

Nottinghamshire Combating Substance Misuse Partnership Strategy and Delivery Plan 2023-2025

SRO and Team

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Version Control

Version	Author(s)	Notes
0.1	SF (using HM Government FHTH Strategy and Local Guidance)	Early draft to NCSMP meeting 05.10.2022
0.2	SF and T&F Group	Second draft to T&F Meeting 22.11.2022
0.3	SF and T&F Group	Third draft to T&F Meeting 14.12.2022
0.4	SF and T&F Group	Fourth Draft to T&F Group and PH SLT prior to circulation to the Partnership for approval
0.5	SF and T&F Group	HNA Executive Summary added
0.6	SF and T&F Group	Post PH SLT feedback
0.7 FINAL	Partnership Feedback	FINAL VERSION

1 Background

- The Government's new [Drugs Strategy: From Harm to Hope \(FHTH\)](#) was published in December 2021. Its objective is to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life. It is underpinned by investment of over £3 billion over the next three years. The three strategic priorities of the strategy are:
 - a. Break drug supply chains
 - b. Deliver a world-class treatment and recovery system
 - c. Achieve a generational shift in demand for drugs
- Local areas are required to produce their own delivery plans for implementing the FHTH Strategy.
- In Nottinghamshire we have developed a local strategy as our approach will also cover a fourth priority, namely the Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants. This recognises the wider reasons for people using drugs and alcohol.
- The Nottinghamshire strategy will also place an equal focus on alcohol as well as drugs, recognising the greater level of alcohol abuse in the County (see Section 3) and that it is a priority for the [Nottinghamshire Joint Health and Wellbeing Strategy](#) and the [ICS Health Inequalities Strategy](#)¹.

2 Nottinghamshire Combating Substance Misuse Partnership

- The Nottinghamshire Combating Substance Misuse Partnership (hereafter termed The Partnership) is a multi-agency forum accountable for delivering the outcomes of the local FHTH Strategy. It will provide a single setting for understanding and addressing shared challenges related to substance use-related harm, based on the local context and need.
- The Partnership has the accountability for delivering the outcomes in the [National Combating Drugs Outcomes Framework](#). These are incorporated into the Local Outcomes Framework in Appendix 3. The membership and responsibilities of The Partnership are informed by the [local guidance](#).
- For more information on the Governance arrangements of The Partnership, please see the latest Terms of Reference (TOR) in Appendix 7.
- There is currently no standard definition of substance use, so for the purposes of the Partnership and this strategy we will use the definition from the new [Nottinghamshire Substance Misuse JSNA](#):

‘Substance misuse’ is defined here as ‘intoxication by – or regular excessive consumption of and/or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs’. ‘Psychoactive substance’ means a substance that changes brain function and results in alterations in perception, mood, consciousness, cognition, or behaviour.

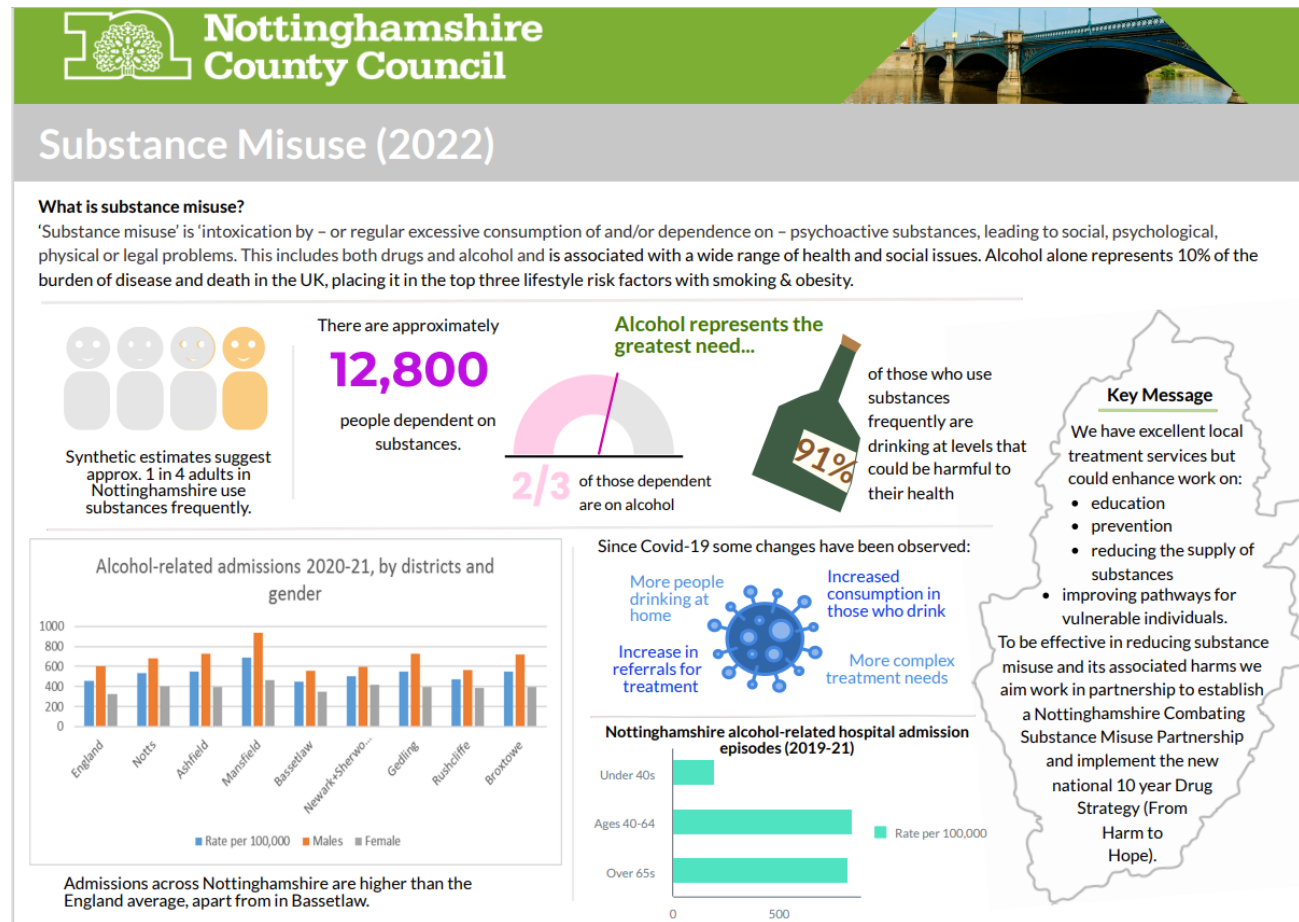
¹ Awaiting publication of the updated version of this plan- alcohol is still a priority

3 Where Are We Now?- Current Needs Regarding Substance Use in Nottinghamshire

3.1 Key Points and Recommendations from Nottinghamshire Substance Misuse JSNA and HNA

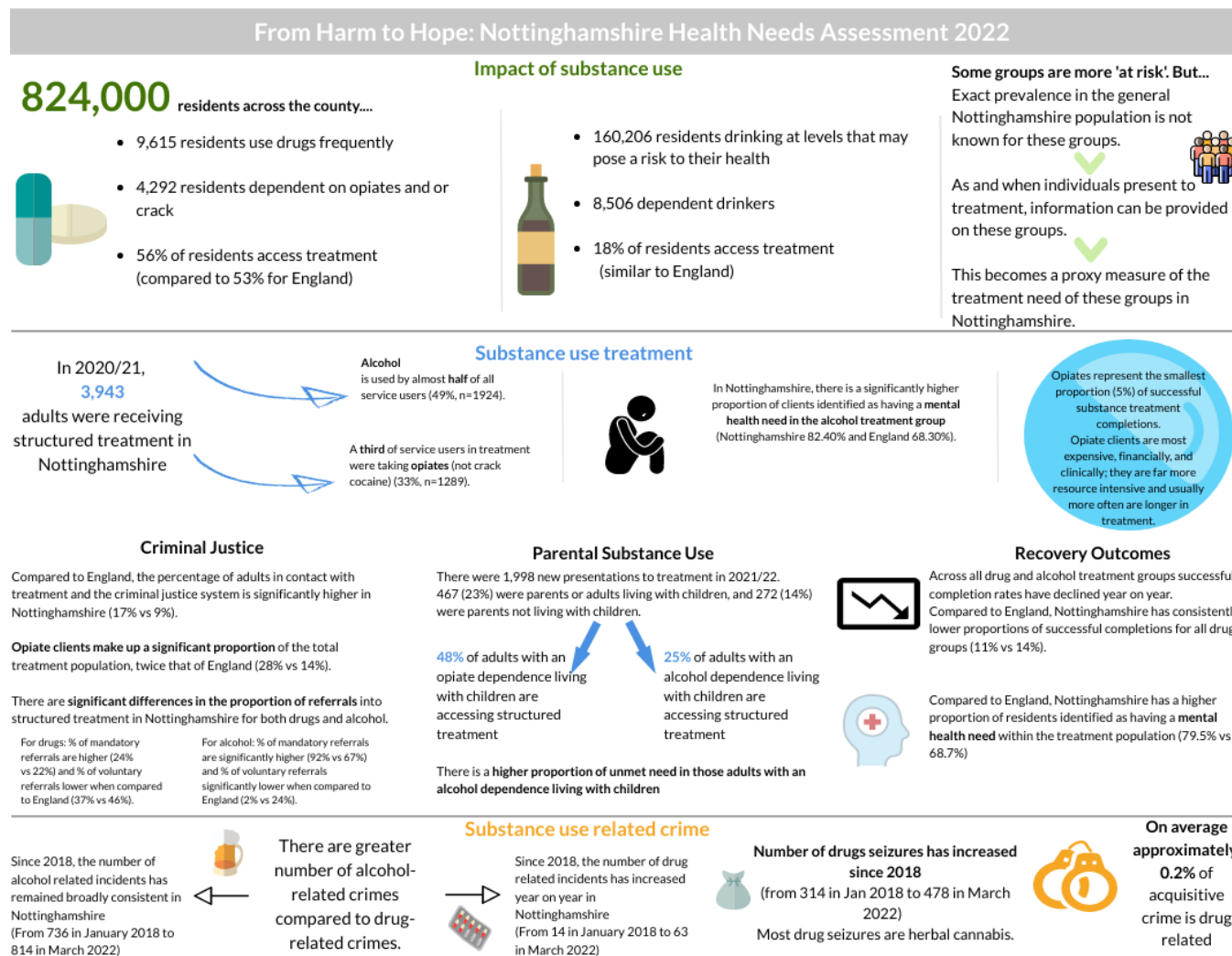
3.1.1 Nottinghamshire JSNA

Full report: [Nottinghamshire Substance Misuse JSNA](#) Recommendations are in Appendix 1.



3.1.2 Health Needs Assessment

Executive Summary is Appendix 6



3.2 Linked Plans and Strategies

For how the Nottinghamshire Joint Health and Wellbeing Strategy links to this strategy in terms of Governance, see section 6.2.1.

Strategy/Plan	Related Objectives/Approach
Nottinghamshire Joint Health and Wellbeing Strategy	<p><u>Ambitions:</u></p> <p>1) Give every child the best chance of maximising their potential We will work together for every child in Nottinghamshire to have the best possible start in life, because we know that a good start shapes lifelong health, wellbeing and prosperity.</p> <p>3) Everyone can access the right support to improve their health Health, care and community services will work together to strengthen their focus on promoting good health and wellbeing and preventing illness, by building on people's strengths.</p> <p>4) Keep our communities safe and healthy We will support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want.</p> <p><u>Priorities:</u> Alcohol <u>Related Priorities:</u> Tobacco, domestic abuse, mental health, homelessness</p> <p><u>Cross Cutting Themes:</u> Equity and Fairness- health inequalities, inclusion health, social justice Prevention: Primary, secondary, tertiary, primordial (wider determinants) Environmental sustainability</p>
Nottinghamshire Joint Health and Wellbeing Strategy: Ambition 1 Nottinghamshire Best Start Strategy 2021-2025	<p><u>Ambitions:</u></p> <p>1. Prospective parents are well prepared for parenthood-</p> <p>a. Deliver targeted support to our more vulnerable parents-to-be including pregnant teenagers.</p> <p>b. It is important that prospective parents are supported with their mental health, smoking and alcohol use, weight management and activity levels, and with anything else that may have detrimental impact on their wellbeing.</p> <p>2. Mothers and babies have positive pregnancy outcomes</p> <p>a. Review and strengthen pathways of care and partnership working for women with complex social needs or multiple vulnerabilities. One aim of this is to reduce parental stress</p> <p>b. Ensure swift referral pathways are in place for expectant parents who are deemed as vulnerable</p>
Nottinghamshire Joint Health and Wellbeing Strategy: Ambition 3	<p><u>Ambitions:</u></p> <p>It is our ambition in Nottingham to create a smoke-free generation for Nottingham & Nottinghamshire by 2040</p> <p>Long Term Outcome: Reduced Smoking Prevalence in Adults (18+)- current smokers</p> <p>Theme 3: Helping Vulnerable Individuals to Quit</p>

Nottinghamshire Tobacco Control Alliance Initial Delivery Plan			
Nottinghamshire Joint Health and Wellbeing Strategy: Ambition 4 Action Plan		OVERARCHING OBJECTIVES	RELATED TOPICS AND ACTIONS
		1. We will embed trauma informed practice and approaches within our system to support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want.	Trauma Informed Approach Make Every Adult Matter (MEAM)- long term Prevention- long term
		2. We will have a system focused approach that embeds inclusion health ² and brings together lived experience and a range of organisations within the voluntary and community sector with statutory organisations across health, social care, housing and criminal justice.	All Our Health- Inclusion Health Place Based Partnerships
		3. We will make sure we listen to the voices of people with lived experience and to frontline workers so that we can identify and address barriers to care and improve the support people receive.	Co-Production Lived Experience
		4. We will improve access to services, resolving problems through greater flexibility and making sure that staff know how to engage effectively with people that experience severe multiple disadvantage (SMD) ³ .	Tackle exclusionary practices- long term Pathways- long term
		5. We will help services work more closely together, planning and delivering services around the person rather than expecting people to navigate what can be a very complex system.	Multidisciplinary Teams Neighbourhood Teams
		6. We will develop our understanding of the experience of SMD and how that impacts on people's lives.	National Guidance Learning from other areas
Nottingham and Nottinghamshire Integrated Care System	DRAFT <u>Aim one: Improve outcomes in population health and healthcare</u>		

² Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). Click [here](#) for more information

³ People facing multiple disadvantage experience a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives. For more information click [here](#)

Initial Integrated Care Strategy 2023-2027 (DRAFT)	<ul style="list-style-type: none"> ○ We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing. <p><u>Aim two: Tackle inequalities in outcomes, experiences and access</u></p> <ul style="list-style-type: none"> • Our second aim is to tackle inequalities in health outcomes, experiences and access – and increase equity (fairness in approach) for the people of Nottingham and Nottinghamshire. We will aim to support people in greater need (those living in the 20% most deprived areas, in vulnerable or inclusion groups and those experiencing severe multiple disadvantage). • We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight and mental health, to support people's independence, prevent illness and premature death from heart attack, stroke, cancer, chronic obstructive pulmonary disease (COPD), suicide and poor birth outcomes.
Nottinghamshire Plan	<p><u>Ambitions:</u></p> <ul style="list-style-type: none"> • Improving health and wellbeing in all our communities • Growing our economy and improving living standards • Reducing the County's impact on the environment • Helping everyone access the best of Nottinghamshire.
PCC Make Notts Safe Police and Crime Plan	<p><u>Objectives:</u></p> <ul style="list-style-type: none"> • Preventing crime and protecting people from harm • Responding efficiently and effectively to community needs • Supporting victims and survivors, witnesses and communities
Community Safety Partnership Plans	<p>South Notts Community Safety Partnership Mid Notts Community Safety Partnership Bassetlaw Community Safety Partnership</p>
Nottinghamshire Domestic Abuse Strategy 2021-2024	<p>To provide a comprehensive response and address all aspects of domestic abuse. Eight priority areas have been identified to cover the breadth of issues for survivors and their families and provide a community coordinated response. The priority areas are:</p> <ul style="list-style-type: none"> ➤ Safe accommodation ➤ Children and young people ➤ High risk survivors – specialist support: <ul style="list-style-type: none"> ○ Designed specifically for survivors with additional and / or complex needs such as, mental health advice and support, drug and alcohol advice and support [not limited to], including sign posting accordingly. ➤ Health services ➤ Prevention ➤ Community services

	<ul style="list-style-type: none"> ➤ Criminal justice and the Courts ➤ Perpetrators
Nottinghamshire Homelessness Framework (currently in draft form)	<p>DRAFT</p> <ol style="list-style-type: none"> 1. Prevent more people from experiencing, or being at risk of, homelessness 2. Improve our collective response to people who are experiencing homelessness – especially those with severe and multiple needs. 3. Ensure we work collaboratively to have a joined up, sustainable, responsive and appropriately funded system.

4 Where Do We Want to Be?- Overarching Objectives

4.1 For 10 Year Strategy (2023 to 2033)

4.1.1 Principles and Approach

- We will adhere to the principles laid out in the Government's Local Guidance for implementation of this strategy and delivery plan. These can be found in the Partnership TOR in Appendix 7.
- Our approach to implementing this strategy and delivery plan is to:
 - Adopt a public health and trauma-informed mindset to our actions and interventions
 - Ensure all our actions and interventions are based on a sound research and data informed evidence base.

4.1.2 Objectives

Using academically sound evidence based actions and interventions we will:

Priority	Commitments (adapted from HM Government 2022)
1. Break Drug Supply Chains	a. Target the "middle market"- breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
	b. Disrupt gang operations
	c. Roll up county lines- bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
	d. Tackle the retail market- improving targeting of local drug gangs and street dealing
	e. Restrict the supply of drugs into prisons- applying technology and skills to improve security and detection
2. Deliver a World-Class Treatment and Recovery System	a. Deliver world-class treatment and recovery services- strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes, including those with a co-existing mental health condition
	b. Strengthen the professional workforce- developing and delivering a comprehensive substance misuse workforce strategy
	c. Ensure better integration of services- making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery
	d. Improve access to accommodation alongside treatment- access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
	e. Improve employment opportunities- linking employment support and peer support to Jobcentre Plus services
	f. Increase referrals into treatment in the criminal justice system- specialist substance misuse workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug and/or alcohol treatment

	g. Keep people engaged in treatment after release from prison- improving engagement of people before they leave prison and ensuring better continuity of care in the community
3. Achieve a Generational Shift in the Demand for Drugs and Alcohol	a. Ensure there are local pathways to identify and change the behaviour of people involved in activities that cause drug and alcohol-related harm
	b. Deliver school-based prevention and early intervention- ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs and misusing alcohol
	c. Support young people and families most at risk of substance misuse or criminal exploitation- co-ordinating early, targeted support to reduce harm within families that is sensitive to all needs of the person or family and seeks to address the root causes of risk
4. Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	a. Support people who are marginalised in our communities due to substance misuse to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want (JHWBS, 2022)
	b. Tackle the conditions in which people in Nottinghamshire are born, grow, live, work and age (wider determinants) which have a huge impact on the health and wellbeing of Nottinghamshire and there are a large number of inequalities with regard to those who are more susceptible to substance misuse.

4.2 For 2023-2025 Strategy

For 2023-2025 the focus will be on the following objectives:

Overarching	Services that come into contact with the at-risk and most vulnerable populations will routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Overarching	<p>The Partnership will own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.</p> <p>In particular, priority areas are:</p> <ul style="list-style-type: none"> • individuals experiencing co-existing mental health and substance use issues <ul style="list-style-type: none"> • individuals in the criminal justice system • individuals who are drinking alcohol at health harming levels • individuals who are experiencing multiple disadvantages for example Substance Use, homelessness, Domestic Violence • children and young people whose parents are using substances <ul style="list-style-type: none"> • individuals leaving prison who have substance use issues • more evidence-based prevention activity for those who are at risk of substance use.

Overarching	The voice of lived experience will inform all parts of the strategy taking particular focus of those with protected characteristics.
Overarching	A sensitive and resilient co-produced process will be fully embedded for the voices of those who use or could use substance misuse services to be heard and influence the work of the Partnership and the implementation of this strategy
Overarching	There will be improvement on all Local Outcomes Framework metrics
Overarching	Develop and maintain system wide alignment and oversight of substance misuse funding and spend in order to obtain visibility and transparency for all partners and avoid overlapping and gapping
Overarching	Eliminate barriers and challenges to collecting and sharing data across public sector services regarding substance users that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
Priority 1: Breaking Drug Supply Chains	Working in partnership to identify those most vulnerable and perceptible to criminal exploitation, ensuring interventions and safeguarding are in place to reduce harm.
Priority 2: Deliver a World Class Treatment and Recovery System	All substance use funding decisions will be based on the findings and recommendations of the Health Needs Assessment
Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	There will be a better understanding of the current landscape in terms of young people's drug / alcohol use and risk of Child Criminal Exploitation (CCE).
Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Levels of staff and parental knowledge and confidence levels with regards to how to appropriately identify and respond to concerns will be ascertained.
Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Support schools in improving their responses/work with parents
Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	Support people who are marginalised in our communities due to substance use to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want (JHWBS, 2022)
Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	Tackle the conditions in which people in Nottinghamshire are born, grow, live, work and age (wider determinants) which have a huge impact on the health and wellbeing of Nottinghamshire and there are a large number of inequalities with regard to those who are more susceptible to substance misuse.

5 How Are Going to Get There?- Delivery Plan

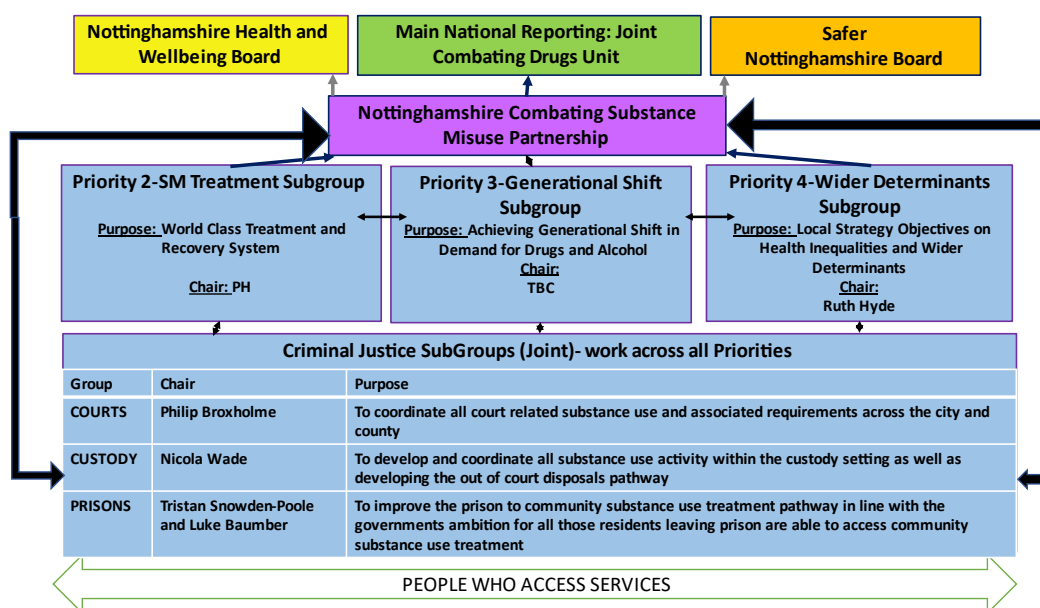
5.1 Governance

5.1.1 Accountability

- The Senior Responsible Owner (SRO) has overarching responsibility for delivery of this strategy.
- Other members of the Partnership will be responsible for their elements of delivery in line with the reporting frameworks and outcomes associated with the funding they receive.

5.1.2 Partnership Subgroups

Please note these are the initial plans and will be updated as the Partnership develops



5.2 Delivery Plan 2023-2025

- See Appendix 2 for delivery plan
- See Appendix 3 for Local Outcomes Framework
- See Appendix 4 for more information on Priority 3 delivery plan
- See Appendix 5 for Nottingham and Nottinghamshire Alcohol Harm Reduction Action Plan

6 How Will We Know When We've Got There?- Monitoring and Evaluation

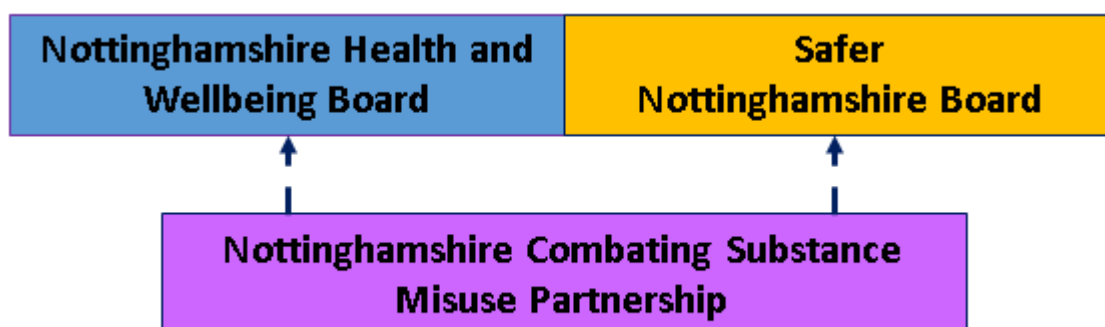
6.1. National and Local Outcomes Framework

- The National Combating Drugs Outcomes Framework outlines the goals with metrics that will be used to measure progress. It is the single overarching framework for central and local government to monitor progress towards our commitments.
- SROs will account for progress against this framework and the future supporting metrics, allowing central government and others to identify where best practice can be shared and where areas require further support or action.

See Appendix 3

6.2 Monitoring and Evaluation

6.2.1 Local Reporting



- The Partnership does not have formal local accountability to other Partnership groups, however it will report to:
 - The Nottinghamshire Health and Wellbeing Board to reflect the work that Partnership will do to help achieve the [Nottinghamshire Joint Health and Wellbeing Strategy](#) (JHWBS) objectives on alcohol and inclusion health.
 - The Safer Nottinghamshire Board to reflect the work done by the Partnership which will help to achieve the Board's objectives.

6.2.1.1 Nottinghamshire Health and Wellbeing Board (HWB)

- This strategy and delivery plan will provide part of the implementation of the Nottinghamshire JHWBS. Section 3.2 outlined the relevant links between this strategy and delivery plan and the JHWBS.
- The local reporting to the Nottinghamshire Health and Wellbeing Board will be:
 - A one page summary of topics and actions from the latest Partnership meeting will be included in the HWB Chair's Report
 - An update on progress of the strategy and delivery plan will be given in the quarterly and annual updates of each relevant Ambition of the JHWBS.
 - A specific report will be provided to the Board if requested.

6.2.1.2 Safer Nottinghamshire Board (SNB)

- The Safer Nottinghamshire Board is a countywide strategic group that is required under Crime and Disorder Regulations 2007 to ensure the delivery of shared priorities and a community safety agreement. It supports local community safety partnerships, which were set up as statutory bodies under sections of the 1998 Crime and Disorder Act, and aims to bring together agencies and communities to tackle crime and ASB in local areas.
- This strategy and delivery plan links to this Board in terms of the criminal justice objectives but also the importance of a public health approach to those experiencing substance misuse.
- The local reporting to the Safer Nottinghamshire Board will be:
 - A one page summary of topics and actions from the latest Partnership meeting will be included as an information update in the SNB Meeting papers.
 - An update on progress of the strategy and delivery plan will be given bi-annually in the form of a report.
 - A specific report will be provided to the Board if requested.

6.2.2 National Reporting

- The local SRO and partnership lead will act as the main points of contacts for central government to provide communications regarding the overarching drugs strategy.
- Annual reporting:
 - The partnership should annually take stock of its progress in reducing drug related harm, reporting against the National Combating Drugs Outcomes Framework and additional local metrics.
 - This stocktake should draw on any relevant inspection reports provided by organisations including the CQC, Office for Standards in Education, Children's Services and Skills (Ofsted), His Majesty's Inspectorate of Probation, His Majesty's Inspectorate of Prisons, and His Majesty's Inspectorate of Constabulary Fire and Rescue Services (HMICFRS).
 - It should also make use of self-audit tools as provided by government departments and sector organisations or developed by local areas themselves. Delivery of drug treatment, for example, should be reviewed with reference to the upcoming Commissioning Quality Standard. While plans should provide stability in partnership aims and activity, we would expect the plan to be assessed and updated as necessary at least every three years, in conjunction with the needs assessment.
- First National report is due: April 2023.
- Awaiting further guidance from National Government.

References

HM Government (2022), Guidance for Local Delivery Partners From Harm to Hope: A 10 Year Drugs Plan to Cut Crime and Save Lives, WWW page at: [Guidance for local delivery partners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance-for-local-delivery-partners).

HM Government (2022), Guidance for Local Delivery Partners From Harm to Hope: A 10 Year Drugs Plan to Cut Crime and Save Lives Appendix 2, WWW page at: [Guidance for local delivery partners - appendix 2 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance-for-local-delivery-partners-appendix-2).

Appendix 1 Recommendations from Substance Misuse JSNA and HNA

JSNA Recommendations

These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk taking behaviour.

Governance	
1	Establish a Nottinghamshire Combating Substance Misuse Partnership Board that will deliver the ambitions of the new national Drug Strategy 'From Harm to Hope' and will be led by the relevant partner organisations. This should be co-ordinated and make use of the best available up-to-date evidence. The Board will ensure that local views and the views of those with lived experience are incorporated into its work
2	Implement locally the new national Drug Strategy, in particular the development of commissioning plans, implementation of commissioning standards, health needs assessments for drugs and alcohol and ensuring capacity in the system for both commissioning and delivery of services.
Commissioning and Service Delivery	
3	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
4	Commissioners and providers of mental health and substance misuse services should continue to implement and build upon the new Mental Health/Substance Use Pathway, including a process for reviewing the effectiveness of the pathway
5	The new substance use criminal justice pathway should be formally evaluated to monitor the impact on treatment outcomes for this cohort
6	Evidence based trauma programmes and interventions should continue to be implemented across the system to ensure trauma informed local services, including formal evaluation of these programmes and interventions (e.g., Route Enquiry into Adverse Childhood Programme (REACH)).
7	Those who have been in substance use treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
Alcohol	
8	In line with the ICS Health Inequalities Strategy priorities, implement targeted interventions to address the significant impacts of alcohol and liver disease, such as systematically offering Identification and Brief Advice (IBA) to individuals who are drinking at increasing risk or high-risk levels and improving alcohol interventions in both primary care and secondary care (including hospital Emergency Departments). Where possible, this work should be aligned with the Making Every Contact Count (MECC) workstream.
9	Through the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group, explore why Nottinghamshire and some of its districts are still doing significantly worse than England for certain types of alcohol-related hospital admissions and develop partnership plans to address this. This will require system mapping of the impact of the Covid pandemic on alcohol consumption at the local level, the need (post-Covid pandemic) and existing services available to inform future commissioning.

10	In line with the local Alcohol Plan, District/Borough Councils should consider data presented in their local alcohol profile to inform future alcohol licensing policy and decision making.
Prevention and Early Intervention	
11	Resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
12	Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
13	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance use problem, seek help and successfully address it.
14	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Data	
15	Explore the barriers and challenges to collecting and sharing data across public sector services regarding substance users that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
16	Along with improved data collection and sharing, identify the most effective governance structure to enable a more complete picture and strategic overview of substance users who come into contact with public sector services, to enable strategic and targeted action

HNA Recommendations

Overarching recommendations
<p>To deliver the ambitions of 'From Harm To Hope' the members of the Combating Substance Misuse Partnership Board must own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.</p> <p>In particular, priority areas are:</p> <ul style="list-style-type: none"> • individuals experiencing co-existing mental health and substance use issues • individuals in the criminal justice system • individuals who are drinking alcohol at health harming levels • individuals who are experiencing multiple disadvantages for example Substance Misuse, homelessness, Domestic Violence • children and young people whose parents are misusing substances • individuals leaving prison who have substance use issues • more evidence-based prevention activity for those who are at risk of substance use. <p>Ensure the voice of lived experience informs all parts of the strategy taking particular focus of those with protected characteristics.</p>
Priority 2: Deliver a world-class treatment and recovery system

1	Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.
2	Local Police data quality and reporting requires improvement in order to demonstrate a relevant picture of need in Nottinghamshire.
3	Early identification of need and easy access to support and treatment for alcohol is required across the health and social care system. There needs to be sufficient capacity in the system in order to deliver this
4	Systemised approach to drug and alcohol testing within and across prison settings is required in order to identify those with a substance use need and strengthen current prison to community pathways.
5	Criminal Justice pathways require evaluation to determine the impact of both mandatory and voluntary approaches on substance use treatment outcomes.
6	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance use problem, seek help and successfully address it.
Priority 3: Achieve a generational shift in demand for drugs	
7	Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues.
8	Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
Priority 4: The Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants	
9	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
10	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate. Particular focus should be on children services so that parental substance use can be identified to mitigate the impact of that on the child(ren)/family unit.

Appendix 2 Nottinghamshire From Harm to Hope Delivery Plan 2023 to 2025



Nottinghamshire
Combating Substance

Appendix 3 Local Outcomes Framework

Priority 1 - Break Drug Supply Chains

National Combating Drugs Outcomes Framework Outcomes - Reducing Drug Related Crime, Reducing Supply

Outcome	Objective	Rationale	HNA Recommendation	Definition	Data Source	Caveats
Reduce the harm caused by drug related criminal activity.	To reduce the number of incidents with a drugs marker.	To understand the number of criminal activities involving drugs in Nottinghamshire, the number of people involved and the impact of drugs on the community		The number of incidents with a drugs marker and the total number of people involved.	Nottinghamshire Police	It is a manual process completed by an inputting officer. It is often overlooked, and it is worth noting that an actual drugs offence (possession/supply) may not have a drugs marker ticked as it is deemed to be 'self-explanatory'. Therefore, a limitation is that not every drug crime will be included in this indicator as crimes such as possession of drugs are not automatically recorded. As the recording process improves there may be an initial increase in the number of incidents recorded.
Reduce the amount of illicit drugs in circulation.	To increase the detected number of drug trafficking incidents.	To help understand the amount of drugs coming into the county. Each drug trafficking incident disruption will help to break supply chains		The number of people involved in drug-trafficking incidents.	Nottinghamshire Police	The number recorded can be linked to the amount of focus that the police are putting on targeting drug supply at a particular time.
Reduce the impact of crime on residents.	To reduce the overall number of drug related acquisitive crimes in Nottinghamshire.	To help understand the wider impacts of drugs on the community through drug related acquisitive crime. Acquisitive crime can help fund criminal drug supply chains and so reducing acquisitive crime cycle help break the drug supply chains.		The breakdown of acquisitive crime into number of acquisitive crime incidents drug offence.	Nottinghamshire Police	There are data quality issues with the number of acquisitive crimes with a drugs marker therefore improvement in data quality needs to take place. As the recording process improves there may be an initial increase in the number of incidents recorded.

Priority 2 - Deliver A World-Class Treatment and Recovery System

National Combating Drugs Outcomes Framework Outcomes - Increase Engagement in Treatment, Improve Recovery Outcomes

Outcome	Objective	Rationale	HNA Recommendation	Definition	Data Source	Caveats
Improve mental health provision for those with a substance use problem.	To reduce the number and percentage of service users with a mental health need but not receiving mental health treatment.	To ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.	Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need	(n) = mental health treatment being received by clients identified as having a mental health treatment need as recorded on National Drug Treatment Monitoring Service (NDTMS) and not receiving treatment/ clients entering treatment identified as having a mental health treatment need as recorded on NDTMS.	NDTMS	The data includes those declined to commence treatment for their mental health need/Missing. However, the provider of substance use services in Nottinghamshire has said this represents a proportion of the total within the data.
Ensure there is continuity of substance use treatment for residents leaving prison.	To increase the percentage of people leaving prison and engaging in structured community treatment.	To ensure there is continuity of treatment for those leaving prison.	Systemised approach to drug and alcohol testing within and across prison settings is required in order to identify those with a substance use need and strengthen current prison to community pathways.	The indicator measures the proportion of adults released from prison (into a Local Authority Area) with substance use treatment need who go on to engage in structured treatment interventions in the community within 3 weeks of release.	NDTMS/ Fingertips	
Understand the most effective way of engaging those in the criminal justice system into treatment.	To assess the most effective way to engage residents into treatment (mandatory vs voluntary).	To evaluate the impact of both mandatory and voluntary approaches to substance use treatment.	Police, probation and substance use treatment services to evaluate the impact of both mandatory and voluntary approaches to substance use treatment	Proportion of CJIT adults by referral pathway– Drugs/Alcohol. Successful completions as a proportion of those from the identified criminal justice referral pathways.	NDMTS – Drug/Alcohol Commissioning Support Pack 2022-23 Change Grow Live (CGL)	Definitions: A mandatory referral pathway implies referral from probation services for an assessment by the CJIT. Voluntary referrals refer to voluntarily referring following release from prison, or voluntarily referring following a cell sweep, or voluntarily referring from the liaison and diversion team or other voluntary reason.
Improve treatment outcomes.	To reduce the number and proportion of substance use deaths in treatment.	To improve treatment outcomes, reduce harms		Proportion and number of deaths in drug treatment (for all drug groups) for Nottinghamshire.	NDTMS	

Priority 3 - Achieve A Generational Shift in Demand For Drugs (and Alcohol)

National Combating Drugs Outcomes Framework Outcomes - Reducing Drug Use

Outcome	Objective	Rationale	HNA Recommendation	Definition	Data Source	Caveats
Reduce children's exposure to substance use issues.	To reduce the number of parents with a substance use problem.	To mitigate the impact on children who have a parent(s) with substance use issues.	Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues	Proportion of new presentations family status, for Nottinghamshire. Those recorded as not a parent or had no contact with children.	NDTMS Adult Partnership Activity Report	
Reduce the prevalence of drug use in the children and young people population.	To increase the number of children and young people referred into treatment.	If those children and young people receive treatment this will help to reduce prevalence in the population.		The number of children and young people in treatment in Nottinghamshire.	NDTMS ViewIt	
Increase educational awareness and resilience in children and young people about substance use.	To increase the number of children and young people receiving evidence-based resilience programmes that include substance.	To increase awareness of the dangers of substances amongst children and young people.	Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.	The number of children and young people receiving evidence-based resilience programmes that include substance use	Nottinghamshire Police and Crime Commissioner	

Priority 4 - Bigger Picture: Reduce Health Inequalities and Tackle Wider Determinants of Substance Use

National Combating Drugs Outcomes Framework Outcomes – Local Priority

Outcome	Objective	Rationale	HNA Recommendation	Definition	Data Source	Caveats
Reduce the prevalence of substance use in the homeless population.	To increase the number of homeless people in treatment.	The homeless population are the most vulnerable individuals and experience multiple disadvantages.	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.	The homeless caseload for Nottinghamshire over time.	CGL	
Ensuring that those leaving treatment are engaged in meaningful activities.	Increase the number of residents who are in employment or volunteering when they complete treatment.	<p>Unemployment and housing problems have a marked negative impact on treatment outcomes and exacerbate the risk that someone will relapse after treatment.</p> <p>As Dame Carol Black also alluded to in her report, “employment is an essential part of recovery, both for financial stability and to offer something meaningful to do” and “having a home is key to recovery”.</p>		<p>Clients successfully completing treatment working ≥ 10 days in last 28 at exit is the proportion of clients aged 18 and over who successfully completed treatment reported working at least 10 days of paid work in the last 28 days at the time of their exit TOP. This column is reported for clients who successfully completed treatment in the latest rolling 12- month period. Clients must have had a TOP at both start and exit to be counted.</p> <p>Clients successfully completing treatment volunteering is the proportion reported for clients who successfully completed treatment in the latest rolling 12-month period who were engaged in volunteering at the end of treatment. Due to the new implementation of this item, only a TOP at exit is required for reporting.</p> <p>Clients in unpaid structured work is the proportion reported for clients who successfully completed treatment in the latest rolling 12- month period who were engaged in unpaid structured work at the end of treatment. Due to the new implementation of this item, only a TOP at exit is required for reporting.</p>	NDTMS Diagnostic and Outcomes Monitoring Executive Summary (DOMES)	

Reduce the prevalence of drug and alcohol use in the population.	<p>To reduce the number of people that use drugs frequently (within the last month).</p> <p>To reduce the number of adults drink at levels that pose a risk to their health and adults that are dependent on alcohol.</p>	Reducing the prevalence within society will improve residents' overall health and wellbeing.		<p>Synthetic estimates of drug use in Nottinghamshire for people aged 16-59 using class A and any drug which they use frequently and in the last month.</p> <p>Synthetic estimates of adults in Nottinghamshire drinking at levels that pose a risk to their health (14 units a week) and dependent drinkers.</p>	Crime Survey for England and Wales - JSNA Substance Use Young People and Adults	This data is based on synthetically model local need based on national data. This means applying a percentage that is representative of Nottinghamshire to published national data to certain populations.
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Appendix 4 Further Information on Priority 3 Objectives and Actions

Nottinghamshire County Council Emerging Threats Team

Priority 3: Achieve a generational shift in the demand for drugs
b. Delivering school-based prevention and early intervention- ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs and misusing alcohol
c. Supporting young people and families most at risk of substance misuse or criminal exploitation- co-ordinating early, targeted support to reduce harm within families that is sensitive to all needs of the person or family and seeks to address the root causes of risk

Key: [Short term = by 31.12.22](#)

[Medium term = by 31.8.23](#)

[Long term = after 1.9.23](#)

Background information/local context

Anecdotal evidence arising from TETC consultations with schools suggests that increasing numbers of young people are using drugs, volatile substances, and alcohol. Referrals to the MASH for concerns about exploitation (CSE/CCE) and the use of/carrying of weapons by young people (both in and outside of school), have also significantly increased. Presentations at A&E for drugs overdoses and alcohol poisoning are also on the rise. District councils report regular ASB activity in local parks which appears to be linked to drugs and alcohol. Staff in primary schools report concerns about pupils in Y5 and Y6 associating with older teenagers in community spaces where there are identified concerns around child criminal exploitation and drugs.

Schools are required to teach about these issues in an age-appropriate way through their [RSHE](#) curriculum offer and all staff must have an awareness of safeguarding issues that can put children at risk of harm [KCSiE 2022](#). This includes behaviours linked to drug taking and/or alcohol misuse, serious violence (including that linked to county lines). Feedback from our RSHE local practitioner networks indicates that many staff feel lacking in confidence and knowledge of these subjects and are often unsure where to access advice and support, or signpost children and families to. TETC co-production work with children and young people evidences that many of those who use drugs or alcohol do so to manage their mental health, including anxiety and low mood and depression. Of those who are affected, there are observable common themes related to identity and sense of belonging and a greater prevalence of high risk-behaviours amongst children with additional needs and vulnerabilities. Many of those who use drugs/alcohol regularly are also identified as being at risk of child criminal exploitation and gang-related activity/youth violence. These young people are also much more likely to be excluded from school and have disrupted education. There is a link between school exclusion and increased risk of becoming involved in criminalised behaviour and being incarcerated. Incidence of poor mental health is far greater amongst the prison population than in society in general. Children who have a close family

member in prison are themselves more likely to struggle with mental health and are at increased risk of alcohol and substance misuse, and the cycle is thus perpetuated.

Objective (what)	Issues identified (why)	Action Required (how)	Date (when)
1a. Develop a better understanding of the current landscape in terms of young people's drug / alcohol use and risk of CCE.	<p>Currently we do not have a comprehensive picture across the county and there is a need for more concrete data and intelligence.</p> <p>Anecdotal evidence points to an increase in cannabis use by children and young people. Schools are emphasising a trend in children getting younger and younger when they begin using cannabis. Evidence tells us that cannabis is a potential gateway drug to other stronger drugs and becoming involved in CCE.</p>	Liaise with partner agencies including health, police, social care, district councils, public health and specifically commissioned services and charities to obtain any quantitative data for each district and risk	Short term
		Work with an identified secondary school to survey all students anonymously across all year groups- questions to include- how safe they feel; whether they, or anyone they know have used / been affected by drugs/alcohol/CCE / youth violence.	Short term
		Further co-production work with focus groups of students to gather more student voice	Medium term
		Depending on the success of this, consider rolling out the survey to the other secondary schools in the Ashfield District initially.	Medium Term
		Pilot a piece of co-production work with 3 primary schools in a district of high prevalence to develop a greater understanding of children's attitudes towards drugs and alcohol and their perspective on risks in the local community.	Medium
		Replicate this pilot in other districts across the county	Long

1b. Ascertain levels of staff and parental knowledge and confidence levels with regards to how to appropriately identify and respond to concerns. Support schools in improving their responses/work with parents	Not all schools participate in our local RSHE practitioner networks and there is also a lack of quantitative and qualitative data.	Survey RSHE leads at the November RSHE network. Ask for the names of partners / organisations they would refer to / take guidance from if they have concerns around a child using drug/ alcohol, involved in CCE	Short term
	<p>Education professionals are reluctant to seek support for these issues due to concerns of perceived reputational damage if drugs/alcohol/CCE is linked to the school. These barriers result in us not having an accurate countywide understanding of these issues.</p> <p>Inconsistencies in the quality of school policies. Some schools have policies specifically around drugs / alcohol / CCE /</p>	<p>Devise a survey and supporting letter for parents and staff (secondary pilot school- with questions around how confident they feel in recognising the early signs of risk and in responding appropriately)</p> <p>Analyse the results/feedback and develop case studies to encourage further schools to take a similar approach</p> <p>Support schools to create bespoke packages of support to meet the needs of their individual communities/student body/parents and carers, including signposting to services</p> <p>Pilot advice 'clinics' in the Ashfield district. Encourage schools to bring case studies, complex cases, and examples of good practice to share and seek support from TETC team and their peers</p> <p>Promote the use of the Harms Outside the Home Toolkit and regional website to support staff and parents/carers in accessing resources/ expertise</p> <p>Review all secondary schools and at least 5 primary school's policies in the Ashfield district</p> <p>Identify examples of good practice/areas for improvement</p>	<p>Short Term</p> <p>Medium term</p> <p>Long term</p> <p>Medium</p> <p>Medium</p> <p>Medium</p> <p>Medium</p> <p>Long</p>

	knives and weapons, whereas some will incorporate these into the 'behaviour in schools' policy.	Support schools to shape and develop policies around RSHE, knives and weapons and Search and Seize based on findings	
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2. Work with key partners to understand local training and support offers and to ensure that details are widely known and used.	We are not confident that all schools are aware of what help is available in relation to training and in response to issues involving CCE, alcohol and substance misuse.	<p>Liaise with CGL, Hetty's, Life Skills and other providers to understand their training offer and to identify any gaps which the TETC team might be able to support with.</p> <p>Update School's portal with details of training and support offer.</p>	<p>Short term</p> <p>Medium</p>
	When contacting TETC team for advice and guidance, many schools request details of partner agencies they can refer to for further guidance / training. Schools report that there is not a single point of information.	<p>Update the following pages on school's portal:</p> <ul style="list-style-type: none"> - Knives and Weapons - Gangs - Child Criminal Exploitation (including grooming) - Alcohol - Smoking & vaping - Substance Misuse <p>Include an overview of what schools need to know to support their practice and why it is important that they understand the topic. This will be broken down further to include:</p> <ul style="list-style-type: none"> - Whole school learning - Training information - Parent / carers 	Short term

		<ul style="list-style-type: none"> - Primary - Secondary - SEND 	
3. Educate young people about the risks and harms of using drugs & alcohol, and CCE in an age-appropriate way	Not all teaching staff feel competent / confident in delivering certain sections of the RSHE curriculum – including drug/alcohol use and CCE	<p>Survey RSHE leads at the November RSHE networks. Understand any specific themes which the majority are struggling with.</p> <p>Gather examples of good practice to share with other schools by attending the RSHE and DSL networks</p> <p>Use the Intent training platform to understand from teachers what barriers they face in delivering sessions around smoking linked to cannabis usage.</p> <p>Encourage teachers to use the transferable strategies related to smoking prevention when educating children about drugs.</p>	<p>Short</p> <p>Short / Medium</p> <p>Short term</p>
4. Strengthen the work undertaken in schools to understand and teach about the associated risks of drugs/alcohol/volatile substances/CCE to mental health	Co-production with young people has identified that many of those who use alcohol/drugs/volatile substances struggle with anxiety, low-mood, and depression. Many have	<p>Seek out available national data sets with respect to current trends</p> <p>Share this data with Senior Mental Health Leads in schools to ensure that staff are aware of the increased likelihood of some students using drugs/smoking/alcohol to self-medicate mental health issues.</p> <p>Establish closer links with the Healthy Families and Mental Health Support Teams to ensure there is a joined-up approach in each district and that interventions to support children with low level mental health needs take account of this data</p>	<p>Medium</p> <p>Medium</p>

	<p>experienced early childhood trauma and young people with additional needs/vulnerabilities, are disproportionately represented in the cohort of cyp who we know to be high-risk in terms of CCE/drugs/alcohol/substance misuse. Previous studies such as Understanding Society- The UK Household Longitudinal Study- youth questionnaire, UK, evidenced a correlation between the incidence of children and young people using drugs, alcohol and smoking and low mood, anxiety, and depression. The impact of the pandemic is likely to have resulted in more young people “self-medicating” in this way.</p>	<p>Support schools to embed topics within their RSHE offer which focus on tools to promote positive mental health and prevent illness- e.g., managing bereavement and loss</p>	Medium
		<p>Support schools to become more trauma-informed and to work in a relationship/strengths-based way when managing dysregulated behaviour and distress to reduce the risk of exclusion/ poor attendance</p>	
		<p>Promote the use of the EPS “Understanding Behaviour”, “Foundations of Identity” and “Harms Outside the Home” toolkits and the NottAlone website and encourage schools to work with parents and carers to better understand/recognise early indicators/concerns</p>	Medium
		<p>Update the Healthy Mind school’s portal pages. Specifically:</p> <ul style="list-style-type: none"> • Loss and Bereavement • Mental Health conditions • Resilience • Self-Harm and Suicidal Ideation • Mental Health Leads <p>Disseminate information via</p> <ul style="list-style-type: none"> - Head Teacher Bulletin - TETC newsletter - Governor newsletter (Governorhub) 	Medium
			On going

Appendix 5 Nottingham and Nottinghamshire Alcohol Action Plan

To be inserted

Appendix 6 Executive Summary Health Needs Assessment



Nottinghamshire
From Harm to Hope E

Appendix 7 Nottinghamshire Combating Substance Misuse Partnership Terms of Reference



Nottinghamshire
Combating Substance