

Divisions Affected - All

OXFORDSHIRE HEALTH AND WELLBEING BOARD

29th JUNE 2023

Oxfordshire Combating Drugs Partnership

Report by Ansaf Azhar

RECOMMENDATION

- 1. The Health And Wellbeing Board is RECOMMENDED to note the progress with the Oxfordshire Combating Drugs Partnership**

Executive Summary

Illegal drug use is linked to crime, poor health outcomes, and brings fear to communities, disproportionately affecting disadvantaged populations. In 2019, the government launched a drug strategy, *From Harm to Hope: A 10 year plan to cut crime and save lives*¹ which set out an ambitious target to combat illegal drug use, and improve services for people who use drugs. This introduced the need for local Combating Drugs Partnership, bringing together local partners to ensure there is a coordinated approach to addressing the local challenges of drug use. Together key local partners jointly agree, own and deliver a strategic action plan to

- reduce overall drug use,
- reduce drug-related crime,
- reduce drug-related deaths and other harms.

Oxfordshire have established a Combating Drugs Partnership with a range of partners from health, local authority, criminal justice and the voluntary sector, and have agreed a strategic action plan to address local need.

Background

The impact of the illegal drug market is felt across society, fuelled by organised criminal activity to ensure supply can be achieved, and threatens both the neighbourhoods they operate in and individuals drawn in. People who use drugs suffer poorer health outcomes and are at risk of a higher mortality rate. Drug consumption is linked to other social determinants of health, and disproportionality affects disadvantaged populations.

¹ [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754244/2019-10-16-From-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives.pdf)

In 2019, the government launched a drug strategy, From Harm to Hope: A 10 year plan to cut crime and save lives² which set out an ambitious target to combat illegal drug use, and improve services for people who use drugs. This was underpinned by a government investment of over £1000 million to enable local areas to achieve the targets. The strategy addresses the recommendations of the Dame Carol Black³ report, which highlighted the complexity of factors which drive the illegal drugs market, and the lack of investment in addressing these.

The aims of the Harm to Hope strategy are to break the cycle of illegal drug use by co-ordinating actions to reduce both supply and demand of illegal drugs, whilst providing effective services to support and treat people who use drugs.

The Combating Drugs Partnership brings together local partners to ensure there is a coordinated approach to addressing the local challenges of drug use. Together key local partners must jointly agree, own and deliver a strategic action plan to

- reduce overall drug use,
- reduce drug-related crime,
- reduce drug-related deaths and other harms.

Combating Drugs Partnership guidance was published in June 2022⁴, stating the partnership should have a Senior Responsible Officer occupying a senior role in one of the core membership organisations, and membership should include:

- elected members (in two-tier authority areas it would be appropriate to have multiple representatives to ensure that different tiers and responsibilities are adequately represented, notably housing)
- local authority officials (including expertise in relevant areas such as substance misuse, housing, employment, education, social care and safeguarding)
- NHS (including strategic and mental health provider representation)
- Jobcentre Plus
- substance misuse treatment providers
- police
- PCC
- National Probation Service
- people affected by drug-related harm
- the secure estate, such as prisons, young offender institutions (YOIs)

Other partners can also be included by local agreement.

CDPs were required to produce a local needs assessment looking at drug supply, use and treatment. Based on the findings, the partnerships must agree a strategic action plan to address local challenges.

Local progress is being monitored against a National Outcomes Framework, which focuses on the three aims of the strategy. The national monitoring and reporting for







² [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781117/From-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives.pdf)

³ [Review of drugs: phase two report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/781117/Review-of-drugs-phase-two-report.pdf)

⁴ [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/781117/Drugs-strategy-guidance-for-local-delivery-partners.pdf)

this framework is still being developed, and will ultimately support local delivery of the strategic priorities.

Full national Combating Drugs Outcome Framework⁵

Strategic Outcomes & Metrics			Intermediate Outcomes & Metrics		
 Reduce drug use	 Reduce drug related crime	 Reduce drug related deaths & harm	 Reduce drug supply	 Increase engagement in treatment	 Improve recovery outcomes
Headline metrics <ul style="list-style-type: none"> Proportion of individuals reporting use of drugs in the last year Estimated prevalence of opiate and/or crack cocaine use 	Headline metrics <ul style="list-style-type: none"> The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person The number of homicides that involve drug users or dealers, or have been related to drugs in any way 	Headline metrics <ul style="list-style-type: none"> Deaths related to drug misuse Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug) 	Headline metrics <ul style="list-style-type: none"> Number of county lines closed Number of major and moderate disruptions against organised criminal groups 	Headline metrics <ul style="list-style-type: none"> Continuity of Care: engagement in community-based structured treatment within three weeks of leaving prison (adults) The numbers in treatment for adults and young people 	Headline metrics <ul style="list-style-type: none"> Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics <ul style="list-style-type: none"> Number and proportion of households owed a homelessness duty with a drug dependency need; Rate per population of children of referral & assessments by social services with drugs as a factor; Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related; Proportion of 11-15 year olds who think it is ok to take drugs to see what it is like, and think it is OK to take drugs once a week 	Supporting metrics <ul style="list-style-type: none"> Proven reoffending within 12 months; Police recorded trafficking of drugs & possession of drugs offences; Hospital admissions for assault by a sharp object 	Supporting metrics <ul style="list-style-type: none"> Hepatitis C prevalence (chronic infection) in people who inject drugs; Number and percentage of people in treatment that have died during their time in contact with the treatment system 	Supporting metrics <ul style="list-style-type: none"> Volume and number of drugs seizures; Number and proportion of National Referral Mechanism (NRM) referrals with a County Lines flag 	Supporting metrics <ul style="list-style-type: none"> Number of individuals in treatment in prisons and secure settings; Number of community or suspended sentence orders started with drug treatment requirements; Number and proportion adults starting treatment in the establishment within 3 weeks of arrival (from community or other custodial setting); Unmet need for OCU treatment 	Supporting metrics <ul style="list-style-type: none"> Proportion of people in treatment that have reported no housing problems in the last 28 days; Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days; Proportion of people in treatment reporting a mental health need who received treatment or interventions;

Oxfordshire Combating Drugs Partnership

All Combating Drugs Partnerships (CDP) in the Thames Valley areas have adopted the local authority footprint. The SRO in Oxfordshire is the Director of Public Health, which is in line with most other areas in South East.

The Oxfordshire CDP has been successfully operating since October 2022, engaging a wide range of partners including Thames Valley Police, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, Turning Point, Oxford Health NHS Foundation Trust and Oxfordshire County Council amongst others.

The CDP have received valuable input from people with lived experience, supported by Turning Point, to ensure the partnership have an understanding of the impact of drugs on people's lives, and the benefits that supportive services can bring.

Some partners, such as Thames Valley Police and the Police and Crime Commissioner's Office (PCC), are members of several CDPs. This has enabled the PCC analysts to provide a common dataset to all CDPs in Thames valley to support the needs assessment and ongoing data monitoring. However, the time commitment to attend many partnerships has been a challenge for these organisations.

A rapid needs assessment was produced in December 2022. There was already an existing Drug and Partnership strategy in Oxfordshire, which was reviewed and adopted as the basis for agreeing a strategic delivery plan.

⁵ [Drugs strategy national outcomes framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/drugs-strategy-national-outcomes-framework)

The delivery plan has now been agreed, and covers the following areas:

- Early Intervention for Children and Young People

Focus on prevention campaigns, increasing numbers in treatment, and focusing on vulnerable young people.

- Reduce Drug Related Homicides and Violent Crime

Ensuring effective pathways from prison to community services, improve early identification of those at risk of exploitation, increased focus on complex cases

- Preventing Drug Deaths

Rolling out harm reduction interventions such as naloxone, ensuring pathways to drugs services are effective, learning from lived experience of those who lost friends and family to drug use

- Reduce County Lines and Local Organised Crime Groups

Partnership working and Coordinate intelligence of county line closures and cuckooing, police form a consistent approach around county lines, supporting adults with drug and alcohol services in the criminal justice system.

- Increase Treatment Places and Recovery Support Families at Risk for Substance Use

Promotion of all drug and alcohol services and pathways between them, specific support for some cohorts such as parents or sex workers, and known unmet need.

Corporate Policies and Priorities

The Combating Drugs Partnership supports the Corporate plan in the following priorities:

- Tackle inequalities in Oxfordshire
- Prioritize the health and wellbeing of residents

Financial Implications

The Combating Drugs Partnership have oversight of the grants provided from OHID to support the delivery of the harm to hope ambitions. In Oxfordshire these include:

	Rough Sleeping Drug and Alcohol Treatment Grant*	Supplementary Substance Misuse Treatment and Recovery Grant	Supplementary Substance Misuse Treatment and Recovery Housing Support Grant
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Start	November 2020	April 2022	January 2023
End	April 2025	April 2025	April 2025
Value 2023-2024	£1,140,605	Main Grant: £634,600 Inpatient Detoxification: £96,612	£621,708
Aims	To improve treatment and recovery outcomes for those who are rough sleeping.	To improve outcomes for drug and alcohol users generally, reduce drug and alcohol related deaths, and increase the number of those in treatment.	To improve treatment and recovery outcomes for those with a housing need.
Delivery	Additional interventions of assertive outreach, community treatment, residential rehabilitation and inpatient detoxification.	A range of intervention including harm reduction provision, additional staffing to expand reach of treatment services, and criminal justice support.	A range housing related support for people in treatment through a specialist floating support team and Recovery Living support service, along with training, peer mentoring and personalised budgets for sustaining tenancies, first month rent and rental deposits.

*The Rough Sleeping Drug and Alcohol Treatment Grant was introduced before the Harm to Hope strategy, and is not part of the funding provided to deliver that strategy. However, as Oxfordshire Drug and Alcohol services benefit from this grant to improve services for a specific treatment population, oversight of this at a local level is included with other grants.

Staff Implications

The Combating Drugs Partnership is led by the Public Health and Community Safety Directorate. This support is mainly funded from the Public Health grant.

Equality & Inclusion Implications

The needs assessment investigated treatment needs for all sectors of the population including ethnic minorities and those with protected characteristics. The strategic action plan has reflected any gaps identified where necessary.

An Equality and Climate Impact Assessment was completed for the recently commissioned Supplementary Substance Misuse Service, provided by Turning Point.

Risk Management

Risk	Mitigation
In the first year of the CDP there have been extremely tight timescales for delivery of actions, such as delivery of needs assessment and action plan	CDP meeting monthly to progress actions and move forward at pace, with a clear focus.
As this is a new partnership, there is a risk that the CDP strategic action plan does not align with partners' strategic delivery.	A workshop has taken place for partners to work on the action plan, to ensure understanding and a robust partnership approach. This should ensure alignment with partners' strategic direction.
Difficult to achieve a comprehensive and partnership reviewed assessment of need within the required timescales.	Following initial needs assessment review, certain areas have been agreed as needing further investigation in the coming year through review of new datasets and the latest commissioning packs as they become available.

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