

Somerset Supplemental Treatment & Recovery Grant and Draft Substance Misuse Strategy

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Cabinet Member: Cllr Adam Dance

Division and Local Member: Somerset wide

1. Summary

- 1.1.** Many of our families, communities or workplaces are touched directly or indirectly by substance misuse, whether you are aware of this or not. This paper aims to introduce scrutiny members how the relaunched Somerset Drug And Alcohol Partnership is tackling this issue, utilising additional funding awarded to Somerset under the Supplementary Substance Misuse Treatment & Recovery Grant (SSTRG).
- 1.2.** A requirement of this grant is to develop a Somerset Substance Misuse Strategy and this paper begins to articulate the approach to be taken locally, in accordance with the national 10 year plan called 'Harm To Hope.'

2. Issues for Consideration / Recommendations











- 2.1.** To scrutinise progress on achieving the pre-requisites against national deadlines of the national grant award – sections 3.1-3.6.
- 2.2.** To provide input into the draft Somerset Substance Misuse Strategy Priorities – section 3.7
- 2.3.** To inform officers how you, as a committee, would like to remain engaged with this work, so that this can be scheduled into forward planning.

3. Background

- 3.1.** Somerset County Council Public Health currently commissions an all-age drug and alcohol treatment service in Somerset, called Somerset Drug and Alcohol Service (SDAS) provided by Turning Point a national voluntary sector provider of specialist drug and alcohol services.
- 3.2.** In December 2021, Government published [From harm to hope: a 10 year drugs plan to cut crime and save lives](#) and to support its implementation the government has allocated additional funding over a 3 year period 2022/23 to 2024/25. This supplemental funding is to support improvements in the quality and capacity of drug and alcohol treatment and is subject to plans being submitted annually and approved nationally.

- 3.3.** In year one, 2022/23, Somerset has been awarded £530,557. In line with the spending requirements, our submitted 2022/23 plan is focused on beginning the growth in the capacity of the commissioned drug and alcohol services workforce to deliver drug and alcohol treatment to individuals and families affected by their loved ones' use. Subsequent years are subject to HM Treasury annual confirmation; for Somerset this could mean an additional £880k in 2023/24 and £1.44m in 2024/25. An outline plan for the three years 2022/23 to 2024/25, alongside a detailed plan for 22/23, was submitted and approved. There was a detailed menu of interventions against which the bid had to be written.
- 3.4.** The additional funding asks local areas to deliver the following outcomes over the three years:
- To have stretch targets to increase the numbers of adults in structured treatment by 20% and young people by 50%
 - To reduce drug and alcohol related deaths
 - To improve access to treatment for individuals referred from the criminal justice system
- 3.5.** The additional funding is awarded to Somerset under a Memorandum of Understanding from the Secretary of State for Health and Social Care, acting through the Office for Health Improvement and Disparities (OHID), which is part of the Department of Health and Social Care. There is a set of outcomes which will be monitored nationally and locally, which will supplement the existing performance framework that is used to manage the contract of the specialist drug and alcohol service.
- 3.6.** Central Government has published a set of requirements to be in place to progress the award of this grant; these are listed below (Figure 1). To date, Somerset has:
- Re-established a Drug and Alcohol Partnership on a Somerset footprint
 - Developed Terms of Reference which have been signed off by the partnership
 - Agreed an SRO – Alison Bell, Public Health SCC
 - Drafted a Needs Assessment to inform strategy development
 - Discussed the priorities for our local Drug Strategy and started to develop a performance framework against which progress with implementation can be measured

Figure 1: Requirements of the local drug and alcohol partnership, taken from national partnership guidance [Guidance for local delivery partners \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-for-local-delivery-partners)

 Action	 Timeframe
 Nominate your local senior responsible owner (SRO)	By 1 August 2022
 Form your Combating Drugs Partnership: bring together the different individuals and organisations who represent and deliver the drugs strategy goals, and co-ordinate activity to reduce drug harm in a local area	By 1 August 2022
 Confirm the footprint for your partnership: every upper-tier local authority should be covered, and where local areas can work together to create a shared arrangement across a wider footprint, such as a combined authority, they should do so	By 1 August 2022
 Agree the terms of reference for your local partnership and your governance structure	By end September 2022
 Conduct a joint needs assessment, reviewing local drug data and evidence	By end November 2022
 Agree a local drugs strategy delivery plan, including developing data recording and sharing	By end December 2022
 Ensure that partners agree a local performance framework to monitor the implementation and impact of local plans	By end December 2022
 Regularly review progress, reflecting on local delivery of the strategy and current issues and priorities	First progress report by end of April 2023 and every 12 months thereafter

3.7. The Somerset Drug and Alcohol Partnership discussed priorities for our local strategy, based on the national “Harm to Hope” 10 year strategy from [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives). From these discussions and reviewing the data, as partnership the following priority areas were identified:

- Admissions to hospital as a result of alcohol use
- The homeless and rough sleeping community
- Join up between mental health services and specialist substance misuse treatment services, to ensure that clients with a dual diagnosis are supported in a co-ordinated manner
- Specialist substance misuse services having a recovery focus
- Engagement with users, carers and families to inform development and implementation of new work

These have evolved to the following framework:

<p>PREVENTION, EARLY INTERVENTION & HARM REDUCTION</p> <p>Use alcohol harm and crime data to inform licensing decisions Public campaigns regarding substance misuse Support for schools PHSE curriculum Engagement of users to inform campaigns Workforce trained in brief interventions</p> <p>Increase access to needle exchange Normalise the use of naloxone</p>	<p>ENFORCEMENT</p> <p>Reduce drug supply Test on arrest</p>
<p>INCREASE ACCESS TO SPECIALIST TREATMENT</p> <p>Increase capacity of specialist substance misuse service</p> <p>Develop outreach offer to reach vulnerable groups such as homeless/rough sleepers Develop joint working with NHS mental health services, primary care and acute hospital clinicians</p> <p>Collaboration across police, courts, probation, prison and SDAS to ensure a therapeutic response to those who misuse substances but end up in criminal justice system</p> <p>Engage with users to inform development of treatment and outreach models</p>	<p>RECOVERY</p> <p>Recruit and train more peer supporters Build support from peer supporters into local pathways</p> <p>Develop mutual aid within communities</p> <p>Engage with users to help focus this work</p>

4. Consultations Undertaken

- 4.1. National timescales for sign off of this strategy (December 2022) make consultation challenging. The Partnership propose that for this draft of the strategy, we engage with peer supporters who have completed treatment through the local service and adapt our strategy based on their feedback.
- 4.2. It is proposed that as part of this work to ensure strong engagement with people who misuse substance, both those currently supported by the specialist service and those choosing not to engage. To this end, SCC have recruited a part time Partnership Manager, using some of the SSTRG funding. This postholder's key role will be to engage with users and services to hear what is working and what needs to change, to promote engagement and recovery. Additionally, substance misuse needs to be de-stigmatised and people need to be encouraged to seek early help before behaviours, particularly alcohol intake, become excessive.

5. Implications

- 5.1.** It is likely that if the Somerset Drug and Alcohol Partnership fail to deliver against the requirements of the national grant, they will not be successfully awarded ongoing funding under this grant. It is therefore imperative that work is completed according to the timescales laid out above.
- 5.2.** To date the Somerset Drug and Alcohol Partnership have complied with all the requirements in a timely manner.

6. Background Papers

- 6.1.** [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

Note For sight of individual background papers please contact the report author.