

From Harm to Hope: The National 10 Drug Strategy

Background

In December 2021, the government published a new 10-year drugs strategy, 'From Harm to Hope'¹ backed by additional funding for 2022 to 2025, to start to reverse the impact of the disinvestment of the previous decade.

The Strategy seeks to deliver the findings and recommendations of Dame Carol Black's landmark Independent Review, including a new long-term approach, with changes to oversight and accountability, delivered by the whole of Government.

The 10-year commitment sets out the expectations of how the whole of Government and public services will work together and share responsibility for delivery. This is specified in 'Guidance for Local Delivery Partners', June 2022.

Part 1 of the Black review looked at demographics, demand, drug markets and enforcement. Part 2 reviewed prevention, treatment and recovery. The recommendations of those reviews formed the basis of the From Harm to Hope strategy. Chapters 2 and 4 of the strategy are concerned with breaking supply chains and producing a generational shift in drug demand and are largely concerned with actions at a national level. Chapter 3 – Delivering A World Class Treatment and Recovery System and Chapter 5 – Setting up For Success: Partnerships and Accountability, are the areas that will be delivered at a city level.

Delivering a World Class Treatment and Recovery System

Dame Carol Black found a national system of treatment that has significantly contracted in the last decade, where many specialist roles have been lost, caseloads are very high and capacity is not sufficient to meet demand. In addition, drug related deaths are at unprecedented levels and predicted to rise further and prevention activity is limited. She stated: "that the public provision we currently have for prevention, treatment and recovery is not fit for purpose, and urgently needs repair." The Harm to Hope Strategy sets out the pathway to repair our services and is backed with significant investment. It also clearly sets out 9 areas where the new money can be spent;

- System coordination and commissioning eg more commissioning capacity
- Enhanced harm reduction provision eg increased naloxone provision
- Increased treatment capacity eg additional treatment staff
- Increased integration and improved care pathways between the criminal justice settings, and drug treatment eg pathways from courts/prison
- Enhancing treatment quality eg reducing caseloads
- More access to residential rehabilitation and inpatient detoxification
- Better and more integrated responses to physical and mental health issues
- Enhanced recovery support eg supporting people at the end of treatment
- Expanding the competency and size of the workforce

Plymouth drug and Alcohol services are part of the Plymouth Alliance, our ground breaking integration of complex needs services in the city. Whilst our services did not experience the huge cuts seen in other areas they have contracted by around 20% in the last decade. Demand has risen significantly in recent years, caseloads are

very high and a number of highly specialist posts have been lost. In addition, drug markets and patterns of consumption have radically changed with the advent of internet sales, County Lines supply routes and new synthetic drugs, and our services have not had sufficient capacity to flex around these emerging trends.

The new investment will be phased in over three years, with the target at the end of that period for a 20% increase in numbers in treatment, and a significantly expanded workforce. The government particularly wants to see increases in nurses, pharmacists, psychologists, specialist medical staff and social workers. The Plymouth detailed plan for this year and outline plans for the following two years has been accepted by OHID and meets all the requirements of the strategy. Over the three years of the plan it will deliver 55 additional posts in substance misuse services and is projected to increase numbers in treatment by 21% at year three. The detail of our plan, including the financial investment, is set out in the accompanying agenda paper: Public Health Commissioning Update, under the heading 'Complex Needs Services'. Whilst this is a drug strategy, we are also able to focus on alcohol treatment and we plan significant expansion in alcohol treatment as well as drugs.

Setting up For Success: Partnerships and Accountability

Previously, Plymouth had a separate Drug and Alcohol Board. Over time, the responsibilities of this Board have been included within both the Health and Wellbeing Board, who have oversight of the Joint Strategic needs Assessment and of overall health and wellbeing, and the Community Safety Partnership, as Community Safety Partnerships have responsibility, through the Crime and Disorder Act to provide a multi-agency response to drugs and alcohol.

The renewed focus on substance misuse treatment, and alongside that the significant increase in the amount of work required to deliver the new Strategy, requires the constitution of a new Drugs Strategy Partnership Group, accountable to the Health and Wellbeing Board (but with clear links to the Community Safety Partnership) to discharge the priority tasks and partnership functions required for the new Strategy.

The Government recognises that these local partnerships are a key structure in delivering the strategy, stating: "At the heart of our objectives will be effective multi-agency partnerships that bring to life the principles of comprehensive treatment and recovery alongside tough and effective enforcement and ambitious prevention to reduce drug use for the long term."

These new structures are called Combatting Drug Partnerships and the guidance identifies 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 a senior responsible owner (SRO) who can represent the partnership nationally, reporting to central government for 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

It has been agreed that our Combatting Drug Partnership will be set up on our unitary footprint. This makes the scope coterminous with the CSP and the Local Authority footprint; this is the geography on which drug and alcohol treatment services are commissioned. Issues requiring a larger geographical response, typically drug market interdiction and supply side action, will be managed at the existing Peninsula Strategic Crime and Drugs partnership, to ensure a consistent approach for our partners with a peninsula footprint. Dr Harrell our DPH will be the inaugural Senior Responsible Officer (in the majority of partnerships across the country the DPH is the SRO). It is a requirement that the following be represented on the partnership:

- elected members
- local authority officials (including expertise in relevant areas to include substance misuse, housing, employment, education, social care and safeguarding)
- local NHS strategic leads (e.g. clinical commissioning groups, primary care networks and integrated care partnerships)
- NHS England and Improvement
- the Office for Health Improvement and Disparities region
- substance misuse treatment providers
- voluntary, community and social enterprise sector
- people affected by drug-related harm
- primary care representatives
- mental health treatment providers
- local schools and FE representatives
- Job Centre Plus
- police representatives
- Police and Crime Commissioners
- Probation Service
- the Youth offending service
- prisons and young offender institutions

How the partnership will work

The Drug Strategy Partnership Group will provide a focused point of reporting and scrutiny thereby ensuring an open and transparent partnership with clear ownership, responsibility and accountability.

- Provide advice and data to support a robust local needs assessment to identify and understand the needs of those impacted.
- Provide expert advice and data to support the development of local strategy, agreeing the appropriate steps needed to meet the needs identified.
- Support Safer Plymouth and the health and wellbeing system locally to effectively engage with those impacted and expert services in understanding the range and complexity of needs.

- To achieve strategic and operational alignment across member organisations, Board, Forums and Groups providing consistent, quality, joined up responses for in accordance with the local Strategy and national direction.
- Receive Drug Related Death Reports and drive forward the implementation of the recommendations.
- Adopt a Human Learning System approach to continual learning and improvement.
- Take a Trauma-informed approach.
- Hold an overview of and influence the development and implementation of strategies and commissioning intentions that hold the potential to impact the Drugs Strategy and to work in partnership to ensure a joined-up approach to addressing drugs and alcohol.
- Take a Co-production approach to all of our work.

Alcohol

While the 10-year drugs strategy focuses on the use and supply of illegal drugs, local partnerships are urged to 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.

Summary

Drug and alcohol services have seen significant cuts in the last decade, losing many key specialist and medical roles. Caseloads are currently very high, drug related deaths are at record levels and demand is simultaneously growing and changing in nature. From Harm to Hope seeks to comprehensively address all of these issues and comes with considerable additional investment, it also recognises that the scale of the challenge of rebuilding services is such that it also necessary to bolster local delivery both through an increase in specialist commissioning, governance and system stewardship and by setting up robust local partnerships to oversee delivery and provide a point of accountability.