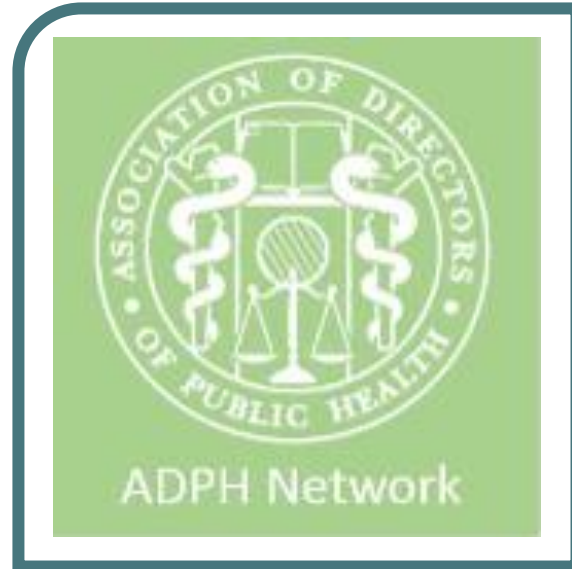


Yorkshire and the Humber Dual Diagnosis Forum

6th July





Y&H Dual Diagnosis Forum Programme



	Session	Speaker
10.00 – 10.05	Welcome and introduction	Andy Maddison , Health and Wellbeing Programme Manager, Y&H OHID
10.10 – 10.30	From Harm to Hope & Partnership Opportunities	Andy Maddison , Health and Wellbeing Programme Manager, Y&H OHID
10.30 – 10.45	A collaborative model of treatment for people with co-existing mental health and alcohol/drug use conditions	Clare Rossi , Lead Nurse at ReNew/CGL Gilda Nunez , Public Health Lead Substance Misuse, Hull City Council
10.45 – 10.55	Q&A / Discussion	All
10.55 – 11.00	BREAK	
11.00 – 11.25	Breakout Discussion – ICS Regions <ul style="list-style-type: none"> • How are partners collaborating together in your ICS region to develop local models of treatment for people with co-existing mental health and alcohol/drug use conditions? • What can we all do more of to ensure that we are working across the system to develop local models and ensure a multi-agency approach is developed? • What additional support do you need to enhance partnership working to develop and deliver local models of treatment? 	
11.25 – 11.30	Next steps and meeting close	Andy Maddison , Health and Wellbeing Programme Manager, Y&H OHID



Office for Health
Improvement
& Disparities

Drug strategy and funding for drug and alcohol treatment and Mental Health

OHID Addiction and Inclusion

Andy Maddison – Programme Manager (Substance Misuse & Rough Sleeping)

July 2022

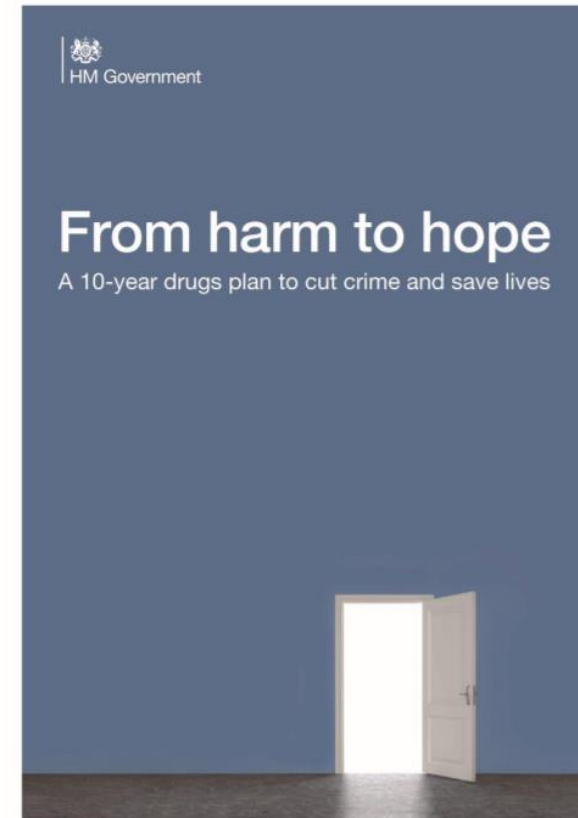
Contents

From harm to hope: A ten year drugs plan to cut crime and save lives

- Break drug supply chains / Deliver a world-class treatment and recovery system / Achieve a generational shift in the demand for recreational drugs / Local partnerships and accountability

Funding for drug and alcohol treatment

- Key messages on funding for the next 3 years
- Spending Review investment
- The approach to additional funding
- Messages about other funding – Rough Sleeping, IPS, Housing Support



The strategy on a page

10 year policy ambition

How

3 year resources

Headline targets

Break drug supply chains

Step up our response to the supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime

£300m

Close 2,000 more county lines
Disrupt 6,400 more OCGs

Deliver a world-class treatment and recovery system

Rebuild drug treatment and recovery services, including for young people and offenders, with new commissioning standards to drive transparency and consistency

£780m

Prevent nearly 1,000 deaths;
Delivered around 54,500 new high-quality drug and alcohol treatment places

Reduce the demand for recreational drugs

Strengthen the evidence for how best to deter use of recreational drugs, ensuring adults driving change their behaviour or face consequence, and with universal and targeted activity to prevent young people starting to take drugs

£5m innovation fund

Reduce overall drug use to historic lows over the next decade

Partnerships and Accountability



Deliver a world-class treatment and recovery system

Department of Health and Social Care, Ministry of Justice, Department for Levelling Up, Housing and Communities, and Department for Work and Pensions.

- **delivering world-class treatment and recovery services** – rebuild local authority commissioned substance misuse services, improving quality, capacity and outcomes
- **rebuilding the professional workforce** – develop and deliver a comprehensive substance misuse workforce strategy
- **ensuring better integration of services** – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery and enforcement
- **improving access to accommodation alongside treatment** – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
- **improving employment opportunities** – employment support rolled-out across England and more peer support linked to Jobcentre Plus services
- **increasing referrals into treatment in the criminal justice system** – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
- **keeping prisoners engaged in treatment after release** – improved engagement of people before they leave prison and better continuity of care into the community



Achieve a generational shift in demand for drugs

Home Office, Department for Education, Department for Health and Social Care, Ministry of Justice, Departmental for Culture, Media and Sport, Department for Levelling Up Housing and Communities.

- **building a world-leading evidence base** – ambitious new research backed by a cross-government innovation fund to test and learn and drive real-world change
- **applying tougher and more meaningful consequences** – decisive action to do more than ever to target more people in possession of illegal drugs, and a White Paper next year with proposals to go further
- **delivering school-based prevention and early intervention** – delivering and evaluating mandatory relationships, sex and health education to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school
- **supporting young people and families most at risk of substance misuse** – investing in a range of programmes that provide early, targeted support, including the Supporting Families Programme



Expected outcomes

The Supplemental Substance Misuse Treatment and Recovery Grant should be used by LAs to directly address the aims of the treatment and recovery section of the drug strategy.

On a national basis the additional funding should deliver:

- **54,500 new high-quality treatment places, including:**
 - 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



Driving partnership and accountability for outcomes

- OHID to produce a new national **commissioning quality standard** by March 2022.
- Three years of **additional ring-fenced** funding for treatment and recovery.
- Government to ensure LAs **maintain their existing investment in drug and alcohol treatment** in 2022-23 and beyond
- **OHID to lead on monitoring of local areas** and, from 2022-23, publish key national and local indicators to show progress.
- OHID to offer **improvement support to local authorities**, working with the LGA, focussing on areas with poorer outcomes.
- Government to **require local areas to have a strong multi-agency partnership**. But footprint to be decided locally.
- This partnership must have proactive oversight of the implementation of **all three strategic priorities** of the Drug Strategy.
- A key task will be to **conduct a joint needs assessment**, and use this to agree a **local drug strategy and action plan**.

“We will consult on the detail of the structures and processes to be included in the guidance early in 2022, to ensure they are agreed and operational for the 2022-23 financial year. This will happen in tandem with the development of the new quality standards for commissioning substance misuse treatment and recovery services by the Office for Health Improvement and Disparities... This will ensure action is integrated between all three of our strategic priorities.”



Local partnerships and accountability

Success relies on local partners working together on these long-term ambitions. To ensure a common set of standards and quality we are:

- **Requiring each local area to have a strong partnership** that brings together all the relevant organisations and key individuals, developing guidance to support the new Integrated Care Systems (ICS);
- Introducing a **new framework of national and local outcomes** to inform progress and drive clear accountability;
- Develop and **implement a commissioning quality standard** to support transparency and accountability between all partners and layers of government, and improvement support.

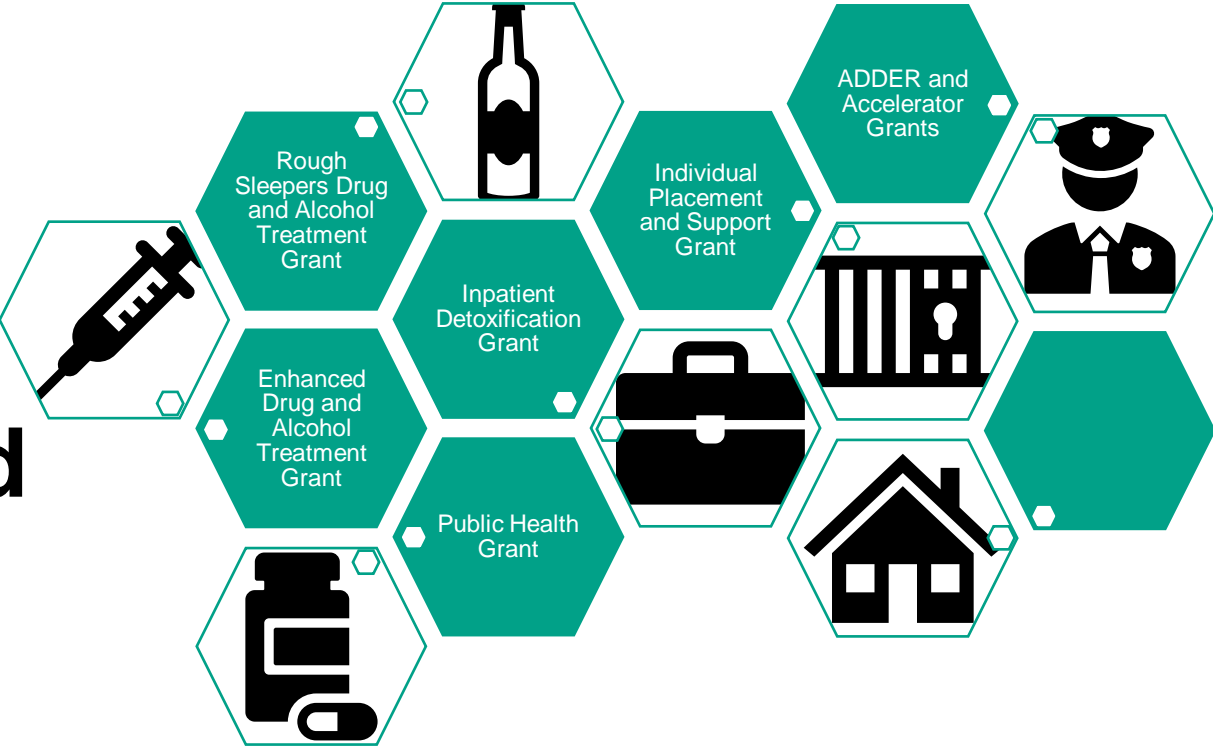
Minimum membership of the local strategic partnership body:

- Elected members
- Local authority officials
- Job Centre Plus
- Local NHS strategic leads
- Substance misuse treatment providers
- PCC and a police representative
- NHS England and Improvement
- People affected by drug-related harm
- Prisons and Young Offender Institutions
- Primary care representatives
- Voluntary, community and social enterprise sector
- The Probation Service & Youth Offending Service
- Mental health treatment provider
- OHID region
- Local school and FE representatives



Funding to improve drug and alcohol treatment in England

2022/23 to 2024/25



Funding for drug and alcohol treatment over the next three years

“

We will invest **£780 million to rebuild drug treatment and recovery services**, including for young people and offenders, with new commissioning standards to drive transparency and consistency.

”

- This includes **£533 million over three years** for substance misuse treatment with a focus on increasing coverage and quality.
- **It does not replace, but is additional to the current annual Public Health Grant spend (£670m in 2019/20), which the government expect local authorities to continue to invest in drug and alcohol services.**
- All local authorities will continue to get **at least this year's level of investment over the next three-years.**



The approach to additional treatment funding

- Over the course of the next three years (2022/23 to 2024/25) the Universal Drug Treatment grant (or ADDER and Accelerator grants) will be **enhanced** with more resources and a wider menu of interventions to improve treatment and recovery.
- This will be rolled out through **a place based approach**, with the 50 LAs with the highest levels of need receiving more funding in year one, the next 50 in year two, and the rest in year three.
- Need will be identified using a composite indicator incorporating drug deaths, deprivation, opiate and/or crack prevalence and crime.
- We will also continue the £10m a year **Inpatient Detoxification Grant** as a separate grant scheme supporting the regional and sub-regional commissioning that has been set up this year. This grant will run until the end of 2024/25.

	2022/23	2023/24	2024/25	Three-year total
Current additional funding	£80m	£80m	£80m	£240m
Place based funding	£20m	£81m	£192m	£293m
Total above existing spend	£100m	£161m	£272m	£533m



Other additional funding which will support treatment and recovery

Rough Sleeping Drug and Alcohol Treatment Grant

As announced in the Autumn Budget, funding continues this financial year for approximately 60 local authorities to improve drug and alcohol treatment for people experiencing rough sleeping, or at risk of rough sleeping via the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG).

Confirmation of continued funding for the RSDATG over the Spending Review period will be confirmed shortly.

Individual Placement and Support

There will be **a further £21m to roll out Individual Placement and Support (IPS)** for those in treatment for drug or alcohol use across England by 2025. This brings the total funding for this new programme to over £39m across the next three years.

Previously trialled in seven local authority areas, IPS is already being expanded to cover 46 local authority areas in 2021-22. The additional investment will secure full national coverage by 2024-25.

Housing Support

There will be **£53m over the next three years** to fund a menu of housing support options which will improve the recovery outcomes for people in treatment and reduce the flow of people into homelessness and rough sleeping – including funding housing support workers to work within treatment services.



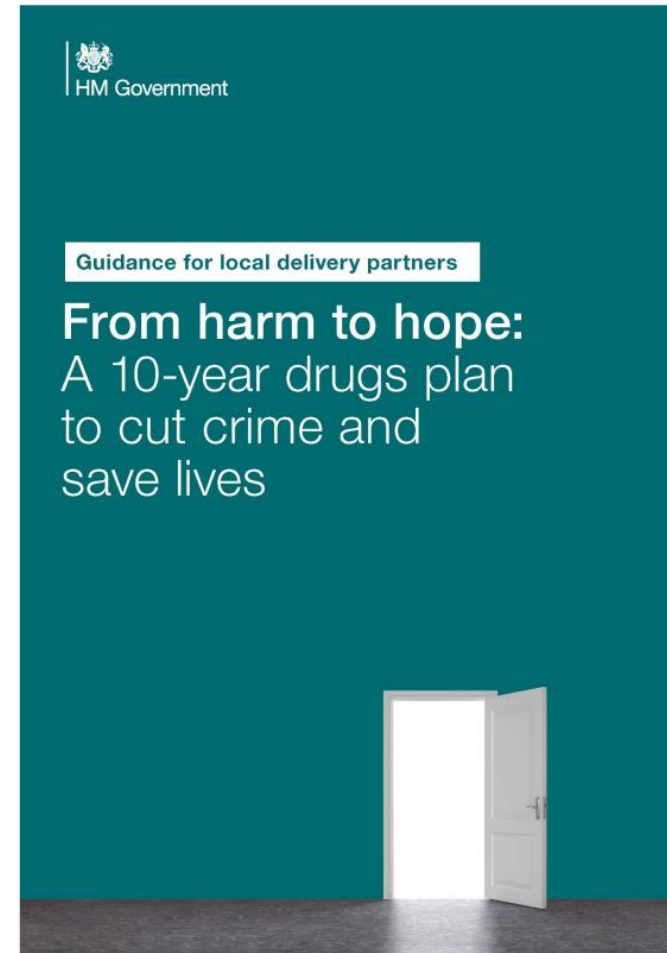
Yorkshire and the Humber – Treatment Funding

2022/23	2023/24	2024/25
Barnsley	Calderdale	East Riding of Yorkshire
Bradford	North Lincolnshire	North Yorkshire
Doncaster		York
Kingston upon Hull, City of		
Kirklees		
Leeds		
North East Lincolnshire		
Rotherham		
Sheffield		
Wakefield		



Partnership Approach

- **15.06.22 Guidance for local partnerships was published**
- **This guidance outlines how local areas in England should deliver the transformative ambition set out in the 10-year drugs strategy and provides clarity on the mechanisms that central government will draw upon to track and support delivery**
- **Local partners should use this guidance to review and develop their own partnerships over time. For some areas, the partnership will be an evolving structure as areas respond to the scaling up of ambition and funding over the coming years.**



Mental Health within the strategy

*28 mentions with the document

3. **ensuring better integration of services** – making sure that people’s physical and **mental health** needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery and enforcement³
- there are high levels of physical and **mental health** need, without sufficient focus on drugs and alcohol within NHS and **mental health** services or within the workforce, and links with drug treatment are far too weak

We will address mental and physical health system gaps by working with the NHS to introduce effective pathways and better integration, including improving the skills of the workforce in relation to drugs and alcohol. We will also extend effective joint commissioning arrangements to serve populations in and out of drug and alcohol treatment services for those who suffer from both **mental health** conditions and drug and alcohol use.



A commitment to better integrated services

People with drug addiction often have physical and mental health needs which must be met to enable a successful outcome from treatment. Mental health problems and trauma are often central to an individual's dependency on drugs and alcohol, and all too often people fall through the gap between services. We will transform the system so that providing trauma informed care becomes the norm, and complex needs (such as homelessness) are recognised and responded to.

We will:

- work with NHS England to explore opportunities for better commissioning to make sure that there is locally joined-up service provision between specialist mental health services and substance misuse services for people with co-occurring issues including those experiencing rough sleeping
- make sure the next phase of the Integrated Care System development includes leadership on drugs and alcohol to integrate physical and mental health care with substance misuse services
- build on learning from the Changing Futures Programme to improve access to treatment and support for adults experiencing multiple disadvantage – including combinations of homelessness, addiction, mental ill health, domestic abuse and contact with the criminal justice system



Partnership Approach

The principles to be adopted by a Combatting Drugs Partnership

The following principles have been identified as central to effective working to reduce drug-related harm. They should form the foundation of any partnership established to deliver on the strategy.

- **Shared responsibility** All relevant organisations and professionals see reducing drug harm in a local area as an essential part of their role.
- **Person-centred support** All plans and services are designed around the needs and preferences of local residents, rather than systems or processes. There is 'no wrong door' for someone seeking support for a drug-related issue.
- **Genuine co-production** People who access treatment and recovery services and those who have been personally affected by drug harm have input and involvement across all levels of organisation and decision-making, with a commitment to the principles of diversity and inclusion.
- **Equality of access and quality** Everyone is able to access timely, appropriate support in a form that respects the full, interconnected nature of their needs, wishes and background. The partnership fosters good relations, tackling prejudice and promoting understanding between people from different groups.
- **Joint planning** Members share data and analysis and co-ordinate resource allocation, to ensure service delivery is more effective and efficient.



Partnership Approach

- **Coordinated delivery** The wider context of people's lives – as part of relationships, families and neighbourhoods – is reflected in the way that services operate. People should not need to 'tell their story' multiple times, and there should be good communication, data sharing and co-ordination between different support services. Where there are multiple needs for a person or in a family, services should work together to assess their needs, develop a shared care plan and consider the role of the 'lead practitioner' – someone who acts as a single, consistent and trusted point of contact for different organisations and services.
- **Local visibility** The partnership is recognised by local residents as a key forum and decision-making body, and works to increase public confidence related to drug issues, reducing stigma and raising awareness of support. The partnership uses inclusive and accessible language in its discussions, products and publications.
- **Flexibility** The local partnership responds to need, whether at the individual level or for a local area, tailoring the approach to different needs, resources and cultures.
- **Long-term strategic view** There is a long-term view with a careful, proactive, staged approach to delivering improvements to achieve system change in service design and delivery, and a generational shift in patterns of drug use



Senior Responsible Officer

The Combating Drugs Partnerships should have a clearly named Senior Responsible Owner (SRO). The expectation is they will chair the partnership and occupy one of the following roles:

- **Police and Crime Commissioner**
- **local authority elected leader**
- **elected mayor**
- **local authority chief executive**
- **director of relevant local authority department (e.g. public health, children's services, housing)**
- **regional probation director**
- **Integrated Care Board (ICB) chief executive**
- **senior police officer**



Accountability

The local Combating Drugs Strategy SRO should be the key local ‘system integrator’ responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework. To do this effectively, the SRO should be someone who can hold key partners to account, offering constructive challenge and support to unblock issues and drive system improvement

There is strong ministerial interest and scrutiny over all strands of the 10 year strategy and the expected outcomes.

Ministers with responsibility for all key stakeholders will be briefed and monitor closely to intervene and influence where it is felt that things could be working better.



Thank You

