Your proposals for your LA's allocation of the universal component of the £80m

Fill in cells shaded green. Cells in grey are calculated and protected

Your allocation	£296,000
Baseline (2020-21) spend	£1,693,500
Proposed total 2021-22 spend	
(including with the universal	£1,989,500
grant)	

Change in spend from baseline to 2021-22 (including universal grant)	£296,000
Spend in 2021-22 from the universal grant (=sum of additional spend below)	£296,000

If your spend in 2021-22 from the universal grant (cell C9) does not equal the change in spend from baseline (cell C8), please explain why:

Please note that the submission is for Bury but due to the provider working across the boroughs of Bolton, Bury, Salford and Trafford we have taken the decision to work collaboratively to maximise resources and efficiency. Bury's proportion equates to approximately 20% of the total amount and this is the case for sections 2-7 inclusive. Section 1 solely relates to Bury.

	Q1	Q2	Q3	Q4	Q5	Sum of quarterly spend
Quarterly breakdown of additonal spend	£37,000	£74,000	£74,000	£74,000	£37,000	£296,000

			Additional spend in	
Area	Intervention	Your proposals	2021-22 from universal	% of additional spend
System coordination and commissioning	Commissioning support	0.5 FTE Public Health manager for 12 months to oversee progress, review data, and develop local partnership pathways.	£29,970	10%
2. Enhanced harm reduction provision	Needle and syringe programmes	Harm reduction worker specific to needle exchange, to develop offer and deliver training to pharmacy NEX providers.1.0 FTE support worker @ £33.8k inc on costs. Nurse/NMP to undertake additional reviews and clinics for high risk service users and conduct overdose training to peer networks/partner organisations/police.1.0 nurse/NMP @ £56.3k inc on costs. (Total costs across BBST £90,100)	£18,020	6%
	Naloxone provision	Increase investment in the purchase and distribution of nasal nalaxone to be predominantly focused within the criminal justice system. This would use a peer led model working with Big Life Group assertice outreach (approx 774 nalaxone kits at £30 each for Bury= £22500)	£23,250	8%
	Outreach	Included in above		0%
3. More treatment options	Novel long-acting OST	Buprenorphine depot clinics, including medical and nursing provision to establish clinics and recruit clients. 1.0 FTE nurse @ £50k inc on costs	£15,800	5%
	Residential rehabilitation	Rehab assessor to manage increased placements across the criminal justice interface e.g. assessing client suitablility in prision prior to	£26,160	9%
4. Increased integration and improved care pathways	Treatment capacity for police and court custody assessments Collaboration with L&D, courts and probation Continuity of care post prison release Continuity of care from non-criminal justice settings	Increased capacity across the Criminal Justice spectrum to provide a seamless approach which is inclusive of young, high risk adults, families and prison support, including post release This will require additional recovery workers to manage capacity across the sytem, working with Probation, courts, Prisons etc. A Through the Gate Model for parents in the CJS to build on assets of offenders as parents and address intergenerational issues in criminality and substance use. Posts required 1.0 WTE Team Leader @£47.4 pa including oncosts, 4x recovery workers £152k, 2x prison in reach workers £76.6k, 2x Young Adult Drug and Alcohol Transitional Workers £90.2k, 2x family workers £94.7k all posts including oncosts. Total across BBST £461k.	£92,200	31%
5. Increased treatment capacity to respond to extra diversion	Work with out-of-court disposal schemes and testing on arrest to provide treatment	Included in above	£0	0%
6. Enhanced recovery support	Recovery communities and peer support networks	Additional amount to exisiting local asset fund for development of community-led provision, delivery of additional groups in community venues, and peer mentoring total cost across BBST £113k	£22,600	8%
7. Other interventions	Please see notes worksheet for information about inclusion of interventions outside the menu of interventions	Develop and implement a trauma informed service model. Service users in the criminal justice system have often experienced forms of trauma and a TI based model can increase engagment, reduce attrition rates, and improve the quality of assessment. This work would also maximise the opportunity to interface with community mental health services.	£68,000	23%
Totals		The state of the s	£296,000	100%