

# Blackpool Council

3 May 2022

To: Councillors D Coleman, Critchley, Hunter, Hutton, O'Hara, D Scott, Mrs Scott and R Scott

The above members are requested to attend the:

## **ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**

Wednesday, 11 May 2022 at 6.00 pm  
in Council Chamber, Blackpool Town Hall

### **A G E N D A**

#### **ADMISSION OF THE PUBLIC TO COMMITTEE MEETINGS**

The Head of Democratic Governance has marked with an asterisk (\*) those items where the Committee may need to consider whether the public should be excluded from the meeting as the items are likely to disclose exempt information.

The nature of the exempt information is shown in brackets after the item.

#### **1 DECLARATIONS OF INTEREST**

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

#### **2 \* DRUG RELATED DEATHS SCRUTINY REVIEW - UPDATE ON RECOMMENDATIONS (Pages 1 - 12)**

To update the Committee on the progress made in relation to the recommendations made by the Drug Related Deaths Scrutiny Review.

(This item contains commercially sensitive information which will be presented verbally at the meeting and is exempt from publication by virtue of Paragraph 2 of Part 1 of Schedule 12A of the Local Government Act 1972).

**3 PROJECT ADDER AND THE WIDER BLACKPOOL APPROACH TO MORE EFFECTIVELY RESPOND TO MULTIPLE DISADVANTAGE** (Pages 13 - 28)

To update the Committee on the ADDER programme including interim evaluation and to outline the proposed future strategy.

**Venue information:**

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

**Other information:**

For queries regarding this agenda please contact Sharon Davis, Scrutiny Manager, Tel: 01253 477213, e-mail [sharon.davis@blackpool.gov.uk](mailto:sharon.davis@blackpool.gov.uk)

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<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Arif Rajpura, Director of Public Health
<b>Date of Meeting:</b>	11 May 2022

## DRUG RELATED DEATHS SCRUTINY REVIEW – UPDATE ON RECOMMENDATIONS

### 1.0 Purpose of the report:

1.1 To update the Committee on the progress made in relation to the recommendations made by the Drug Related Deaths Scrutiny Review.

### 2.0 Recommendation(s):

2.1 That the Committee receives and considers the report.

2.2 That the Committee determines whether any of the recommendations can be signed off as completed and if it requires to focus or review any of them any further.

### 3.0 Reasons for recommendation(s):

3.1 The Committee requested a dedicated special meeting to consider progress on ADDER and the development of the Lived experience Team in addition to the progress made on the Drug Related Deaths Scrutiny Review recommendations.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### 4.0 Other alternative options to be considered:

4.1 Not applicable.

### 5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

**6.0 Background information**

6.1 An update on the recommendations is provided as an appendix to this covering report.

6.2 Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

7.1 Appendix 2(a): Update on Drug Related Deaths Scrutiny Review recommendations.

**8.0 Financial considerations:**

8.1 None associated with this report.

**9.0 Legal considerations:**

9.1 None associated with this report.

**10.0 Risk management considerations:**

10.1 None associated with this report.

**11.0 Equalities considerations:**

11.1 None associated with this report.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 None associated with this report.

**13.0 Internal/external consultation undertaken:**

13.1 None.

**14.0 Background papers:**

14.1 None.

## Drug Related Deaths – Update on recommendations

### Background

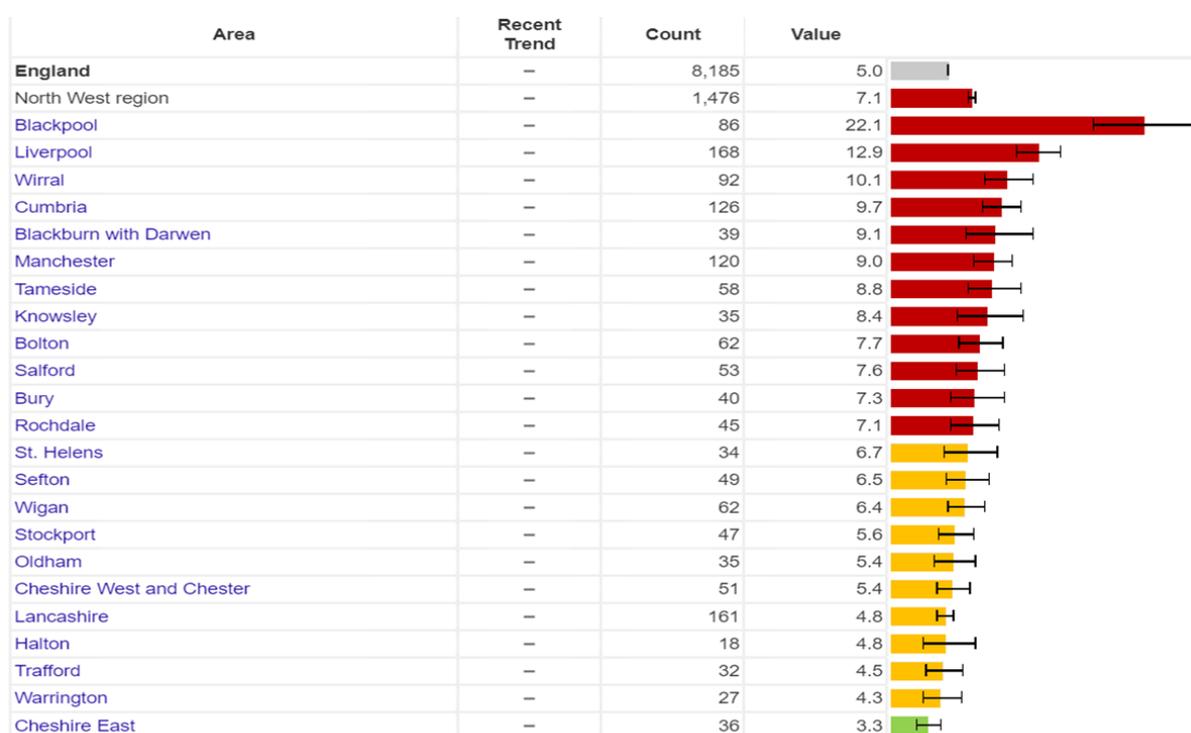
Drug and alcohol misuse are complicated, cross-cutting issues that continue to present significant challenges both locally and nationally. Drug-related harm varies according to the different types of drugs being used and also the way a drug is used, particularly if it is used in combination with other substances

A recent Public Health report (Published March 2019 - Preventing drug-related deaths) highlighted Lancashire as a key area in the North West region for drug related death incidents, summarising the following:

- Drug misuse is a major contributor to premature mortality.
- People who use drugs are up to ten times more likely to die suddenly or from chronic diseases than people who do not use drugs.
- Many of these deaths are preventable.

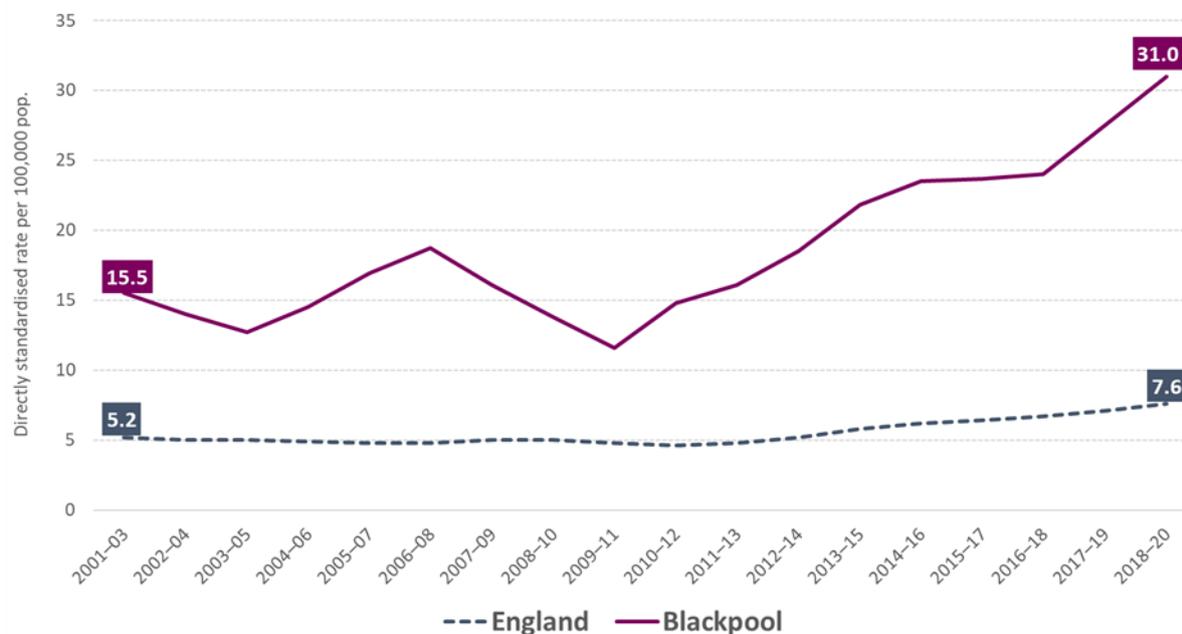
Blackpool has the highest rate of drug related deaths in England, with a rate of 22.1 per 100,000 which is four times higher than the England average of 5.0 per 100,000. Figure 1 shows we compare to other areas in the North West. There were 122 drug poisoning deaths in Blackpool in 2018-20, 86 of these were categorised as drug misuse, with males account for almost two thirds of these cases.

**Figure 1: Deaths from Drug Misuse – North West Region 2018-20**



As seen in Figure 2 below, there has been a 167% rise in rates since the low of 2009-11 and the number of deaths has increased from 48 in that period.

**Figure 2: Trend in deaths related to drug poisoning: 2001-03 to 2018-20, England and Blackpool**



A key recommendation arising from the PHE report refers to the need for continued research and investigation to better understand drug-related deaths and their prevention.

### **Drug Related Death Panel**

This panel was developed in May 2019 to provide a preventable harm reduction approach to drug deaths and non-fatal overdoses, through a process of research and evaluation, learning, sharing information, and the examination of related cases.

The panel is led by both a member of the Public Health team and Detective Superintendent Jon Clegg. Detective Superintendent Clegg was originally seconded by the Home Office to work on the National Heroin and Crack Action Areas; a role developed after the publication of the Serious Violence Strategy in April 2018 by Home Secretary. Part of Detective Superintendent Clegg's role is to support the implementation of initiatives that aim to reduce the health and crime harms caused by heroin and crack use. This role was supported by the Home Office and the recent discussion paper, Public Health Approaches in Policing (2019).

The panel has a number of member stakeholders from various organisations including the Coroner, CCG representatives, drug and alcohol treatment and harm reduction services, the Lived Experience Team, Primary & Secondary Health Services, Housing, Probation, Prisons and the Police. Membership is continuously reviewed as roles change and the panel processes evolve.

As a result of the panel process and continuous analysis of cases, many actions have been developed that aim to improve the lives of people who use drugs and to prevent further deaths. The aim of the action plan is to scope out and understand the drivers behind problematic heroin, crack and related drug misuse to gain a better understanding of why there have been increases in drug related deaths

(DRDs) and non-fatal overdoses (NFOs). This learning can then be used to help develop interventions that reduce the harms associated with drug misuse and prevent further deaths.

Partnership working (e.g. local authority, health, policing and treatment providers) is a key aspect to the success of this action plan, together with the development of data, information and intelligence by all partners, agencies and third sector groups connected to the action plan. Members of the panel will be committed to actions and held to account in developing best practice processes to support interventions in reducing DRD's and NFO's.

The action plan incorporates a problem solving approach to identify the nature and extent of problems, as well as consider the interventions that could deliver more sustainable solutions in DRD's and NFO's in Blackpool. The following interventions have been identified as part of the process:

- North West Ambulance Service Data – We currently receive real time information on NFOs from the Police. Police attend a fraction of the NFOs with the majority attended to by NWAS. We are working with partners across the North West to implement a patient identifiable NFO alert system to ensure we target those at risk and prevent further deaths
- Overdose awareness campaign – to raise awareness of signs of overdose, how to prevent them and what bystanders can do in the event of an overdose.
- Update harm reduction materials for dissemination across all services – e.g. information on safer injecting, advice on new emerging drugs.
- Naloxone Campaign with local businesses – to encourage more people to carry Naloxone and use it if they encounter someone overdosing.
- Community Naloxone Distribution – In areas of high prevalence of DRDs/NFOs
- Round Table Discussion led by Transform Drugs Policy Foundation
- Harm reduction training for people who use drugs (PWUD)
- Warrior Down initiative – PWUD supporting one another to prevent DRDs
- Assertive Outreach - ensuring support and services are taken out to people, especially if they have disengaged from treatment.
- ADDER Interim Evaluation – Action plan highlighting areas of improvement for stakeholders
- Evaluation of Buvidal - a long acting form of opiate substitute treatment
- Training analysis and training offer
- Provider serious untoward incident process (SUI) and action plan – The treatment provider as part of the SUI process must complete an investigation into each death to highlight any areas for improvement and share learning with wider partners.
- Work with microbiology/Health Protection to develop pathways into treatment for people identified as having bacterial infections.
- Explore the use of onsite drug safety testing within community services.
- Explore Blackpool becoming a pilot area for an overdose prevention centre.

### Comorbidities

Through real time analysis of suspected drug deaths (pre inquest), the panel has identified a number of areas of concern including the poor health of PWUD. In response to this we have a designated homeless health care team who work with all PWUD. The offer includes a full health check, wound management, D-Dimer cassettes to identify DVTs and all blood borne virus screens. We are exploring spirometry due to high number of PWUD with chronic obstructive pulmonary disease (COPD), as well as other preventative health measures such as FibroScan, for assessing liver fibrosis/cirrhosis.

We now have robust pathways in place between the emergency department (ED) at Blackpool Teaching Hospitals NHS Trust, treatment services and the Homeless Health Service in an attempt to prevent drug related deaths and further admissions to hospital.

The Lead pharmacist within the ED has developed a protocol to issue Naloxone kits to PWUD accessing their service.

The clinical lead within the ED chairs regular drug and alcohol meetings and now has a designated drug and alcohol team. The Lived Experience Team will be delivering trauma informed approaches/reducing stigma training to all ED staff to help improve the care people receive.

### Criminal Justice

Since the introduction of the Home Office ADDER pilot, Public Health and criminal justice partners have been working closely to establish robust pathways for PWUD within the criminal justice system.

With the introduction of the prison leavers' project led by the Lived Experience Team, a Prison Inclusion Meeting has been established. The meeting will involve prison drug and health teams, prison in reach/prison leavers' projects, probation and treatment providers with the aim of reducing any gaps in care pathways between prison and the community for PWUD and/or alcohol, reducing the risk of relapse and drug related deaths.

Custody out of court disposal and diversion pathways and referral processes have been developed. Training is available for all custody staff and designated community workers/Lived Experience Team have now been through Police clearance and can access and support people within the custody suite, with the following in development:

- Introduce a custody needle exchange and training in using naloxone for all custody staff
- Police naloxone pilot
- Test on Arrest – Reintroduce drug testing in custody to see whether more people are identified and to support care pathways into treatment.
- Probation have been in integral part of the ADDER MDT and will attend Prison Inclusion meetings to ensure continuity of care.

### Update on Recommendations from the Committee

#### **Recommendation One:**

***That services, led by Emily Davis and Jon Clegg, work together to map the location of death, place of residence, and location of non-fatal overdoses and related organised crime in order to identify where to target joint resources and to share the intelligence as appropriate, reporting back to Committee in six months on progress.***

**Figure 3: Heat map of suspected drug deaths and non-fatal overdoses across Blackpool, including locations of organised crime groups 2019-2021**

**Figure 4: Map of suspected drug deaths and non-fatal overdoses across Blackpool, including locations of organised crime groups 2019-2021**

**Figure 5: Council Ward Map of suspected drug deaths and non-fatal overdose across Blackpool including locations of organised crime groups 2019-2021**

*\*Three maps detailed above have been developed but due to information governance we are unable to share this information in the public domain.*

The policing focus on County Lines and Organised Crime Groups comes through the Serious Crime Tasking Meeting. This is a fortnightly meeting chaired by the Detective Chief Inspector, the known County Lines are each allocated to a team for disruption and all of the work is documented under Operation Warrior. The Teams feedback what progress has been made towards disrupting and dismantling the lines and priorities are agreed as to how the work should be progressed. This allows the close monitoring of the drug supply picture in Blackpool and the risk associated with each line, allowing the most appropriate resources to be allocated to those with the most risk.

The Project ADDER policing team is focussed on County Lines and Middle Market Drug Supply, they are tasked through the Serious Crime Tasking Meeting. As well as the Inspector, Sergeant and four Police Constables the team has a Local Intelligence Officer, an Intelligence Analyst and a Financial Investigator. This means the team can quickly develop any intelligence into an actionable intelligence product, allowing a real focus on current patterns.

Operation Fosston was implemented in Blackpool providing a multi-agency approach to cuckooing (where a person's home is taken over by others who are exploiting them), a common tactic for county lines. This provides a real wrap-around for the individual and increases the safeguarding around them. The partners involved include Blackpool Council, NHS and the Project ADDER multi-agency team. The operation has been adapted and implemented across the other areas of West Division.

We work closely with Operation Medusa, which is the Merseyside Police County Lines Team. They work in Blackpool approximately every two months and are a plain clothes team who will target street dealers. They have had real success in identifying previously unidentified groups and supporting targeted work around existing groups and hot spot areas.

As part of the multi-agency work, an ADDER emergency response worker has been employed. They are vetted to allow them to access and work in the custody suite at Blackpool, allowing people who use drugs immediate access into drug treatment services, as well as being able to signpost to other support services. The worker liaises closely with the Police ADDER team and has been heavily involved in the safeguarding and outreach work carried out by the police. This has meant that people who were unwilling to engage with the police have had the opportunity to engage with someone outside of the enforcement community, which has proven particularly useful in breaking down the barriers some people feel when speaking to the police.

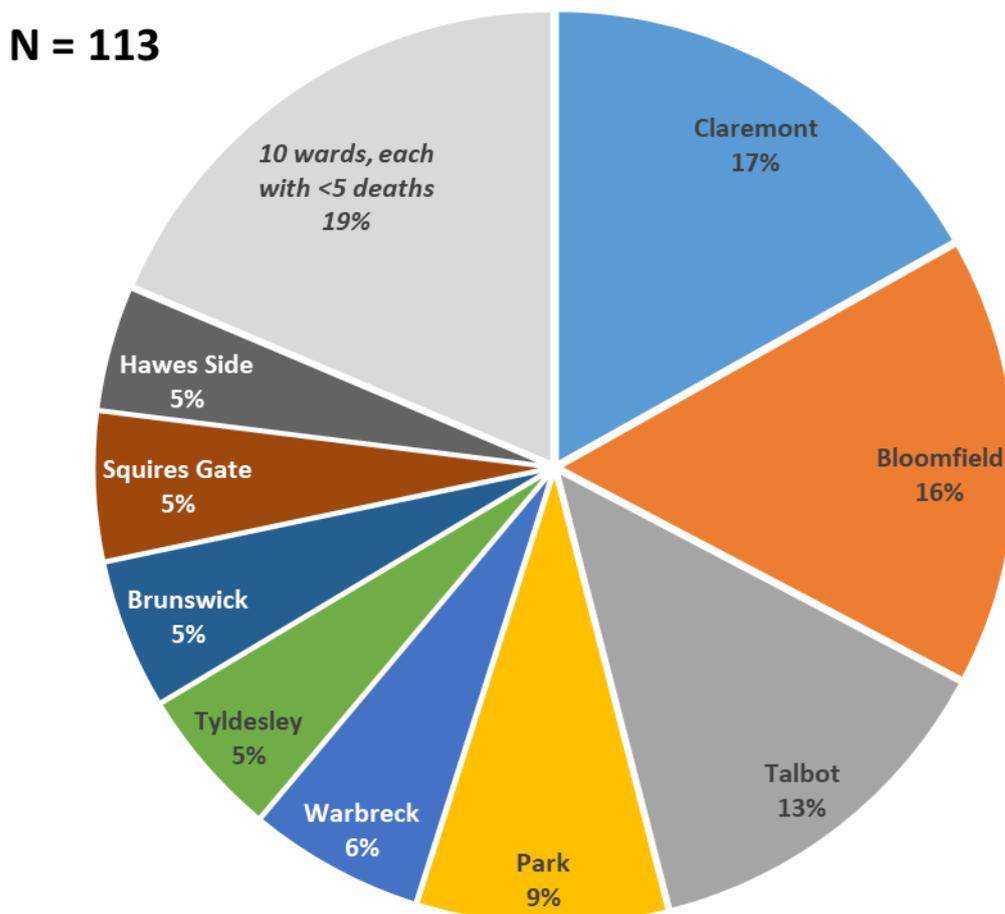
As part of the DRD/NFO Panel, we have been able to access the Lancashire Constabulary Forensic Testing Laboratory. This has meant that as well rapid testing samples from drug related deaths, we have been able to get items tested from non-fatal overdoses or instances where we believe the drugs are the same as those from an NFO. This has provided an informed picture of what drugs are in circulation in a much quicker timeframe than has previously been the case.

Work is ongoing to put a needle exchange in to Blackpool Custody Suite in order that any intravenous drug user would not be released from custody without access to sterile needles and associated paraphernalia, thus preventing them from dangerously going into withdrawal or putting their health at risk by having to share used needles.

Similarly Take Home Naloxone from the custody suite is being explored as a way of providing additional safeguarding.

Intelligence is shared across numerous agencies through various formats such as the non-fatal overdose work (where any overdoses that have been reported to the police are researched and details shared with partners to address safeguarding), the young and adult ADDER multi-disciplinary team meetings, Changing Futures meetings, Drug Related Death Panel, Council Risk Management Meeting, the Community Safety Partnership, GENGA meeting, plus the strong working relationship between Public Health and the Police. This close working ensures that problems are quickly identified and shared, the correct lead agency identified and a multi-agency response coordinated and delivered.

**Table 6: Suspected Drug Related Deaths by ward: 2019-2021**



The above graph shows the number of suspected drug deaths by ward during the reporting period 2019-2021. These notifications are received in real time from both Police and drug treatment services and are classed as suspected until an inquest has been carried out by the local Coroner.

- Over 80% (92) of DRDs are from 9 wards
- 10 deaths were from the four hostels in town (situated in Brunswick, Claremont and Warbreck)
- The 10 wards with <5 DRDs over the period are Anchorsholme, Bispham, Clifton, Greenlands, Highfield, Ingthorpe, Marton, Stanley, Victoria and Waterloo

### **Recommendation Two**

***That Public Health continue to work in order to increase messaging about Naloxone use and the importance of not being alone when using drugs and report back to Committee on the interventions put in place in approximately 6 months.***

The ADDER and Lived Experience team have distributed a total of 257 Naloxone kits this year whilst on outreach. In addition to that, Horizon Treatment Services have distributed a further 321 Naloxone kits to people in treatment.

Public health are planning a communications campaign to coincide with overdose awareness day. The campaign will incorporate posters, outreach activities and information sessions through needle exchanges, pharmacies and community centres. The information will focus on reducing stigma, overdose awareness, not using alone and harm reduction advice.

The original ADDER brief highlighted a desire for the local Police force to carry naloxone. This has been piloted in other forces including the West Midlands back in 2018. Many Police forces across the United Kingdom now carry Nasal naloxone routinely. A strategic paper has been submitted to the Chief Officer Team proposing that a pilot is run with the Police ADDER team to carry Naloxone, should the pilot prove successful this will be rolled out across the force area. The Chief Officer Team are keen for this to go ahead however the legalities of how this will work are still being worked through, it is expected that the policing team will be trained and carrying Naloxone in the next few months.

### **Recommendation Three**

***That Karon Brown and Emily Davis commence work on a comparative costing of Heroin Assisted Treatment and Overdose Prevention Centre's to share with all partners and identify what aspects could be legally introduced into services already being provided in order to make an immediate impact, reporting back to Committee in approximately 6 months.***

### **Recommendation Four**

***That the Council led by the Cabinet Member for Adult Social Care and Health continues to lobby Government to change the legislation to allow the local authority to introduce a drug consumption room including the lobbying of local MPs.***

Despite Karon Brown retiring, Public health are still exploring the feasibility of both Heroin Assisted Treatment and Overdose Prevention Centres.

Heroin Assisted Treatment (HAT) involves the provision of medical-grade heroin - also called Diamorphine - to registered patients as part of a treatment programme. Patients attend a clinic once or twice a day, and use their prescriptions on site, under medical supervision. It is normally for

people who have not had success with other treatments. HAT reduces health problems and stops the risk of overdose, as patients are given a carefully measured dose to use. People can also access safer injecting advice and onsite healthcare to treat injecting wounds and other health issues. The use of sterile injecting equipment means no infections from needle sharing, including HIV and hepatitis C, occur.

Overdose Prevention Centres (OPCs) are hygienic, safe spaces where people are able to take drugs safely under the supervision of trained staff. They have access to sterile equipment and staff can respond immediately to overdose. OPCs also provide an opportunity for brief interventions and advice, or for people to be referred to drug treatment, mental health services, wound care, blood testing and other support

Whilst the Government will allow a HAT; we are still yet to see an OPC in this country whilst these have been in operation since the 1980s and there are nearly 200 across Europe, Australia and North America.

Public Health along, with colleagues from the Police and drug treatment services are involved in National sub-groups and currently speaking with various academics supportive of OPCs about Blackpool piloting an OPC. Public Health will update scrutiny members with progress in this area.

#### **Recommendation Five**

***That the CCG's medication optimisation team work with GPs to ensure safe prescribing methods were embedded within practices with an update on progress provided in approximately 6 months.***

#### **Recommendation Six**

***To request that the CCG and Integrated Care Partnership work collaboratively with all partners to reduce the long term negative health effects of prescribed controlled medication with an update to be provided on the interventions put in place in approximately 6 months.***

Blackpool, Fylde and Wyre CCG has started to develop a process for practices to focus on opioid prescribing and have put out a statement from the CCG recommending a maximum 'morphine-equivalent' dose. The CCG are now looking at progressing things again across Lancashire and South Cumbria.

It is worth noting that since the original drug related death scrutiny meeting in 2021, the landscape within the community has changed when discussing Gabapentin and Benzodiazepines. We are now seeing large numbers of illicit medications within Blackpool. Many of these medications claim to be one thing but when tested are often something else entirely. With the introduction of the drug testing pathway developed by Lancashire Constabulary, we can now have pills and other illicit drugs tested within a very short time frame. The tablets/drugs are tested for purity and adulterants and results are reported back to the ADDER and Lived Experience Team in order that they give their clients harm reduction advice and information.

#### **Recommendation Seven**

***That the Council and Blackpool Clinical Commissioning Group be requested to continue the outreach homeless provision continue post pandemic and that the Committee receive an update on the provision and impact in approximately 12 months' time.***

The need for a homeless health service was identified following a Health Protection led outbreak control response to Invasive Group Strep A (iGAS) which is a notifiable infection. The initial pilot

aimed to deliver a physical health offer to people who are homeless and/or in unsuitable accommodation, people who inject drugs and people with multiple disadvantage. The physical health offer includes wound management, screens for blood borne viruses, vaccine status and vaccines, management/review of long term conditions, sexual health screens, minor ailments and minor injuries, support accessing treatment for Hepatitis C and full holistic health assessments.

The service is delivered from both a static clinical space within the Bridge Project, a local homeless shelter providing food, clothing, showers and support/advice and from other services. The service also includes a mobile offer delivered from the harm reduction bus. This is parked in a variety of areas dependent on need e.g. outside busy pharmacies offering needle exchange. During January and November 2021, 36 ADDER clients were referred to the Physical Health Outreach Team via the ADDER team. The most common reason for referral was for assessment and/or treatment of an acute illness, followed by wound care.

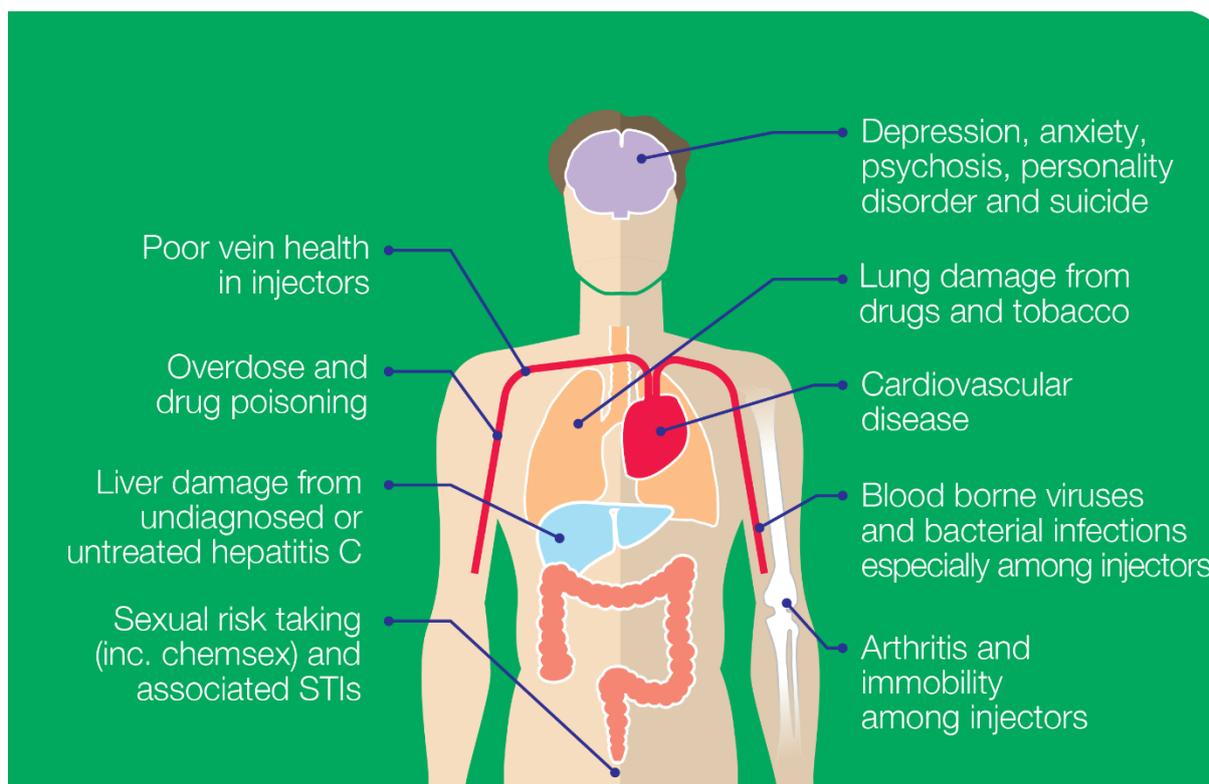
The CCG have now confirmed funding and are continuing to evaluate the service going forward.

Recently the homeless health team responded to an outbreak of PVL-MRSA within a local HMO. The team responded by liaising with public health and health protection and swabbing everyone within the property. Marketing materials were developed highlighting safe injecting practices and wound management. Take home wound packs were also made available by the team.

The homeless health team have developed other areas of health support alongside their physical health and wound management clinics:

- Podiatry clinics
- Cancer screening sessions – Initial session's involved cervical screens for women. Exploring other sessions for men.
- D-Dimer Kits are now available to the team – These kits identify deep vein thrombosis (DVT) in injecting drug users.
- A mobile Broomwell Electro Cardio Graph (ECG) mobile kits now available within the service
- The team have conducted a dental scoping exercise with a view to offering dentistry to the client group
- In discussions with CCG regarding a respiratory pathway
- Health screening for ADDER & Changing Futures clients
- The team are involved in an End of Life pathway for people with multiple disadvantage
- Signposting/Hand holding into secondary care (support care navigator to link primary and secondary care for hard to reach patients)
- Strong links with both NWAS and the Emergency Village at Blackpool Teaching Hospitals to ensure people with multiple disadvantage do not slip through the net

The following figure shows the physical and mental health risks associated with drug misuse.

**Figure 7: Drug Misuse Damages Health****Summary**

The DRD/NFO panel has made positive connections with many partners over the last three years and continued to develop relationships and pathways during the pandemic. The way in which both the ADDER and Lived Experience Team work has had a positive impact on the lives of many people at risk of a drug related death and we will continue to evaluate this way of working over the coming months.

The panel will continue to evolve and we will include dependent drinkers and the prevention of early deaths in this cohort during 2022-23.

Public Health are in the process of developing a three year harm reduction communications strategy taking the learning and actions from the panel process. The strategy will focus on early prevention of comorbidities, updated harm reduction messages in line with current drug trends and an increase in the distribution of Naloxone and overdose awareness campaigns.

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Arif Rajpura, Director of Public Health
<b>Date of Meeting:</b>	11 May 2022

## **PROJECT ADDER AND THE WIDER BLACKPOOL APPROACH TO MORE EFFECTIVELY RESPOND TO MULTIPLE DISADVANTAGE**

### **1.0 Purpose of the report:**

1.1 To update the Committee on the ADDER programme including interim evaluation and to outline the proposed future strategy.

### **2.0 Recommendation(s):**

2.1 That the Committee receives and considers the report.

2.2 That the Committee receives the presentation from partners of the ADDER programme.

### **3.0 Reasons for recommendation(s):**

3.1 The Committee requested a dedicated special meeting to consider progress on ADDER and the development of the Lived experience Team.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### **4.0 Other alternative options to be considered:**

4.1 Not applicable.

### **5.0 Council priority:**

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

## **6.0 Background information**

6.1 A summary of project ADDER and the findings from the interim evaluation is attached.

6.2 The paper also identifies future strategic policy direction for services for people facing multiple disadvantage and those with drug or alcohol addiction.

6.3 A presentation by partners at the meeting will accompany the written item.

6.4 Does the information submitted include any exempt information? No

## **7.0 List of Appendices:**

7.1 Appendix 3(a): Project ADDER and the wider Blackpool Approach to more Effectively Respond to Multiple Disadvantage

## **8.0 Financial considerations:**

8.1 Funding for ADDER is through a Home Office Grant.

## **9.0 Legal considerations:**

9.1 Not applicable.

## **10.0 Risk management considerations:**

10.1 Not applicable.

## **11.0 Equalities considerations:**

11.1 Many of those facing multiple disadvantage have protected characteristics. The aim of the programme outlined is to improve the health and wellbeing of this group.

## **12.0 Sustainability, climate change and environmental considerations:**

12.1 ADDER services are delivered in central Blackpool, using existing facilities to minimise travel and energy usage.

## **13.0 Internal/external consultation undertaken:**

13.1 The ADDER partnership, now the Multiple Disadvantage Partnership is inclusive of the public and voluntary sector partners involved in supporting those facing multiple disadvantage.

**14.0 Background papers:**

14.1 None.

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## **Project ADDER and the wider Blackpool Approach to more Effectively Respond to Multiple Disadvantage**

### **1.0 Background**

Blackpool has some of the most challenging health needs in the country, which places extreme demand on public services. Blackpool has the lowest life expectancies for both men and women of all Local Authorities in England. There are considerable differences in life expectancy within Blackpool. Men in the least deprived areas of the town can expect to live 13.2 years longer than men in the most deprived areas; for women this difference is 9.5 years. Not only do people in Blackpool live shorter lives, but they also spend a smaller proportion of their lifespan in good health.

The review process of the Drug Related Death and Non-Fatal Overdose Panel has identified a high prevalence of long-term conditions such as Chronic Obstructive Pulmonary Disease (COPD), liver disease, substance misuse and related problems in this group of residents, which play a significant part in maintaining this differential. Drug misuse is a complicated, cross-cutting issue that continues to present significant challenges both locally and nationally. The recent independent Review of Drugs undertaken by Dame Carol Black highlights the importance of a multi-agency, comprehensive and holistic approach to tackling drug use. In 2016/17, the estimate for opiate and/or crack cocaine use in Blackpool was 23.5 per 1,000 population, higher than the North West estimate of 10.8, and the national average of 8.9 per 1,000 population. Blackpool has one of the highest estimates of prevalence of heroin and crack use in England, with an estimated 2,052 opiate and crack users. It is estimated that 44.5% of users are not in treatment. The highest number of drug related deaths nationally recorded since records began was in 2018. Blackpool has the highest rate of drug related deaths in England, which at 22.1 deaths per 100,000 population, is over four times higher than the national average. Over recent years drug related deaths have tripled for women and doubled for men.

Blackpool had previously piloted interventions to more effectively support people facing multiple disadvantage, each built on the learning from previous work. These included the Fulfilling Lives, Rough Sleepers and Domestic Abuse Complex Needs programmes.

Project ADDER is being nationally evaluated but we have undertaken a local evaluation to inform our ongoing 'test and learn' methodology for the project. National findings have meant that ADDER is now a core element of the new National Drugs Strategy.

ADDER should be seen in the context of other investment, particularly by the CCG, including the healthcare team for the homeless and the mental health team for the homeless. These services work collaboratively and are in the main co-located within Winston House/Bridge and the mobile unit.

### **2.0 Project ADDER**

The Home Office, in conjunction with the Department of Health and Social Care and Public Health England, secured funding to pilot an intensive, whole system approach to tackling drug misuse in selected locations worst affected by drug misuse, alongside national activity to disrupt the middle market supply of drugs. The pilot is referred to as Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery), and involves co-ordinated law enforcement activity, alongside expanded diversionary activity and treatment/recovery provision in the chosen pilot areas. Local activity is complemented by Home Office and National Crime Agency activity to tackle middle

market drugs and firearms supply. The project aims to build on existing work and to expand multi-agency partnership working in the local areas to drive sustained health and crime related outcomes. The importance of Project ADDER is highlighted in the national drugs plan recently set out by the government. Blackpool was chosen as one of five sites to initially pilot Project ADDER. Locally, Public Health, Police, drug treatment providers and other partners are providing a Blackpool-specific co-ordinated approach to tackling drugs misuse, using both local and national data to support the pilot and achieve the proposed outcome.

Project ADDER nationally does not formerly target non-opiate related multiple disadvantage but the decision was taken to develop Young ADDER to test preventative multi-disciplinary interventions in Blackpool.

Funding was committed year on year by the Home Office until 31/3/23 but with no inflationary uplift.

### **3.0 Interventions Funded by ADDER**

The interventions funded through the ADDER grant were based on the Blackpool Drugs Strategy 2019-22 and the Lancashire Serious Violence Strategy 2020-25; taking the learning from the three previous complex needs programmes – Fulfilling Lives, Rough Sleepers and Domestic Abuse Complex Needs. We built on the success of the Lived Experience Team established through Fulfilling Lives, but we recognised that to encourage new ways of working by core services, those core services needed to have the increased capacity to try out these new ways of working and respond more effectively to the advice provided by the Lived Experience Team.

Our approach was informed by public health practice together with a detailed needs assessment. Our plans aimed to tackle drug misuse and the harm caused by it, through crime, anti-social behaviour, and the impact on the individual, family and community through the development of a Police team, a team working with adults with significant levels of opiate addiction, together with repeated disengagement from services and a team working from a preventative perspective with young people under 25.

ADDER nationally is considered to be a secondary and tertiary prevention programme, where individuals are already facing multiple disadvantage linked to drug misuse, but locally partners have also invested in a range of primary prevention programmes including a whole-school approach to Relationships, Sex and Health Education including substance misuse prevention, bespoke training for frontline workers, in addition to programmes to reduce the impact of substance misusing parents on children and also other early intervention services.

The focus of the ADDER funding is to disrupt the middle market supply of drugs, target and engage individuals with complex drug addiction, who do not access normal treatment services; using a trauma informed approach.

The business plan for the Blackpool ADDER programme was developed by a multi-agency stakeholder group involving 25 people across 14 organisations based on guidance from the Lived Experience Team.

The stakeholder group reviewed the needs assessment and requirements of ADDER and identified the overarching priorities for investment. We aimed to expand existing activities where there was a national or international evidence base or positive local evaluation and fill gaps where evidence existed but interventions had not yet been put in place. In addition to joining up work across agencies to create a whole systems approach.

Our needs assessment identified that 31% of those experiencing non-fatal overdose are under the age of 25, as were 29% of injecting drug users with a bacterial infection. Therefore we made the case to the Home Office to invest in secondary prevention interventions, to target young people already involved in or on the fringes of drug related crime, including those involved in County Lines, were exploited or had an existing complex drug and mental health need.

### 3.1 Supply Disruption, Enforcement and Diversion

There are a notable number of County Lines operating within Blackpool. The Organised Crime Gangs (OCGs) are predominantly from Merseyside, West Yorkshire, Manchester, the Midlands and to a lesser extent London. Historically, referrals to the Awaken Child Exploitation Team were based on sexual exploitation. However, the numbers of criminal exploitation have slowly risen and now contribute to an equal number of referrals, with a growing number linked to County Lines. Due to lack of disclosures from children around criminal exploitation, they are failing to reach the threshold for referral into the National Referral Mechanism (NRM) and consequently do not receive specialist help and support. The intelligence picture in Blackpool is the criminal exploitation of local children, not trafficked children from metropolitan areas. Children who are exploited, consciously or not, are entering the criminal justice system which has a lasting negative impact on their future and society. Children are not the only victims, there are a growing number of vulnerable adults exploited in County Lines activity and 'cuckooing' in Blackpool. From recent research by Crest Advisory (2020), it is apparent there is a correlation between drugs and serious violence.

The ADDER funding has been used to resource analytical capability, to direct where focused Police resources will provide optimal effect. This analytical work has also focused on the underlying causes of the violence and drugs supply within Blackpool, in order to draw in appropriate partnership resources to reduce crime and anti-social behaviour. Information has been provided on those causing the most risk and harm in Blackpool through the supply of drugs. An intelligence officer uses this analytical capability to ensure resources have the most up-to-date intelligence and to develop lines of enquiry. These intelligence products are complemented through 'softer' intelligence. A bespoke ADDER Police Task Force undertakes the targeted, intelligence led enforcement activity through the execution of warrants, patrolling 'hot spot' areas of concern within Blackpool and arresting and processing identified offenders. The team consists of an Inspector, a Sergeant, four Constables, a Local Intelligence Officer, an Intelligence Analyst and a Financial Investigator.

Work has been undertaken to scope criminal justice diversion projects in other areas of the UK. Research shows County Lines offenders are arrested and convicted at a younger age and they commit fewer but more harmful crimes. Research suggests the criminal justice system does not reduce offending in children, it increases offending. Offending is higher after a first conviction/caution and higher after being in prison. Dame Carol Black (2020) details that for the first time in recent years; there is an increase in young people convicted of supplying drugs.

Blackpool already had a Divert custody intervention coach available within Police cells and in the community for young people involved in or arrested for violent offences. In addition, there are emergency department navigators at the local hospital. Diversion capacity was increased through ADDER funding to develop a more proactive arm and to ensure a co-ordinated approach to the diversionary activities already available, working alongside the Lived Experience Team. This was to ensure we capitalise on opportunities to avoid criminalising vulnerable individuals. Making it as easy as possible for all agencies, including

the Police, to flag up where ‘teachable moments’ are observed and to act swiftly to refer into services, maximising the opportunity for change.

Lancashire Constabulary have developed a business case which would allow Police to carry Naloxone. Through the HACCA project within Blackpool, Police are more than aware that the majority of premature deaths among people who use drugs are avoidable. The task of treating an individual with a suspected opiate overdose lies primarily with other emergency services and NHS staff specifically equipped and trained to undertake such tasks. However, it is recognised that operational officers and staff will often be first to arrive at the incident. Therefore, Lancashire Constabulary are keen to progress this over the life course of the ADDER project.

The Police ADDER task force also includes dedicated provision for tracing and reclaiming money generated from criminal activity, disrupted through ADDER.

### 3.2 Complex Adult Team

The ADDER Complex Adult team consists of a multi-agency team supporting individual heroin/crack users, not in treatment and with a history of criminal activity. They are identified through the Police, custody, probation, prison release and the Drug Related Death (DRD) and Non-Fatal Overdose (NFO) Panel.

Core to the ADDER complex adult team, are the Lived Experience Team (LET) with paid and volunteer workers, five enhanced drug outreach workers and additional mental health provision, now provided through the new Mental Health Team for the Homeless.

Each drug enhanced outreach worker (EOW) has a caseload of approximately 20 individuals, all of whom will be identified through the cells, probation, DRD/NFO Panel. Recognising that for many it may be six months or more of brief interventions before they can obtain full engagement from a client. Each EOW works alongside a member of the Lived Experience Team (LET) to offer enhanced support.

In addition, there is an outreach nurse who works with the enhanced outreach workers offering Buprenorphine injections, the new option for opiate users within this pathway. Opiate substitute treatment is also available including methadone and Buprenorphine. For those initially identified as opting for a recovery route, the EOW and LET support with access to inpatient detox and mutual aid. The nurse also provides vaccinations, Long Acting Reversible Contraception and direct referral to the homeless health clinic for wound dressing and other primary care support.

The Lived Experience Team (LET) are experts in their field as they have walked in the shoes of those currently using heroin and crack. They gain the trust of those often hard to reach and are able to access places other agencies may not. They can navigate the treatment system with the drug user and support them throughout their treatment journey. LET members have supported some of the most chaotic people into a life of recovery and their role within ADDER will be crucial to its success. The LET was originally developed as part of Blackpool Fulfilling Lives, a lottery funded programme helping people with multiple complex needs through systems change. The team are also responsible for the peer led Naloxone programme in Blackpool which is now well established. Working with all partners to ensure those working with the most disadvantaged are trained and are in receipt of Prenoxad injections and Nyxoid nasal naloxone. The team also ensure those in treatment and not in treatment have access to naloxone and understand the importance of not using alone.

Housing Options (including Housing First and Tenancy Support) also plays a crucial role in the ADDER project. The Housing Options team support many people to access accommodation and play an important role in supporting some of the most vulnerable. Housing First will provides housing 'first', as a matter of right, rather than 'last' or as a reward. The team consists of three Housing First workers and one outreach worker who will work across the ages from day one and will be supported by the wider Housing Options service, including additional tenancy support where required.

Individual Placement and Support (IPS) is intensive employment support delivered by trained employment specialists and provided as part of multi-disciplinary clinical services, rather than separately through mainstream employment support services. The team complete a vocational profile for each individual accessing the service to enable service users to make an informed choice about their return to work goal, and support all phases of the return to work, including in-work support. Again, this offer will run from day one of an individual working with Team ADDER and support them to become job ready over a 24 month period.

As part of the journey towards successful recovery and employment, significant emphasis is made on identifying meaningful daytime activities for the ADDER clients, supported through the Lived Experience Team.

The physical health of clients is given priority. Wound management, in particular, has been identified as an issue in this cohort and we have had outbreaks of bacterial infection. The ADDER multi-disciplinary team works in collaboration with the new Healthcare Team for the Homeless to ensure that proactive healthcare is provided to clients. Leisure Services provision includes funding for schemes such as 'Get Out, Get Active'. One element of this funding focuses on vulnerable groups including the ADDER cohort. This scheme will offer meaningful activities to those supported into a recovery route.

Trauma informed care represents a change of approach to understanding how people respond to threat and power dynamics, often as the result of previous traumatic experiences. It moves away from a diagnostic understanding of 'what's wrong with you?' to understand 'what's happened to you?' The aim is to give the power back to the individual to facilitate positive change, by understanding their responses to threat, such as aggression or violence as a 'fight'; or substance use as an avoidant/'flight' behaviour/response, when re-experiencing threats or events which trigger responses to previous trauma (re-traumatisation) and to create a different narrative for their experience.

The ADDER Team works remotely in an enhanced outreach capacity. The team meets and works with those on their caseload, in a setting suitable to both the user and the worker. A weekly multi-disciplinary team (MDT) meeting will allocate individuals for ongoing key working and case management.

### 3.3 Young ADDER

The needs assessment identified a Blackpool specific issue in relation to young people under the age of 25, in terms of drug related complexity, exploitation, criminality, hospital admissions and near fatal overdoses. The stakeholder group backed by the Violence Reduction Network, therefore highlighted the need to invest upstream, through the creation of a complex needs intervention for young people.

Young ADDER consists of a virtual team that meets one day per week at Streetlife, a local homeless charity for young people; to case manage clients and liaise. The model is underpinned by the AMBIT framework to ensure interventions are integrated and co-ordinated. Adaptive Mentalization-Based Integrative Treatment (AMBIT) is the model developed by the National Centre for Children and Families and has been proposed by the NHS for adoption across Lancashire. It is a whole-team approach designed for services who work with clients presenting with multiple and complex problems, including mental health difficulties. It is based around the core theory and practices of mentalization.

Though workers are drawn from different agencies, they are co-ordinated overall by a worker employed by Streetlife.

In addition to the Streetlife Co-ordinator, the team includes two practitioners, one from Blackpool Young People's Service (BYPS) and one from Connect young people's NHS sexual health service, to provide a whole system approach which will include the promotion of Long Acting Reversible Contraception. The team calls on mental health support from the Blackpool Teaching Hospital's CASHER service, as it has not been possible to recruit and retain a dedicated Young ADDER mental health worker.

As with the adult team, great emphasis is placed on meaningful daytime activities and life skills development, using a mix of bespoke resources funded by ADDER and also existing infrastructure from other agencies including the Football Club's community Trust.

The team have significant DWP input through a job coach and benefits support.

Referrals are received from Police diversion, the Awaken Team, hospital and Children's Services. This service is aimed at the most complex young people with underlying drug problems. They may be experiencing a mental health problem (e.g. emotional or behavioural disorders) and be involved in crime as perpetrators or through exploitation.

In line with evidence in reducing inequalities, Blackpool Council has invested in its children. This ADDER investment enhances the preventative work already underway in Blackpool. Blackpool is now the base for the Centre for Early Years Development, the Better Start Programme, which aims to invest in families with children 0 – 3 years and therefore improve the emotional health of adults and young children. It includes programmes to address the impact of drug misuse on families. Through the NHS Thrive Model and Headstart, significant work is ongoing in schools to build resilience and to intervene early to improve mental health and thereby reduce drug misuse.

The ADDER investment, in the team to support the needs of complex young people under 25, will aim to help those young people who have not benefited from this preventative work.

Young ADDER has been subject to a separate scrutiny and therefore details from the interim evaluation are not included in this report.

#### **4.0 Interim Evaluation – 1 year on**

Summary findings from qualitative research by the Lived Experience Team and quantitative analysis of demographic characteristics and outcomes are as follows. The period covered by the evaluation was from January to December 2021 and this period included the set-up of the teams and the development of delivery protocols. This was a test and learn period with changes in delivery occurring even within this timeframe. The evaluation has been positive but with some

areas for improvement. These challenges have already been addressed through an action plan for 22/23.

#### 4.1 ADDER Police Team

The ADDER Police team have undertaken a large number of enforcement activities, which are likely to have impacted on the middle-market supply of drugs in Blackpool. The team have achieved the following during January – December 2021:

- 62 minor disruptions of County Lines.
- 49 arrests.
- 20 seizures of Class A/B drugs.
- Seizure of 59 phones.
- Seizure of £30,099 cash.
- Seizure of assets worth £7,803.
- 8 charges obtained (there are 27 other ongoing investigations at the case building stage).
- 1 conviction (for 4 charges).

What has worked well?

- Strong multi-agency relationships seem to have been built between the ADDER Police team, Lived Experience Team and Adult and Young ADDER teams. This has enabled effective joint working, such as undertaking safeguarding visits together.
- Communication is felt to be strong, facilitating effective support of ADDER clients.
- Over time, the ADDER Police team have been able to build relationships with some of the Young ADDER clients, with barriers gradually being broken down.
- ADDER Police Officers have adopted a trauma-informed approach in their work with Project ADDER. ADDER Police team.

Challenges/suggestions for improvement:

- It has been more challenging to build relationships with Adult ADDER clients, who often have a deep mistrust of the Police.
- It can be difficult to balance an enforcement role with the building of relationships with (Young ADDER) clients, e.g. at an away-day.
- Work is still ongoing to develop pathways to divert people away from the Criminal Justice system, including court and a custodial sentence, and into drug and alcohol treatment services.

#### 4.2 Adult ADDER team

During January to December 2021:

- 101 referrals were received by the Adult ADDER team.
- 61 individuals joined Project ADDER.
- 48 individuals received prescribed treatment, with or without additional psychosocial interventions.
- 13 clients received psychosocial interventions only.
- Of those that could not be engaged, the majority had entered the Criminal Justice system, moved away from Blackpool or could not be traced.

- In addition, a further 51 clients were receiving outreach contact to encourage them into the programme of support.

What has worked well?

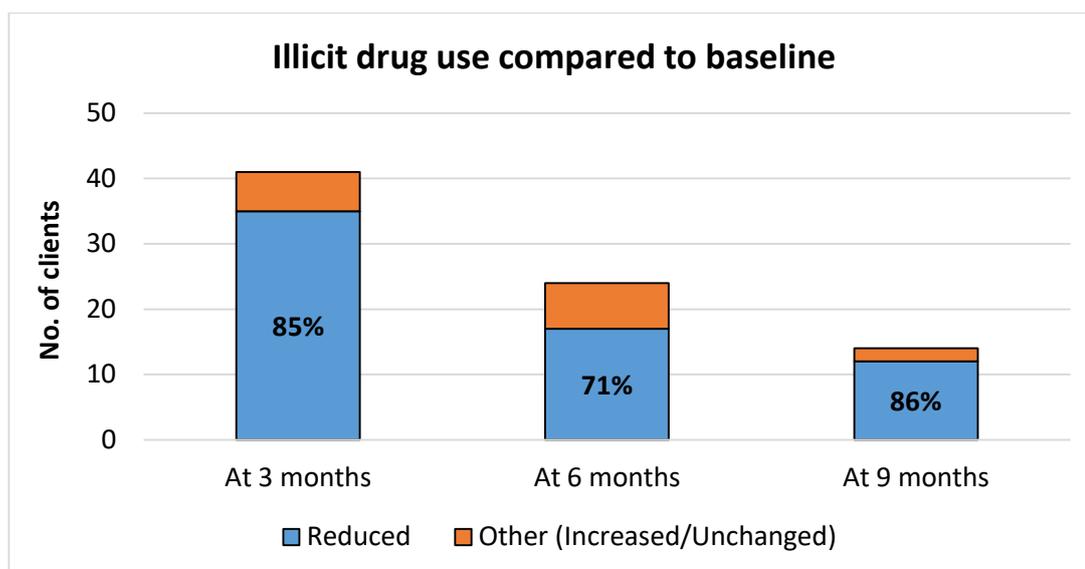
- There seems to have been strong multi-agency working with the ADDER Police, Lived Experience Team and other local agencies, such as the local Probation service and some accommodation providers.
- The support of the Lived Experience Team is highly valued, particularly so in helping to break down barriers to client engagement.
- The team seem united behind a shared vision, with a clear model of working. Weekly multi-disciplinary meetings are deemed important.
- The outreach approach to ADDER is felt to work well, and both clients and workers appreciate the ability of workers to continue to offer support to clients despite non-attendance and/or non-engagement. Clients have a choice in which support to accept and support is not conditional upon a commitment to reduce drug use.
- Prescribing (e.g. of methadone) is felt to be more timely, more responsive and more progressive compared to clients' experience within mainstream services.
- ADDER workers have built strong, warm relationships with clients, and act as advocates for them.
- Based upon discussions during the evaluation interviews, a trauma informed approach seems to be at the heart of the Adult ADDER team's work.

Challenges/suggestions for improvement:

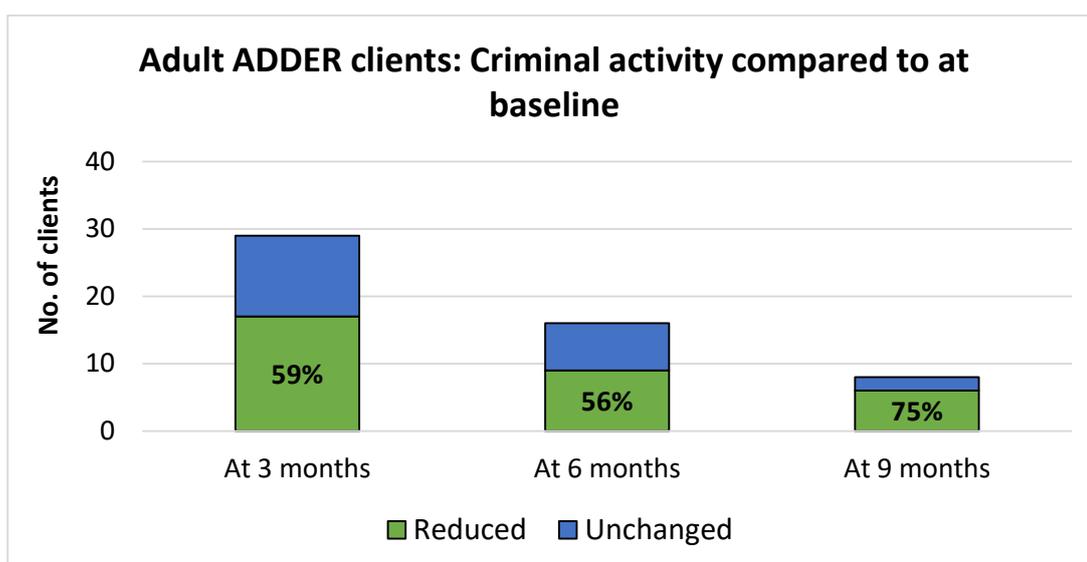
- Over time, the outreach model of working seems to be drifting to becoming more appointment based and less outreach based.
- Lived Experience Team members are not always listened to when decisions are made on an individual's eligibility for Project ADDER, and referrals are sometimes perceived to be inappropriately declined (e.g. because the client has withheld information about their drug use from the ADDER worker, but not from the Lived Experience Team member).
- It is felt that some external agencies still do not adopt a trauma-informed approach.
- Client level barriers to engagement include loss of hope and the presence of a dual diagnosis.
- Further work needs to be undertaken to inform the drug using population of the harm of non opiate drugs, to promote harm reduction

#### 4.3 Outcomes from Adult ADDER Team

Results are tracked at 3, 6 and 9 months in service for the interim evaluation. Outcomes for the first 12 months of the programme are as follows.



**Figure 8.** Changes in illicit drug use (reduced compared to all other outcomes), at 3, 6 and 9 months post-baseline.



**Figure 10.** Changes in criminal activity (reduced compared to all other outcomes), at 3, 6 and 9 months post-baseline.

This demonstrates that even though the ADDER cohort are some of the most disadvantaged and hardest to engage clients, progress can be made through assertive outreach. Accepting that at times they can disengage but sticking with them, listening to the clients' needs and their priorities and doing our best to help them start on a journey towards recovery.

## 5.0 Next Steps for ADDER

ADDER is a test and learn programme, building on previous work. The interim evaluation has formed the basis for an action plan for the coming year, 'fine tuning' delivery. Particularly addressing how we support people to access meaningful activities and continuing the training to encourage a trauma informed workforce. The ADDER plan for 2022/23 has been accepted by the Home Office. The final evaluation will be in relation to mainstreaming the learning, getting our

core services to do things differently and to continue the added capacity where required, particularly continued investment in the Lived Experience Team. There is confidence that the Home office will continue to fund the innovative Police approach developed through ADDER.

## **6.0 New Initiatives**

### **6.1 Changing Futures**

Another national initiative (MHCLG) to develop ways to effectively intervene in multiple disadvantage is the Changing Futures Programme. Blackpool Council worked with Wyre and Fylde Councils together with other partners in submitting a Fylde Coast plan as part of a wider Lancashire proposal. The Lancashire wide bid was successful and therefore the Fylde Coast is now part of one, of the national Changing Futures pilot sites. This continues to build on the principles underpinning ADDER, based on a multi-disciplinary approach, assertive outreach led by people with Lived Experience, increased capacity of services to do things differently, building resilience and enabling people to take charge of their own futures; all within a trauma informed lens. Changing Futures expands our work to allow intervention where people may or may not be opiate drug dependent but where they do face multiple disadvantage including people with a mental health issue, be alcohol dependent or use other non-opiate based drugs, be a perpetrator or victim of domestic violence, be homeless or have a history of offending. Changing Futures accepts clients with three or more issues and where they are not engaging with support.

Through the Programme Lead for Multiple Disadvantage, the work of the myriad of nationally funded programmes is being drawn together, to provide a strategic transformation of services in Blackpool.

### **6.2 Dame Carol Black Review**

Dame Carol Black published her review of drug treatment 2020 in 2021. The report made many recommendations, which included a reversal to the cuts to drug and alcohol treatment services, improved treatment, enhanced pathways for joining up work with the Criminal Justice services and developing recovery services in the community. It recognised that addiction is a lifelong battle and that people will have ups and downs and support needs to be available to help people maintain their recovery journey. The Lived Experience Team and Jobs Friends and Houses are working to review recovery support in Blackpool and identify what needs to be in place to make recovery easy and long term. This review will then be consulted on more widely and the existing public, private and voluntary sector partnerships will be called on to work collaboratively, to make Blackpool a recovery town. This will allow residents recovering from addiction to take advantage of the long-term levelling up opportunities that will be available in Blackpool.

### **6.3 New Drug and Alcohol Treatment Grant**

Drug and Alcohol Treatment services have suffered significant cuts in funding over the last 10 years. As a result of the Dame Carol Black report, Government has committed to provide an additional ring-fenced three year public health grant to Local Authorities. For Blackpool this represents a continuation of the additional funding received in 2021/22 (for example for ADDER) for years 1 and 2 and then a further increase in year 3. The grant requires a 20% increase in people accessing treatment, reduced caseloads for staff providing support to clients, wrap around support including activities, housing, employment, investment in lived experience and increased investment in residential detoxification and rehabilitation,

particularly targeting the Criminal Justice system and homelessness. This will allow partners to plan to transform services building on ADDER and Changing Futures to create a sustainable and effective treatment service for the future which includes the development of long term recovery support.

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