

GLOUCESTERSHIRE COUNTY COUNCIL
REPORT TO OVERVIEW AND SCRUTINY COMMITTEE

Report Title:	Community Drug and Alcohol Service Update
Reporting to:	Adult Social Care and Communities Scrutiny Committee
Date:	16 May 2023
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Purpose of the report:	To update the Committee on the work of the Gloucestershire Combatting Drugs Partnership (GCDP) in relation to the priorities of the National Drugs Strategy, From Harm to Hope (2021).
Background documents:	<p>Review of Drugs: Phase Two Report</p> <p>From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk)</p> <p>Guidance for local delivery partners (accessible version) - GOV.UK (www.gov.uk)</p> <p>Commissioning quality standard: alcohol and drug treatment and recovery guidance - GOV.UK (www.gov.uk)</p>
	<p><i>A short summary on the background to the report and why the report is being considered at this meeting.</i></p> <p>In May last year, the committee received an in-depth update on adult drug and alcohol services in the county including a performance summary and an overview of the National Drugs Strategy 2021. A brief update on the new Gloucestershire Combatting Drugs Partnership (GCDP) was included in the Public Health ASCC Scrutiny Report in September, shortly after it had been convened. This latest report is an opportunity to update the committee on the GCDP and local work in relation to the priorities of the National Drugs Strategy.</p>
Outcomes:	We request that the committee note the report and make comment on its contents.

Background

Combatting Drugs Partnerships - National Context

1. Following the publication of the National Drugs Strategy in December 2021, the Government published guidance for local delivery partners in May 2022 outlining the recommended steps that local areas should take to help deliver the three main priorities of the Strategy: breaking drug supply chains; delivering a world-class treatment and recovery system and achieving a generational shift in the demand for drugs.
2. One of these steps, convening a local Combatting Drugs Partnership (CDP), feeds into the strategic aim of creating a whole system approach to combatting drugs harms, crime and use by having partners across the three priorities of the strategy (supply, demand, treatment/recovery) working together.
3. The Guidance also recommended undertaking a local needs assessment and developing action plans and performance frameworks so that local delivery partners and central government could be clear on where each area is starting from, where they are heading and how they are going to get there.
4. At a recent Joint Combatting Drugs Unit (JCUDU) webinar, it was reported that all areas in England have identified Senior Responsible Officers and have agreed their partnership footprint. Terms of reference have been agreed and Combatting Drugs Partnerships have formed. It was noted that most areas have made substantial progress with needs assessments (75% completed) but that the initial timelines had been ambitious and just under 70% of area's action plans were still in development. Positively, it was noted that new partners are around the table and learning and best practice is emerging.
5. In August 2022 the Office for Health Improvement and Disparities published the 'Commissioning quality standard: alcohol and drug treatment and recovery guidance' which supports the national drug strategy aim of having accessible, high quality, effective, person-centred alcohol and drug treatment and recovery systems.
6. To support the improvements described in the National Drug Strategy, three years (confirmed annually) of additional ring-fenced funding for treatment and recovery have been allocated to local areas in the form of the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) 2022 - 2025. A condition of this grant is that Local Authorities maintain their existing Public Health grant investment in drug and alcohol treatment in 2022-23 and beyond.
7. Spend against the grant has to be against a menu of evidence-based interventions and areas have been encouraged to review how other related government funding pots might be joined up to maximise the impact against the ambitions of the strategy (so, for example, the DLUHC Rough Sleeper Initiative funding or some areas have received a Rough Sleeping Drug and Alcohol Treatment Grant).

Gloucestershire Combatting Drugs Partnership - Local Progress

8. As we reported in September 2022, the footprint for the Gloucestershire Combatting Drugs Partnership (GCDP) is 'Gloucestershire' and the partnership is accountable nationally to the Joint Combatting Drugs Unit (JCUDU) and links in closely at a local

level with the Safer Gloucestershire Partnership Board and the Integrated Care Partnership / Health and Wellbeing Board. There are a number of specialist sub-groups that cover the areas of treatment, young people, enforcement and data (see Appendix 1 for structure and links).

9. The partnership provides a focused point of reporting and scrutiny, and the ambition is to be open and transparent with clear ownership, responsibility, and accountability. Membership of GCDP includes a range of local authority, health and criminal justice partners alongside providers and those with lived experience and the Partnership is chaired by the Deputy PCC, Nick Evans.
10. The Partnership met for the first time in August 2022 and agreed Terms of Reference and then again in November when it received the Gloucestershire Drug and Alcohol Needs Assessment 2022. There is a requirement of all CDPs to produce a needs assessment every three years but the message from the JCDU is that the needs assessment should be a living document and there should be an ongoing process of analysis and review to ensure that we are targeting the right areas and achieving the desired outcomes.
11. Meetings are scheduled in for May, August and November this year and will be held quarterly going forward.

Needs Assessment

12. The Gloucestershire Drug and Alcohol Needs Assessment was finalised at the end of 2022 and included quantitative analysis of the latest data and qualitative analysis of engagement which was carried out by an independent consultant with both stakeholders and service users.
13. The table below includes some headline data:

Nationally 9.4% of adults (16-59ya) report drug use within the last year (Crime Survey for England and Wales (CSEW) 2021) – applying this % to Gloucestershire would equate to approximately 32,400 Gloucestershire residents
It is more frequent amongst young people (16-24ya), with 21.0% reporting the use of an illegal drug within the last year – this would equate to approximately 12,780 Gloucestershire residents (CSEW 2021); Most are likely cannabis users – nationally, 7.8% adults; 18.7% Young People reporting use in the last year (CSEW 2021)
Nationally, men are nearly twice as likely to use drugs as women (11.9% vs. 6.9%); a person is more likely to use drugs living in an urban environment (9.6%) compared to rural (8.0%) (CSEW 2021)
Nationally, cocaine is the second most popular drug - 2.6% of adults & 5.3% young people report last year use (CSEW 2021)
Nationally, adults reporting any drug use in the last year increased between 2013 and 2020 - by 15% for 16-59ya & by 28% in 16-24ya. 'Class A' use remained stable (CSEW 2021)
Problem drug use – estimated 2,849 heroin and crack users; including 2,414 heroin users in Gloucestershire.
Higher levels of drug use are associated with urban living and relative deprivation.

14. Stakeholders told us that co-existing mental health conditions are high and often present the biggest issues for individuals, families, and professionals. Interagency working must continue to be promoted and embedded working introduced alongside joint/multiagency training.
15. Individuals with complex or multiple needs require more support and there is a need for assertive services where clients cannot attend appointments. Ensuring drug and alcohol services are present in specialist and supported housing is important and support recovery, and services for abstinent clients need to be enhanced.
16. The treatment population demographic broadly matches the Gloucestershire population, but we do not know whether need is equitably met across the protected characteristics and more work is needed to understand any gaps in access.
17. Treatment need is not evenly distributed across the county, with an urban-rural imbalance and there is a need to look at prioritising high visibility services, balancing rural access with urban demand, remote access options, and in-reach/outreach provision.
18. The treatment population is ageing with increasingly complex needs and vulnerabilities -the treatment service needs to balance approaches to effectively meet the needs of older more complex individuals alongside the needs of younger less entrenched users.
19. There needs to be a parent and family focussed approach to address the impact of parental substance misuse with embedded working by drug and alcohol staff in Children's Social Care and safeguarding, and the continuation of family focussed treatment approaches and interventions should remain a priority.
20. The impact on the carers and significant others of drug and/or alcohol users is substantial and traumatising – carers need to be actively engaged within the treatment process (where this is appropriate) and provided with support.

GCDP Action Plan

21. Having reviewed the needs assessment, the Partnership is now looking to develop their Combatting Drugs Action Plan. For this first plan, with short timelines to pull it together, we are focusing on a few key areas as the sub-groups bed in and the partnership matures. The ambition is to involve partners, stakeholders, and those with lived experience to work towards a much more comprehensive plan when it is reviewed in a year's time, which will look to capitalise on connections with other related areas of work (rough sleeping; domestic abuse etc) and maximise ownership across the system. The guidance encourages areas to build on existing plans such as the Joint Health and Wellbeing Strategy and Community Safety Plans.
22. It should be noted that the plan for spending the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) had to be developed before the needs assessment was completed and the GCDP Action Plan was developed. Whilst the additional funding is very welcome, this was not ideal sequencing. Where possible we are looking to ensure that there is synergy across the two plans.
23. In relation to the National Drugs Strategy ambition of delivering a world-class treatment and recovery system, we will be focusing on building a recovery

community to give service users past and present an organisation that can provide support to them and represent their voice to the local partnership.

24. We are also looking to strengthen the professional workforce by prioritising recruitment and retention to reduce individual worker caseloads and increase treatment quality. We will do this by initiating a Workforce Development Scheme to train and mentor people and build capacity into the specialist workforce. A pilot will run with an initial group of 8 people with further groups through 2023 – 2024.
25. The pathway between prisons and community-based treatment has been identified through the National Drug Strategy (2021) as requiring improvement; the community 'pick-up' needs to grow to 75% by end-March 2025. Former prisoners require enhanced support to progress within the community, therefore joint working with the probation service to engage prison leavers needs to be retained and will be subject to ongoing review. We will be working with prisons to create clear resettlement pathways and reduce reoffending. Alongside this we will retain the 'Out of Court Disposals Scheme' (post-arrest diversionary scheme) to divert low-level drug offenders from the Criminal Justice system.
26. Actions across the areas of enforcement and prevention are still under development and the Partnership will discuss the draft plan when it meets in May.

Outcomes Framework

27. There are six overarching outcomes that the government believes successful delivery of the National Drugs Strategy will achieve. These are: to reduce drug-related crime; harm; overall use; supply, and to increase engagement in treatment and improve long-term recovery.
28. Local areas are expected to use the outcomes framework to guide their work and measure improvements. The metrics are built around data that is readily available at a national level and local areas will be expected to develop some of their own metrics. There has been some delay with publishing the outcomes framework dashboard and a 'BETA' version has only just been made available on the National Drug Treatment Monitoring System (NDTMS).
29. For context, the NDTMS data helps drug treatment demonstrate the outcomes it achieves for the people it treats and in doing so aids accountability for the money invested in it. NDTMS is a national standard and is applicable to young people and adults within community and secure setting-based treatment providers. Our local Provider inputs their data into NDTMS, and we have access to this data as commissioners.
30. This dashboard provides local areas with key information to monitor performance and activity against the key aims of the Drug Strategy. The report is produced by the Office for Health Improvement and Disparities (OHID), using data from the NDTMS. Feedback is currently being sought on the functionality of the report and OHID are keen that local areas become familiar with the measures before seeking to use them in a performance monitoring context. The dashboard does not yet contain all the indicators that are in the framework. Other indicators, including housing and employment outcomes, will be added in the main release, due out at the end of June 2023.
31. The initial data covers the following indicators.

- Number in Treatment – Adults
- Number in Treatment -Young People
- New presentations
- Deaths in treatment
- Residential uptake
- Inpatient uptake
- Continuity of Care
- Treatment Progress

32. The Treatment Progress Measure will be the main Treatment & Recovery metric within the Combating Drugs Outcomes Framework and will be used alongside other indicators in the framework, such as employment and housing status, to give a rounded picture of recovery. There had been some criticism of the previous measure of successful completion (without re-presentation within 6 months) as being an unrealistic goal for some very entrenched heroin users. Progress made by service users still in treatment was not recognised or valued through use of this metric as the key measure of success.

33. Given the nature of dependence, people who eventually go on to lead lives free of problematic substance use will often require multiple attempts to get there. Someone lapsing or relapsing after completing treatment doesn't necessarily reflect poorly on the quality of the treatment they received, and it may be an important part of their recovery journey. Therefore the 'non-representation within 6 months' component of the old successful completion metric has been removed.

34. The Partnership is also monitoring crime data from Gloucestershire Constabulary including the number of county lines closed; organised crime gang disruptions; neighbourhood crime and drug related homicide.

Next Steps

35. Each CDP is required to publish an annual report on progress to the Joint Combatting Drugs Unit and the first one is due by mid-July before Parliamentary recess. There is no prescribed format for these reports, and we will discuss how we wish to represent our progress at the next CDP Board meeting in May. At this meeting we will also be reviewing our progress with the Action Plan and hoping to move forward with identifying the actions around prevention and enforcement.

Recommissioning

36. The committee is aware that the current Adult Drug and Alcohol Community Treatment and Recovery Service contract is due to end in March 2024. We will be launching the tender later this month and hope to award the new contract in September this year.

Appendix 1: Gloucestershire Combatting Drugs Partnership

