

In December 2021 the government published a 10-year drugs strategy, 'From Harm to Hope', backed by record levels of funding of over £3 billion from 2022 - 25. It provides the foundations for work at both a local and national level to deliver the following strategic priorities:

#### Break drug supply

- **Why** - Drug supply chains are violent and exploitative, degrading neighbourhoods across the country and internationally
- **How** - We will continue to roll up county lines and strengthen our response across the drug supply chain, making the UK a significantly harder place for organised crime groups to operate
- **Who** - Home Office and MoJ, working with international and intelligence partners, NCA, Border Force, police courts, prisons and probation
- **What** - within 3 years close 2,000 more county lines, disrupt 6,400 OCG activities and deny more criminal assets

#### Deliver a world class treatment and recovery system

- **Why** - Drug addiction harms individuals and society: deaths have risen to record levels and almost half of acquisitive crime is linked to addiction
- **How** - We will invest a further £780million to rebuild drug treatment and recovery services including for young people and offenders, with new commissioning standards to drive transparency and consistency
- **Who** - DHSC, DLUHC, DWP and MOJ working with NHSE, local providers and people with lived experience
- **What** - Within three years: prevent nearly 1,000 deaths, deliver 54,500 high-quality treatment places and prevent a quarter of a million crimes

#### Achieve a shift in the demand for recreational drugs

- **Why** - Use of recreational drugs has grown over a decade, particularly among young people, risking individual harm and fuelling dangerous markets
- **How** - We will strengthen the evidence of how best to deter the use of recreational drugs, ensuring that adults change their behaviour or face tough consequences, and with universal and targeted activity to prevent young people from starting to take drugs
- **Who** - DfE, Home Office and MOJ working with local authorities, police, education providers, secure facilities and youth services
- **What** - Reduce overall drug use to a new historic low over the next decade.

Number	Action	By when	Lead	Dependencies	Risk	Outcome
1	Agree who will be the local Senior Responsible Owner (SRO)	By 1st August 2022	Berkshire East/West DPH and local Consultants	Will need to agree the geographical footprint of the Combating drug partnership prior to agreeing SRO.	Cannot be agreed until geographical footprint has been agreed and the Combating Drugs Partnership has been formed. The tight timescales mean that this must be a priority action.	All relevant partners have agreed
1.1				Agreement with other LA's on who this will be.	Once the geographical area has been agreed it may be difficult to agree the SRO due to the make up of the LA's. The tight timescales mean that this must be a priority action.	The geographical footprint has been agreed and the SRO has been nominated. DPH Berkshire East will take on this role.
2	Form Combating Drugs Partnership: bring together different individuals and organisations who represent and deliver the drugs strategy goals, and co-ordinate activity to reduce drug related harms	By 1st August 2022		Identify individuals in organisations and invite them to join the partnership	Can not be completed until geographical footprint has been agreed. The tight timescales mean that this must be a priority action.	Geographical footprint has been agreed.
2.1					May not be possible to invite people due to lack of resource within lead organisations if they are required to join multiple partnerships	Whilst the geographical footprint has been agreed and the SRO nominated we still need to invite stakeholders to join the partnership.
3	Confirm the footprint for you partnerships: every upper tier LA 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	By 1st August 2022		Agreement with other LA's and lead organisations on the geographical footprint of the Combating Drugs Partnership.	Lack of agreement at a senior level in respect of the geographical footprint of the partnership. The tight timescales mean that this must be a priority action	All stakeholders have agreed
4	Agree the terms of reference for your local partnerships and your governance structure	By 30th September 2022		See tab for suggested terms of reference	Low - will not be able to agree terms of reference until geographical footprint and SRO are agreed	Draft terms of reference developed. Will be agreed at the first partnership meeting.
5	Conduct a joint needs assessment, reviewing local drug data and evidence	By 30th November 2022		Agreement with other LA's and lead organisations on the geographical footprint of the Combating Drugs Partnership and SRO.	Low - will not be able to agree the scope of the needs assessment until the geographical footprint of the partnership and SRO are agreed. However the timescales for this are not as short we should be able to meet this requirement	Joint Strategic Needs assessment has been complete and the local Health and Wellbeing Needs assessment is underway. These documents will inform the development of a local drugs strategy
5.1				Agreement with other LA's and lead organisations on the geographical footprint of the Combating Drugs Partnership and SRO. Identify capacity to complete the needs assessment	Low - existing capacity may not be sufficient to complete the needs assessment and additional resources may need to be identified. This may mean the recruitment to a temporary post. The ability to do this within the current financial envelop will depend on the identification of the geographical footprint of the partnership. However the timescales for this are not as short we should be able to meet this requirement	
5.2		By 30th November 2023 »				Annual review of needs assessment
6	Agree a local drugs strategy delivery plan, including developing data recording and sharing	By 31st December 2022		Completion of the needs assessment	Low - all partners will need to fully engage with the development of the relevant documents and plans.	Local drug strategy agreed
6.1		By 31st December 2022		Agreement within the Combating Drugs Partnership in respect of what data will be recorded and how it will be shared	Low - all partners will need to fully engage with the development of the process of data recording and sharing.	Data recording and sharing protocol agreed
		By 31st December 2022		DPIA completed	Low - will be completed as part of developing the data recording and sharing protocol	
		By 31st December 2023 »				Review of local drug strategy
7	Ensure that partners agree a local performance framework to monitor the implementation and impact of local plans	31st December 2022		Combating drug partnership will need to develop a local performance framework	Low - all partners will need to fully engage in the development of the framework	Performance framework agreed
7.1		31st December 2022				Monitoring timetable agreed
8	Regularly review progress, reflecting on local delivery of the strategy and current issues and priorities	First progress report due 31st April 2023 and every 12 months thereafter		Local performance framework will need to have been developed and agreed by the partnership.	Low - data will be collected on a monthly basis to inform the progress report	Format of progress report agreed
8.1		31st April 2023				Annual performance report submitted
8.2		31st April 2024 »				Annual performance report submitted

When agreeing the membership of the partnership, organisations should ensure that there is appropriate representation from a range of perspectives. As the partnership will be accountable for the delivery of the outcomes in the locality, the SRO must be confident that the memberships provides representation from key stakeholders, with individuals who are able to make decisions and hold each other to account.

It is suggested in the guidance that 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

It is recommended that [partnerships regularly review their own functions and modify their structures and approaches accordingly.

The figure below shows the minimum key organisations and individuals that should be represented in a Combating Drugs Partnership in England:



The local drug 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. The SRO will need to be someone who can hold key partners to account, offering constructive challenge and support to unblock issues and drive system improvements.

The SRO and their teams will be responsible for:

Oversee the completion of progress reports

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 drug strategy

Unblocking issues across the system

Reporting on the partnership's performance and delivery into central government

Oversee the development of the terms of reference

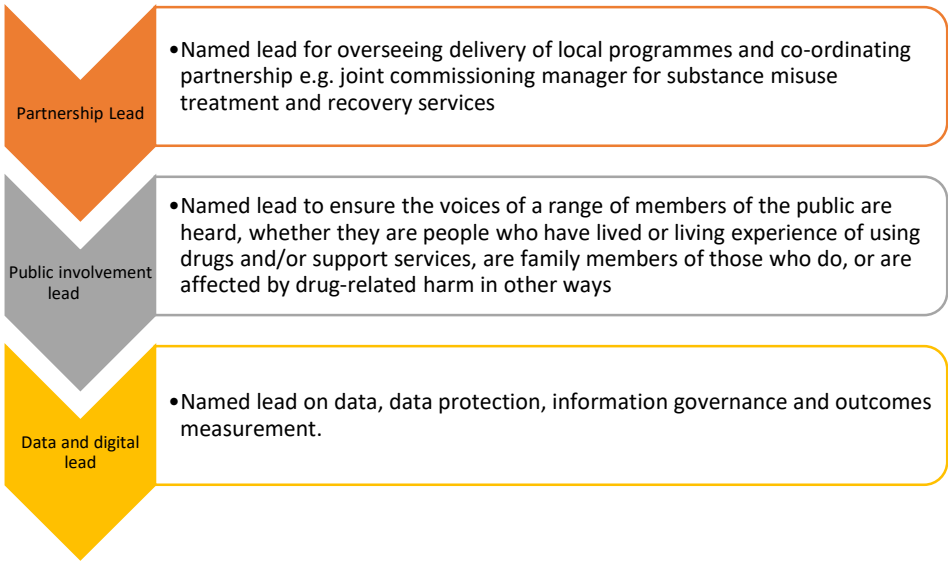
Oversee the completion of a joint needs assessment

Oversee the development of a local drug strategy and delivery plan

The partnership will also be expected to engage and work with the following:



Base on the learning from programmes such as Changing Futures the government recommends the following roles are in place to support the SRO and



The national drug strategy sets out a number of outcomes which are based on the 3 priorities as follows:

#### Break drug supply chains

- The number of county lines closed
- The number of moderate and major disruptions against organised criminals
- Drug related Homicides
- Neighbourhood Crime

#### Potential metrics - under development

Drug trafficking and possession

Proven re-offending

Hospital admissions for assault by a sharp object

Acquisitive crime

Drug seizures

Drug purity

Safeguarding of vulnerable people and young children

#### Deliver a world-class treatment and recovery system

- To increase the number of treatment places for adults and young people by 20% within 3 years
- Provide narrative on outline 3-year plans to reduce drug and alcohol related deaths, focusing on:
  - system wide approaches to reduce deaths
  - in and out of treatment populations
  - overdose and drug/alcohol related all-cause mortality
  - how risk is identified and reported
  - how deaths and non-fatal overdoses are reviewed
  - what resources and interventions will be deployed.

•\* Increase the capacity and quality of the drug and alcohol treatment workforce over the next three years. This includes recruiting:

- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- adequate commissioning and co-ordinator capacity in every local council

There is a national ambition to ensure 3 in 4 prison leavers with a substance misuse issue are engaging in treatment 3 weeks after release by the end of 2023. We have worked with the Ministry of Justice to identify this as a stretching goal to reach that will truly shift the dial. To that end, all local councils and their partners will need to set trajectories to make this a reality.

•Over the next 3 years 2% of the local treatment population will be placed into residential rehab

Achieve a shift in the demand for drugs

proportion of individuals using drugs in the last year  
prevalence of Opiate and Crack use

Reducing drug use - metrics currently under development but may include

drug use in prisons  
drug use in the homelessness population  
impact of drugs on children and families  
acceptability of drug use

The government published guidance for local areas in June 2022 on ensuring that they meet the requirements of the national strategy. In that guidance they set out their intention to publish a full outcomes framework in the summer of 2022



The government have identified the following principals as central to effective working to reduce drug-related harm:

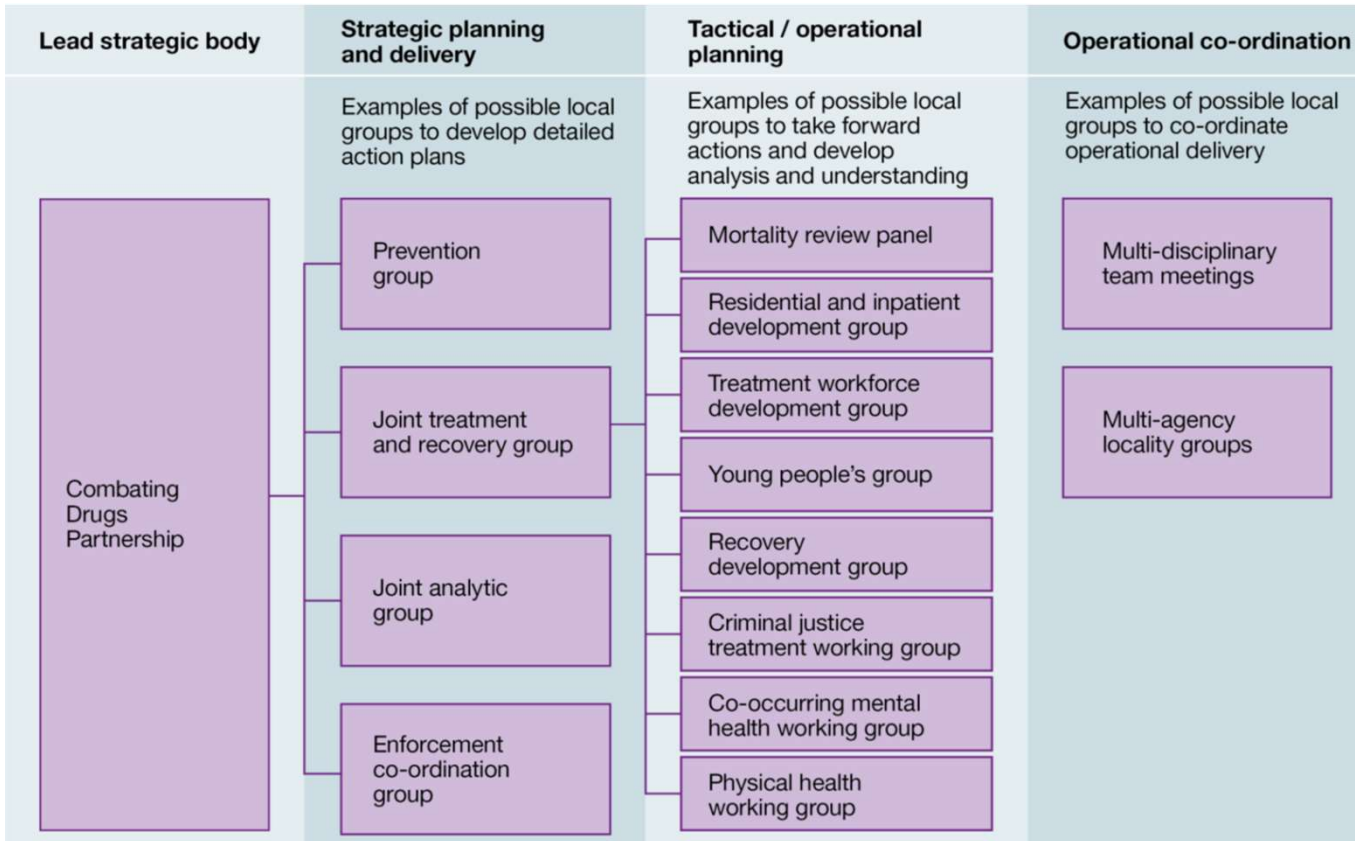


Each local area will have a unique mix of circumstance, and so the exact form and processes of an individual Combating Drugs Partnership should be determined by discussion among local leaders and residents.

The 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 figure below demonstrates some of the other operational and strategic bodies that the Combating Drugs Partnerships will need to define it's partnership with.



As combating drugs partnership may involve more than one local authority area it will be vital to establish a local delivery partnership. Local authorities may also decide to establish sub groups to focus on specific areas of work. Suggestions for these sub groups are detailed below.



Local areas should develop and agree terms of reference specifying:

