

Health Improvement Partnership Board

This sheet must be completed and attached to the front of all papers to the Health Improvement Partnership Board so that the paper is submitted is one continuous document.

Date of meeting: Thursday 29th May 2014

Title of report: Alcohol and Drugs Partnership

Is this paper for:

Discussion

Decision
X

Information

Purpose of Report:

To set out the proposal of establishing an Alcohol and Drugs Partnership, to facilitate joint-working to reduce the harm associated with the misuse of alcohol and drugs, including health, wellbeing, social and community safety issues.

Action Required:

The Board is recommended to adopt the proposal to establish an Alcohol and Drugs Partnership, which will be overseen by the Health Improvement Partnership Board.

Impact on Public:

Authors:

Jackie Wilderspin, Oxfordshire County Council

Alcohol and Drugs Partnership

Proposals for working together in Oxfordshire from April 2014

Aim

To work together to reduce the harm associated with the misuse of alcohol and drugs, including health, wellbeing, social and community safety issues.

Objectives

1. To enable people to make informed choices about alcohol and drugs by providing relevant, accessible information and support for sustaining healthy lifestyles.
2. To ensure early intervention and appropriate support for people whose use of alcohol and drugs may become problematic.
3. To improve outcomes for people entering treatment for alcohol or drug use so that a higher proportion will achieve long term abstinence / recovery.
4. To commission effective services for people with complex health and/or social problems which include alcohol or drug misuse.
5. To tackle community safety issues which are caused or affected by alcohol and drug use

Working arrangements

It is envisaged that the work of an Alcohol and Drugs Partnership could cover any aspect of alcohol and drug use by individuals or population groups. Appendix A sets out a description of all the services and interventions along a pathway from preventing problems to treating the consequences.

Not all of these areas need to be addressed through a partnership approach as some are clearly within the remit of an individual organisation. It is assumed that these areas of work can be considered “business as usual” and will be set out in the plans of the relevant organisation (e.g. commissioning drug treatment services by the Public Health Team; the offer from Mutual Aid organisations like Alcoholics Anonymous; the work of schools in teaching about substance misuse etc.) These organisations may be open to influence and should consult partners on their approaches but will be individually responsible for delivery.

This proposal will address the areas of work that need the attention of several organisations and can therefore be classed as “partnership work”. These areas of work need to be prioritised and several organisations may need to express their commitment to work together on each issue and to take joint responsibility for delivery. They may not be the same organisations for each issue.

It is likely that the priority areas of work that will be addressed in 2014-15 will include:

- Commissioning services for people with complex needs (mental health/ substance misuse/ vulnerable housing etc). Links with Making Every Adult Matter (MEAM) initiative in the City as appropriate.
- Risky Behaviours – reducing the likelihood of young people starting to misuse alcohol and drugs

- Reducing demand and supply of so-called “Legal Highs”
- Alcohol harm reduction campaigns including Alcohol Awareness Week, Christmas / New Year campaigns etc
- Improving recovery from substance misuse for offenders
- Licensing initiatives e.g. super strength lager campaign

Given the wide range of issues to be addressed it is proposed that working groups made up of the relevant organisations will take each issue forward. This will enable efficient approaches to the work. Some organisations will be involved in several areas of work, others in just one. Wherever possible the work should be undertaken on a “task and finish” basis. Leadership and coordination can be provided through the Public Health Directorate.

Strategy development

There is a statutory requirement for each Community Safety Partnership to have a Drugs and Alcohol Strategy (Crime and Disorder Act, 1998; Police Reform Act 2002). Until now this requirement has been met by the DAAT Strategy and the Alcohol Strategy produced by the Alcohol Tactical Business Group. It is now proposed that these 2 groups be disbanded. New arrangements for setting out strategic intentions are needed.

It is proposed that;

- The Public Health team oversees preparation and publication of an annual Alcohol and Drugs strategy, based on priorities agreed by all partners. This should include only those areas of work which are seen as “partnership work” and not include the “business as usual” of individual organisations.
- This strategy should link to the business plan of the Safer Communities Partnership and illustrate how the work enables reduction in crime and promotion of community safety.
- The strategy should be based on assessment of need and current performance as outlined in the Joint Strategic Needs Assessment and the Strategic Intelligence Assessment.
- The strategy should influence the priorities set out in the Joint Health and Wellbeing Strategy.

Accountability / Governance

It is clear that the work to reduce alcohol and drug related harm is both a health issue and a community safety issue. It seems important that this work should be influenced by both the Health and Wellbeing Board and the Community Safety Partnership. However, it is also important not to duplicate time and effort.

It is proposed that the governance for this work should be through the Health Improvement Board – a partnership board linked to the Health and Wellbeing Board. However, working links with the Safer Communities Partnership are still needed and it is proposed that this should be through the Safer Communities Partnership Business Group. This will insure that actions will deliver the business of required by the Safer Communities Partnership. It is planned that single reports on work can be produced which will go to both groups.

It is proposed that suitable outcome indicators are included in performance management frameworks of both partnerships. These may be different from each other.



Meetings

1. Task and Finish Groups or working groups will set their own patterns of meeting to ensure delivery of work. They may function as project management groups if that is appropriate
2. The Alcohol and Drug Partnership will meet twice a year to gain an overview of progress and propose priority areas for future work. Terms of reference are to be agreed.
3. Membership of the partnership needs further discussion but may include
 - a. Convenors of all the working groups
 - b. Members of the working groups
 - c. Representatives of key organisations such as local authorities, Clinical Commissioning Group, police, probation, provider organisations, voluntary sector etc.

Next steps

1. Further discussion on the proposals set out in this paper (which are summarised in Appendix B)
2. Set up of working groups as listed above
3. Addition of more working groups if appropriate
4. Discussion on terms of reference for the Partnership, including membership, purpose and frequency of meeting.

Appendix A

The Alcohol and Drugs services pathway

The whole pathway runs from primary prevention, through early intervention to harm reduction and treatment.

- **Primary Prevention**
 - School Curriculum / campaigns in schools (“in-formed”),
 - Primary care “day job” by GPs and others
 - Campaigns e.g. Change 4 Life, Alcohol Awareness Week, Pharmacy campaigns, Men’s Health Week etc.
 - Licensing – training for retailers; enforcement activity; Nightsafe

- **Alcohol Screening** (Detecting “harmful / hazardous” drinkers)
 - NHS Health Checks
 - GPs in primary care
 - Police interventions e.g. for drink driving
 - other settings

- **Brief Advice for harmful drinkers**
 - Primary Care,
 - Non-NHS settings,
 - Accident and Emergency Dept,
 - Other NHS Hospital settings
 - Early Intervention Hubs (Young People),
 - Training for practitioners

- **Information and advice drugs and/or alcohol services**
 - Single Front Door (replacing Local Area Single Assessment and Referral Service (ASARS))

- **Assessment and Treatment for Addiction**
 - Oxford Health - Harm Minimisation Service. Includes Shared Care.
 - Lifeline - Recovery Service. Community Detoxification and Treatment
 - Young Addaction

- **Residential Rehabilitation/Detoxification**
 - Range of approved providers out of county.
 - Howard House in Oxford - Residential Detoxification

- **Recovery Network**
 - Aftercare support
 - Alcoholics Anonymous, Narcotics Anonymous etc
 - SMART recovery

- **Medical Treatment**
 - Emergency Departments and Ambulance service.
 - Treatment for alcohol or drug related diseases- in the community or hospital. e.g. fatty liver disease, alcoholic hepatitis, liver cirrhosis.
 - Treatment for diseases which alcohol or drugs exacerbate: Heart disease, some cancers etc

Appendix B

Summary of proposals

1. The DAAT Board and Alcohol Tactical Business Group will be disbanded
2. The Aims and Objectives set out above will be agreed
3. An Alcohol and Drugs Strategy will be set out for 2014-15, led by Public health and with the agreement of all relevant partners. This will identify priority areas for partnership working and will link directly to the Safer Communities Business Plan. Areas considered “business as usual” for individual organisations will not be included.
4. Working groups will be established on priority topics and set out action plans and goals.
5. Partnership meetings to oversee development and implementation of the strategy will be held twice a year.
6. Governance will be through the Health and Wellbeing Board, with reports also to the Community Safety Partnership. Outcomes will be included in performance reporting for both boards.