

## Wiltshire Council

### Cabinet

27 September 2022

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**Subject:** Allocation of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR grant)

**Cabinet Member:** Cllr Ian Blair-Pilling - Cabinet Member for Public Health, and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets

**Key Decision:** Key

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#### Executive Summary

The Supplementary Substance Misuse Treatment and Recovery Grant has been awarded to Wiltshire Council as part of a three-year scheme to support a process of investment in a whole system approach to tackling illicit drug use, including enforcement, diversion, and treatment and recovery interventions.

This funding is managed by the Office for Health Improvement & Disparities (OHID) and is subject to annual confirmation of funding from HM Treasury. This grant will be provided pursuant to section 31 of the Local Government Act 2003.

Wiltshire Council have been allocated the following amounts subject to annual approval by HM Treasury; The amount was approved following a consultation process with key stakeholders to inform the spend, which was signed off by OHID.

<b>2022/23</b>	<b>£351,756.00</b>
<b>2023/24</b>	<b>£360,000.00</b>
<b>2024/25</b>	<b>£630,000.00</b>

The amount for 2022/23 has been confirmed and awarded to Wiltshire Council.

The purpose of this report is to:

Seek authority from Cabinet to support the proposals outlined in the paper for use against the Supplementary Substance Misuse Treatment and recovery grant (SSMTR grant).

#### Proposals

That Cabinet:

- a) Endorse the proposals outlined to use against the Supplementary Substance Misuse Treatment and recovery grant;
- b) Delegate authority for the decision of future spend against the Supplementary Substance Misuse Treatment and Recovery Grant to the Director of Public Health in consultation with the Cabinet Member for Public Health.

**Reason for Proposals**

The Home Office have awarded Wiltshire Council the sum of £351,756.00 for the financial year 2022/23 and indicative amounts of £360,000.00 for 23/24 and £630,000.00 for 24/25. Due to the total value of this three -year scheme, Cabinet are asked to support the proposals outlined in the paper for use against the Supplementary Substance Misuse Treatment and recovery grant (SSMTR grant). Cabinet are also requested to delegate responsibility for future spend of the additional monies awarded for years two and three of the grant as per the proposals above.

**Terence Herbert**  
**Chief Executive**

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### Purpose of Report

1. The purpose of this report, as required under the Council's constitution regarding grant funding is to seek authority from Cabinet to support the proposals outlined in the paper for use against the Supplementary Substance Misuse Treatment and recovery grant (SSMTR grant).

### Relevance to the Council's Business Plan

2. The effective resourcing of substance misuse services in Wiltshire, to reduce health inequalities and improve health outcomes is underpinned by the key themes of the Wiltshire Council Business plan 2022- 2032:
  - Prevention and early intervention
  - Improving social mobility and tackling inequalities
  - Understanding communities
  - Working together
3. These themes support the guiding mission statements within the Business plan of 'we live well together', and 'we are safe'.

### Background

4. Tackling substance misuse has been a priority both nationally and locally in Wiltshire for many years. Wiltshire Council's Public Health team is the lead commissioner of both young people and adult's substance misuse services.
5. In December 2021, the national drug strategy '[Harm to Hope](#)' published its 10-year policy ambition with a key focus on the following points:
  - Break drug supply chains
  - Deliver a world-class treatment and recovery system
  - Reduce the demand for recreational drugs.
6. As a result of this strategy, the Department of Health & Social Care have awarded local authorities the Supplementary Substance Misuse Treatment & Recovery

funding. A three-year grant that seeks to enable local authorities to act and implement the strategic priorities, ensuring the local needs are met associated with the substance misuse.

7. This will not detract from the core substance misuse services already delivered in Wiltshire but will enhance delivery and support for those in need.
8. This will be managed nationally by the Office Health Improvement and Disparities (OHID) who will work closely with Local Authorities on local implementation and delivery.
9. Local Authorities' use of the SSMTR grant should directly address the aims of the treatment and recovery section of the drug strategy. On a national basis the additional funding should deliver:
  - 54,500 new high-quality treatment places including:
    - 21,000 new places for opiate and crack users
    - a treatment place for every offender with an addiction
    - 30,000 new treatment places for non-opiate and alcohol users
    - a further 5,000 more young people in treatment
    - 24,000 more people in long-term recovery from substance dependency
    - 800 more medical, mental health and other professionals
    - 950 additional drug and alcohol and criminal justice workers
    - adequate commissioning and co-ordinator capacity in every local authority
10. OHID have produced a menu of interventions that the monies can be used towards which include the following options:
  - System coordination and commissioning
  - Enhanced harm reduction provision
  - Increased treatment capacity
  - Increased integration and improved care pathways between the criminal justice settings, and drug treatment
  - Enhancing treatment quality
  - Residential rehabilitation and inpatient detoxification
  - Better and more integrated responses to physical and mental health issues
  - Enhanced recovery support
  - Other interventions which meet the aims and targets set in the drug strategy
  - Expanding the competency and size of the workforce
11. In Wiltshire, a number of stakeholders were engaged in a series of events to discuss and consult on the proposals for the spend. This was with both internal services across the local authority and external partners including service users and the drug and alcohol sub group.

12. Wiltshire substance misuse commissioners worked with OHID, who approved the full plan in accordance with the terms of the grant from the Home Office and this is listed in Appendix A. This included increasing the work force to deliver improved outcomes across both young people and adults substance misuse services, with a particular focus on the 'transition period between young person to adulthood' and 'criminal justice' to align to the strategy's aims. There is a clear harm reduction focus, to support the treatment journey for those at greater risk and additional commissioning capacity to deliver the programme of activities

### **Main Considerations for the Council**

13. To endorse the recommendations outlined in Appendix A.

### **Overview and Scrutiny Engagement**

14. The Cabinet Member for Public Health, Councillor Blair-Pilling, has also been consulted with in advance of this Cabinet meeting.
15. The Chair and Vice-Chair of the Health Select Committee were informed that this report would be presented to Cabinet. The Committee will be informed of the Cabinet decision and the agreed provider(s).
16. The Chair and Vice-Chair of the Community Safety Partnership were informed that this report would be presented to Cabinet. The partnership will be informed of the Cabinet decision and the agreed provider(s).

### **Safeguarding Implications**

17. Safeguarding cross cuts the substance misuse agenda and as such, there are strong processes in place to ensure that service providers identify those at risk of harm and/or exploitation and those concerns are reported appropriately. Public Health work closely with both adult safeguarding teams and children's support and safeguarding teams to ensure that any risks, concerns, or incidents are escalated in line with council protocols and procedures.
18. The safeguarding of vulnerable people may be impacted upon should there be a delay in the implementation and delivery of this grant.

### **Public Health Implications**

19. This proposal will have an impact on, or implications for, people's health and well-being and factors which determine people's health. This may include, but is not restricted to, direct health implications, sustainability, maintaining a healthy and resilient environment, economic impacts, reducing or widening inequalities and the wider determinants of health (e.g. good housing, employment opportunities, social isolation). Data relating to the Wiltshire population and community areas can be found at: <https://www.wiltshireintelligence.org.uk/>
20. Substance misuse can have a detrimental impact on anyone. A key function of public health is to reduce potential risks of harm caused by substance misuse, by

increasing protective factors and addressing root causes. This will reduce health inequalities and improve wider health outcomes for our population.

### **Procurement Implications**

21. A compliant procurement process will be followed in line with Public Contract Regulations 2015.

### **Equalities Impact of the Proposal**

22. An equalities impact assessment has not been undertaken on this proposal. However, it should be noted that some users of some of this service may fall into certain protected characteristics under the Equality Act 2010 (age, sex, gender, sexual orientation, race). The council will ensure that the newly commissioned provider will meet any duties under the Act.

### **Environmental and Climate Change Considerations**

23. Environmental and climate change considerations do not affect the decisions required within this proposal, however, the changes with digital access will ensure that the service supports climate change by reducing travel across the county.

### **Legal Implications**

24. Use of the grant will need to be carefully monitored in accordance with any Department of Health & Social Care terms and conditions to mitigate any risk of repayment.
25. Payment of the grant to any third parties will need to be compliant with procurement legislation and/or subsidy control.

### **Risks that may arise if the proposed decision and related work is not taken**

26. Should the options not be approved, and the grant not be spent this will have to be returned to the Department of Health & Social Care.
27. This could impact on the amounts allocated to Wiltshire for years two and three of the Supplementary Substance Misuse Treatment and Recovery Grant.

### **Risks that may arise if the proposed decision is taken and planned mitigation**

28. Recruitment of staff to support the spend of the grant is crucial. A work force strategy has been developed to ensure this is mitigated against including competitive pay and conditions.
29. Conflicting views of how the monies should be prioritised would pose a significant risk to the grant allocation and spend. The Home Office have set out clear criteria for the spend, which are reflected in Wiltshire's plans and have been approved by the Home Office

30. Increasing inflation may cause a risk to the allocated spend, the budgets will be reviewed on an annual basis and adapted accordingly to ensure there is no risk to the Council.

### **Financial Implications**

31. Conditions of this funding stipulate that Wiltshire Council must maintain investment in drug and alcohol treatment and recovery in line with Wiltshire Council's outturn in 2020/21.

32. The spend is in accordance with our agreed proposal for the SSMTR grant; This has been approved by OHID and the appropriate documentation will be submitted to OHID pertaining to the spend on request.

33. The local authority must provide provisional revenue outturn data of local authority revenue expenditure and financing for substance misuse treatment and prevention. Failure to comply may result in the recall of all or part of the funding.

34. In line with the requirements of the Cabinet Office Functional Standards, and to ensure compliance with HM Treasury "Managing Public Money," Wiltshire Council will be asked over the next three-years to complete and sign the following documents:

- Statement of Grant Usage (SOGU)
- Financial (Actual versus Budget) breakdown

### **Workforce Implications**

35. All elements of the grant will be outsourced to the current providers and therefore it is not anticipated that there will be any transfer of Wiltshire Council employees, however, depending on the outcome of the procurement exercise there may be a transfer of existing outsourced staff under the Transfer of Undertakings (Protection of Employment) Regulations 2006.

### **Conclusions**

36. The Supplementary Substance Misuse Treatment and Recovery Grant has been awarded to Wiltshire Council as part of a three-year scheme to support a process of investment in a whole system approach to tackling illicit drug use, including enforcement, diversion, and treatment and recovery interventions.

37. Cabinet are asked to agree to the proposals outlined to use against the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR grant).

38. Cabinet are asked to delegate authority for the decision of future spend against the Supplementary Substance Misuse Treatment and Recovery Grant to the Director of Public Health in consultation with the Cabinet Member for Public Health.

### **Professor Kate Blackburn - Director of Public Health**

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Report Author: Kelly Fry – Public Health Principal

**Appendices:**

Appendix A: Wiltshire SSMTRG Planning Table

**Background Papers:**

[Harm to Hope – 10-year Drug Strategy](#)



**Appendix 1: Wiltshire SSMTRG Planning Table**

Area	Intervention	Your proposal	Detail of staff and consumables	Q2	Q3	Q4	SSMTR grant spend in 2022-23	% of additional spend in 2022-23
<b>System coordination and commissioning</b>	Increased commissioning capacity to support regional or sub-regional commissioning, including for residential rehabilitation and inpatient detoxification.	Ring-fence funding for regional coordination and administration costings for IPD consortia. Local alignment with Central South coast IPD consortium.	Contribution of Inpatient Detoxification (IPD) budget for central coordination and commissioning costs	£ 2,000.00			£ 2,000	1%
	Increased drug and alcohol treatment commissioning capacity, covering adult and/or young peoples' services.	Increased commissioning capacity within Public Health commissioning team, projects worker to support with reporting & data requirements, bid compliance and death and alcohol related death processes.	1 FTE Commissioning Support Officer within the Local Authority	£ 4,000.00	£ 4,000.00	£ 14,000.00	£ 42,000.00	12%
	Capacity to support enhanced local system-wide drug and alcohol related death and non-fatal overdose investigations.	This will be managed by the increased capacity within the Commissioning team by appointed project support worker and in collaboration with the newly appointed First Point of Contact (FPOC) worker within main adult commissioned service.	1 FTE Commissioning Support Officer within the Local Authority				£ -	0%
<b>Enhanced harm reduction provision</b>	Enhanced outreach and engagement, (including outreach for people with disabilities and new parents) including targeted street outreach for: <ul style="list-style-type: none"> <li>• people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant)</li> <li>• targeted vulnerable/priority groups including sex workers</li> <li>• crack, heroin users and alcohol users who are not in contact with treatment</li> <li>• young people not accessing services.</li> </ul>	2 FTE Trainee harm reduction workers to support out-reach to vulnerable cohorts, including a focus on Criminal Justice System (CJS) clients and in-reach to community pharmacy and acute hospital settings; to upskill CJS, pharmacy and medical staff to deliver sustainable interactions from 2023.	2 FTE Trainee harm reduction workers (Continuation of Universal Funding posts) See section 10					0%
	Enhanced needle and syringe programmes (including more use of low dead space syringes), covering specialist as well as pharmacy-based provision.	Equipment and associated costs of implementation of mobile "pick and mix" needle exchange and harm reduction interventions. Including utilising two needle exchange	Purchasing of two needle dispensing machines (2 x £650 per machine) and an activity budget for purchasing of stock for	£ 1,833.00	£ 1,833.00	£ 1,833.00	£ 5,499.00	2%

		dispensing machines, to be used in police custody suite and homeless hostel.	dispensing machines. Dispensing machines will disense packs containing a sharps box, needle and syringe (varying gauges), alcohol swabs, sterile spoon and vitamin C sachet.					
	Enhanced naloxone provision, including through peer networks and the police.	Work with Wiltshire Police to roll out naloxone, consider training and awareness programme. Provision of 150 x nasal naloxone to vulnerable and multiple-complexity groupings	Purchasing of naloxone supplies	£ 2,666.00	£ 2,666.00	£ 2,666.00	£ 7,998.00	2%
<b>Increased treatment capacity</b>	Treatment capacity to respond to increased diversionary activity, including through out of court disposals, liaison and diversion and drug testing on arrest and workforce capacity for psycho-educational diversionary interventions for low level drug offences for adults and young people.	Criminal justice workers to continue Out of Court Disposal (O OCD) pathway and deliver Psycho-Educational interventions as a combination of digital and F2F interventions across county including evening and weekend delivery as appropriate for this cohort. Dedicated and protected criminal justice caseloads for these workers.	3 FTE Criminal justice workers see section 10					0%
	Targeted services/provision for parents in need of treatment and support for children of drug and alcohol dependent parents and families.	Development and marketing of The Wrap website ( <a href="https://www.thewrapdhi.org.uk/">https://www.thewrapdhi.org.uk/</a> ) resource. No additional cost to this.	Existing commissioning arrangements				£ -	0%
	Additional young people's treatment places.	This will be supported by the joint funded criminal justice (CJ) worker post which will sit within the young people service. Which will actively increase numbers in mainstream service and allow a key worker to focus solely on criminal justice cases. Which will also support the quality of treatment element of the bid.	Young Peoples CJ worker. Section 10				£ -	0%
	Increased/piloted provision of novel long-acting opioid substitution treatments.	Buvidal (opiate substitution) for 5 individuals, with evaluation and consideration in ways to sustain this intervention	Purchase of Buvidal which will be administered by existing clinical staff.	£ 2,400.00	£ 2,400.00	£ 2,400.00	£ 7,200.00	2%

<b>Increased integration and improved care pathways between the criminal justice settings, and drug treatment</b>	Improved collaboration and joint working arrangements with police, Liaison and Diversion schemes, courts, probation, and secure settings to: Increase the number of community service treatment requirements particularly Drug Rehabilitation Requirements (DRR)/Alcohol Treatment Requirements (ATR) and support improved compliance with court mandated orders. Increase the engagement and retention in community treatment of individuals referred from prison.	Liaison with Liaison and Diversion service, (LADS) reconnect service and custody health care to provide in reach support and 'warm referrals' into mainstream treatment. Attend the prison release panel to ensure effective transition from the secure estates into community treatment. Working with key partners such as Probation to ensure a successful transition from Prison to Community Services. Attend where necessary wider meetings such as Multi-Agency Public Protection Arrangements (MAPPA) to ensure a collaborative approach to coordinated care and support.	As part of the 2 FTE Trainee harm reduction workers, denoted in section 2, 3 FTE CJ workers detailed in section 3. Section 10				£ -	0%
	Enhanced treatment service capacity to undertake police and court custody assessments to improve pathways into treatment.	This pathway improvement work will be supported by 3 Criminal Justice (CJ) workers as detailed in section 3, regular meetings will be held with partners to ensure the pathway is fit for purpose and working to support the needs of service users and increasing uptake of community services.	3 FTE criminal justice workers as detailed in section 3 and 10				£ -	0%
<b>Enhancing treatment quality</b>	Key working/case management quality improvement, including reducing caseload sizes, implementing caseload segmentation approaches, increased clinical supervision and training and development.	The additional posts will enhance treatment quality by reducing caseloads, in addition the training we plan to offer all front-line staff will ensure the work force are upskilled and there is continuity of care across all service areas.	As part of the 2 FTE Trainee harm reduction workers, denoted in section 2, and 3 FTE CJ workers detailed in section 3. Section 10				£ -	0%

	<p>Psychosocial intervention quality improvements, including reducing caseload sizes, implementation of evidence-based programmes, increased/enhanced clinical supervision and training and development.</p>	<p>We will be reducing caseload sizes through creating new posts and also through reviewing pathways and offers of treatment packages; we will work closely with our provider to specialise the CJ caseloads &amp; workloads allowing them to solely focus on CJ work and developing these pathways. We will be increasing the resource for the FPOC team to reduce workers from other teams supporting with assessment work, allowing recovery workers to focus on their workloads; the new FPOC worker will also work to deliver harm reduction interventions and work on hospital pathways including to clients who are at risk of suicide or near miss overdoses. Employment of 1.5 FTE recovery workers to support with a reduction in caseload sizes. We will be increasing the use of our peer mentor service to support the throughput of clients and will enhance this provision through investing in their development and training opportunities. All of this will be underpinned by an investment in training and development and utilising an external training provider to upskill the workforce. By reducing caseload sizes, we will ensure a much more personalised and person-centred approach to treatment and psychosocial interventions.</p>	<p>As part of the 2 FTE Trainee harm reduction workers, denoted in section 2, and 3 FTE CJ workers detailed in section 3. Section 10</p>				£ -	0%
<p><b>Residential rehabilitation and inpatient detoxification</b></p>	<p>Increased residential rehabilitation placements, to ensure the option is available to everyone who would benefit. (Locally agreed targets should be set against the national benchmark/ambition, as in the planning table) Consideration should be given how to support service expansion and improvement through available capital funds, and through regional or sub-regional commissioning partnerships with other local councils.</p>	<p>Utilise commissioning capacity to consolidate current Prison to Rehab pathway to encompass male establishments. Consider how to increase time in rehab to 24 weeks as necessary and appropriate. Consideration of regional framework or dynamic purchasing system to reduce costs for LA and improve outcomes and maximise the use of our Tier 4 framework through rigorous contract management arrangements.</p>	<p>1 FTE Commissioning Support Officer within the Local Authority see Section 1</p>				£ -	0%

	Increased number of inpatient detoxification placements to meet increasing demand following community treatment expansion, and in addition to the provision commissioned through the dedicated in-patient detoxification grant and multi-area commissioning consortia.	Recently joined the South central coast consortia, without IPD allocation. The facility is the new Dame Carol Black unit based in Fareham. We anticipate increased numbers in inpatient detox and onward rehabilitation as a result of this joint venture.	IPD grant				£ -	0%
<b>Better and more integrated responses to physical and mental health issues</b>	Enhanced partnership approaches with physical and mental health services, including the co-location of services and interventions.	Utilise SHOUT, a confidential text messaging support service, for individuals struggling with mental health to support individuals who are at crisis point.	SHOUT	£ 2,400.00			£ 2,400.00	1%
	Enhanced psychosocial interventions so they effectively assess, manage, and make supported referrals for common mental health problems, including anxiety, depression, and trauma.	Trauma informed training to be provided to all front line workers, to support their development, understanding and responses to common mental health problems. This will also be supported by a reduction in caseload sizes and increasing the size of the workforce, allowing for a more person-centred approach to responding to mental health needs and appropriate referrals to mental health services.	2 day course at £1250 - 3 sessions (16 places each).	£ 3,750.00			£ 3,750.00	1%
	Enhanced partnership approaches with physical and mental health services, including the co-location of services and interventions.	The additional commissioning support will bolster this area of work, the dual diagnosis and complex needs agenda is a high priority in Wiltshire and we will use this opportunity to enhance pathways and support across the system linking into the new Integrated Care System (ICS) framework. In addition, we will look to improve physical health opportunities working with Leisure colleagues to develop social prescribing options. We will also look at opportunities with our voluntary and community sector to maximise leisure input in each community area.	1 FTE Commissioning Support Officer within the Local Authority				£ -	0%

<b>Enhanced recovery support</b>	Development and expansion of a recovery community and peer support network, including in treatment, to sustain long-term recovery, increase the visibility of recovery and support social integration. This could include: <ul style="list-style-type: none"> <li>peer-based recovery support services</li> <li>recovery community centres</li> <li>recovery support services in educational settings</li> <li>facilitating access to mutual aid</li> <li>recovery housing</li> <li>long-term recovery management such as recovery check-ups</li> </ul>	The bid proposal includes an increased training package for peer support, we want to enhance this area to include the voice of the service user to help the co-production of onward service delivery and management. With better pathways created from secure estates we anticipate better uptake and increased use of our support accommodation provision to support long term sustained recovery.	Training for peer mentors see section 10.				£ -	0%
	Enhanced partnership with collaboration with employment and housing service to improve pathways and integrated system of care.	The increased recovery work force will support the reconnected pathway into employment. There will also be opportunities to increase referrals into the supported accommodation scheme, following community treatment and inpatient detox and rehab to support this area of the bid.	As part of the 2 FTE Trainee harm reduction workers, denoted in section 2, and 3 FTE CJ workers detailed in section 3. Section 10				£ -	0%
<b>Expanding the competency and size of the workforce</b>	Training and development programmes for peer workers and volunteers.	Investment in the development of our peer mentor service, providing training and development opportunities to enrich the skillset of our peers. The peer mentor service will be integral to supporting longer term recovery options and recovery support for our clients.	Peer mentor training and counselling qualifications		£ 3,221.00	£ 3,221.00	£ 6,442.00	2%
	Increased number of drug and alcohol workers.	Recruitment of 0.5 FTE First Point of Contact (FPOC) Assessment worker to deliver harm reduction advice, reduce wait times from referral to assessment which will prevent people from dropping out of service and to complete assessments; this role will also build links and a pathway with acute trusts and wider partners to make contact with those at high risk of intentional or accidental overdose.	0.5 FTE FPOC Assessment worker (Adult service) (£34,635 per FTE)	£ 5,772.50	£ 5,772.50	£ 5,772.50	£ 17,317.50	5%
		2 FTE Trainee harm reduction workers	2 FTE Trainee harm reduction workers (Adult service) (£27,895 per FTE) (Continuation of Universal Funding posts)	£ 18,596.66	£ 18,596.66	£ 18,596.66	£ 55,789.98	16%

		Recruitment of 1.5 FTE Recovery Workers to increase the number of drug & alcohol workers within the core service	1.5 FTE Recovery Workers (Adult service)(£34,635 per FTE)	£ 17,317.50	£ 17,317.50	£ 17,317.50	£ 51,952.50	15%
Increased number of criminal justice drug and alcohol workers.		Transitional Worker (DHI) to be employed in YP service and embedded across Youth Offending Team service, to increase links with Child Exploitation Service and support & develop transitional pathways.	0.5 FTE Transitional Worker (YP service) (£41,751.51 per FTE)	£ 6,958.59	£ 6,958.59	£ 6,958.59	£ 20,875.77	6%
		0.5 FTE Criminal Justice worker - (DHI)	0.5 FTE Criminal Justice worker (YP service) (£41,751.51 per FTE)	£ 6,958.59	£ 6,958.59	£ 6,958.59	£ 20,875.77	6%
Increased number of criminal justice drug and alcohol workers.		Criminal justice workers to continue Out of Court Disposal (OOC) pathway and deliver Psycho-Educational interventions as a combination of digital and F2F interventions across county including evening and weekend delivery as appropriate for this cohort.	3 FTE Criminal justice workers (Adult service) (Continuation of Universal Funding posts) (£34,635 per FTE)	£ 34,635.00	£ 34,635.00	£ 34,635.00	£ 103,905.00	29%
Training, education, and continuous professional development including training and support for line managers		Training opportunity and package for all frontline workers to upskill and increase the competency of our frontline staff	Outsourced training package purchased through an external training provider. 2 day course at £1250 - 3 sessions (16 places each).		£ 3,750.00		£ 3,750.00	1%