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Guidance

Guidance for local delivery partners (accessible version)

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From harm to hope: A 10-year drugs plan to cut crime and save lives

Ministerial Foreword

Those working locally to address the harm caused by illegal drugs know the stark reality of the damage they drive. Illicit drugs cause violent and acquisitive crime, tear apart families and degrade neighbourhoods, with a cost to society of close to £20 billion.

In December 2021 I was proud to oversee publication of the government's 10-year plan to cut drug crime and save lives, 'From harm to hope' (https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives). Combating illicit drugs is a central plank of this government's mission to level up the country.

Local partners – whether in treatment, recovery, enforcement, prevention or education – are the engine room for delivery of the strategy. I want to extend my thanks for the work underway to implement the strategy at a local level.

Underpinning the drugs strategy, this Government's comprehensive response to Dame Carol's review, was the principle that combating drug use and harm is a priority for all of government working as a single team. This guidance sets out how new Combating Drugs Partnerships should apply this approach at a local level.

While it is partnership working that is key to success locally, our experience of standing up whole-system responses to illegal drugs in some of the worst-affected areas of the country through Project ADDER showed the need for a single local integrator who can bring partners together, intervene to broker solutions and unblock issues, and represent the partnership externally.

At the national level, as the Combating Drugs Minister, I am working across the whole of government to oversee the strategy, which recognises combating illicit drugs as a single government mission.

Mirroring this national approach, this guidance asks all partnerships to nominate a single local Senior Responsible Owner (SRO) who will represent and account for local delivery and performance to central government. These SROs will be the key local point of contact for central government and the National Combating Drugs Outcomes Framework provides a route to track progress on a local and national level. I look forward to working with the new SROs, our local 'team captains', in the months ahead.

The Rt Hon Kit Malthouse MP

Combating Drugs Minister

Executive summary

Successful delivery of the government's drugs strategy, 'From harm to hope', relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery and prevention. This guidance sits alongside the drugs strategy to outline the structures and processes through which local partners in England should work together to reduce drug-related harm. It will also have broader relevance to policing and criminal justice partners in Wales given that criminal justice is reserved to the UK Government.[footnote 1]

Dame Carol Black's independent review of drugs set out the importance of developing and improving local collaboration, with joint assessments of local need and planning for delivery. This guidance sets out in more detail the drugs strategy vision for Combating Drugs Partnerships in each locality that span the whole of the strategy; breaking supply, treatment and recovery, and reducing the demand for drugs.

It sets out our National Combating Drugs Outcomes Framework, which will provide a single mechanism for monitoring progress across central government and in local areas towards delivery of the commitments and ambitions of the 10-year drugs strategy to level up the country. The outcomes and metrics included in the framework aim to provide a link between action and the impact experienced by individuals, families and neighbourhoods across the country and in local areas.

To support the delivery of these outcomes, the Government will look to all local areas in England to deliver the key actions outlined in the checklist on the following page.

Action	Timeframe	Further guidance
Nominate your local senior responsible owner (SRO)	By 1 August 2022	See Leadership roles section
Form your Combating Drugs Partnership: bring together the different individuals and organisations who represent and deliver the drugs strategy goals, and co-ordinate activity to reduce drug harm in a local area	By 1 August 2022	See Representation on the partnership section
Confirm the footprint for your partnership: every upper-tier local authority should be covered, and where local areas can work together to create a shared arrangement across a wider footprint, such as a combined authority, they should do so	By 1 August 2022	See Geography section

Action	Timeframe	Further guidance
Agree the terms of reference for your local partnership and your governance structure	By end September 2022	See Governance section
Conduct a joint needs assessment, reviewing local drug data and evidence	By end November 2022	See Analyse section
Agree a local drugs strategy delivery plan, including developing data recording and sharing	By end December 2022	See Plan section
Ensure that partners agree a local performance framework to monitor the implementation and impact of local plans	By end December 2022	See Local data sources and data sharing section
Regularly review progress, reflecting on local delivery of the strategy and current issues and priorities	First progress report by end of April 2023 and every 12 months thereafter	See Review and update section

Chapter 1 – Introduction

What is the challenge?

Illegal drugs cause far-reaching and devastating harm. Drug misuse currently costs society over £19 billion a year.[footnote 2] Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all of the country, with the most deprived areas facing the greatest burden.

The organised criminality behind the drugs trade makes our neighbourhoods less safe, and drugs contribute to almost half of all homicides.[footnote 3] Heroin and crack cocaine addiction are linked to almost half of all acquisitive crime, including burglary, robbery and theft.[footnote 4] In the UK, there has been an 80% increase in drug-related deaths since 2012, with the number of heroin-related deaths doubling in that time.[footnote 5]

What is our collective response?

Neighbourhoods blighted by the presence of illegal drugs cannot prosper and provide the happy, healthy environment that people deserve. In December 2021, this government published a new 10-year drugs strategy, 'From Harm to Hope (https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-

cut-crime-and-save-lives)', backed by record levels of funding of over £3 billion from 2022 to 2025. This provides the foundations for work at both a local and national level to deliver the following strategic priorities:

1. break drug supply chains
2. deliver a world-class treatment and recovery system
3. achieve a shift in the demand for drugs

These priorities are underpinned by Dame Carol Black's landmark independent review, which recommended a new long-term approach, with large-scale investment and changes to oversight and accountability, delivered by the whole of Government. The review set out the compelling evidence of the benefits to society of investment in high-quality drug treatment and recovery. Our 10-year commitment set out how the whole of Government and public services will work together and share responsibility for creating a safer, healthier and more productive society.

The drivers of drug use and drug-related harm are complex and cut across the responsibilities of a range of different government departments and other non-governmental organisations. Co-ordinating supply and demand reduction efforts increases the benefits of each and ensures that progress in one is not undermined by the other.

Successfully addressing drug use and supply in a local area requires a range of organisations to work together to tackle this issue based on local needs. Organising service delivery around the people using them produces better experiences for those affected by drug-related harm. Half of the acquisitive crime that blights our neighbourhoods is committed by people using opioids or crack cocaine, who often have multiple and complex needs, so local partnerships will need a specific focus on providing them with person-centred support.

The benefits of combating illicit drugs can be significant and wide-ranging, improving people's safety, productivity, health and wellbeing. People in recovery from substance misuse are 'better than well', meaning they become active citizens, and give back to their community at a higher rate than the general population, helping the vulnerable and making the community a safer place for all.[footnote 6]

What is the contribution of this guidance?

This guidance outlines how local areas in England should deliver the transformative ambition set out in the 10-year drugs strategy and provides clarity on the mechanisms that central government will draw upon to track and support delivery.

The first step of this journey is for local areas to provide central government, through the Joint Combating Drugs Unit (JCDU), the agreed geographical extent of their Combating Drugs Partnership and details of the named local SRO by 1 August 2022.[footnote 7]

Combating Drugs Partnerships should have needs assessment work and a delivery plan in place by the end of 2022. This work should build on, and work alongside, existing programmes and structures, including local integrated care strategies, serious violence and homicide problem profiles and strategies.[footnote 8]

Local partners should use this guidance to review and develop their own partnerships over time. For some areas, the partnership will be an evolving structure as areas respond to the scaling up of ambition and funding over the coming years.

The guidance itself will be iterative, with further updates and communication as central government and local partners develop learning and evidence of what works, and as findings and recommendations emerge from other relevant work, such as the review of Community Safety Partnerships (CSPs).

This document should be read alongside other relevant guidance, notably the forthcoming Commissioning Quality Standard published by the Office for Health Improvement and Disparities (OHID), and guidance and standards provided by organisations including the Care Quality Commission (CQC) and the National Institute for Health and Care Excellence (NICE).

While the partnerships set out in this guidance apply to England only, policing and criminal justice partners in Wales should refer to the outcomes in Chapter 2 that apply to them when developing their priorities.

Chapter 2 – National Combating Drugs Outcomes Framework

The 10-year drugs strategy is organised around delivering progress on the key outcomes of reducing overall drug use, reducing drug- related crime, and reducing drug-related deaths and other harms.

The National Combating Drugs Outcomes Framework set out in this chapter outlines these goals with metrics that will be used to measure progress.

It is the single overarching framework for central and local government to monitor progress towards our commitments. Local SROs should be able to account for progress against this framework and the future supporting metrics, allowing central government and others to identify where best practice can be shared and where areas require further support or action.

Therefore, this chapter:

- outlines the metrics and data sources for the National Combating Drugs Outcomes Framework
- emphasises how these outcomes should guide local activity and measure its impact
- outlines the cross-cutting nature of these outcomes, and therefore the need for a range of different organisations to work together to achieve the ambition for

change outlined in the 10-year drugs strategy

A whole system approach to monitoring and measuring progress

There are six overarching outcomes that successful delivery of the 10-year drugs strategy will achieve: to reduce drug-related crime, harm, overall use, supply, and to increase engagement in treatment and improve long-term recovery.

These outcomes have been shaped around improving the lives of citizens and neighbourhoods in the mission to level up the country. This framework brings together a wide range of government departments and local organisations. By providing a single set of outcomes that everyone involved in the drugs strategy works towards, we aim to set a clear direction of travel and avoid the problem of organisations being pulled in different directions by competing outcomes and targets.

The National Combating Drugs Outcomes Framework outlines how we will measure delivery of the outcomes in the strategy in two parts:

1. Headline metrics: published, reliable measures that we will use to monitor progress towards our outcomes (see table 1 below)
2. Supporting metrics: to be published alongside a technical guide later in 2022. These will be a set of additional supporting measures which will be monitored and provide two key areas of information:

   2.1 more timely, interim, and/or proxy measures, which when used with care can tell us about direction of travel towards the strategic outcomes – options being explored include drug deaths in treatment and the acceptability of drug use.

   2.2 a clearer picture of how the system interacts with the outcomes, to monitor the health of the whole system and to see any unexpected impacts or early warnings – options being explored include measures of ‘meaningful activity’ in treatment and children in need with drugs as a factor [footnote 9]

Further technical details, including where criminal justice outcomes cover Wales, are provided in Appendix 2.

Table 1: National Combating Drugs Outcomes Framework

Our ambition: a safer, healthier and more productive society by combating illicit drugs

What we will deliver for citizens (strategic outcomes)	Measured by:
Reducing drug use	The proportion of the population reporting drug use in the last year (reported by age) Prevalence of opiate and/or crack cocaine use
Reducing drug-related crime	The number of drug-related homicides The number of neighbourhood crimes
Reducing drug-related deaths and harm	Deaths related to drug misuse Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)

What will help us deliver this (intermediate outcomes)	Measured by:
Reducing drug supply	The number of county lines closed The number of moderate and major disruptions against organised criminals
Increasing engagement in drug treatment	The numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) Continuity of care - engagement with treatment within three weeks of leaving prison
Improving drug recovery outcomes	The proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use Key additional components integral to recovery include housing, mental health, and employment

‘From harm to hope’ set out a series of national commitments, supported by the record levels of investment, that will be monitored as part of this framework:

Outcome commitments in the strategy

By the end of 2024/25 we expect this whole-of-government mission to have:

- prevented nearly 1,000 deaths, reversing the upward trend in drug deaths for the first time in a decade
- delivered a phased expansion of treatment capacity with at least 54,500 new high- quality treatment places – an increase of 20% – including:
  - 21,000 new places for people who use opiates and/or crack cocaine, meaning that 53% of opiate and crack users will be in treatment
  - at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers
  - a treatment place for every offender with an addiction
- contributed to the prevention of 750,000 crimes including 140,000 neighbourhood crimes through the increases in drug treatment
- closed over 2,000 more county lines through relentless and robust action to break the model and bring down the gangs running these illegal lines
- delivered 6,400 major and moderate disruptions – a 20% increase – of activities of organised criminals, including arresting influential suppliers, targeting their finances and dismantling supply chains
- significantly increased removal of criminal assets, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply

Over the course of the 10-year strategy, we will reverse the rising trend in drug use, with an ambition to reduce overall use towards a historic 30-year low.

Monitoring and tracking at a local level

Local areas should use the outcomes framework to guide their work and measure improvements for people and neighbourhoods. It is these outcomes that should guide planning and progress reporting by local partnerships, and against which SROs should be able to explain progress.

As Combating Drugs Partnerships are established and develop, they should ensure that their work on local needs assessments, delivery plans and the reporting and management of data and intelligence is all be structured around these outcomes and commitments. Chapter 4 sets out the process for assessing need and delivery planning in more detail, including how local partnerships might build out from these national measures with local 'real-time' metrics.

There are many good sources and summaries of data already available, and we will collate and develop nationally-held datasets and dashboards to enable comparisons between different local areas, to understand better any challenges or questions.

- The new Digital Crime and Performance Pack (DCPP) is available to all police forces in England and Wales, and PCCs[footnote 10][footnote 11]
- The National Drug Treatment Monitoring System (NDTMS) for specialist substance misuse treatment data.[footnote 12] OHID is working on a suite of local indicators to cover the full range of ambitions set out in the strategy for those who are engaged in specialist substance misuse treatment. These metrics, based on NDTMS data, will help local areas understand the health of the wider local system, and will be incorporated into regular reports that all relevant partners will be able to access.

While the outcomes framework in its entirety applies in England only, the UK Government will work with the Welsh Government and wider partners to identify the policing and criminal justice outcomes that apply in Wales and agree the accountability structures.

Wales is currently developing its own Substance Misuse Outcomes Framework and will consider areas of alignment.

Future development

The metrics in this framework are built around data that is readily available at a national level. Our commitment to improving the quality of data and measurement of outcomes through the course of this strategy means that we will continue to assess and refine the framework. The government will support this effort at a national level to consider:

- improving the data we already collect: improving data quality and frequency of updates and reports, adding additional flags and metrics, and developing new measures focused specifically on drug use
- exploring opportunities for data matching: working with existing government programmes to ensure that data relevant to drug-related harm are considered and improved, notably via the Better Outcomes through Linked Data (BOLD) programme, which is focused on those with multiple and complex needs, connecting data to understand how our services are working for individuals and how we can join up services better
- enhancing and developing surveys: measuring qualitative outcomes where sources are currently lacking, such as societal attitudes to drugs or ease of availability of drugs
- reviewing and improving metrics: any metric we use will have limitations and the risk of unintended consequences, so we will be reviewing the implementation of metrics with a view to mitigating any issues that arise – including the new treatment effectiveness measure

Further detail will be included in the technical guide.

Chapter 3 – Combating Drugs Partnerships

Working in partnership is essential if we are to effectively deliver the three strategic priorities set out in the 10-year drugs strategy: breaking drug supply chains, delivering a world-class treatment and recovery system, and achieving a shift in the demand for drugs. All three priorities form the scope of a local partnership approach to delivering the strategy.

This chapter outlines key principles and structures to support the formation of effective partnerships and asks local areas to:

- form a clearly defined partnership structure based on a geographical extent that is logical to local residents and consistent with existing relevant arrangements
- select an SRO who can represent the partnership nationally, reporting to central government regarding its performance, and who can offer challenge and support to local partners to drive improvement and unblock issues when necessary
- involve all those people and organisations affected by drugs in developing joint solutions to these issues

The role of a dedicated Combating Drugs Partnership

Combating illegal drugs and the harm they cause is an issue which needs action from a range of local partners. At a local level, success is reliant on these partners working together to understand their population and how drugs are causing harm in their area, any challenges in their local system and the changes that are needed to address them. The structures outlined in this guidance aim to empower people and organisations to deliver real change at a local level.

Combating Drugs Partnerships should be multi-agency forums that are accountable for delivering the outcomes described in Chapter 2 within local areas. They will provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. These partnerships should have a named SRO who should report to central government and hold delivery partners to account.

There are already strong multi-agency partnerships in place or being established in many areas, operating through structures such as Community Safety Partnerships (CSPs), Violence Reduction Units (VRUs), Local Criminal Justice Boards (LCJBs), Safeguarding Partnerships, Health and Wellbeing Boards (HWBs), and Integrated Care Partnerships (ICPs). While all these (and more) may contribute to addressing drug use and promoting recovery, a dedicated Combating Drugs Partnership brings together action and oversight across the three priorities of the 10-year drugs strategy with accountability for delivery against the National Combating Drugs Outcomes Framework as outlined in Chapter 2.

Geography

Scope of partnerships

When determining the geographic footprint of a partnership, local areas should ensure that:

- the partnership is no smaller than a single upper-tier local authority area
- an upper tier local authority is not covered by more than one partnership
- agencies work together across a wider footprint to create a shared arrangement which improves integration, where they can do so

Collaboration across multiple local authorities was recommended by Dame Carol Black for the commissioning of specialist residential and inpatient substance misuse support, which is being facilitated through the inpatient detoxification grant. Similarly, working across several local authority areas may improve work involving police and criminal justice partners, who would otherwise need to participate in multiple partnerships. Consideration should also be given to health organisations, notably Integrated Care Systems.

Joining together local authorities would be particularly relevant in areas where combined authorities or metro mayors are in place. Greater Manchester, for example, has formed a dedicated drug and alcohol transformation board that operates across the combined authority area and includes a wide range of stakeholders. Given the existing structures and context in the area, this is an encouraging approach.

Where partnership arrangements span more than one local authority area, thought should be given to how variations in need and provision will be reviewed at a more local level – for example, through individual local authority scrutiny committees.

This specific partnership approach is applicable to England only. However, the government is committed to working with the devolved administrations to embed collaboration and share good practice on these issues. For example, in Wales a local partnership approach has already been embedded for a number of years, with Area Planning Boards (APBs) taking the lead for commissioning substance misuse services based on evidence of need. The APBs are based on the Local Health Board footprint. Representatives from HMPPS in Wales, the appropriate Police and Crime Commissioner and the relevant force will be members of the local APB partnership, which is the structure for both commissioning and monitoring substance misuse treatment services.[footnote 13] Strategic national oversight in Wales is provided by the Substance Misuse National Partnership Board.

Existing partnerships

We recommend that when choosing the geographical coverage of a partnership, areas harmonise arrangements with relevant structures that are already operating across several local authority areas, such as Project ADDER, the Changing Futures programme[footnote 14], or VRUs.

Developing partnerships

The administrative geography of partnerships can be changed over time. Where changes are proposed, these should be agreed by the relevant partners, communicated clearly to relevant agencies, practitioners and the wider public, and agreed with central government.

While these partnerships are proposed in England only, they should consider any cross- border issues where co-ordination with partners in Wales, Scotland and Northern Ireland is needed. Examples of this include joint working by police forces to remove county lines running across borders, or prisons and probation services working with wider partners to ensure continuity of care for people with drug misuse problems who leave prison and cross the border (to or from England) to return home.

Leadership roles

Combating Drugs Partnerships should have a clearly named Senior Responsible Owner (SRO). We would expect them also to chair the partnership and occupy one of the following roles[footnote 15]:

- PCC
- local authority elected leader
- elected mayor
- local authority chief executive
- director of relevant local authority department (e.g. public health, children's services, housing)
- regional probation director
- Integrated Care Board (ICB) chief executive
- senior police officer

Local areas should identify their SRO to the JCDU, along with the agreed geographical extent and the wider representation on the partnership, via https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/ (https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/) by 1 August 2022. Appendix 1 lists the questions included in this form.

This process is in place to confirm the formation of the partnership and for central government to be aware of the membership, geography and SRO. Local areas do not need to wait for confirmation from central government and should start to operate these structures as soon as possible to agree Terms of Reference by 30 September 2022.

In addition, based on learning from programmes such as Changing Futures, we recommend the following roles are in place to support the SRO and partnerships:

- partnership lead – named lead for overseeing delivery of local programmes and co- ordinating partnership, e.g. the joint commissioning manager for substance misuse treatment and recovery services

- public involvement lead – named lead to ensure the voices of a range of members of the public are heard, whether they are people who have lived or living experience of using drugs and/or support services, are family members of those who do, or are affected by drug-related harm in other ways
- data and digital lead – named lead on data, data protection, information governance and outcomes measurement

What is the role of the local SRO?

The local drugs strategy SRO should be the key local 'system integrator' responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework. To do this effectively, the SRO should be someone who can hold key partners to account, offering constructive challenge and support to unblock issues and drive system improvement. For most partnerships, this function would be carried out by one of the role holders listed above.

The Combating Drugs Partnership SROs and their teams would be responsible for:

- convening and chairing partnership meetings
- encouraging full involvement of local leaders and putting in place the governance structure and culture to drive joint, system-wide decision-making
- overseeing development and delivery of a shared local plan with a whole-system approach addressing the three strategic priorities set out in the drugs strategy
- unblocking issues across the system
- reporting on the partnership's performance and delivery into central government

SROs would oversee development of the following products and information:

- terms of reference
- joint needs assessment
- local strategy and delivery plans
- progress reports

Representation on the partnership

Representation

When agreeing the membership of the partnership, organisations should ensure there is appropriate representation of a range of perspectives. As the partnership is to be accountable for delivery of the outcomes in the locality, the SRO should be confident that the membership provides representation from key stakeholders, with appropriate individuals involved who are able to make decisions and hold each other to account. It is recommended that partnerships regularly review their own functions – and modify their structures and approaches accordingly.

The following are the minimum key organisations and individuals that should be represented in a Combating Drugs Partnership in England:

- elected members (in two-tier authority areas it would be appropriate to have multiple representatives to ensure that different tiers and responsibilities are adequately represented, notably housing)
- local authority officials (including expertise in relevant areas such as substance misuse, housing, employment, education, social care and safeguarding)
- NHS (including strategic and mental health provider representation)
- Jobcentre Plus
- substance misuse treatment providers
- police
- PCC
- National Probation Service
- people affected by drug-related harm
- the secure estate, such as prisons, young offender institutions (YOIs)

In addition to these organisations, partnerships are also expected to engage and work with:

- local schools and other education providers
- higher education
- further education
- housing associations and providers of supported housing and homelessness services
- youth offending teams
- voluntary, community and social enterprise (VCSE) and other community organisations
- coroner's offices
- fire and rescue authorities
- Office for Health Improvement and Disparities regional team

Appendix 3 has more detail on potential members of the Combating Drugs Partnership and explains how they should be involved.

Lived experience

The voices and full involvement of people who have experience of drug-related harm are an essential part of this partnership, including people who use (or have used) drugs, their family members, family members of those who have died or been killed as a result of involvement in drugs and, more broadly, local residents or businesses affected by drug- related harm.

Partnerships should be aware that representation and involvement of people with lived experience takes time and effort, and appropriate resource should be dedicated to ensuring that there are the right structures in place to support people

to get involved in these processes, including financial assistance. There should also be specific attention paid to ensuring people with a wide range of backgrounds and experiences are involved with the partnership.

Lived experience recovery organisations (LEROs) are invaluable for involving those with lived experience of substance use and recovery and, where these do not already exist in a local area, partnerships should work to facilitate the development of these organisations. As mentioned in Dame Carol Black's review, the College of Lived Experience Recovery Organisations (CLERO) works with LEROs across the UK and should be a key support in this process.

LEROs themselves, as well as the wider partnership, should consider representation, diversity and inclusion, to help ensure that support and representation structures are culturally responsive, acknowledging the variety of social, cultural, faith-based and spiritual perspectives people will have in a given area.

Governance

Each local area will have a unique mix of circumstances, and so the exact form and processes of an individual Combating Drugs Partnership should be determined by discussion among local leaders and residents themselves.

This should include collectively agreeing how the Combating Drugs Partnership relates to other relevant groups, organisations, strategies and wider stakeholders, and developing a governance map to explain this.

The list below demonstrates some of the other operational and strategic bodies that the Combating Drugs Partnership will need to define its relationship with. Where the partnership sits across multiple local authorities, including lower tier authorities, the model should relate to relevant structures for all local authorities.

Examples of other relevant local structures

- Health and Wellbeing Board
- Community Safety Partnership
- Local Criminal Justice Board
- Integrated Care Partnership
- Safeguarding Children Partnership
- Adult Safeguarding Partnership
- Domestic abuse strategic group
- Violence Reduction Unit

Local areas should develop and agree terms of reference to specify:

- the scope of activity to be overseen by the partnership, including clarity on the decision-making powers and responsibilities

- the roles of different partner organisations
- the links to other relevant groups and partnerships (e.g. Community Safety Partnerships)
- the frequency of meetings – note that virtual discussions may be helpful
- how activity will deliver the key outcomes outlined in the national strategy
- any outcomes to be pursued locally in addition to those set nationally
- clear, practical arrangements for managing risk and resolving disagreements between partners
- how activity and outcomes will be regularly reviewed to see if the partnership is delivering effectively, including feedback from people who use – or feel excluded from – services
- how any planning and review processes will include consideration of impact, including equality impact assessments
- how all partners contribute appropriately to sustaining the partnership itself (e.g. secretariat, analysis, etc.)

If an area is considering using an existing partnership structure, it should ensure that it modifies membership and terms of reference of this and other relevant groups appropriately.

Partnerships should also consider the use of sub-groups to focus on the detail of specific issues, and link to existing structures where they are already in place. The role of sub- groups will partly depend on the geographical extent as areas that bring more than one local authority together are likely to have more of a strategic oversight role. These sub- groups might include a joint substance misuse treatment and recovery group, a workforce development group, a drug-related homicide prevention board or task and finish groups as appropriate. The partnership should retain oversight of the work of these groups, setting priorities and tasks and reviewing delivery.

The principles that should be adopted by a Combating Drugs Partnership

The following principles have been identified as central to effective working to reduce drug-related harm. They should form the foundation of any partnership established to deliver on the strategy.

Shared responsibility

All relevant organisations and professionals see reducing drug harm in a local area as an essential part of their role.

Person-centred support

All plans and services are designed around the needs and preferences of local residents, rather than systems or processes. There is ‘no wrong door’ for someone seeking support for a drug-related issue.

Genuine co-production

People who access treatment and recovery services and those who have been personally affected by drug harm have input and involvement across all levels of organisation and decision-making, with a commitment to the principles of diversity and inclusion.

Equality of access and quality

Everyone is able to access timely, appropriate support in a form that respects the full, interconnected nature of their needs, wishes and background. The partnership fosters good relations, tackling prejudice and promoting understanding between people from different groups.

Joint planning

Members share data and analysis and co-ordinate resource allocation, to ensure service delivery is more effective and efficient.

Coordinated delivery

The wider context of people's lives – as part of relationships, families and neighbourhoods – is reflected in the way that services operate. People should not need to 'tell their story' multiple times, and there should be good communication, data sharing and co-ordination between different support services. Where there are multiple needs for a person or in a family, services should work together to assess their needs, develop a shared care plan and consider the role of the 'lead practitioner' – someone who acts as a single, consistent and trusted point of contact for different organisations and services.

Local visibility

The partnership is recognised by local residents as a key forum and decision-making body, and works to increase public confidence related to drug issues, reducing stigma and raising awareness of support. The partnership uses inclusive and accessible language in its discussions, products and publications.

Flexibility

The local partnership responds to need, whether at the individual level or for a local area, tailoring the approach to different needs, resources and cultures.

Long-term strategic view

There is a long-term view with a careful, proactive, staged approach to delivering improvements to achieve system change in service design and delivery, and a generational shift in patterns of drug use.

Alcohol

Alcohol is a factor in many drug-related deaths alongside drugs including heroin and methadone. In the night-time economy, drugs such as cocaine and MDMA are frequently used alongside alcohol. Moreover, specialist treatment and recovery services tend to be integrated for alcohol and other drugs.

Therefore, while the 10-year drugs strategy focuses on the use and supply of illegal drugs, local partnerships should ensure that their plans sufficiently address

alcohol dependence and wider alcohol-related harms. This should include considering the multiple complex needs of people who use alcohol as well as other drugs, and including alcohol in relevant activity and performance monitoring, considering deaths, hospital admissions and treatment for alcohol as well as other drugs. Drug-related harm should not be driven down at the expense of increasing alcohol-related harm.

Areas may find that this requirement is best met by having a dedicated partnership meeting that covers issues related to both alcohol and other drugs, as Greater Manchester has done (see Appendix 4).

Chapter 4 – The responsibilities of Combating Drugs Partnerships

Combating Drugs Partnerships have huge potential to level up neighbourhoods and make significant progress in combating illicit drugs and the harms they drive.

This chapter outlines the cycle of joint activity that the partnerships should lead:

- a joint local needs assessment, reviewing local drug data and involving all relevant partners
- agreement of a local drugs strategy delivery plan that reflects the national strategic priorities, including developing data recording and sharing at a local level
- regularly reviewing progress, reflecting on local delivery of the strategy and current issues and priorities

Needs assessments, delivery plans and progress reviews should be seen as linked elements of a continuous process to analyse the situation, plan actions to improve it, take these actions, and reflect on what has been learnt – as part of a cycle to better understand the situation and how to improve it. The sections below offer more detailed advice on the content and structure of these pieces of work.

Key tasks and timeline for Combating Drugs Partnerships as they are established

1. Partnership, geography, membership and local SRO agreed by partners by 1 August 2022.
2. New local multi-agency partnership terms of reference and governance agreed by end of September 2022.
3. Partners carry out joint assessment of local evidence, data and need by end of November 2022.
4. Delivery plan and performance framework developed across supply, demand, treatment and recovery by end of December 2022.
5. Review progress against plan and local outcomes by end of April 2023.
6. Work with central government support to update and improve.

Analyse

Partnerships should jointly conduct an initial assessment of evidence and data to understand better the local issues and patterns of drug-related harm. This process of comprehensively assessing data and trends should be undertaken first in 2022 and then conducted at least once every three years. As noted below, there should be continual use of data by the partnership to assess and review need and impact.

This assessment should be an attempt to understand the baseline of where local need, partnership, activity and performance are at present, and the possible explanations for this situation and any trends.

Partnerships should focus on bringing the three priorities in the strategy together to understand potential interactions, synergies and dependencies. An integrated local strategy should be a unique and new contribution of Combating Drugs Partnerships.

This analysis should draw on other relevant partnerships and pieces of work, such as local drugs market profiles, community safety strategic assessments and Joint Strategic Needs Assessments (JSNAs). PCCs, police forces, Regional Organised Crime Units and Violence Reduction Units (where they exist) are likely to hold much of this information, for example, and OHID produces an annual data pack for each local authority, drawing together treatment data and other relevant data on prevalence and harm to form a basis for local needs assessments in relation to drug and alcohol treatment and recovery.

Local partnerships should also use relevant service reviews from inspectorates, feedback from people using services and the wider community, as well as specific case reviews in areas such as domestic homicide, offensive weapons homicide, mental health, and child and adult safeguarding.

The approach required is much more than a presentation of data or trends. There should be a clear structure and analytical framework that allows the partnership to fully understand the issues and plan joint activity to address them.

Part of the assessment of data, intelligence and other evidence should be to outline how progress will be measured, with key data sources identified where possible and appropriate. The National Combating Drugs Outcomes Framework, at Chapter 2 and Appendix 2, provides the overarching measures, and local areas will be held to account on progress against them.

What to ask as part of a needs assessment

Questions to consider for the needs assessment might include:

- How can we measure if our residents' lives are improved?
- How can we measure if specific services are being delivered well?
- How are we doing at the moment on the most important of these metrics?
- Which partners have a key role to play in doing better? Note that partnerships should think carefully about organisations, groups and individuals who might not

already be involved in this work – for example community groups not directly related to drug harm, or people who are not currently engaging with services
- What initiatives do we know work to improve things? There should also be a commitment to try new things and develop the evidence base where there aren't already effective, clearly evidenced approaches.

In conducting analysis, the partnership should make reference to:

- the full range of drug use, whatever substance, and whether use is recreational or dependent
- the presence of drug supply within the local area and exported to other areas
- the impact of both drug supply and use on crime, including serious violence, homicide and acquisitive crime
- a wide range of issues, to include housing, employment, mental and physical health and wellbeing, and education
- all demographics, with reference to all protected characteristics, to ensure any disparities in need or impact are identified and addressed, noting the specific potential challenges in relation to stigma and substance use
- geographical disparities
- the accessibility of services, noting routes into services (e.g. referral sources)

These suggestions are not exhaustive, and partners should draw on the full range of resources provided by sector-led organisations, including the Local Government Association (LGA), National Police Chiefs Council (NPCC), the Association of Police and Crime Commissioners (APCC), the National Crime Agency (NCA) and the College of Policing.

Local data sources and data sharing

While central government will provide tools to help local partnerships in their planning and review work, as described in Chapter 2, it is essential that partners unlock the power of data across different organisations at a local level to help understand and tackle the problems facing their areas.

By looking at real-time, local data, potentially matched at the individual level, it is possible to gain a much quicker and more detailed insight into the local situation than only using national data, where there can be time lags and a loss of detail in order to generate the consistency and comparability required. An example of how this can work well is using data on drug-related deaths and 'near misses', to be able to provide up-to-date harm reduction advice to people who use drugs and frontline practitioners across a range of organisations (see case study in Appendix 4).

Partnerships should therefore set out and agree how they will record and monitor local data to understand challenges and opportunities, and drive service improvement and better outcomes. This work on data monitoring should make specific reference to the context and issues described above.

As part of this process, Combating Drugs Partnerships should identify what relevant data individual organisations already hold, what data sharing agreements they have in place locally, and how they intend to develop the collection, sharing and use of data to drive service improvement and achieve better outcomes.

To deliver this and to make the most of interpreting the data, investing in shared analytic capacity across the local system can be invaluable to ensure the maximum benefit is gained from data collection. Combating Drugs Partnerships should help organisations to share not only data, but also resources through staffing, training and technology.

The basis for local data sharing

There is already a strong regulatory framework to support sharing data. The recent health and social care white paper, 'Joining up care for people, places and populations (https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations)', recommends the development of a shared care record. There are examples of local arrangements already in place that can be used as a basis for new agreements. SAVVI in Greater Manchester has published a template of an information governance framework (https://docs.google.com/document/d/e/2PACX-1vSSifSPxF0m0OIGE845GMNGtJITPse1EBezLd3AeeEm6ccWP7k_wnSZSqI151aYG6wIpP9Slv77mXqq/pub). We strongly encourage partnerships and practitioners to build on work underway, including through existing partnerships, and share best practice through networks to ensure that local areas can build on the experiences and work done already in this space, rather than reinventing the wheel.

Local plans

The next stage of work for partnerships should be to develop a local plan of action to reduce drug-related harm, based on the evidence and discussions undertaken in the 'analyse' stage. With the local context and needs in mind, the plan should outline specific actions to demonstrate how the partnership will address the core issues outlined in the strategy, and explained in the numbered points in Box 6, all of which should be covered in the plan.

The plan must be consistent with existing legislation and, where relevant, should build on existing plans already agreed, such as joint health and wellbeing strategies and Community Safety Partnership plans. It should draw on insights from a range of analyses and assessments that are already carried out in relevant fields, and engage different types of professionals to ensure it resonates with frontline staff and local residents.

The Combating Drugs Partnership should play a role in overseeing and co-ordinating relevant funding streams relevant to this agenda to provide the necessary link between funding and delivery. It is recommended that partnerships merge funding streams where appropriate and engage in joint commissioning and service delivery – for example, as recommended by the Advisory Council on the

Misuse of Drugs in relation to sexual health and substance misuse treatment services.[footnote 16]

Drugs strategy commitments for local areas to cover in their plans
Break drug supply chains

1. targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
2. going after the money – disrupting drug gang operations and seizing their cash
3. rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
4. tackling the retail market – improving targeting of local drug gangs and street dealing
5. restricting the supply of drugs into prisons – applying technology and skills to improve security and detection

Deliver a world-class treatment and recovery system

1. delivering world-class treatment and recovery services – strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes
2. strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy
3. ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery
4. improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
5. improving employment opportunities – linking employment support and peer support to Jobcentre Plus services
6. increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment
7. keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community

Achieve a generational shift in the demand for drugs

1. applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm
2. delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs

3. supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

Review and update

The partnership should have regular monitoring in place to check the progress of actions. This should specifically consider effects across the three key priorities in the strategy, focusing on interactions and unintended consequences.

At least once a year, the partnership should take stock of its progress in reducing drug- related harm, reporting against the National Combating Drugs Outcomes Framework and additional local metrics. This stocktake should draw on any relevant inspection reports provided by organisations including the CQC, Office for Standards in Education, Children's Services and Skills (Ofsted), HM Inspectorate of Probation, HM Inspectorate of Prisons, and HM Inspectorate of Constabulary Fire and Rescue Services (HMICFRS). It should also make use of self-audit tools as provided by government departments and sector organisations or developed by local areas themselves. Delivery of drug treatment, for example, should be reviewed with reference to the upcoming Commissioning Quality Standard.

While plans should provide stability in partnership aims and activity, we would expect the plan to be assessed and updated as necessary at least every three years, in conjunction with the needs assessment.

Chapter 5 – Reporting and oversight

Combating Drugs Partnerships should be visible and accountable for their actions, both to local residents and central government, and regularly seek to learn and improve practice.

This chapter outlines how partnerships should link with regional and national structures of support with guidance on:

- how central government will track progress across the partnerships and support the sharing of best practice
- working with regional and national colleagues when conducting analysis, formulating delivery plans and developing progress reports

Overview

Accountability was a key theme of the Dame Carol Black's independent review. The Combating Drugs Minister has overarching accountability for the strategy and delivery of the outcomes, with each relevant Secretary of State having accountability for delivery of the elements within their department's remit. The drugs strategy committed to presenting an annual report to Parliament to monitor progress in line with Dame Carol's recommendation.

Local accountability will have parallels to this approach. Each Combating Drugs Partnership should oversee progress towards the outcomes, with the local SRO having overarching responsibility for local delivery of the strategy. Other members of the Partnership will be responsible for their elements of delivery in line with the reporting frameworks and outcomes associated with the funding they oversee.

Combating Drugs Partnerships should be visible and accountable for their actions, both to local residents and central government. Publication of local needs assessments, plans and high-level reporting is recommended to demonstrate this.

Figure 5 below sets this overall structure out in more detail.

Figure 5: Reporting and support structures for Combating Drugs Partnerships

Diagram showing recommended members of a Combating Drugs Partnership reporting through a Senior Responsible Owner to central government, comprising the Drugs Strategy departments and the Joint Combating Drugs Unit, which report in turn to the Secretaries of State and Combating Drugs Minister and finally the Prime Minister. The National Combating Drugs Outcomes Framework is shown as running alongside all stages of this.

The recommended core members of a Combating Drugs Partnership are listed here as follows, in colours corresponding to a relevant government department, or as external:

- People affected by drug harm (external)
- Elected members (e.g. councillors, mayors) (external)
- PCCs (external)
- National Probation Service (Ministry of Justice)
- Secure estate (prisons, YOIs) (Ministry of Justice)
- Police (Home Office)
- Local authority officials (Department of Health and Social Care)
- Substance misuse treatment providers (Department of Health and Social Care)
- NHS (Department of Health and Social Care)
- Jobcentre Plus (Department for Work and Pensions)

The six drugs strategy departments are:

- Department of Health and Social Care
- Home Office
- Department for Levelling Up, Housing and Communities
- Ministry of Justice
- Department for Work and Pensions
- Department for Education

Regional oversight and support

Combating Drugs Partnerships should work closely with the relevant regional staff representing the six key departments and the Joint Combating Drugs Unit. Relevant regional staff could include HM Prison and Probation Service (HMPPS) drug strategy leads, HMPPS health and justice co-ordinators, Regional Organised Crime Units within the police and OHID regional substance misuse leads.

Regional staff should also be invited to attend partnership meetings as appropriate to support analysis, planning and co-ordination across departments and organisations. This will also facilitate the sharing of best practice and a culture of continuous improvement across central and local government. Partnerships are also encouraged to connect with each other to spread best practice and allow for peer review to ensure they work as effectively as possible. The intensity of support offered by regional teams will depend on the needs and performance of the local partnership.

In addition, options are being explored for how we can share best practice and support connections being made between local areas through national forums. We expect to build on and expand the existing Project ADDER partnership network to understand the learning from Project ADDER areas and discuss delivery through a multi-agency approach. We plan to use this forum, and the network of Project ADDER areas, to share lessons learnt and effective solutions to shared problems that could be of use to SROs. Further guidance and support will be made available through the Joint Combating Drugs Unit.

Links with central government

The named local SRO and partnership lead will act as the main points of contacts for central government to provide communications regarding the overarching drugs strategy. As set out above, progress will be monitored against the National Combating Drugs Outcomes Framework and through departments' performance management functions with delivery partners. Dame Carol Black, Independent Advisor on Combating Drugs, is also charged with understanding the impact of local delivery and holding both national and local areas to account.

Central government will monitor local delivery against the metrics outlined in the National Combating Drugs Outcomes Framework and through government departments' performance management functions. The Combating Drugs Minister oversees a cross- government forum where the progress is monitored. Where areas are performing less well against the headline metrics, we expect to have an open dialogue with the local SRO and partnership to understand the circumstances and support improvement. Dame Carol Black, Independent Advisor on Combating Drugs, is also charged with understanding the impact of local delivery and holding both national and local areas to account.

There are already structures in place to ensure delivery of high-quality services in local areas, with assurance offered through the CQC, OHID, Ofsted, HMI Prisons and HMI Probation, HMICFRS and others. These organisations and structures are

part of how delivery partners will be held to account on national quality standards across the different areas. The specific focus of support structures for the drugs strategy will be, as with Combating Drugs Partnerships themselves, to consider how there may be efficiencies and value added by working across different organisations and all three priorities of the national plan.

Appendix 1 – Information for local areas to return to central government

The following information is requested to notify the Joint Combating Drugs Unit of the decisions taken locally in creating your Combating Drugs Partnership.

Local areas are asked to return this information by 1 August 2022 via the online form at the following link: https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/ (https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/).

The form asks for the information listed below. If you have any queries whilst collecting and returning this information, please contact JCDU-enquiries@combatingdrugs.gov.uk

- upper-tier Local Authorities (UTLAs) covered by the partnership
- rationale for selection of the UTLAs covered by the partnership
- name, job title, organisation and email address of your nominated senior responsible owner
- names, job titles, organisations and email addresses of individuals selected to carry out other suggested lead roles within the partnership (where these decisions have been made)
- names, organisations and email addresses of the core partners that have agreed the proposal

Appendix 2 – National Combating Drugs Outcomes Framework

June 2022

This appendix supports the National Combating Drugs Outcomes Framework in the drugs strategy local guidance, at Chapter 2. It provides the definitions of the headline measures, why we chose them, their limitations, and the source of the data. This is aimed at providing detail on the how we are measuring the headline outcomes, so that partnerships can assess and monitor how they can contribute to delivering them.

The current data collections have not all been developed specifically for this agenda, and there are potential gaps in monitoring change at the preferred frequency and geography. To tackle this, a full outcomes framework will be published in summer 2022, and will include details on:

- a full set of supporting metrics to show both progress towards outcomes, and to monitor the wider related system
- a data development plan to look at how to fill gaps in the data
- how the government will explore data intelligence approaches where it is difficult to get timely data

Reducing Drug Use

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Drug use in prisons
- Drug use in the homelessness population
- Impact of drugs on children and families
- Acceptability of drug use

Proportion of individuals using drugs in the last year

Definition: Proportion of individuals reporting use of drugs in the last year; 16-24 years, 16-59 years. Monitored by drug type (all, cannabis, cocaine), personal characteristics (gender, ethnicity, others as required), England and Wales.

Inclusion Basis: The currently accepted measure of drug use in England and Wales, produced by the Office for National Statistics (ONS), and provides a continuous time series since December 1995.

Limitations: Annual Survey with time delay to publish, household-based survey, so excludes some groups. Last comparable data point is currently 2019/20.

Data Source: Crime Survey for England and Wales, ONS[footnote 17]

Definition: Proportion of pupils aged 11-15 who took drugs in the last year. Monitored by drug type, personal characteristics (gender, ethnicity), England only

Inclusion Basis: The currently accepted measure of drug use in children in England, produced by NHS Digital, and provides a continuous time series since 2001.

Limitations: The survey is undertaken every 2 years, and only includes those in school. Last comparable data point is currently 2018.

Data Source: Smoking, Drinking and Drug Use among Young People in England[footnote 18]

Prevalence of Opiate and Crack Use

Definition: Estimated total number and prevalence rate of opiate and/or crack cocaine use at local authority, regional and England only. Monitored by drug type and age.

Inclusion Basis: The currently used estimate of opiate and/or crack cocaine use prevalence; used to assess need in local authorities. It includes estimates of unseen use, not just those in contact with the treatment system.

Limitations: The last update covers the period 2016/17, the next update will be for 2019/20.

Data Source: Estimates of the prevalence of opiate use and/or crack cocaine use[footnote 19]

Reducing Drug Related Crime

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Drug trafficking and possession
- Proven reoffending
- Hospital admissions for assault by sharp object
- Acquisitive crime

Drug Related Homicide

Definition: Homicides that involve drug users or dealers or have been related to drugs in any way. An offence is ‘drug-related’ if any of the following variables are positive: victim illegal drug user; victim illegal drug dealer; suspect illegal drug user; suspect illegal drug dealer; victim has taken a drug; suspect has taken a drug; suspect had motive to obtain drugs; suspect had motive to steal drug proceeds; drug related. England and Wales.

Inclusion Basis: Reducing homicides is a government ambition and around half of homicides are flagged as drug related. This is the official measure of drug related homicide in England and Wales.

Limitations: The criteria for assigning the drug-related flag is broad

Data Source: Homicide in England and Wales[footnote 20]

Neighbourhood Crime

Definition: Neighbourhood Crime, made up of domestic burglary, personal robbery, vehicle offences and theft from the person. England and Wales

Inclusion Basis: Drug use can have an impact on the quality of life and the level of crime in an area, with nearly half of acquisitive crime believed to be linked to drug use. This data is survey based, so gives a fuller picture of the crime being committed, as it may not all be reported.

Limitations: We are not currently able to specify which crimes are drug related

Data Source: Crime Survey for England and Wales[footnote 21]

Reducing Drug Related Harm

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Prevalence of Hepatitis C in those who inject drugs
- A&E attendances for drugs misuse

Deaths from Drug Misuse

Definition: Deaths related to drug misuse in England only. Monitored by English region, date of death and date of registration.

Inclusion Basis: The official data covering deaths by drug misuse, and a key area of harm covered by the strategy

Limitations: The data is published annually, and due to the requirement for a coroner in these cases, there is a significant time delay in registering the death. Monitoring both the date of death and registration allows us to see the impact at the time of our interventions, but there will be some time delay before we see the impact.

Data Source: Deaths related to drug poisoning England and Wales[footnote 22]

Hospital Admissions for Drug Misuse

Definition: Hospital admissions for drug poisoning and drug related mental health and behavioural disorders (primary diagnosis of selected drugs) in England only. Monitored by National, Local Authority, and age group (16-24, over 25)

Inclusion Basis: A measure of high health harm from drug misuse.

Limitations: Only includes admissions, not other interactions with the health services, and is a count of admissions not individuals.

Data Source: NHS Digital[footnote 23]

Reducing Supply

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Drug Seizures
- Drug purity
- Safeguarding of vulnerable people and children

Number of county lines closed

Definition: Number of county lines closed through the County Lines Programme (England only).

Inclusion Basis: A drug strategy ambition and a measure of police activity through this programme

Limitations: Is a measure for the county lines programme, which covers a restricted geography. It does not tell us whether the line has been replaced or the business displaced elsewhere.

Data Source: Home Office[footnote 24]

Organised Crime Gang disruptions

Definition: Number of moderate and major OCG disruptions against organised criminals.

Major: Significant disruptive impact on an OCG, individual or vulnerability, with significant or long-term impact on the threat.

Moderate: As above but with noticeable and/or medium-term impact on the threat (England and Wales).

Inclusion Basis: Measure of the impact of enforcement activity to disrupt organised crime

Limitations: There is some overlap with county lines closures

Data Source: National Crime Agency[footnote 25]

Increase Engagement in Treatment

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- Unmet need
- Deaths in treatment
- Access to treatment through the criminal justice system

Numbers in Treatment

Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, Type of treatment (any type, rehab and inpatient detox). England only.

Inclusion Basis: An overview of the expansion of different types of treatment places and that they are being accessed. Also gives a view of whether the access is reaching different groups.

Limitations: Does not give an indication of the quality of places and treatment being delivered.

Data Source: Alcohol and drug treatment statistics: adults and young people. [footnote 26]

Prison Continuity of Care

Definition: Proportion of prison leavers transferred to community treatment providers, who are successfully engaged within 3 weeks. England only.

Inclusion Basis: High harm cohort that often fall through the cracks; ensuring they can maintain treatment and support is key

Limitations: Includes only those with an identified need, and does not assess the quality or type of treatment they are taking up

Data Source: Alcohol and drug treatment in secure settings[footnote 27]

Improve Recovery Outcomes

Supporting Metrics

For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including:

- In stable accommodation
- Accessing mental health treatment
- Undertaking meaningful activity, including employment
- Families and safeguarding

Treatment Effectiveness

Definition: Treatment effectiveness measure: proportion in stable accommodation who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use. England only.

Inclusion Basis: Measure to cover the effectiveness of treatment, covering the range of progress that individuals are making

Limitations: Does not give an indication of whether outcomes are maintained post treatment

Data Source: Office for Health Improvement and Disparities

Appendix 3 – Membership of Combating Drugs Partnerships

June 2022

We outline below some of the key organisations that might be represented in a Combating Drugs Partnership in England. As part of their work, partnerships should involve a much wider range of stakeholders than the recommended core members. This appendix outlines groups that partnerships should consider inviting to their meetings, or involving through sub-groups and other forms of genuine, meaningful participation.

Precisely which organisations and individuals are represented through the partnership may depend on local circumstances, but those who are involved with the partnership or sub- groups should have the ability and responsibility as part of their role to shape provision and make decisions about work across all three strategic priorities to improve local residents' lives.

Recommended core partnership members

Elected representatives
Elected members

There are a number of relevant roles that elected members might hold in relation to substance use. Responsibilities in relation to community safety, housing, health, children and families, safeguarding and social care are all immediately relevant. There are further areas that local partnerships should also consider, including in relation to employment and the local economy, as well as wider community development.

The number of elected members included in partnership meetings may vary depending on the scope and composition of the partnership.

Specific roles might be chosen and could vary over time, depending on the local partnership's priorities.

In a two-tier authority area it may be appropriate to have more than one elected member on the partnership to ensure that different tiers are represented, given the relevance of different responsibilities, notably housing. Partnerships are also encouraged to consider representation of parish and town councils, which can play a valuable role in identifying local patterns of harm and driving change at a local level.

Elected mayors

Where an area has a metro mayor, it is recommended that there is representation from their office and/or the relevant combined authority more broadly as appropriate, given local responsibilities such as housing and employment.

Where a mayor has additional responsibilities in relation to health or policing, for example, these should be considered alongside representation of other relevant organisations such as other relevant healthcare organisations, and in line with guidance on the role of PCCs. This may mean the most appropriate representative from the mayor's office is a deputy mayor with responsibility for crime and policing.

Inclusion of other elected mayors, such as city mayors, should be considered as part of the broader representation of elected local members and local authority officials.

Local authority officials

Relevant local authority officials should be included in local partnerships, and it is recommended that there is representation at director level – for example director of children's services.

In determining how various officials should be included, reference should be made to other service areas covered through other roles. For example, where an elected member representing housing is attending, the director of housing may not be the most appropriate official to attend, as this would not offer the broadest coverage possible.

It is expected that there is support from multiple official roles. Relevant areas could include substance misuse, housing, employment, education, social care and safeguarding. An early help or family support representative could also be beneficial, to consider how early, targeted support with all members of a family can be co-ordinated to reduce harm within families.

Not all representation from these roles need be at director level. For example, it may be appropriate for the lead commissioning officer for substance misuse treatment to attend. A lead commissioner for substance misuse treatment is likely to be a good fit for the role of partnership lead as outlined in Chapter 3 of the guidance.

Not all relevant roles that support this work need be considered core members of the partnership. The partnership lead and data and digital lead as outlined in the guidance may or may not be full members of the partnership, depending on local arrangements.

An official at director level or above (e.g. corporate director or chief executive) could be the senior responsible owner (SRO) for the partnership. However, again this should be considered with reference to the balance of different organisations and sectors across the leadership roles.

NHS and other health and care provision

Local NHS services are integral to the delivery of the 10-year drugs strategy, and may play a variety of roles across the life course, including school nursing, health visiting, primary care, community and inpatient mental and physical health care, and substance misuse treatment. Areas may also wish to directly include other provider organisations, including from the third sector (e.g. Mind).

As well as involving direct provider organisations, it is essential that partnerships have representation from senior strategic leads in the local health and care system, who can set strategic priorities and resource allocation, as well as drive change in operational practice. At the time of writing it is recommended that there is representation from the Integrated Care Board at least at director level – for example a director of primary and community care. However, as integrated care arrangements develop, representation at drugs strategy partnerships may also evolve.

As currently structured, NHS England and NHS Improvement have a key part to play in provision of care for people who use drugs whether they are in prison or the community.

There are therefore several potentially useful roles that could be represented through a local partnership.

Most directly, NHS England and NHS Improvement commission healthcare services in prisons (including treatment for substance misuse) and liaison and diversion services in courts and police custody. A key commitment in the 10-year drugs strategy is to improve both engagement of people in treatment before they leave prison and continuity of care into the community. It is therefore recommended that the regional health and justice commissioning manager attends partnership meetings within their area. While this may represent several meetings, the importance of this commitment and the potential difference that can be made in reducing reoffending and preventing drug-related deaths should not be underestimated.

In addition, the partnership should consider how to include both commissioners and other staff relevant to primary care provision, including community pharmacies. A community pharmacist may be the professional who some people in treatment see most often, and their wider role in improving people’s health and wellbeing and ensuring their safety should again not be underestimated.

As with all organisations and roles, reference should be made to other representatives attending the partnership, to ensure broad coverage of roles, experience and perspectives. Some of these roles may fit better with sub-groups covering specific issues such as substance misuse treatment.

Substance misuse treatment providers

The organisations that provide specialist support for people with a substance use disorder in the local community will be central to achieving the aims of the strategy. The most significant partners will be providers commissioned by local authority public health teams, most likely either NHS or third sector providers.

Where the local provision is offered by a local NHS trust, there should still be specific representation from the substance misuse team in addition to any inclusion of wider local NHS stakeholders.

The partnership should consider how to include the provider(s) of treatment in local prisons and other parts of the secure estate (e.g. young offender institutions and secure children's homes), to help ensure high quality treatment and the continuity of provision between the community and prison.

The partnership may also wish to consider how to represent other treatment providers in the community, such as residential rehabilitation services, which may not be the core community providers or directly commissioned by the local authority, but play a key role in the local area.

As there might be a number of different relevant providers within even a single local authority, it may be necessary to consider how to represent all these organisations with their differing perspectives while retaining a manageable, functional partnership.

An appropriate level of representation would be the local area or regional manager, who can make decisions about resource allocation within the commissioned service's budget.

People directly affected by drug-related harm

It is essential that people who are directly affected by drugs are included in local partnership discussions. This includes those who are victims of drug-related crime and antisocial behaviour, people who use drugs (whether or not they currently use support services), and the families and friends of people who use drugs.

Ideally, a partnership will look to represent the views of all these groups, and as far as possible the full range of views and backgrounds within them. This should include extensive use of community forums, surveys and focus groups, and building formal representative structures as required, such as service user forums.

There are challenges in representing a wide range of perspectives, and therefore it may be appropriate to have several sub-groups or clear feedback routes to ensure that the partnership is able to hear a range of voices.

Lived experience recovery organisations (LEROs)

Lived experience is recognised in the strategy as having huge potential to support a range of people and communities in improving their lives. Lived experience can be defined as personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by

other people. A LERO is an organisation of people with lived experience committed to recovery, focusing on personal autonomy.

Where areas have active LEROs already operating, these should be included in local partnership discussions. Where they are not in place, the partnership should actively seek to develop them.

While LEROs can facilitate access to commissioned treatment services and forms of mutual aid, their contribution can – and should – be much more than this. They can contribute to wider community development and awareness, and help support programmes in currently underserved areas, whether universities or particular local communities. LEROs can add value in a wide range of types of work and settings to reduce drug-related harm, supporting people at high risk of drug-related death, engaging with hospitals to improve care, and building wider recovery awareness and support in the community. By having a more direct connection to local neighbourhoods and communities, they can be a key resource for keeping partnerships in touch with local residents and ensuring support is accessible to all.

Jobcentre Plus

Meaningful activity such as employment plays a key role in improving substance dependency treatment outcomes. Jobcentres should approach these partnerships through their standard partnership procedures. For example, local partnership managers may be an appropriate attendee to represent Jobcentre Plus and address employment-related needs within their area.

Police

An assistant (or deputy) chief constable may be an appropriate attendee from the local police force, and could be the SRO for the partnership.

However, the roles and seniority of police representatives in the partnership should be considered in light of the geographic footprint of the partnership, and in parallel with other representation. For example, it may not be possible for an assistant or deputy chief constable to attend several partnership meetings within a single police force area, or they may not be best placed to provide expert advice and input on drugs issues. This should be considered when establishing the geographic footprint of a partnership.

Depending on the priorities of the partnership, it may be appropriate to have police representatives with more specific responsibilities – such as violence reduction, serious and organised crime (SOC), neighbourhood policing, or a particular geographical area – attending. It should also be noted that police forces are currently responsible for commissioning healthcare in police custody, which can be a key moment for ensuring entry to treatment or continuity of care.

Regional Organised Crime Units (ROCUs) play a pivotal role in tackling drugs and work closely with the National Crime Agency (NCA), and police forces, as well as other relevant partners. ROCUs are the principal interface between the NCA and policing in England and Wales in relation to the ‘middle market’ threat, providing a

unique understanding of the regional SOC threat, provision of a bespoke response with specialist technology and investigative expertise and capability. They are key in countering the harm from the 'middle market' in respect of enforcement, intelligence development and confiscating or denying access to assets. Partnerships should therefore work with ROCUs to draw on their perspective and expertise.

Police and crime commissioners

It is recommended that the PCC attends the partnership, and they would be an appropriate SRO.

However, as for other organisations, depending on the geographic footprint of the partnership, it may not be possible or appropriate for a PCC to attend all relevant meetings in their area in person.

In such cases, an appropriate member of their office should attend. Examples would include a deputy, a chief executive or, where appropriate, a lead commissioning officer.

Probation Service

The regional probation director or relevant local manager of the Probation Service should attend partnerships within their area, depending on the geographical footprint. Even where they are not directly involved in specific partnerships, regional probation directors can provide a key route to co-ordinate practice and share learning between partnerships in their area.

Prisons and youth custody settings

There is a range of potential roles that could best represent prisons and other secure settings. Regional health and justice co-ordinators will be central to the effective delivery of relevant services, but local areas should consider how HM Prison and Probation Service drug strategy leads and prison governors are included. Where these roles are not directly represented at a local partnership, they should be closely involved in more tactical and operational discussions, and support the flow of relevant information and data to regional and national levels to co-ordinate sharing best practice.

Other potential partnership members

Local schools and other education providers

Reducing drug use among young people is a key outcome of this long-term strategy, and requires co-ordinated, evidence-based work with young people. Schools and other education providers are therefore essential partners in ensuring that young people receive the education, advice, support and protection they need in relation to their own and others' use of illegal drugs. Partnerships should also

consider the involvement of higher and further education providers, as discussed in the following sections.

Insight from key decision-makers is crucial, and this should include engagement with school leaders to support them in their wider civic responsibility, and to help ensure the best outcomes for their students. Partnerships may draw on existing local networks to ensure the perspectives and experiences of a range of institutions and staff are included. There are a number of other roles that might be relevant for partnerships, including leaders from multi-academy trusts in the area. School-based mental health teams, school nurses, special educational needs and disability co-ordinators, virtual school heads, relationships, sex and health education leads, and other similar roles should be involved through sub- groups and other forums as appropriate.

Higher education

Where a local area has a higher education provider, they will often already have strong links with local services including community healthcare, emergency services and police. Building on these existing networks and assets, the partnership should consider direct engagement on several distinct areas, making use of involvement in sub-groups or specific projects and task and finish work as appropriate.

Higher education students often play a key role in the local night-time economy, and time as a student is key in shaping behaviours and experiences that may affect future wellbeing and employability. Partnerships should work with education settings, drawing on pilots and innovations including specific projects in place through the drugs strategy, to explore behaviour change interventions with students.

Partnerships may encourage higher education providers and local services to work together to support students who are getting into difficulties with drug use. One example being the work of Dr Ed Day, the national recovery champion, with the University of Birmingham.[footnote 28]

Higher education providers train health and care professionals including nurses, doctors, psychologists and social workers, and also have a key role in wider skills development throughout the life course. They are central to supporting local economic growth and can support the development of other protective factors such as employability at an individual and societal level that can reduce the harm of drug use.

Partnerships should connect with research and innovation work in higher education providers in the social and behavioural sciences, public health and a range of disciplines, as well as research institutes dedicated to substance use and addiction.

Further education

As outlined for higher education providers, further education can contribute to this agenda in a range of ways. Colleges often have a large number of students, and therefore can be an efficient way to engage with a range of people from a wide catchment area for education and preventive work in relation to their own drug use. Colleges are a key provider of education for a range of roles across health and social care and other professions that will support people who use drugs and those around them. Students themselves can also act as peer educators and advocates. Colleges can also play a central role in helping people to develop skills and experience that will support people in their recovery from substance misuse, with links to programmes such as social prescribing.

Information sharing across further education can be crucial to ensure there is effective support and safeguarding available to students, and Combating Drugs Partnerships can enable this.

A senior manager with safeguarding responsibilities, such as a director of student services, would be an appropriate point of contact. Given the varying footprint and catchment areas of colleges, partnerships should ensure that any point of contact is able to link with the range of relevant providers in the area. Where there are relevant local groups of providers, partnerships should make use of them. The Association of Colleges may be able to advise on how best to link with the full range of local providers.

Housing associations and providers of supported housing and homelessness services

People experience drug-related harm where they live. Safe, stable, affordable housing is an essential building block for recovery. Housing associations and providers of supported housing (including for people experiencing homelessness) can play an invaluable role in supporting their residents and building reassurance that people are safe in their own neighbourhood. The precise role that is most important to link into these partnerships will depend on the configuration of housing provision and support locally. Where local authorities are funding housing support or strategic housing roles as part of their treatment and recovery interventions, these should be utilised to improve join-up with local housing providers.

Youth offending team

The local manager of the youth offending team should be linked to the partnership to ensure that the perspective of youth justice is represented and that there is effective work in place to improve early intervention, referral pathways, and support available for children involved in the use or supply of drugs.

Fire and rescue authorities

Fire and rescue authorities collect information to assess risk in their areas and may conduct direct home visits that can elicit valuable information about criminal activity and safeguarding. They can play a useful role in local partnership work to plan services, reduce risk and ensure vulnerable people receive the support they need.

Voluntary, community and social enterprise and other community organisations

Some organisations from the voluntary, community and social enterprise sector will be represented through other sections of this guidance. Treatment providers, LEROs and other organisations may be part of the voluntary and community ('third') sector. However, there is a wider contribution that can and should be made by community-based organisations.

Access to 'meaningful activity' and support with wider health and wellbeing through social connection can be central to recovery from substance misuse, and community groups play a crucial role in providing such opportunities in local communities. This might be through local community centres, social prescribing schemes, or perhaps local exercise and social opportunities such as rambling, fishing or football. Similarly, volunteering networks may help support individuals and neighbourhoods. The Citizens Advice Bureau can also offer support and representation, as well as other organisations more focused on immediate help, such as food banks.

There are useful connections to be made through local networks representing a range of organisations – for example a local VCSE network or volunteer centre. It is not expected that individual organisations are included in partnerships as core members, or in all discussions as a matter of course, but sub-groups and related activity will be key routes through which to engage VCSE organisations.

Community organisations are also able to offer valuable insights into the nature and scale of drug-related harm within particular groups, and a unique route by which to address this. Such groups may be particularly helpful in involving people whose voices may not otherwise be heard in these forums. Engagement with relevant groups in the development of this guidance suggests that areas may wish to prioritise improving connections with women, people from ethnic minority backgrounds and some LGBTQ+ groups.

Involvement with neighbourhood groups can be particularly helpful. Such groups can be a vital source of intelligence and information, and a way of engaging with members of the community to understand community views and challenge stigma, supporting a positive approach to reducing drug-related harm in specific neighbourhood settings.

Young people's community organisations will be crucial both in supporting young people who are affected by drug-related harm, and in providing feedback and intelligence to partnerships on young people's needs and the effectiveness of current support arrangements.

Other local community organisations

As well as directly representing local residents affected by drug-related harm, partnerships should also consider the role of different organisations within the community that are not directly related to drug issues but may face challenges related to these substances – or provide opportunities to reduce harm.

Drug use is linked to acquisitive crime and antisocial behaviour, which can affect local retail businesses, the night-time economy and public places. Local retailers therefore may have a key role to play, for example in identifying prolific offenders who are committing acquisitive crime as a result of substance misuse issues. A strong and effective partnership would ensure that there are appropriate routes for retailers to highlight issues with other relevant partners – notably treatment services – and ensure there are functional pathways to promote and refer people into support. Retailers and the night-time economy also play a key role in identification of criminal exploitation and provision of safe spaces or signposting children to support.

Therefore, partnerships should consider how to involve local retailers through organisations and schemes such as business improvement districts, Business Crime Reduction Partnerships, the local Chamber of Commerce, Best Bar None and Pubwatch. If the night-time economy is a particular issue of concern, links with local security providers will also be helpful.

Equally, drug harm is linked to economic opportunities, both at an individual and community level. Therefore, there may be opportunities for partnerships to work with local businesses to develop training and employment opportunities to support people's recovery from substance misuse, and to improve opportunities for young people who might be at risk of becoming involved in the supply or use of illegal drugs. Combating Drugs Partnerships should therefore explore links with Local Enterprise Partnerships, and other similar organisations. This could be a particular opportunity where there is metro mayor involvement.

Coroner's office

Coroners may provide invaluable insights and data in relation to drug-related harm, and specifically drug-related deaths. As these are independent individual roles, based on a specific geographical footprint, it will be for each Combating Drugs Partnership to determine how best to engage and involve coroners.

Office for Health Improvement and Disparities regional teams

OHID, within the Department of Health and Social Care, has regional staff who are specialists in issues around alcohol and other drugs. These staff can provide expertise on data and current guidance, as well as linking partnerships with best practice and current developments in other local areas.

OHID regional representatives would be likely to attend Combating Drugs Partnerships as observers and advisors.

Appendix 4 – Partnership Working Case Studies

June 2022

Data sharing

Establishing new data and performance measures

Leeds Healthy Schools is part of the Health and Wellbeing Service, Leeds Council Children's Services directorate. They support schools to raise attainment and achievement by improving the health and wellbeing of pupils.

One key way in which they do this is their online School Health Check tool. This provides a supported self-evaluation process that allows schools to grade themselves against best practice criteria based on a simple step-by-step process. All documentation was created to latest Ofsted requirements, with criteria linked to the 2020 statutory relationships, sex and health education guidance. This tool includes specific criteria to cover drugs education, and is available to schools and school settings nationally and internationally. Already other areas including East Sussex have adopted this approach to ensure that their schools are offering effective, evidence-based support for local children.

Through this self-assessment process, partners can see where further work is needed to better support pupils.

Joint analysis through Project ADDER to improve service delivery

Following the commissioned Drugs Market Profile for Norfolk it was identified that the main source of heroin and crack cocaine into Norfolk is via the county lines model.

The two main exporters are London and North West. However, arrest records for drugs arrests in the county dating back to December 2016 where the detainees home address is out of county identified that people also come from areas such as West Midlands, Buckinghamshire, Essex and Kent.

A focused analysis of the combined phone data captured during a year's worth of county lines enforcement was undertaken. Our analyst was able to identify customer databases held by the drug lines.

The customer numbers were 'washed' through police crime systems to establish where known the names, demographics and geographical distribution.

Where phone numbers were not known to police, this data has been provided with appropriate lawful basis to our ADDER partners to establish the potential identity of those not known to criminal justice, seek alternative opportunity for engagement and gain a more complete picture of the demographics of people currently using opiates or crack cocaine in the local area.

As the analysis progresses, the local partnership will be seeking to use data to identify three distinct groups of people: those not known to service, those known to mainstream substance misuse provision, and those who are identified as ADDER clients.

The analytical work will focus on the journey of those individuals and map key points across their journeys such as:

- arrests
- crime types
- reoffending rates
- housing provision and other socio-economic contributors
- use of multiple substances
- health data (including mental health)
- whether custodial time was accrued
- what interventions were provided
- engagement/attribution rates with provision

This analysis will help to pinpoint outcomes and potential areas for further service improvement, enabling an understanding of whether different interventions or messaging at different stages supports better outcomes and reduced offending.

Local partners intend to apply this approach beyond ADDER, and discussions are underway with Norfolk Youth Justice Board on how combined data can be harnessed across the partnership. This will enable longitudinal analysis and more quantitative evidence-based analysis for the children and young people's cohort, which will also support work under the Serious Violence Duty.

Monitoring drug-related deaths data in real time to change practice

Rather than relying on national data sources such as the Office for National Statistics to monitor and respond to drug-related deaths, it is best for areas to make use of local data and intelligence. In Middlesbrough, for example, there are two key sources used. Real- time data on suspected drug-related deaths are reported as they occur by local police to the Tees preventing drug-related deaths co-ordinator. There is therefore a local dataset illustrating total numbers that occur each year, the substances involved, whether an individual was known to treatment services, the circumstances of their death, and other key details.

Data is also gathered via the Teesside coroner. While this is less immediate than the police data, there is valuable additional information such as pathology reports with full toxicology, GP history and witness accounts.

Each of these deaths is reviewed in a multi-agency meeting to identify any immediate learning or themes that emerge. This is an approach that works well, but it is reliant on good data, a wide range of partners attending and partners with knowledge on risks.

Crucially, this work is about responding appropriately and changing practice as required. A number of reviews of drug-related deaths highlighted that people died after having children removed into care. Further examination suggested that problematic substance use was to some extent a response to this trauma, with parents increasing their drug use at the point their children were removed. It was

identified that there was limited support provided to the parents at this point, and therefore children's social care and drug and alcohol services are working to improve support provided to parents who use drugs. This could be through increasing capacity of the Barnardo's Pause project, better communication between drug and alcohol services and children's social care, and placing a drug and alcohol worker within children's social care.

Sharing data to plan service provision

The Pan Lancashire Data Group was established by Lancashire Violence Reduction Network to bring together a group of multi-agency partners to identify opportunities and gaps around data sharing for early intervention and prevention approaches. The group aims to improve current data sharing and data use to improve outcomes for those residing in, working in and visiting Lancashire.

The Lancashire Violence Reduction Network takes a trauma-informed, public health approach to 'tackle' serious violence in preventing and intervening at the earliest possible stages with cohorts deemed to be at risk of victimisation and/or perpetration of serious violence. While the network intends to reduce serious violence, its remit is much wider in terms of looking at the 'causes of the causes' or social determinants of violence to prevent escalation. It is therefore structured as a multi-agency group, ensuring there is representation from across the partnership.

A specific data ethics working group was established, bringing together information governance leads from health and policing, local authority data leads, lived experience teams, academic and ethics experts, digital programme leads and data protection officers.

This joint approach helps ensure that all ethical issues have been taken into account and reviewed from a range of perspectives. It also brings a consistent and consensus approach to data sharing initiatives, which was seen as crucial given varying organisational positions on different initiatives, maximising the positive impact of data sharing work.

This arrangement has facilitated the sharing of best practice from existing tools such as Lancashire Insight, the key aggregate data source utilised by the Violence Reduction Network to expand and build upon. Lancashire Insight is a platform produced by Lancashire County Council that covers the whole Lancashire-14 area. [footnote 29] This tool collates anonymised data from numerous sources such as health, education, police and social services, presenting the data in reports and dashboards covering factors such as: deprivation, poverty and unemployment.

The Multi-Agency Data Exchange, a restricted section of Lancashire Insight, is also routinely used. This section holds data on police crime and incidents, ambulance call outs, and fire and rescue call outs, as well as supporting data around causation factors, victims and perpetrators. Again, this data is at a population level and does not identify individuals.

This work has enabled Lancashire Violence Reduction Network to take an informed, multi- agency view in planning and designing services and interventions

in the local area.

Sharing intelligence and maximising impact in London through Project ADDER

This operation started with an evidence review to identify key individuals running drugs lines and known for violence offences across Hackney and Tower Hamlets – the Central East Basic Command Unit. Planning was led by Gangs Taskforce South, funded through Project ADDER, and resulted in a day of focused action in October 2021.

Ahead of the day, a full partnership plan was put in place, involving a range of policing staff including the safer neighbourhoods team, substance misuse and drugs outreach teams and local authority comms and safeguarding. The partnerships formed via Project ADDER, which have brought together various police teams, council enforcement teams, drug treatment services, and harm reduction outreach workers, led to these typical joint operations being organised (labelled 'days of action') where drug hot spots are targeted to use a mixture of enforcement and engagement approaches which would be initiated following enforcement action.

The days encourage the implementation of out-of-court disposals, community protection notices and criminal behaviour orders, whilst simultaneously tackling drug related crime and antisocial behaviour. The results include arrests and charges, for drug offences; both supply and possession, recovery of drugs and weapons, vulnerable adult referrals, voluntary drug referrals, breaches of community protections warnings or notices and criminal behaviour orders, and intelligence gathering running in tandem to the enforcement, executive action phase.

A great tool that police can make use of is the app, specially developed in partnership with Hackney and Tower Hamlets drugs treatment services, so officers on the street can refer directly into treatment services, either through a drop-in service or a diarised appointment with a drugs worker.

The intelligence gathered through the enforcement phase enabled four warrants to be executed and £25,000 cash being seized, along with three men being arrested for money laundering. This complemented a full day of executive action in October 2021. A further series of dawn raids executed across residential addresses in Tower Hamlets saw 19 people arrested and large quantities of class A drugs and cash seized. Officers seized approximately 2kg of class A drugs, £120,000 in cash and thousands of pounds worth of assets linked to money laundering, including a £50,000 vehicle. 14 of the subjects were charged with drugs trafficking offences and remanded. Five were released under investigation.

This work was delivered as part of Operation Continuum, which is the umbrella operation for all drugs activity across Central East, delivered in partnership with the local authority and health.

Existing multi-agency partnerships

Greater Manchester Combined Authority

The Greater Manchester Combined Authority has formed a partnership to cover the three themes of the 10-year drugs strategy and to work with all 10 Greater Manchester local authorities that each commission their own treatment systems. The aim of the partnership is to ensure that where things are done best at a local level, this happens, but where there are opportunities to join up provision and ensure that conversations and decisions can be made effectively and efficiently just once, this opportunity is taken. The board will:

- approve the local Greater Manchester Drug and Alcohol Strategy and identify the commitments it wishes to prioritise for implementation.
- oversee the development and reporting of a Greater Manchester Drug and Alcohol Strategic Outcomes Framework.
- establish and co-ordinate working groups covering topics to include criminal justice, homelessness, and worklessness.
- consider the range of funding streams available across cohorts where substance misuse is a common theme and, to maximise resources, make recommendations on their potential alignment or pooling.

In addition, the board are looking to harmonise their role with the requirements in this guidance and as such additional responsibilities would include accountability for delivery and overseeing system performance against the National Combating Drugs Outcomes Framework.

The board is jointly chaired by the Greater Manchester Deputy Mayor (who also holds police and crime commissioner responsibilities) and the Greater Manchester Director of Public Health Lead for Drugs and Alcohol. There is representation from the local Integrated Care System, mental health commissioning, police, probation, community safety, Violence Reduction Unit, Changing Futures partnership, work and skills, Department of Health and Social Care and OHID.

Planning and working in partnership in Essex

Essex County Council is at the heart of a new and developing partnership to plan services and co-ordinate activity to address drug-related harm in local communities.

The Substance Misuse Joint Commissioning Group started with the recognition that the use of drugs doesn’t happen or have an impact in isolation. The effects are felt across the whole public sector and community. Therefore involving as wide a partnership as possible will deliver positive impact and outcomes to individuals, families and communities.

To make this a reality, there has been a sustained effort to engage all relevant individuals and stakeholders. For provider or statutory organisations, the key driver is the recognition that individual services will deliver outcomes more effectively and

efficiently by working together, rather than alone. The group reports into the local Health and Wellbeing Board, ensuring that there are clear connections and accountability across the public sector.

There has also been considerable work to ensure that the wider community is represented in these discussions – crucially people in recovery, who have invaluable lived experience that can help improve the design of services. This has led to the development of an independent charity – Essex Recovery Foundation – that is at the heart of the group's future plans, whereby people in recovery will oversee the design and commissioning of services more directly.

Having started with needs assessment and design of treatment services, the group has now developed a long-term local strategy that covers the priorities of reducing demand and reducing supply as well as promoting treatment and recovery. This represents a complete, but continually evolving and improving partnership that addresses the three priorities of the national strategy in unity.

Developing a new multi-agency partnership across multiple local authority areas

Following the publication of the 10-year drugs strategy, the West Midlands police and crime commissioner invited a broad range of partners (as outlined in the drugs strategy) to an event in February 2022 to develop local work on sharing responsibility across this agenda, integrating partnerships and eliminating silos. Following the event, recommendations based on the feedback from attendees were published in a report of the event, with actions agreed including:

- engaging with directors of public health around plans to respond to new funding, and opportunities for collaboration across the wider diversion and prevention agenda
- establishing comms with local authority commissioners to reinforce OPCC interest in working in partnership to develop plans
- engaging with OHID's regional joint commissioning managers network, regional continuity of care group, regional Substance Misuse Partnership Board with NHS England and NHS Improvement, HM Prison and Probation Service and OHID, and regional criminal justice co-commissioning group, as well as Local Criminal Justice Boards and Reducing Reoffending Boards
- sharing information across the West Midlands region's Offices of Police and Crime Commissioners on developments in each area

Next steps include:

- map out local authority level partnerships once established and ensure attendance from Offices of Police and Crime Commissioners
- consider partnerships across the whole police force footprint to bring together sub- regional partners to share best practice
- consider developing the existing Heroin and Crack Action Area steering group into a regional drugs partnership to bring together the force-wide partnership

Working to improve diversity and inclusion

Providing culturally responsive community-based support

Black and Asian Cultural Identification of Narcotics, or BAC-IN, is a specialist drug and alcohol recovery support service for individuals, families and young adults from ethnic minority backgrounds.

Based in Nottingham and working across the Midlands, BAC-IN was inspired and founded in 2003 by individuals in recovery and has since won awards for its innovative, grassroots, community-based approach to addiction recovery.

The support BAC-IN provides is founded on the belief that support from those who have been through addiction is one of the most effective and therapeutic routes to recovery. Specifically, BAC-IN provides an alternative model to that of traditional mainstream services, in that it is culturally responsive and offers a choice of psycho-social, cultural, faith-based and spiritual perspectives to addiction recovery, rehabilitation and well-being.

The people who engage with BAC-IN, who are referred to as 'friends of BAC-IN', are at the heart of its philosophy, service design, peer-led engagement through to planning and decision making. As such, BAC-IN is deeply committed to service user consultation, involvement, and participation in the delivery of its services.

Crucially, BAC-IN is a culturally responsive, not culturally exclusive, service, and as such works collaboratively with GPs, local services and other appropriate healthcare providers. BAC-IN works in partnership across all sections of society, sharing good practice and training for the betterment of all communities.

In this way, the involvement of people who might benefit from the support services it offers have been central in the whole process from conception and design through to delivery, with a specific emphasis on amplifying the voices and backgrounds that have too often felt excluded from more 'mainstream' services.

Any enquiries regarding this publication should be sent to us at JCDU-enquiries@combatingdrugs.gov.uk

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1. The UK Government's 10-year plan (https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives) includes further details on UK-wide coverage. The Welsh Government published a revised Substance Misuse Delivery Plan (https://gov.wales/substance-misuse-delivery-plan-2019-2022-0) (2019-22) in January 2021. The Northern Ireland Executive's Substance Use Strategy (https://www.health-ni.gov.uk/publications/substance-use-strategy-2021-31) was launched in September 2021. The Scottish Government published 'Rights, respect and recovery: alcohol and drug treatment strategy' (https://www.gov.scot/publications/rights-respect-recovery/) in November 2018, and set

out its own national mission to improve and save lives (https://www.gov.scot/publications/update-drugs-policy/) in January 2021.

2. Review of drugs: summary (accessible version) - GOV.UK (www.gov.uk) (https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary#summary-of-key-findings)
3. Homicide in England and Wales - Office for National Statistics (ons.gov.uk) (https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2020)
4. Understanding organised crime: estimating the scale and the social and economic costs (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/246390/horr73.pdf) (publishing.service.gov.uk) (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/246390/horr73.pdf)
5. Deaths related to drug poisoning in England and Wales Statistical bulletins - Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/previousReleases) (ons.gov.uk) (https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/previousReleases)
6. UK life in recovery survey 2015 (shu.ac.uk) (http://shura.shu.ac.uk/12200/1/FINAL%20UK%20Life%20in%20Recovery%20Survey%202015%20report.pdf) and Best DW, Lubman DI. The recovery paradigm: a model of hope and change for alcohol and drug addiction. Australian Family Physician. 2012 Aug, 41(8):593-7. PMID: 23145400.
7. The Joint Combating Drugs Unit, headed by the cross-government Combating Drugs Minister Kit Malthouse MP, was created in July 2021 and is charged with monitoring implementation and success of the drugs strategy and will lead on annual reporting. It represents the Home Office, Ministry of Justice, Department for Work and Pensions, Department of Health and Social Care, Department for Levelling Up, Housing and Communities, and Department for Education.
8.
9. Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children subject to Child in Need Plans, Child Protection plans, Looked After Children, young carers, and disabled children. Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children’s services and unborn children.
10. The DCPP provides access to crime data on the National Crime and Policing Measures, including combating drugs.
11. Throughout this document, the term Police & Crime Commissioner (PCC) is used to refer to all elected local policing bodies, and therefore is inclusive of all

PCCs, Police Fire and Crime Commissioners (PFCCs) and mayors who exercise P(F)CC or equivalent functions.

12. NDTMS collects information from all drug and alcohol treatment providers in England. It is used to ensure that drug treatment is effective and cost effective and to improve the outcomes for individuals receiving treatment, Further information about NDTMS in general, and some of the statistics it produces can be found at https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset- (https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance) collection-guidance. (https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance) Detailed annual reports and related material can be found at https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics (https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics)

13. Substance misuse: revised guidance for area planning boards (https://gov.wales/substance-misuse-revised-guidance-area-planning-boards-2017)

14. Changing Futures is a three-year, £64 million programme aiming to improve outcomes for adults experiencing multiple disadvantage – including combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system. See Changing (https://www.gov.uk/government/collections/changing-futures) Futures - GOV.UK (www.gov.uk) (https://www.gov.uk/government/collections/changing-futures)

15. Where areas are joining up across combined authority footprints they should also consider the elected leaders or chief executive officers of the combined authority. Where appropriate and agreed by core members of the partnership, a local area may decide that an individual who does not hold one of these roles is best placed to be its SRO. This may include appointing an independent person as SRO.

16. See Cover letter from ACMD on GHB, GBL and related compound report (accessible version) - GOV.UK (https://www.gov.uk/government/publications/assessment-of-the-harms-of-gamma-hydroxybutyric-acid-gamma-butyrolactone-and-closely-related-compounds/cover-letter-from-acmd-on-ghb-gbl-and-related-compound-report-accessible-version) and subsequent Public Health England guidance: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669676/Substance_misuse_services_for_men_who_have_sex_with_men_involved_in_chemsex.pdf (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669676/Substance_misuse_services_for_men_who_have_sex_with_men_involved_in_chemsex.pdf)

17. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020 (https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020)

18. https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018 (https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018)
19. https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations (https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations)
20. https.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2021 (http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2021)
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24. Internal Management Information
25. Internal Management Information
26. http://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics (http://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics)
27. https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2020-to-2021/alcohol-and-drug-treatment-in-secure-settings-2020-to-2021-report (https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2020-to-2021/alcohol-and-drug-treatment-in-secure-settings-2020-to-2021-report)
28. See https://www.birmingham.ac.uk/research/mental-health/better-than-well.aspx (https://www.birmingham.ac.uk/research/mental-health/better-than-well.aspx) for further information on the ‘Better Than Well’ programme at the University of Birmingham.
29. The Lancashire-14 area incorporates the 12 local authorities that fall within the Lancashire County Council administrative boundary plus the two additional unitary authorities of Blackburn with Darwen and Blackpool.

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