

OPEN

## **Adults and Health Committee**

**18 November 2024**

### **Cheshire East Drugs and Alcohol Plan**

**Report of: Helen Charlesworth-May, Executive Director – Adults, Health and Integration**

**Report Reference No: AH/24/2024-25**

**Ward(s) Affected: All Wards**

#### **Purpose of Report**

- 1 To approve the new drugs and alcohol plan for Cheshire East.
- 2 This work aligns with the priority within the Cheshire East Corporate Plan of: “a council which empowers and cares about people”. It also aligns with the Government’s 10-year drug strategy: “From harm to hope” and with the Cheshire East Joint Local Health and Wellbeing Strategy 2023-2028.

#### **Executive Summary**

- 3 The Government’s 10-year plan: ‘From Harm to Hope’, mandates a local drugs and alcohol plan that reflects national priorities at a local level.
- 4 This report details the engagement and coproduction that underpins this plan and discusses evidence of population need relating to drugs and alcohol.

#### **RECOMMENDATIONS**

The Adults and Health committee is recommended to:

1. Approve the new drugs and alcohol plan – Reducing drug and alcohol harm in Cheshire East.

#### **Background**

- 5 Around 1 in every 27 people in Cheshire East regularly drink above the recommended levels of alcohol, and almost 1 in every 100 people are dependant drinkers. Among young people in Cheshire East, a survey showed that about half feel that drinking is normal, fun, and not a risk to health, with about 1 in 14 claiming that they binge drink.

- 6 It is estimated that 1 in 18 adult Cheshire East residents have used illicit drugs in the past year, with cannabis being the most used drug. For crack cocaine and opiates (including drugs like heroin), about 1 in 270 people in Cheshire East have misuse issues. About 2 in every 5 of this group are not currently accessing treatment for this.
- 7 In Cheshire East, there are higher levels of drug and alcohol related admissions to hospitals among both young people and adults than the England average. For treatment, Cheshire East is similar to the England average for substance remissions.
- 8 In 2021, the Government published its 10-year drug strategy – ‘From harm to hope’ which centres on prevention, enforcement, treatment, and recovery. The national strategy emphasises the need for co-ordinated action across a range of organisations to deliver on three strategic priorities:
  - Break drug supply chains
  - Deliver a world-class treatment and recovery system
  - Achieve a shift in demand for drugs.
- 9 Local responsibilities highlighted in the Governments 10-year strategy are:
  - Produce a local Drugs and Alcohol Joint Strategic Needs Analysis.
  - Form a local Combatting Drugs Partnership.
  - Produce a local drugs and alcohol plan.
- 10 In September 2023, Public Health colleagues produced a local JSNA which provided a comprehensive account of local challenges and priorities relating to drug and alcohol addiction.
- 11 In August 2022, Cheshire East Combatting Drugs Partnership (CDP) was established, providing a multi-agency approach to reducing drug related harms in the local setting. This collaborative approach includes public health, the police, commissioning, community safety, housing, drug and alcohol treatment services, commissioners and providers, service users, NHS, Cheshire Wirral Partnership, probation, and youth justice.
- 12 The CDP reports to the Safer Cheshire East Partnership (SCEP) on a quarterly basis, is closely linked to the Cheshire East Health and Wellbeing Board, and monitors progress on the measures outlined in the National Combating Drugs Outcomes Framework. Links will also be made with other relevant groups such as the Cheshire East Safeguarding Children’s Partnership to reduce risk of duplication.
- 13 The Cheshire East plan: “Reducing drug and alcohol harm in Cheshire East”, incorporates the actions laid out in the national strategy and builds on the learning and recommendations from the substance misuse JSNA to ensure it meets local need and addresses local priorities. It also takes account of discussions within the Combatting Drugs Partnership.

- 14 The plan incorporates a set of actions developed through the coproduction process. The following paragraphs summarise our intentions for the next five years.
- 15 **Training and Education** - We aim to enhance the reach and impact of drug and alcohol education, to upskill the local workforce and provide targeted sessions where needed most as part of an early intervention approach. This includes developing a modular training package for professionals to raise awareness and build confidence in viewing addiction as an illness, offering basic harm reduction advice, understanding available treatment services, and clearly communicating pathways and referral processes. This is part of a 'Making Every Contact Count' approach.
- 16 **Communication and relationships** - We aim to create a platform for regular inter-agency communication to ensure a coordinated approach to promoting substance use services. We aim to build connections with ethnic minority groups to address cultural and language barriers and provide accessible information in various formats.
- 17 **Targeted approach** - Targeted interventions will focus on high-risk groups, such as children in care and those living with substance-misusing family members. This will help to protect against risk of ill-harm including domestic violence or child abuse. It will also encompass the targeting of homeless families and prison leavers. Additionally, intensive outreach will take place in collaboration with homelessness services supporting individuals with complex needs. Working closely with the eight care communities, we will work towards a hub and spoke model ensuring that people have access to services where they need them.
- 18 **Refine pathways** – We aim to streamline transitions between services, ensuring individuals receive appropriate support without repeatedly sharing their stories.
- 19 **Dual diagnosis** - We aim to enhance collaboration between mental health and substance misuse services, adopting a holistic approach. This includes creating opportunities for co-location, joint assessments, and developing bespoke recovery support pathways for both adults and young people with dual diagnoses.
- 20 **Stigma and lived experience** - To reduce stigma around substance misuse, we aim to change attitudes and encourage people to seek help without fear of shame. Additionally, we will celebrate and utilise the knowledge of those with lived experience, supporting them throughout recovery and facilitating opportunities for Lived Experience Recovery Organisations to thrive.
- 21 **Reducing supply and demand** - This includes targeting areas for drug and alcohol related crimes and disrupting drug supply (including county lines) through sharing of intelligence related to enforcement.

- 22 Outcomes will be measured in line with the metrics set out in the National Combatting Drugs Outcomes Framework and will be monitored locally by the local Combatting Drugs Partnership (CDP).
- 23 The feedback from the coproduction process and the plan will inform the design of the new Substance Misuse Service.
- 24 The plan will also be presented to Health and Wellbeing Board in November, following this no other formal steps are required for it to be adopted.

### **Consultation and Engagement**

- 25 The proposed new plan has been coproduced with a large range of stakeholders, including, service providers, professionals (including health, social care, police) and most importantly people with lived experience and their families.
- 26 Between March 2023 and August 2024, 43 Focus groups and 33 one to one interview's were held with a total of **434** participants.
- 27 The plan was presented to members of the Combatting Drugs Partnership and elected members in July, discussing intelligence gathered from engagement and allowing the opportunity to inform the approach.
- 28 Several task and finish groups have been held involving key stakeholders and those with lived experience with the aim to design a Cheshire East wide action plan which will inform the aims of the new Substance Misuse Service model.

29 Highlights of our journey of coproduction are below:

<b>Stakeholders</b>	
<ul style="list-style-type: none"> <li>• Young people (Youth council, JIGSAW, Youth service)</li> <li>• Service user groups</li> <li>• Service user family and friends</li> <li>• Police</li> <li>• Probation</li> <li>• CWP</li> <li>• People from ethnic minorities</li> <li>• Health (0-19, GP's)</li> <li>• Lived Experience Recovery organisations.</li> <li>• Integrated Care Board</li> </ul>	<ul style="list-style-type: none"> <li>• Substance misuse provider forum</li> <li>• Substance misuse providers, commissioned and non-commissioned (AA/NA)</li> <li>• LGBTQ+</li> <li>• VCFSE Sector</li> <li>• Headteachers / Education</li> <li>• All eight Care Communities</li> <li>• Family Hubs</li> <li>• Hospital trusts</li> <li>• Housing</li> <li>• Elected members.</li> </ul>
<b>March 2023 – Feb 2024</b>	<b>Initial engagement</b>
<p>11 focus groups and 14 one to one conversations were held to ask people the following questions:  <i>Support and services for people with addiction is currently like what?</i>  <i>At its best, what does support for people with addiction look like?</i></p>	
<b>February 2024</b>	<b>Task and finish groups</b>
<p>45 people, including professionals, and those with lived experience, attended task and finish groups to discuss the emerging key themes around:  <i>Early intervention and prevention.</i>  <i>Pathways.</i>  <i>Dual diagnosis.</i>  <i>Stigma</i>  <i>Lived experience.</i></p>	
<b>March – May 2024</b>	<b>Testing the draft action plan</b>
<p>Stakeholders had the opportunity to feedback on the draft action plan.</p> <p>Further themes emerged around:  <i>Training and education</i>  <i>Communication and relationships</i>  <i>Taking a targeted approach</i></p>	
<b>June – July 2024</b>	<b>Task and finish groups</b>
<p>64 people attended four task and finish groups to provide feedback on the updated action plan and agree actions.</p>	
<b>August 2024</b>	<b>Action plan agreement</b>
<p>The final action plan was agreed by all attendees from the task and finish groups and members of the combatting drugs partnership.</p>	

- 30 Stakeholders have engaged well and although the plan is yet to be approved, there is already some good practice that has emerged from working together through the co-production process.
- 31 One example of this is improved working between our mental health services, CWP and our social work teams with Change Grow Live to improve how they jointly support people with dual diagnosis.

**Reasons for Recommendations**

- 32 The plan provides a clear set of actions to address recommendations outlined in the Drugs and Alcohol JSNA, contributing to the reduction of poor mental and physical health and reducing inequalities across Cheshire East.
- 33 Development of a local plan is also mandated within the government’s 10-year strategy and will be monitored through key Office for Health Improvement and Disparities indicators.
- 34 This plan has already been approved by the Cheshire East Combatting Drugs Partnership which includes representation from; CEC Police, Cheshire Wirral Partnership, ICB, Probation, Children's Services and others.

**Other Options Considered**

- 35 *Not publishing a plan (do nothing)*. This would mean that Cheshire East are not adhering to the recommendations made in the national 10-year strategy. This would also mean that key transformational and partnership work would not take place to improve the wider treatment and recovery network.

Option	Impact	Risk
Not publishing the plan	There would be no current drugs and alcohol plan in Cheshire East.	Lack of improvements in drug and alcohol services leading to poorer health outcomes for the residents of Cheshire East.

**Implications and Comments**

*Monitoring Officer/Legal*

- 36 The Council’s statutory responsibilities for public health services are set out in the Health and Social Care Act 2012. From this, the Council has had a duty to take such steps as they consider appropriate for improving the health of the people in their areas. The drugs and alcohol plan referred to in this report is reflective of this.

*Section 151 Officer/Finance*

- 37 Expenditure is funded through the ring-fenced Public Health grant and as such, there are no financial implications that mean changes are required to the Council's existing Medium Term Financial Strategy (MTFS).

*Policy*

- 38 The drugs and alcohol plan supports the Council's aim to reduce inequalities, promote fairness and opportunity for all and supports our most vulnerable residents.

<b>An open and enabling organisation</b>	<b>A council which empowers and cares about people</b>	<b>A thriving and sustainable place</b>
Promote and develop the services of the council through regular communication and engagement with all residents.	Work together with residents and partners to support people and communities to be strong and resilient  Reduce health inequalities across the borough.	A great place for people to live, work and visit.  Welcoming, safe and clean neighbourhoods.

- 39 The drugs and alcohol plan also supports the following outcomes of the Joint Health and Wellbeing Strategy 2023-2028 by
- Creating a place that supports wellbeing for everyone living in Cheshire East.
  - Improving the mental health and wellbeing of people living and working in Cheshire East.
  - Enabling more people to live well for longer.

*Equality, Diversity and Inclusion*

- 40 An Equality Impact Assessment has been completed in parallel with the extensive consultation and engagement exercise. See Appendix 1.

*Human Resources*

- 41 No human resource implications have been identified.

*Risk Management*

- 42 The implementation of the plan would follow a project management approach which includes the identification of risks. Any significant risk will be controlled and escalated for action where appropriate.

### *Rural Communities*

- 43 The drugs and alcohol plan outlines a place-based approach including working closely with care communities to ensure people can access services locally.

### *Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)*

- 44 Children and young people, including those with SEND have been involved in the co-production of the plan. It details the need for a targeted approach for children and young people; in particular care leavers and those who are neurodiverse.

### *Public Health*

- 45 The Public Health Team were involved throughout the development of the plan in line with the Joint Health and Wellbeing Strategy for Cheshire East 2023-2028, and the Cheshire East Substance Misuse JSNA.
- 46 Substance misuse negatively affects health both directly and indirectly. The delivery of this plan will reduce the health harms of drug and alcohol misuse and will support those in recovery to rebuild their lives through treatment and employment opportunities. The plan will focus on members of the population who are most in need and will be delivered as a hub and spoke model ensuring people can access services locally.

### *Climate Change*

- 47 The design and delivery of the drug and alcohol service will be underpinned by environmental and sustainability considerations.
- 48 The services that will be procured following on from this plan will be centrally located enabling service users to travel via public transport. It will also reduce the application of single use needles and will reduce the need for health care resources which have a substantial impact on the environment through single use equipment and incineration of waste practices.



<b>Access to Information</b>	
Contact Officer:	Hannah Gayle, Project Manager (Thriving and Prevention) <a href="mailto:hannah.gayle@cheshireeast.gov.uk">hannah.gayle@cheshireeast.gov.uk</a>
Appendices:	Appendix 1 – Equality Impact Assessment  Appendix 2 - Reducing Drug and Alcohol Harm in Cheshire East: An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital.
Background Papers:	<a href="#">Cheshire East Corporate Plan</a>  <a href="#">The Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028)</a>  <a href="#">Cheshire East Drug and Alcohol JSNA</a>  <a href="#">From harm to hope: A 10-year drugs plan to cut crime and save lives</a>