

To: **Executive**  
**20<sup>th</sup> September 2022**

---

**National Drug Strategy**  
**Executive Director: People**

**1 Purpose of Report**

- 1.1 To advise the Executive of the content of the National Drug Strategy, From Harm to Hope<sup>i</sup> and request agreement in respect of the recommendations contained within this report.
- 1.2 To advise the Executive of the content of the National Drug Strategy Guidance for Local Delivery Partners which was published in June 2022<sup>ii</sup> and sets out the requirements in respect of delivering against the priorities in the National Drug Strategy and the requirement to establish a Combating Drugs Partnership (CDP).

**2 Recommendation(s)**

- 2.1 **That the Executive discusses and makes recommendations in respect of the geographical footprint of the CDP. The options for this are:**
  - **A Thames Valley wide partnership – the benefits of such a partnership would be senior level representation from Thames Valley Police, the National Probation Service and the Police and Crime Commissioner. However the geographical size of such a partnership would make it difficult to have a local focus and would also more than one Integrated Care Partnership.**
  - **A pan Berkshire Partnership – whilst this would afford closer partnership working across Berkshire, there would also be an issue in respect of the Integrated Care Partnerships covering East and West Berkshire. Public Health in Berkshire West have indicated that this would not be their preferred option**
  - **A Berkshire East Partnership – this is our preferred option due to the co-terminosity of the Integrated Care Partnership and Public Health functions.**
- 2.2 **That the appointment of Stuart Lines as the Senior Responsible Officer who will represent the Combatting Drugs Partnership and account for local delivery and performance to central government be endorsed.**
- 2.3 **That the Executive recommends that a temporary partnership post is developed to support the establishment of the Berkshire East CDP the development of the terms of reference. The post holder would also undertake a needs assessment for Berkshire East and develop a strategy on how the partnership will deliver against the priorities in the national drug strategy**
- 2.4 **That the Executive agree to establish a Local Drug Strategy Delivery Partnership which will oversee the delivery of the local drug strategy and report on progress to the Berkshire East CDP.**
- 2.5 **That the Leader be requested to appoint the member representative on the Combatting Drugs Partnership.**

### **3 Reasons for Recommendation(S)**

- 3.1 The strategy requires local areas in England to have a strong partnership that brings together all the relevant organisations and key individuals. The CDP will be responsible for reporting directly into central government and will have an appointed SRO. The SRO should occupy one of the following roles:
- PCC
  - Local authority elected leader
  - Elected Mayor
  - Local authority chief executive
  - Director of relevant local authority department (e.g. public health, adults/children's social care, housing)
  - Regional probation director
  - Integrated Care Board (ICB) chief executive
  - Senior police officer
- 3.2 Locally we will need to agree whether we establish a Thames Valley, Berkshire East or Pan Berkshire CDP. Best value and economies of scale should be considered in making this decision.
- 3.3 Whilst the CDP will be responsible for overseeing delivery against the priorities of the drug strategy they will not be a decision making partnership. We will therefore need a local delivery partnership that can fulfil that role and report progress to the Berkshire East CDP.

### **4 Alternative Options Considered**

- 4.1 The Guidance for local delivery partners make it clear that an entirely new CDP needs to be established in local areas so there are no alternatives to consider.

### **5 Supporting Information**

- 5.1 The National Drug Strategy sets out a new approach to reducing the crime associated with drug misuse and improving people's lives and is a 10-year strategic approach
- 5.2 The financial costs of drug misuse are currently almost £20 billion a year. However, the human toll is larger, measured not in pounds lost but lives shattered.
- 5.3 The strategy has three strategic priorities which are detailed below showing the government departments involved in delivering the priorities:
- **Break drug supply chains** (Home Office and Ministry of Justice)
  - **Delivering a world-class treatment and recovery system** (Department of Health and Social Care, Ministry of Justice, Department for Levelling Up Housing and Communities and Department for Work & Pensions)
  - **Achieve a generational shift in demand for drugs** (Home Office, Department for Education, Department of Health and Social Care, Ministry of Justice, Department for Culture Media and Sport, Department for Levelling Up Housing and Communities)
- 5.4 The main points of the National Drug Strategy are below:

- **The continued allocation of funding to reduce drug related crime and re-offending drug related death and increased engagement in drug treatment service.** For Bracknell Forest this funding will be £144,526 in 2022/23, £147,347 in 2023/24 and £206,039 in 2024/25.
- The Substance Misuse Treatment and Recovery Grant local planning grids were submitted on 11<sup>th</sup> May 2022 (see annexe a) and were agreed by the Office for Health Improvement & Disparity (OHID). The Memorandum of Understanding has been signed by the Director of Resources and returned in order for funds to be released.
- **The development of Commissioning Quality Standards for drug and alcohol services.** It is difficult to predict the impact of this locally as we are unique in so much as our service are provided on an in-house basis rather than then being commissioned. It is anticipated that we will need to ensure that we provide a full range of services.
- **The development of a workforce strategy in order to ensure that the local workforce have the skills to provide a high-quality recovery service.** Locally we already commissioning a range of training for both the generic workforce to increase their knowledge and understand around substance misuse and more specialised training for the staff working within the drug and alcohol service.
- **Better integrated services.** People with substance misuse issues often have physical and mental health needs, are not employed and may be homeless. We need to work collectively to ensure that people do not fall through the gaps and whilst we do this locally, we need to ensure that we plan services in such a way to maximise the benefits to the individuals using the services. We also need to make sure that the ICS includes leadership on drugs and alcohol to ensure that there is integration in respect of physical and mental health care and substance misuse services.
- **Employment.** The government is planning to roll out the individual Placement and Support Scheme (IPS) across England by the end of 2024/25. As with some of the other initiatives detailed in the strategy it will be in the areas of highest need that this will initially be rolled out to so the expectation would be that in an area of low unemployment Bracknell Forest would be include in the later part of the rollout.
- **Improved access to accommodation.** The government are investing £53 million over the next three years to fund a menu of housing support, this will include funding housing support workers within treatment service. We will need to work closely with the Housing Team to ensure that this happens.
- **Communities of recovery.** There is an expectation that some of the additional investment being made will be used to make sure that peer-based support services and communities of recovery are linked to and embedded into drug treatment systems. Services will be expected to refer clients to mutual aid organisations. Locally we have Stepping Stones Recovery College and staff deliver sessions to the students in respect of substance misuse. Public Health provided pump priming funding for this service, but we will need to explore whether or not additional funding is required in the future to maintain this service.
- **Improving the criminal justice system response.** Reducing crime and re-offending is a fundamental part of the drug strategy. Additional funding will be put into the Ministry of Justice over the next three years. Mandatory and voluntary drug testing will be put in place in custodial settings as well as support for prisoners to engage with community treatment services prior to their release. There will be an increase in community sentences with a drug rehabilitation requirement. Locally we have recruited to a Police, Prison and Probation Liaison Worker who will work across the criminal justice system to ensure that offenders can access the support that they require. This post is funded via the additional SSMTR grant that we will receive for the next three years.

- **Young people's treatment and support for families.** The government aims to increase the number of young people in treatment by 50% over the next three years. The number of young people referred to treatment in Bracknell Forest is at an all-time low and it is hoped that the Health Needs Assessment being undertaken by Public Health will include recommendations on how to increase the number of referrals. Specific training in respect of Families and Substance Misuse and Parental Substance Misuse and Adverse Childhood Experiences will be delivered throughout the year to support professionals to be in a position to identify issues, information and advice and make appropriate referrals.
- 5.5 The National Drug Strategy Guidance for Local Delivery Partners asks all local areas to establish a CDP and nominate an SRO. These SRO's will be the key local point of contacts for central government.
  - 5.6 The guidance sets out the timescales for establishing the CDP and nominating the SRO. It also sets out the timescales for the needs assessment and delivery plan to be completed and in place. CDP will also be responsible for developing and agreeing Terms of Reference and governance arrangements locally. Annexe b sets out the specific timescales that need to be met, including dependencies and risk levels, as well as information on the minimum membership requirements, the outcome framework, governance and terms of reference of the CDP.
  - 5.7 Where the CDP spans more than one local authority area thought should be given as to how needs, provision and delivery are reviewed at a more local level i.e., a local delivery group, subgroups and task and finish groups.
  - 5.8 The guidance says that as the partnership is to be accountable for delivery of the national outcomes in the locality that the membership must reflect the need for the key stakeholders to be at director level so that they are in a position to be able to make key decisions, allocate resources, drive change in operational practice and, hold each other to account

## 6 Consultation and Other Considerations

### Legal Advice

- 6.1 There are no specific legal implications arising from this report following the **Guidance for local delivery partners – From harm to hope: A 10-year drugs plan to cut crime and save lives.**

### Financial Advice

- 6.2 This is a new Grant and will spent in accordance with Grant conditions

### Other Consultation Responses

- 6.3 The Berkshire East Systems Management Group have discussed this report and associated documents and have confirmed that they would support the establishment of a Berkshire East Combating Drugs Partnership.

The Director of Public Health: Berkshire East has confirmed that he is willing to be the Senior Responsible Owner for the Berkshire East Combating Drugs Partnership.

All relevant stakeholders have been consulted and have agreed to the proposed geographical footprint and SRO.

### Equalities Impact Assessment

- 6.4 An equalities impact assessment is in place for substance misuse services. This will be revisited and revised as part of the needs assessment that will form part of the delivery plan for the Combating Drugs Partnership

### Strategic Risk Management Issues

- 6.5 Risks are identified within Annexe b

### Climate Change Implications

- 6.6 The recommendations in Section 2 above are expected to:

Reduce emissions of CO<sub>2</sub>/Increase emissions of CO<sub>2</sub>/Have no impact on emissions of CO<sub>2</sub>.

The reasons the Council believes that this will reduce emissions/have no impact on emissions are/to reduce the impact of this increase, the Council will

### Health & Wellbeing Considerations

- 6.7 The health and wellbeing of the people who use substance misuse are of paramount importance. Both physical and mental health concerns form part of the comprehensive assessment that is completed and any risks that are identified are used to develop and risk management plan. The risk management plan is reviewed regularly to reflect any changes.

The new National Drug Strategy seeks to improve the integration between physical and mental health services and substance misuse services.

### Contact for further information

Tony Dwyer: Assistant Director Mental Health and Out of Hours, People Directorate  
[tony.dwyer@bracknell-forest.gov.uk](mailto:tony.dwyer@bracknell-forest.gov.uk)

Heema Shukla: Deputy Director Public Health, Place, Planning & Regeneration  
[Heema.shukla@bracknell-forest.gov.uk](mailto:Heema.shukla@bracknell-forest.gov.uk)

Jillian Hunt, Head of Drug & Alcohol Services, People Directorate  
[Jillian.hunt@bracknell-forest.gov.uk](mailto:Jillian.hunt@bracknell-forest.gov.uk)

### Background Papers

---

<sup>i</sup> [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>ii</sup> [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](https://www.gov.uk)