



CHESHIRE EAST HEALTH AND WELLBEING BOARD Reports Cover Sheet

Reports Cover Sheet		
Title of Report:	Cheshire East Drugs and Alcohol Plan	
Report Reference Number	HWB70	
Date of meeting:	19 th November 2024	
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Health & Wellbeing Board Lead:	Guy Kilminster	

Executive Summary

Is this report for:	Information	Discussion	Decision 🗸	
Why is the report being brought to the board?	To raise awareness of the new drugs and alcohol plan for Cheshire East.			
Please detail which, if any, of the Health & Wellbeing Strategic Outcomes this report relates to?	2. Our children and you	ce that supports good health a ing people experience good ph	с ,	
	 and wellbeing □ 3. The mental health and wellbeing of people living and working in Cheshire East is improved □ 			
		e and age well, remaining inde dignity in their chosen place □	•	
Please detail which, if	Equality and Fairness 🛛			
any, of the Health &	Accessibility			
Wellbeing Principles this	Integration 🗆			
report relates to?	Quality 🗖			
	Sustainability 🗖			
	Safeguarding 🗖			
	All of the above ✓			
Key Actions for the	•	d alcohol plan – Reducing drug	g and alcohol harm in	
Health & Wellbeing	Cheshire East (appendix 1	.)		
Board to address. Please state				
recommendations for				
action.				

Has the report been	The report is being presented at Adults and Health Committee on 18 th November		
•	2024.		
considered at any other	2024.		
committee meeting of			
the Council/meeting of	The plan has been approved by the Cheshire East Combatting Drugs Partnership.		
the CCG			
board/stakeholders?			
Has public, service user,	Yes – further information in report body.		
patient			
feedback/consultation			
informed the			
recommendations of			
this report?			
If recommendations are	The drugs and alcohol plan sets out a number of actions which aim to improve services		
adopted, how will	and support for the residents of Cheshire East. The plan also sets out measures of		
residents benefit?	success. A few examples are below:		
Detail benefits and			
reasons why they will	 Joint assessments from mental health and substance misuse services – 		
benefit.	residents benefit from a more holistic approach and not having to retell their story.		
	 Improved training and education offer – greater understanding and reach of harm reduction advice, services available and information on the risks of drugs and alcohol harm. 		
	 Targeted support for those most in need – providing early intervention to at risk groups and specialist support where needed. 		

1 Report Summary

- 1.1 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.
- 1.2 This report details the engagement and coproduction that underpins this plan and discusses evidence of population need relating to drugs and alcohol.

2 Recommendations

2.1 To note the new drugs and alcohol plan – 'Reducing drug and alcohol harm in Cheshire East'.

3 Reasons for Recommendations

- 3.1 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.
- 3.2 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.

4 Impact on Health and Wellbeing Strategic Outcomes

4.1 The drugs and alcohol plan 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.

5. Background and Options

- 5.1 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 dependent 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.
- 5.2 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.
- 5.3 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.
 - 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.
- 5.4 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.
- 5.5 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.
- 5.6 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.
- 5.7 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.
- 5.8 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.

- 5.9 The plan incorporates a set of actions developed through the coproduction process. The following paragraphs summarise our intentions for the next five years.
- 5.10 **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.
- 5.11 **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.
- 5.12 **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 illharm 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.
- 5.13 **Refine pathways** We aim to streamline transitions between services, ensuring individuals receive appropriate support without repeatedly sharing their stories.
- 5.14 **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.
- 5.15 **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.
- 5.16 **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.
- 5.17 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).
- 5.18 The feedback from the coproduction process and the plan will inform the design of the new Substance Misuse Service.
- 5.19 The proposed new plan has been coproduced with a large range of stakeholders:
 - Young people (Youth council, JIGSAW, Youth service)
 - Service users
 - Service user family and friends
 - Police

- Probation
- CWP
- People from ethnic minorities
- Health (0-19, GP's)
- Lived Experience Recovery organisations.

- Integrated Care Board
- Substance misuse provider forum
- Substance misuse providers, commissioned and non- commissioned (AA/NA)
- LGBTQ+
- VCFSE Sector

- Headteachers / Education
- All eight Care Communities
- Family Hubs
- Hospital trusts
- Housing
- Elected members.
- 5.20 Between March 2023 and August 2024, 43 focus groups and 33 one-to-one interviews were held with a total of **434** participants.
- 5.21 The action 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.
- 5.22 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 new Substance Misuse Service model.
- 5.23 The alternative option of not publishing the plan would mean that Cheshire East are not adhering to the recommendations made within the national 10-year plan. This would also mean that key transformational and partnership work would not take place to improve the wider treatment and recovery network.

6 Access to Information

 6.1 The background papers relating to this report can be inspected by contacting the report writer: Name: Hannah Gayle
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