

## Appendix 4

# Cheshire East Combating Drugs Partnership

## Terms of Reference

### 1. Introduction

- 1.1. Illegal drugs cause far-reaching and devastating harm. Drug misuse currently costs society over £19 billion a year. Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity. It impacts the whole country, with the most deprived areas facing the greatest burden.
- 1.2. 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
- 1.3. The Government's drugs strategy, [\*From harm to hope: A 10-year drugs plan to cut crime and save lives\*](#), relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention. The ten-year drug strategy requires a partnership approach to delivering the following strategic priorities:
  - Break drug supply chains
  - Deliver a world-class treatment and recovery system
  - Achieve a shift in demand for drugs
- 1.4. A further local priority will be to understand and explicitly address the co-occurrence of substance misuse with mental illness and other complex issues.
- 1.5. Combating Drugs Partnerships provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. These partnerships have a named Senior Responsible Officer (SRO) who reports to central government and hold delivery partners to account.
- 1.6. 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.

- 1.7. Local partnerships should therefore ensure they sufficiently address alcohol-dependence and wider alcohol-related harms alongside their focus on the use, supply and harms of illegal drugs.

## **2. Functions of the Partnership**

- 2.1. To bring together the NHS and Local Authority leaders across Cheshire East area, including representatives of both commissioners and providers of services.
- 2.2. To bring together and co-ordinate other major agencies, organisations, sectors and interests that can contribute towards improving the strategic priorities of the Combating Drugs Partnership.
- 2.3. To provide oversight of the development, implementation, performance and review of the associated action plan of the Combating Drugs Partnership and additional actions associated with the developing Cheshire East Substance Misuse Strategy.
- 2.4. To provide oversight of the development, implementation, performance and review of the Alcohol and Drugs Joint Strategic Needs Assessments (JSNA).
- 2.5. To ensure that the action plan and JSNA are used as the basis for strategic decisions and the identification of priorities for the commissioning and delivery of services relating to substance misuse.
- 2.6. To ensure a common approach to effective communication and the provision of information about drugs is developed across the partnership

## **3. Membership**

- 3.1. Those individuals or representative of organisations who are represented through the Partnership or associated sub-groups must 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. Members are responsible for:
  - providing such information as may be necessary for the Partnership to carry out its functions
  - informing and consulting their organisation on issues being discussed by the Combating Drugs Partnership
  - committing resources to work that will assist with the development and delivery of priorities and actions agreed by the Partnership.

3.2. The Cheshire East Combating Drugs Partnership (CDP) Board comprises the following members:

| Representative/Role  | Name                   |
|--|------------------------|
| Executive Director of Adults and Integration; Cheshire East Council<br>(SRO and Chair)     | Helen Charlesworth-May |
| Director of Public Health; Cheshire East Council<br>(Deputy Chair)                         | Dr Matt Tyrer          |
| Consultant in Public Health; Cheshire East Council<br>(Partnerships lead)                  | Dr Andrew Turner       |
| Commissioning Manager; Cheshire East Council<br>(Public involvement lead)                  | Katy Ellison           |
| Public Health Information Analyst; Cheshire East Council<br>(Data and digital lead)        | Sara Deakin            |
| Commissioning Officer; Cheshire East Council<br>(Project management support)               | Hannah Gayle           |
| Public Health Development Officer (Suicide Prevention), Cheshire East Council              | Lori Hawthorn          |
| Leader of Cheshire East Council and Chair of the Cheshire East Health & Wellbeing Board    | Cllr Sam Corcoran      |
| Chair of Cheshire East Adults and Health Committee   | Cllr Jill Rhodes       |
| Housing Options Manager  | Nic Abbot              |
| Locality Manager, Community Safety; Cheshire East Council                                  | Richard Christopherson |
| Director of Strong Start, Family Help and Integration; Cheshire East Council               | Claire Williamson      |
| Interim Head of Pupil Participation and Support; Cheshire East Council                     | Sally Ashworth         |
| Area Development Manager, Youth Support Services; Cheshire East Council                    | Kay McIntyre           |
| Head of Adult Safeguarding; Cheshire East Council  | Sandra Murphy          |
| Service Manager for Child Protection; Cheshire East Council                                | Katherine Oldacre      |
| Domestic and Sexual Abuse Development Lead Advisor, Cheshire East Council                  | Emma Storey            |
| Family Help Front Door Lead, Cheshire East Council   | Karen Shepherd         |
| Practice Manager Community Mental Health Team Adults, Cheshire East Council                | Julie Cotton           |
| Senior Project Manager for Mental Health and Neurodiversity, Cheshire East Place (C&M ICB) | Cheryl Cooper          |

|   |                    |
|---|--------------------|
| Primary Care Development Facilitator; NHS Cheshire and Merseyside                                     | Chris Rees         |
| Services Manager; Cheshire East Substance Misuse Service (CGL)  | Gary Marshall      |
| Chief Superintendent, Local Policing, Eastern Area Commander; Cheshire Police                         | Claire Jesson      |
| Chief Inspector, Cheshire Police  | Duncan Gouck       |
| IOM Inspector, Cheshire Police  | Iain Paterson      |
| Research and Business Intelligence Analyst, Cheshire Police   | Ashleigh Clarke    |
| Chief Executive, Office of Police and Crime Commissioner for Cheshire                                 | Damon Taylor       |
| Head of Commissioning, Office of Police and Crime Commissioner for Cheshire                           | Andy Southcott     |
| Early Intervention Clinical Lead, Intervention in Psychosis Service, Cheshire and Wirral Partnership  | Jon Waters         |
| Early Intervention Team Manager, Intervention in Psychosis Service, Cheshire and Wirral Partnership   | Alison Heywood     |
| Health and Justice Partnership Coordinator (North West Women's Estate) - North West Probation Service | Sarah Stocks       |
| Chief Executive; Healthwatch  | Louise Barry       |
| Head of Service; Probation Service  | Gillian Staniforth |
| Health & Justice Partnership Coordinator – Cheshire; Probation Service                                | David Teese        |
| Intelligence and Surveillance Manager, Cheshire East/West Drug Related Deaths Panel                   | Mark Whitfield     |
| Service User Forum representative   | Craig Bailey       |

3.3. Three key roles have been identified and will be in place to support the Senior Responsible Officer (SRO) and the Partnership. These are:

- Partnerships lead – named lead for overseeing delivery of local programme and coordinating partnership (Dr Andrew Turner)
- 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 (Katy Ellison)
- Data and digital lead – named lead on data, data protection, information governance and outcomes measurement (Sara Deakin)

## **4. Meeting frequency and attendance**

- 4.1. The Combating Drugs Partnership will meet quarterly via Microsoft Teams.
- 4.2. The Chair will be present at all meetings and in circumstances where the Chair cannot attend the Deputy Chair will provide representation.
- 4.3. A quorum will require the Chair (or Deputy Chair) plus a minimum of at least one attendee from each of the following five partners:
  - Cheshire East Council service commissioners
  - Cheshire East Council public health
  - Cheshire East commissioned substance misuse services (CGL)
  - Cheshire Police
- 4.4. If the Combating Drugs Partnership is not quorate the meeting will be postponed at the discretion of the Chair, and in the absence of quorum no decisions will be made.
- 4.5. Apologies must be given in cases of non-attendance.
- 4.6. Additional requests for attendance may be made where indicated, for example e.g. to provide expert input of relevance.

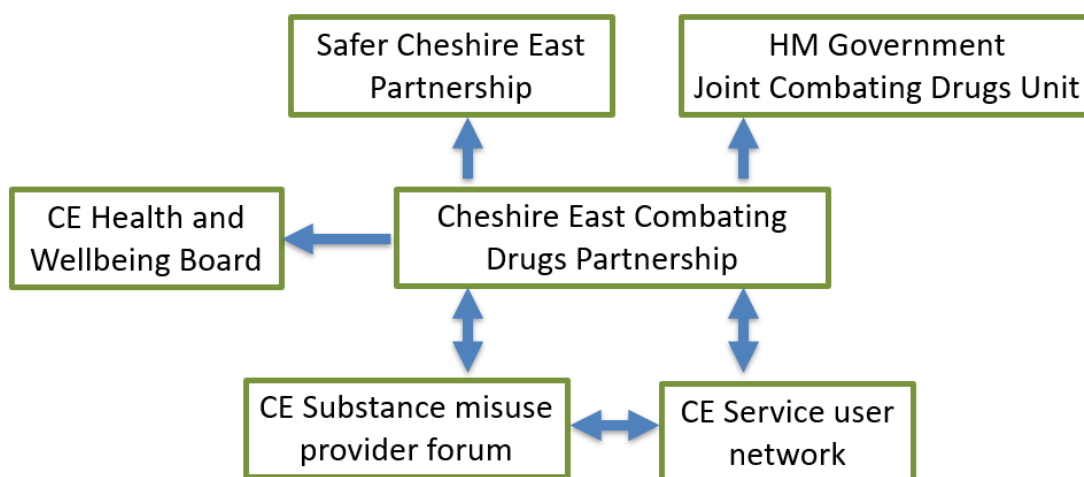
## **5. Meeting administration**

- 5.1. Administrative support for the Combating Drugs Partnership will be provided by Cheshire East Council.
- 5.2. Requests for agenda items will be made a minimum of 14 days before each meeting.
- 5.3. The agenda and papers will be prepared and circulated a minimum of five days before the meeting.
- 5.4. An accurate record of discussions, decisions, actions and learning will be made at each meeting.
- 5.5. An action log will be updated following review at each meeting.
- 5.6. Minutes of the meeting and the updated action log will be produced and approved within 14 days of the meeting being held.

## 6. Structure and governance

- 6.1. The Partnership constitutes a formal subgroup of – and shall report on a quarterly basis to – the Safer Cheshire East Partnership (SCEP), where the Combating Drugs Partnership will be a standing agenda item.
- 6.2. The Partnership is one of the specialist bodies linked to the Cheshire East Health and Wellbeing Board and may report as necessary to the Board, or as requested by the Board.
- 6.3. The Partnership will report annually to the national Joint Combating Drugs Unit (JCDU).
- 6.4. The Partnership will work collaboratively with the Cheshire East substance misuse provider forum and service user network.
- 6.5. Representatives of member organisations will be responsible for taking relevant actions and decisions through their organisational governance.
- 6.6. Local partners and organisations will contribute to key pieces of work as part of working groups as required.

Outline of reporting structure of the Cheshire East Combating Drugs Partnership



## 7. Declarations of interests

- 7.1. It is the responsibility for all Board Members to declare any conflicts of interest at the relevant point at the in the meeting. Declarations for conflict of interest will be a standing item on the agenda and will be recorded in the minutes.

## 8. Appendix: Government resources

- 8.1. [\*From harm to hope: A 10-year drugs plan to cut crime and save lives\*](#). A 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system
- 8.2. [\*Drugs strategy guidance for local delivery partners\*](#). Guidance outlining the structures and processes through which local partners in England should work together to reduce drug-related harm.