such as Bupivac and provide additional clinical capacity to support the increase of numbers of people	In 2023/24, MRT will continue with all of the work from 2022/23. MRT will provide interventions specifically for cohorts identified by the segmentation and outreach workers identification of need. There will be capacity for an additional 7 people to commence Bupivac treatment.	In 2023/24, MRT will continue with all of the work from 2022/23. MRT will provide interventions specifically for cohorts identified by the needs assessment, segmentation and outreach workers identification of need. There will be capacity for an additional 7 people to commence Bupivac treatment (total 30).
Young people (under 18)	MRT will continue to expand partnerships and invest in existing partnership relations across the system. YP Resilience Workers will have increased capacity to develop and deliver quality structured interventions, as they will have additional staff delivering outreach and educational interventions.	MRT will continue to expand partnerships and invest in existing partnership relations across the system. YP Resilience Workers will have increased capacity to develop and deliver quality structured interventions, as they will have additional staff delivering outreach and educational interventions. MRT will fully embed Hidden Harm interventions across MRT and system-	MRT will continue to expand partnerships and invest in existing partnership relations across the system. YP Resilience Workers will have increased capacity to develop and deliver quality structured interventions, as they will have additional staff delivering outreach and educational interventions. MRT will fully embed Hidden Harm interventions across MRT and system-
Adults	MRT will continue to expand and invest in quality partnerships with key stakeholders and service leadership. 5 additional Recovery Workers will ensure reduced caseloads and the delivery of high quality interventions across the service. 1 of these people will focus on the enhancement of the PSI programme to improve quality. The Police Custody	In 23/24, the Population Health and Commissioning Team will conduct a Local Needs Assessment. MRT will also implement an "innovation fund". This will be pump-primed with £5,000 and will support service users to develop into a CIC, becoming self-sustaining by 24/25. We will continue to expand and invest in quality partnerships with key stakeholders and service	7 Additional Recovery Workers to ensure continued reduction of caseloads.
Young people (under 18)	1 x 0.5 YP outreach Worker + 0.5 YP Early Intervention Worker	1 x 0.5 YP outreach Worker + 0.5 YP Early Intervention Worker	1.0 YP resilience worker
Adults	1.0 Project Manager; 1.0 Health care Assistant; 1.0 Harm Reduction outreach Worker; 1 x 0.4 Specialty Doctor; 1.0 Lead Nurse; 5 x Recovery Coordinators; 2 x Criminal Justice Workers; 1.5 x Project Administrators; 2 x Recovery Support Workers. Phlebotomy training for HCA. Harm Reduction Training for all staff	1.0 Project Manager; 1.0 Health care Assistant; 1.0 Harm Reduction outreach Worker; 1 x 0.4 Specialty Doctor; 1.0 Lead Nurse; 5 x Recovery Coordinators; 2 x Criminal Justice Workers; 1.5 x Project Administrators; 2 x Recovery Support Workers	7.0 Recovery Workers; 1.0 Health and Well-being Nurse; 1.0 Administrator; 2.0 Recovery Support Workers. Assess need for additional leadership to provide appropriate and safe leadership across the service
Young people (under 18)	Develop Primary care, Secondary care, CAMHS and SEND partnerships to support YP with physical and mental health needs, ensure appropriate services are in place and accessible via MRT referral pathways. Explore opportunities for CAMHS and Children's Social Care workforce to undertake training placements with the service	Develop Primary care, Secondary care, CAMHS and SEND partnerships to support YP with physical and mental health needs, ensure appropriate services are in place and accessible via MRT referral pathways. Explore opportunities for CAMHS and Children's Social Care workforce to undertake training placements with the service	Develop Primary care, Secondary care, CAMHS and SEND partnerships to support YP with physical and mental health needs, ensure appropriate services are in place and accessible via MRT referral pathways. Explore opportunities for CAMHS and Children's Social Care workforce to undertake training placements with the service
Adults	Continue with DRD panel. Expand partnerships with Health and Social Care, PCNs and work towards ICS. Increase NSP and Naloxone provision across the borough via peer to peer and partnerships. Lead Nurse and HCA to support.	Continue with DRD panel. Expand partnerships with Health and Social Care, PCNs and work towards ICS. Increase NSP and Naloxone provision across the borough via peer to peer and partnerships. Lead Nurse and HCA to support.	Continue with DRD panel. Expand partnerships with Health and Social Care, PCNs and work towards ICS. Increase NSP and Naloxone provision across the borough via peer to peer and partnerships. Lead Nurse and HCA to support.
Adults	Increase Recovery support staff by 2 FTE. Ensure Recovery is embedded within treatment journeys and provide appropriate aftercare and community integration.	Maintain Recovery Support staff. Ensure Recovery is embedded within treatment journeys and provide appropriate aftercare and community integration. Recovery Support workers to support service users with development of innovation fund.	Increase Recovery support staff by further 2 x FTE.