**DRAFT** Cambridgeshire and Peterborough-Drugs and Alcohol Strategy (2022-2027)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority 1: Whole Systems Approach**  System comes together to plan and deliver joined up services to improve the health and wellbeing of individuals who misuse drugs/alcohol  and reduce the impact of harms from drug and alcohol misuse across Cambridgeshire and Peterborough.  Substance misuse is a relapsing, long term condition that requires an integrated care approach. | | | | |
|  | **Actions:** | **How?** | **Population & Performance Measures** | **Lead Officer** |
| 1.1  1.2  1.3  1.4  1.5  1.6  1.7  1.8  1.9  1.10  1.11  1.12  1.13 | Agreeing countywide strategic priorities which are based on local need and resources available for investment across the partnership  Driving improvements in the way the system collectively responds to drug and alcohol issues and to tackle inequalities, working collectively to tackle social and economic determinants  Taking a strategic approach to key system enablers eg digital technologies, shared data capture systems, shared outcomes.  Integrated Care System (ICS)- coordination of services to improve health and social care needs of drug/alcohol users (use of shared care records).  Strong governance and accountability to support collaborative working. Agreement on how responsibilities are delivered, review and refresh the Board, continued assessment of the Board’s readiness, capacity and capability to deliver  Strategic Co-production- people with lived experience working alongside the Board to help drive and achieve aims/objectives.  Leaders to allocate and protect funding for drugs and alcohol. Where appropriate, utilising integrated commissioning arrangements to provide stability and cohesion to the delivery of services across the system.  Commissioning of services-evidence based and in line with national quality standards.  To improve workforce training and development with regard to confidence and knowledge of substance misuse.  Commitment to system learning from drug and alcohol related deaths through the development of mortality review panels.  Closer alignment-provision of substance misuse and sexual health services  Development of a Joint outcomes framework-dashboard to monitor and measure impact across the wider system  To support a coordinated ‘cross system’ proactive approach to working with, and supporting those, with multiple disadvantage to reduce risk of exclusion and provide coordinated trauma informed care. | Countywide drug and alcohol Delivery Board  Countywide drug and alcohol Delivery Board  Countywide drug and alcohol Delivery Board -reporting to Countywide community safety Board and Health and Wellbeing Board  Attendance on the board- individuals with lived experience.  Co-commissioning of services, long term funding commitment of the term of contracts  Embedding national standards when released  To embed drug and alcohol training across the workforce  Development of interagency mortality reviews for drug and alcohol related deaths.  PH commissioners to closer align commissioned services to meet sexual health needs of substance misusers.  Partners to agree and develop dashboard using local performance data across the partnership  Using the principles of the ‘changing futures bid’ to work in partnership to meet the needs of those with multiple disadvantage | Review of delivery plan, partner scrutiny re performance measures. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority 2: Early Intervention & Prevention**   * Intervening early to keep adults and young people safe from the impact of drug and alcohol related harm * Improve health and wellbeing through a focus on prevention-population level approach-awareness raising and reducing risk * Using evidence based targeted interventions/approach for high priority vulnerable group | | | | |
|  | **Actions:** | **How?** | **Population & Performance Measures** | **Lead Org/Officer** |
| 2.1  2.2  2.3  2.4  2.5  2.6  2.7  2.8  2.9  2.10  2.11  2.12  2.13  2.14  2.15  2.16 | Universal engagement in educational settings (Healthy schools service)  Maximising early engagement opportunities to provide screening/advice/support and signposting (inc criminal justice settings, primary care, outreach, healthy lifestyle services, sexual health services, maternity etc.)  Increased screening & delivery of alcohol brief advice/extended brief advice-using principles making every contact count (MECC)  To improve life chances of children (pre-birth to 5 years) by addressing inequalities, narrowing the gap in attainment, and improving outcomes for all children, including disadvantaged children and families (Best Start in Life).  Increasing numbers of front-line professionals receiving drug and alcohol training, skilled and confident workforce in delivery support and brief advice interventions (changing futures-trusted person)  Local areas to explore the potential to utilise licencing powers to address the harms from alcohol  Use, and evaluation, of universal and targeted campaigns to communicate information on drug/alcohol related issues to encourage change of habits and behaviour (inc recreational drug use)  Early identification of children/families affected by substance misuse and preventative action to help reduce the numbers of children taken into care as a result of substance misuse  Targeted action to address the needs of those who struggle to engage, or are underrepresented, in current services.  Maximise opportunities for early intervention in hospital and primary care-based settings. Roll out of ACT in Addenbrookes Hospital.  Identification of common signs of county lines/cuckooing/exploitation activity & responding to risk at earliest opportunity (using locally developed/agreed tools)  Widespread promotion of healthy lifestyles among drug and alcohol users (joint working between ‘healthy you’ lifestyle service & treatment services)  Delivery of a co-ordinated approach to supporting individuals with co-occurring mental health and substance misuse issues in line with the ‘Countywide Co-occurring principles agreement’.  Early identification of the risk of losing housing tenancy/homelessness, robust links to district housing  Recognition of the higher risk factors of suicide within those that misuse drug and alcohol, identification & risk management approach to prevent harm.  Recognition of co-existence of domestic abuse and substance misuse, interagency approach to supporting victims of domestic abuse with substance use issues (workforce training, identification/assessment of risk & development of safety plans to support victims, MARAC & Perpetrator Panels) | Healthy schools service working with partners to support schools in the delivery of drug and alcohol education/awareness.  Workforce development  Best Start in life strategy  Partnership commitment to training workforce, local development of accessible and bespoke drug and alcohol training  Where required, the partnership to utilise evidence to make representation on licence applications to identify, and prevent, potential alcohol related harms in local communities  Regular campaigns-developed and rolled out across partnership (social media channels eg alcohol awareness, dry jan, overdose awareness)  Good channels of communication between adult services and children’s services. Identifying joint involvement, sharing info, managing risk.  Identification of groups that are under-represented across the services and targeted engagement/promotional work to improve rates  Hospital liaison posts, ACT roll out in Addenbrookes. Development of primary care work  Use of agreed toolkit across services  Shared clinics to address smoking, increase in those eligible for health checks  Access to both treatment and mental health services, joint care approach, addressing barriers (co-occurring partnership group), new lead post, delivery of co-occurring training for professionals  Housing protocol  Countywide suicide training, embedding use of tools in risk assessment, learning from suicides.  Use of DASH screening tools, interagency attendance at MARAC/Perp panels, DA training across workforce, DA champions, use of local protocol. Learning from deaths-DHR. Annually refreshed DA needs assessment, audit of MARAC cases, Health IDVAS working directly with treatment services. | HRBS??  Increased in delivery of courses (eg safeguarding board) and participants trained  Evaluation-reach of campaign  Increase in underrepresented groups accessing treatment/support  Decrease in smoking amongst treatment cohort  Increase in health checks  Decrease in those that have MH issues that aren’t receiving support. Improvement in psychological health (NDTMS data), SU feedback.  Decrease in rough sleeping  Decrease in mortality rates in substance using cohort (surveillance data) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority 3: Minimise harm and protecting health**  System comes together to plan and deliver joined up services to improve the health and wellbeing of individuals who misuse drugs/alcohol  and reduce the impact of harms from drug and alcohol misuse across Cambridgeshire and Peterborough | | | | |
|  | **Actions:** | **How?** | **Population & Performance Measures** | **Lead Org/Officer** |
| 3.1  3.2  3.3  3.4  3.5  3.6  3.7  3.8  3.9 | Expansion of Needle and syringe provision & THN across community pharmacies (access, coverage & activity) maximising harm reduction and engagement opportunities.  Maximising BBV routine testing, vacs and referral for treatment-(aim for micro-elimination HCV)  Maximise distribution of ‘Take Home Naloxone’ (THN) and identify opportunities to train front line staff to administer and supply.  To work with EEAST to set up a notification pathway with the treatment services to engage those who have overdosed or struggling with alcohol misuse to reduce further harm.  To reduce drug related litter/tackling localised community hot spots  To better understand the local need and prevalence associated with chemsex. Treatment services and sexual health services to work together to upskill staff to provide appropriate support to meet need and reduce harm.  To protect vulnerable adults and children, ensuring they can live is safety, free from [abuse](https://safeguardingcambspeterborough.org.uk/glossary/abuse/) or neglect  Addressing physical health implications of those that use substances (improving access to primary health care, dentistry and identification of associated conditions inc bacterial infections, liver deterioration, COPD etc..)  Working with local event organisers (festivals/clubs/pubs) to improve delivery of safety advice to reduce harm (eg drug testing/advice, welfare provision, drug spiking) | Increase in commissioned services-review current arrangements  Increase in numbers-HCV screening & testing, increased HBV vacs  Identifying partner agencies to administer and/or supply THN, increase number of kits supplied from community pharmacies. Introduce supply of THN from ED.  Local pathway to commence early 2022  Local surveillance, good communication between partner agencies to identify hot spots. Continuation of district task groups  Countywide chemsex training to be rolled out, slam pack distribution. Collecting data to identify local need  workforce confident and competent to identify risk and manage safeguarding  continuation re -family safeguarding partnership  All users are supported to register with a GP and dentist  those accessing NSP have injection sites checked  health checks  Working collaboratively to ensure that the harm reduction measures are built into event planning (to include drug testing/onsite welfare provision/amnesty bins/security) | NSP-increase in sites and activity  Aim for Micro elimination status  Increase in THN kits distribution, increase in number of agencies involved in supplying and administering, reduction in DRD rates  Monitor referrals & conversions  Reduction in needle related litter  Roll out of chemsex training initially across SH and substance misuse services. Collecting data to identify need  Improvements in physical health of users in treatment (TOP’s), GP registrations, reduction is drug related hospital admissions???  Overdose incidents | CGL/PH |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority 4: Treatment and Recovery**   * The physical, mental health and well-being of people with substance misuse issues are improved and related health and   social inequalities are minimised.   * People get the right support and treatment when they need it * Better recovery- drug and alcohol dependency is recognised as a chronic long-term condition requiring strong recovery approach across the life course * Thriving communities of recovery linked to the specialist treatment services | | | | |
|  | **Actions:** | **How?** | **Population & Performance Measures** | **Lead Org/Officer** |
| 4.1  4.2  4.3  4.4  4.5  4.6  4.7  4.8  4.9  4.10  4.11  4.12 | Ensure services commissioned to support those with co-occurring conditions are aligned and working collaboratively ‘no wrong door approach’ to deliver a coordinated integrated package of care.  To continuously identify and address barriers to treatment  Partnership approach with DWP to maximise access to treatment and capitalise on opportunities for individuals to access education, training and into employment  Improved access, consistency and availability of inpatient detox and residential rehab (addressing any barriers to T4 treatment)  To ensure that treatment services are promoted, available and easily accessible to recreational drug users.  Dedicated treatment teams to support rough sleepers, helping individuals to tackle their addictions in a person-centred and trauma informed manner. Direct delivery of harm reduction to street homeless and sex workers  Accessible, timely support for parents with substance misuse problems so they are helped to keep the family unit together by managing risk  Working in collaboration to address/support those with dependence to prescription/OTC medication.  Continued offer of support to families and carers of loved ones who are struggling with drug/alcohol use  Increase in numbers and outcomes of those subject to CSTR orders (ATR & DRR).  To further develop the co-produced recovery system-to enable the service to evolve, ensuring those with lived experience are involved in all aspects of design, development and delivery of the service to promote long term recovery.  Joined up approach to meet the needs of those who have no recourse to public funds | Review of pathways, identification of barriers-mechanism to find solution (co-occurring meeting), new strategic co-occurring lead post in Cambs, review of DD posts in PB/roll out of professional training/joint audit.  Service user feedback, identification & exploration of resistance to accessing treatment. Partnership networks-harm reduction meeting. Continuous review of pathways and referral mechanisms to identify areas of concern.  joint planning re rough sleepers’ application for T4 (current barriers re housing/low rates). Improvement required in T4 rehab pathway in Peterborough. Joint commissioning with probation re additional rehab placements for offenders.  Increased promotion of local services through variety of social media platforms  PHE grant-Cambs City and Peterborough-rough sleeping treatment teams embedding and expanding work  Multiagency support for substance missing parents, treatment services embedded into MASH & MASG panels. Family safeguarding partnership  Working collaboratively with the CCG to develop a local model to support those with prescription/OTC medication.  Support groups for families and carers, closer working with carer services, feedback from families and carers to meet local need.  Joint working courts/probation and treatment services to identify and assess suitability for CSTR’s. Tailored support and interventions for those subject to ATR/DRR and RAR  Continued development and delivery of co-produced recovery support in local communities, expansion of activities and working with local partners to enhance and support recovery. Review of model/governance, identifying ways of monitoring and measuring impact.  Personalised approach to meeting wider needs of those substance misusers with no recourse to public funds | NDTMS outcomes-employment rates/DWP data??  Increased numbers of T4 rehab placements in Peterborough. Increase in rehab placements for underrepresented groups eg homeless/offenders  Increase in non-opiate referrals  Grant monitoring (increase in engagement, numbers converting to treatment, reduction in rough sleeping)  High rates of substance misusing parents in treatment/high completion rates (NDTMS), lower CP/CIC numbers  Increase in treatment numbers/reduction of px meds  Support groups across the C&P  Increased numbers of CSTR’s and improved outcomes (NDTMS)  Completion rates and reduced re-presentations. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority 5: Tackling crime and disorder (Safer Communities)**   * Tackling drug related crime and breaking cycle of crime linked to dependency. * Working collectively to identify those at risk of drug and alcohol related harm and exploitation and diverting more offenders into treatment   and recovery at the earliest opportunity   * criminal justice pathways are effective and efficient to meet the needs of substance misusing offenders * Safer communities-less drug and alcohol related crime, reduce impact on individuals, families and communities | | | | |
|  | **Actions:** | **How?** | **Population & Performance Measures** | **Lead Org/Officer** |
| 5.1  5.2  5.3  5.4  5.5  5.6  5.7  5.8  5.9  5.10  5.11  5.12  5.13  5.14 | To better identify, triage and tailor assessments to identify complex needs of offenders at the earliest opportunity-LADS  Expanding use of OOCD for low level substance misusing offenders by diverting into treatment services and/or utilising electronic behavioural intervention (red snapper)  Continuous review of criminal justice pathways for substance using offenders-system solution focused response.  Expanding use and confidence among judiciary and stakeholders in non-custodial sentencing options such as CSTR’s  Delivering tailored interventions to help support rehabilitation of those with a range of treatment needs, addressing the underlying causes of the offending behaviour.  Maximising delivery (and opportunities) of harm reduction advice and interventions across the criminal justice system (inc THN)  Collaborative approach to the supervision and support of substance using offenders on community sentences/schemes and following release from custody (treatment continuity)  The local youth justice system recognising the unique needs of substance using young offenders, working in partnership to tackle the underlying reasons why children offend, and intervening early to provide support and diversion (where possible).  AAMR (sobriety tags)-strengthening links to both treatment and healthy lifestyle services to sustain behaviour change and improve health and wellbeing  Collaborative delivery of new IOM reforms for those substance misusing offenders.  Development of a local Drugs Market profile to better inform understanding and need across local communities  To take an evidence base approach tentatively introducing use of DTOA into custody suites (with robust evaluation)  To learn from ADDER sites and where appropriate embed new ways of working.  Proactive engagement and continuity of care for those leaving prison and accessing community services. | Tailored assessments, workforce development, use of screening tools  Continued use of OOCD/identification of substance misuse at earliest opportunity, referral to treatment services and/or electronic behaviour intervention based on need  Countywide offender pathway meeting-review local pathways, addressing barriers, solution focused approach across agencies.  Providing training and awareness to judiciary and court staff, encourage use of ATR/DRR’s, use of court reviews in crown courts and consideration re extension into Magistrates.  Delivery of specialist interventions to offenders across the system eg PSI work, specialist YP/CJ workers in treatment settings, women only offender groups, use of peers with lived experience.  Continued distribution of THN from HMP Peterborough, introduction of THN in police custody suites (via LADS), investigating the role of probation re THN and recovery workers based within probation teams.  Planning for those planned and unplanned prison releases, continued use of in reach to engage offenders pre release, joint care planning and risk mgt, monthly review mtgs.  Training for YOS staff, specialist YP workers supporting YOS teams  Development of a local pathway between courts and the ‘Healthy you’ lifestyle service to provide support during the duration of the AAMR (sobriety tag) and post tagging.  Identification and joint management of new IOM cohorts (fixed/flex/free)  Using partnership data to develop a local drug market profile which can be updated quarterly-feed into dashboard  To use nationally available Home office grant to introduce DTOA scheme initially in Thorpewood  To apply learning from Adder to help shape local provision and pathways.  Interagency release planning, in reach of community treatment staff into prison, continuity of prescriptions on release, proactive engagement on release for the initial 12 weeks. | Liaison and diversion, probation, specialist treatment services  Increase in numbers of quality of OOCD referrals  Increase in referrals to treatment  Increase in numbers of CSTR’s  Completion rates CJ pathway (NDTMS)  Increase in naloxone kits  NDTMS pick up rates  NDTMS engagement and completion rates for young offenders/reduction in re-offending (YOS) measures??  Referrals to alcohol trainers, AAMR completion rates  IOM measures??  Completion of profile and regular updates.  DTOA measures  NDTMS pick up rates/leaving prison with FP10 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority 6: Covid-19 recovery**   * Impact of Covid-19-Tackling health inequalities and maximising recovery. * Improving opportunities for better health | | | | |
|  | **Actions:** | **How?** | **Population & Performance Measures** | **Lead Org/Officer** |
| 6.1  6.2  6.3  6.4  6.5  6.6 | Maximising vaccination take up and lateral flow testing using a targeted response.  Understanding and responding to the impact of covid on drug and alcohol users (physical & mental health, employment, housing)  Understanding and responding to the impact of covid on families and carers of drug and alcohol users  Using the experiences of the pandemic period to improve opportunities for better health and integrated health and social care response  Maximising role of communities in supporting recovery, reducing isolation.  Lessons learned during the pandemic for future service delivery | Local campaigns, sharing intel via vulnerable gps meetings, targeted work with vulnerable and resistant cohorts  Countywide covid 19 needs assessment, analysis of data across the partnership, using local and national data sources.  Listening and responding to needs of family members, local support groups. Closer Partnership involvement with carer orgs  Utilising positive experiences of working in partnership to meet needs of vulnerable groups eg covid hotels as a model of good practice  Services to continue/utilise positive links with community based orgs such as food banks/hubs, MH charities,  Retaining positive mechanisms of service delivery eg hybrid approach  SU feedback re development/delivery of services going forward |  |  |