



25 April 2022

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

SUBSTANCE MISUSE – 10 YEAR DRUGS STRATEGY: FROM HARM TO HOPE

Purpose of the Report

1. To inform Adult Social Care Public Health (ASCPH) Committee about the Government's 10 Year Drug Strategy: [From Harm to Hope](#) (FHTH) and what the Council is required to undertake in its implementation.
2. To seek approval to procure and award the contract for inpatient detoxification beds and to do this on behalf of a consortium of local authorities in the East Midlands.
3. To seek approval to recruit to a Band D (Public Health Development Manager) post and a Band B (Public Health Support Officer) post within the Public Health Division to support the local implementation of the strategy, and to fund this using the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR) until March 2025.

Background

4. Substance misuse (drugs and/or alcohol) is associated with a wide range of physical and mental health issues as well as broader social issues including homelessness, unemployment, criminal activity and anti-social behaviour. These adversely affect individuals, families (with safeguarding and looked after children implications) and communities (Public Health England, 2014a). About one in ten of the years lost to death or disability in Nottinghamshire are attributable to drug or alcohol misuse (Global Burden of Disease 2019).
5. Estimates published in the [Nottinghamshire Joint Strategic Needs Assessment](#) indicate that there could be at least 172,725 Nottinghamshire residents who could benefit from a substance misuse intervention. Locally, there are estimated to be 4436 dependent opiate and or crack users, 131,011 adults drinking at harmful levels and an estimated 21,632 dependent on alcohol. Alcohol represents the greatest need. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

Local Vision and provision

6. In Nottinghamshire, addressing substance misuse issues is driven through the Nottinghamshire Substance Misuse Strategy Group. This strategy group is accountable to the Health and

Wellbeing Board and links to the Safer Nottinghamshire Board. Its vision is to prevent and reduce substance misuse and related problems to improve the quality of life for people who live, work, and visit Nottinghamshire. The action required to deliver this is set out in a Framework for Action which is due to be refreshed during 2022.

7. The Council receives a Public Health grant which it is required to invest in the provision of substance misuse treatment for residents. In March 2020 Nottinghamshire County Council commissioned Change Grow Live (CGL) to deliver All Age Treatment and Recovery Service in Nottinghamshire. CGL have approximately 4500 residents in treatment at any one time of which approximately 2410 are new presentations within that year. In Nottinghamshire, 20% of residents per year successfully leave the CGL service drug and or alcohol free, which is in line with the national average and our local authorities neighbours. Those who successfully leave the service also report improvements in mental wellbeing, employment opportunities, improved housing situations and overall quality of life. Approximately 63% continue with their treatment programme, whilst unfortunately around 17% leave without completing treatment (2020/2021 data). We are working with CGL to improve these figures, and the Committee will continue to receive a quarterly update on how the contract is performing.

National strategy

8. The Government's new Drugs Strategy: From Harm to Hope (FHTH) was published in December 2021 to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm, and overall drug use. 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
9. Across England over the next 10 years, FHTH aims to create:
 - A further 54,500 new high-quality treatment places
 - 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
 - A treatment place for every offender with an addiction
 - 30,000 new treatment places for non-opiate users and alcohol users
 - A further 5,000 more young people in treatment
 - 24,000 more people in long-term recovery from substance dependence
 - 800 more medical, mental health and other professionals
 - 950 additional drug and alcohol and criminal justice workers
 - Sufficient commissioning and co-ordinator capacity in every local authority
10. Local implementation will be overseen by upper tier local authorities. Local authorities are expected to:
 - a. Develop a local strategic partnership board
 - b. Increase the number of treatment places for community treatment
 - c. Form a consortium and procure additional inpatient detoxification places

- d. Produce one year and three year plans for the local implementation of FHTH
- e. Undertake a health needs assessment across all three strategic priorities of FHTH
- f. Implement the new commissioning standards when published
- g. Monitor the additional grant conditions
- h. Establish what the local outcome monitoring framework for FHTH will be

Local implementation and governance

11. The local strategic partnership board will bring together relevant organisations for example Police and Crime Commissioner, police, probation, NHS England, mental health treatment providers and substance misuse treatment providers. Guidance about this and an accompanying commissioning framework was expected in February 2022 but is still awaited at the time of drafting.
12. Our current planning assumption is that it will be the duty of upper tier local authorities to develop this strategic partnership, to oversee implementation of the strategy and that commissioning of additional services is undertaken according to the guidance in the commissioning framework.
13. Subject to further guidance, the Council will be given a duty to establish this new local partnership board for substance misuse and to remain accountable for investing the new funding for the delivery of the strategy. It is envisaged that the new partnership board will make commissioning recommendations to an appropriate Committee or function within the Council with powers to implement them.
14. When further guidance is published on the governance arrangements for the partnership board, the current Substance Misuse Strategy Group will be reviewed.

Commissioning

15. As part of the local implementation of FHTH, upper tier local authorities are required to provide additional inpatient detoxification places for the residents of Nottinghamshire and increase the number and quality of places within substance misuse treatment services for young people, adults, children affected by parent substance misuse and those who are in the criminal justice system.
16. Planning for delivery of this requirement is currently being undertaken utilising information from the Joint Strategic Needs Assessment for substance misuse and working alongside CGL and partners.

Funding

17. Two additional grants are being provided to upper tier local authorities to expand the number of treatment places for both adults and young people (Supplemental Substance Misuse Treatment and Recovery Grant (SSMTR)) and expand the capacity for inpatient detoxification places (Inpatient Detoxification Grant).
18. These grants are for a three-year period (April 2022 to March 2025).

19. As set out in the Drug Strategy and the Public Health Grant (PHG) agreement letter, eligibility for this additional grant funding will be dependent on the local authority sustaining its funding of drug and alcohol treatment at a level no less than in 2020/21. Current investment in the Nottinghamshire All Age Treatment and Recovery Service is £8.9 m per year.
20. It is the responsibility of local authorities to spend these grants in accordance with the menu of evidenced based interventions that Office of Health Improvement and Disparities (OHID) have provided.

Leadership of East Midlands Consortium

21. To be eligible for the Inpatient Detoxification Grant, local authorities are required to be part of a regional or sub-regional consortium. All the East Midlands local authorities have joined to form a consortium.
22. It is proposed that Nottinghamshire County Council lead the East Midlands consortium as it has the largest financial allocation.
23. A procurement process (led by Nottinghamshire County Council) will need to be completed by June 2022.

Resourcing within the Public Health Division

24. Further public health commissioning capacity will be required to implement the requirements of FHTH locally as outlined in paragraph 10.

Reasons for Recommendations

25. To provide ASCPH Committee an update on the national Drugs Strategy FHTH and to outline the local implications for delivery.
26. Approval is needed for Nottinghamshire County Council to lead the East Midlands inpatient detoxification consortium and to undertake a procurement process and award contract to the winning tender.
27. Approval is needed for further public health capacity to locally deliver the requirements of FHTH.

Statutory and Policy Implications

28. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Crime and Disorder Implications

29. The links between substance misuse and the criminal justice system have been considered.

Financial Implications

30. The total cost of the 1 x Band D and 1x Band B is £115631.00 per year for a 3 year period utilising the SSMTG.

RECOMMENDATION/S

It is recommended that Committee approves:

- 1) That following receipt of Government guidance about the governance required to oversee the strategy, a report be provided to the relevant body.
- 2) The procurement and award the contract for inpatient detoxification beds and to do this on behalf of a consortium of local authorities in the East Midlands.
- 3) The establishment of 1 x Band D FTE and 1 x Band B FTE for a period of 3 years (until 31st March 2025) utilising the Supplementary Substance Misuse Treatment and Recovery Grant.

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Constitutional Comments (ELP 24.03.2022)

25. The recommendations fall within the delegation to Adult Social Care and Public Health Committee by virtue of its frame of reference

Financial Comments (DG 22.03.22)

26. The cost of a FTE Band B post £52,073 and Band D post £63,558 as well as the procurement of inpatient detoxification beds will be funded over 3 years by the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTR) and Inpatient Detoxification Grant.

Background Papers and Published Documents

27. None

Electoral Division(s) and Member(s) Affected

- All will be affected

References

1. <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths>
- PHE (2018), [Alcohol and Drug Prevention, Treatment And Recovery, Why Invest?, WWW page at: https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest](https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest)

2. Global Burden of Disease <http://ghdx.healthdata.org/gbd-results-tool>