

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.

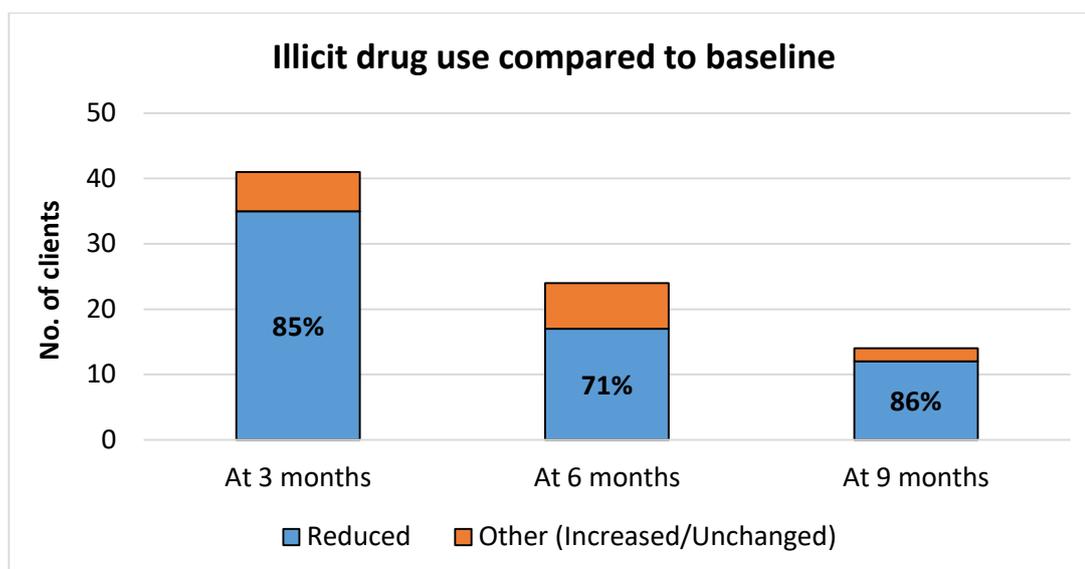


Figure 8. Changes in illicit drug use (reduced compared to all other outcomes), at 3, 6 and 9 months post-baseline.

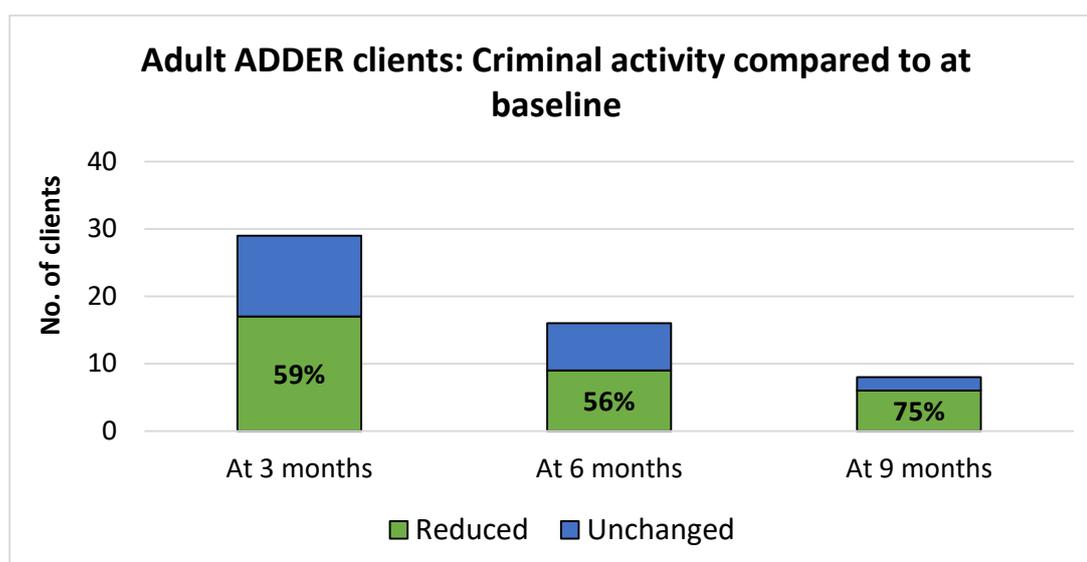


Figure 10. Changes in criminal activity (reduced compared to all other outcomes), at 3, 6 and 9 months post-baseline.

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.