



**Cheshire
Probation**



Halton Clinical Commissioning Group

Safer Halton Partnership

Drug Strategy

2014 to 2018

Draft

Contents

| | |
|---------------------------------------|----|
| Foreword | 3 |
| Our vision, objectives and priorities | 5 |
| The Halton Picture | 6 |
| What do we need to do? | 8 |
| How will it be paid for? | 13 |
| Implementing our priorities | 14 |
| Priorities for action | 15 |
| Drug Action Plan | 27 |
| Performance Indicators | 36 |

DRAFT

Foreword

The overall aim of the Safer Halton Partnership is to ensure Halton is a pleasant, safe and secure place to live and work with attractive, safe surroundings, good quality local amenities and the ability of people to enjoy life where they live.

To meet this aspiration the Halton Drug Strategy 2014 – 2018 has set key objectives and priorities to educate and inform local people and to prevent and tackle drug misuse within the borough which has a detrimental impact on individuals, families and the communities of Halton.

Halton is committed to implementing a local response to the 2010 National Drugs Strategy, which is structured around three key themes:

Reducing demand – Promoting the prevention of drug use and creating an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so, and making it easier for those that do to stop.

Restricting supply – Drugs cost the UK £15.4 billion each year. Taking action with partners to make Halton an unattractive destination for those who supply drugs by reducing demand, attacking their profits and driving up their risks.

Building recovery in communities – Working with people who want to take the necessary steps to tackle their dependency on drugs and alcohol, offering a route out of dependence by putting the goal of recovery at the heart of local activity.

To make this a reality for Halton, the Halton Drugs strategy is committed to supporting the achievement of four key aims –

(1) Prevent illicit and/or harmful drug use through positive education

This will ensure that Halton is focused upon public health promotion messages to prevent the misuse of both legal and illegal substances and the provision of positive school and community based interventions so that people in Halton can make positive choices not to start using substances.

(2) Reduce illicit and other harmful drug use

For those who do choose to take illegal and other harmful substances, Halton will work to support individuals to reduce their use, and to discourage other people from starting in the first place.

(3) Restrict supply and tackle illegal activities

Halton is committed to working in partnership with the Police and other partners to target illegal activity and to restrict supply.

(4) Increase the number of people recovering from dependency on drugs

For those people who need support in recovering from their dependency on drugs or other substances, Halton is committed to providing quality, cost effective and efficient services that focus upon the individual and their families.

Halton's approach to meeting these challenges is to focus upon the active promotion and prevention of substance misuse and to provide an integrated substance misuse service that will bring all partner agencies together so that interventions that promote recovery can adapt and be responsive to meet individual need and be provided collectively. It is essential to use public resources efficiently and effectively in a cross collaboration with key partners to provide a good quality service that focuses upon educating individuals, communities and society about the harm that drug misuse causes or the impact of crime due to drug misuse and recognises that the first part of recovery is for individuals is to acknowledge they have a drug problem and ask for help.

We are committed to using evidence to drive the very best outcomes for individuals and communities and a key focus of this strategy is to ensure that partner agencies provide services at the right time and in the right place to meet the needs of the people of Halton and to reduce the harm caused by the misuse of legal and illegal substances.

We are also committed to reviewing this strategy on an annual basis in order to build in further initiatives and actions to respond to local need. This will also enable Halton to respond to new and emerging evidence, to respond flexibly to the changing nature of the drugs trade and the outcomes being achieved.

By reducing demand, restricting supply and supporting individuals to recover, we will enable individuals and their families to live their lives to the full, local areas will be safer places to live and raise our families, and public investment will deliver greater value for money.

Our vision, objectives and priorities

Our vision is to prevent and tackle drug misuse in Halton

Partner organisations will work together to prevent and tackle the impact and harm caused by the use of drugs on the individual, families and our community.

This Strategy aims to:

- (1) Prevent illicit and harmful drug use through positive education.**
- (2) Reduce Illicit and other harmful drug use.**
- (3) Restrict supply and tackle illegal activities.**
- (4) Increase the number of people recovering from dependency on drugs.**

To help achieve the vision, we have adopted the objectives above with each containing a set of priorities as detailed below. The Strategy goes on to explain why each of the priorities has been selected, what we hope to achieve and how we plan to achieve it.

The above objectives will be further underpinned by a commitment to:

- (5) Continue to make the efficient and effective use of resources**

The Halton Picture

Halton’s Drug Strategy has been developed within the context of a range of national, regional and local policies, strategies and plans as summarised in the diagram below. Further details of how these influence the Strategy can be found in the Drug Strategy evidence paper.



Drug services are essential in meeting Halton’s priorities set out in the Sustainable Community Strategy, as demonstrated in the table below.

| | |
|---|---|
| <p>A Healthy Halton</p> | <ul style="list-style-type: none"> • To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives |
| <p>Employment, Learning and Skills in Halton</p> | <ul style="list-style-type: none"> • Promoting education and employment services. • Providing information and advice to education and employment services. |
| <p>A Safer Halton</p> | <ul style="list-style-type: none"> • Tackling the impact of anti-social behaviour and drug related crime on communities |
| <p>Children and Young People in Halton</p> | <ul style="list-style-type: none"> • Reducing the risk of children and young people taking drugs. • Reducing the impact to children caused by parental drug misuse. |
| <p>Environment and Regeneration in Halton</p> | <ul style="list-style-type: none"> • Tackling the impact of anti-social behaviour and crime that impacts on Halton's communities . |

Drug Issues in Halton



People

- Halton has a significant burden of risk factors associated with starting to take drugs
- Nationally the percentage of young people and adults taking drugs has been falling.
- Nationally it is estimated 12% of young people aged 11-15 have taken drugs in the last year but a local survey suggested only 6% had. This equates to between 446-891 Halton 11-15 year olds.
- Halton it is estimated that 2,662 people aged 16-24 and between 5,795 – 6,482 adults 16-59 have taken drugs in the last year
- Nationally, most people who use drugs are aged 16-29. Peaks age band is 20-24, apart from cocaine, 25-29.
- Prevalence is higher amongst those with mental health problems: up to 50% (local audit).
- It is estimated 2,057 children in Halton live with a parent who uses drugs and 253 of these live with a parent who has a drug, alcohol and mental health problem.



Health and well-being

- **Hospital admissions in Halton**
- Admissions increasing (up to 302 in 2011/12 drug-related and 138 2012/13 drug-specific (substance misuse)
- Admissions rate 15-24s has decreased over last 3 years but Halton has a significantly higher rate than England (in 2008/09-2010/11 highest rate of any LA in England)
- Most drug-related admissions occur in those aged 40-44 and then 25-29. Most drug specific admissions occur in the 20-24 age group.
- Highest rate over last 2 years was in Halton Lea ward
- Strong relationship with level of deprivation
- **Treatment Services in Halton**
- The majority in treatment are male and between 20-49 years of age. Heroin was the main drug.
- % successfully retained in treatment is higher in Halton than NW or England
- % planned (completed) exits statistically significantly higher in Halton than NW & England (2012/13)
- Successful treatment for opiate users higher in Halton than NW & England but lower than comparators for non-opiate users
- Drug users are at risk of Hepatitis. The vaccination rate in Halton is 21% for hepatitis B- lower than NW & England. 2/3 took up Hepatitis C vaccination



Communities

- 22% of child protection serious case reviews in Halton mentioned parental drug use (2007/09)
- National research suggests half of survivors of domestic violence use substances problematically
- 222 arrests in Halton were from drug offences (2010/11)
- Over two-thirds of Halton probation cases experienced some level of substance misuse. Nearly a third still using.
- Locally, most drug offences due to cannabis.
- Locally, levels of substance misuse were highest amongst prolific and repeat offenders.

What do we need to do

The following are based on the 2010 National Drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'¹ and reflect Halton's commitment to tackling the harm from drug misuse.

(1) Prevent illicit and/or harmful drug use through positive education &

(2) Reduce illicit and other harmful drug use

It is not sufficient to simply treat the symptoms of drug misuse. To tackle crime and reduce harm and the costs to society, we need to reduce the demand for drugs. People should not start taking drugs and those who do should stop. For those who are dependent, their continued drug use should be challenged and individuals and their families supported to recover fully. This strategy is committed to establishing a whole-life approach to preventing and reducing the demand for drugs that will:

- ***Break inter-generational paths to dependency by supporting vulnerable families;***
- ***Provide good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse;***
- ***Use the integration of the Public Health function into the Local Authority to encourage individuals to take responsibility for their own health;***
- ***Intervene early with young people and young adults;***
- ***Consistently enforce effective criminal sanctions to deter drug use; and***
- ***Support people to recover***

Prevention must start early. Extra support in the first years of life can reduce the risks from a range of problems and the local implementation of the Healthy Child Programme will support children's health and development, beginning at the pre-pregnancy stage.

Families, particularly those with the most complex needs, need to be supported to give their children the best possible start in life, and we will consider the role of the Family Nurse Partnership scheme to develop the parental capacity of mothers and fathers within potentially vulnerable families. The local 'Inspiring Families' project is part of a national programme to focus on helping to turn around the lives of families with multiple problems and we appreciate that the provision of tailored and co-ordinated support packages around the needs of the whole family can be effective.

All young people need high quality drug and alcohol education so that they have a thorough knowledge of their effects and harms and have the skills and confidence to choose not to use drugs. Schools and colleges have a clear role to play in preventing drug and alcohol misuse as part of their pastoral responsibilities to pupils and we will make sure staff have the information, advice and the power to provide accurate information on drugs and alcohol through effective and evidence based drug education.

¹ <https://www.gov.uk/government/publications/drug-strategy-2010--2>

Some young people face increased risks of developing problems with drugs. Vulnerable groups - such as those who are truanting or excluded from school, looked after children, young offenders and those at risk of involvement in crime and anti-social behaviour, those with mental ill health, or those whose parents misuse drugs or alcohol - need targeted support to prevent drug misuse and early intervention when problems first arise. Young people's substance misuse and offending are often related and share some of the same causes, with a large number of the young people seeking support for drug or alcohol misuse also being within the youth justice system.

Some family-focused interventions have the best evidence of preventing substance misuse amongst young people and have led to significant reductions in risks associated with substance misuse, mental ill health and child protection and have led to reductions in anti-social behaviour, crime, truanting and domestic violence.

The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people from becoming drug or alcohol dependent adults. For those young people whose drug or alcohol misuse has already started to cause harm, or who are at risk of becoming dependent, we will work with substance misuse services, youth offending, mental health and children's services to support the provision of rapid access to specialist support that tackles their drug and alcohol misuse alongside any wider issues that they face.

We are committed to diverting vulnerable young people away from the youth justice system where appropriate to facilitate the provision of more coordinated support to help individuals recover from drug dependence, including those in contact with the Criminal Justice System (CJS).

For those very few young people who develop dependency, the aim of this strategy is to support them to become drug free through structured treatment that is supported by specialist young people's services such as Child and adolescent Mental Health Services (CaMHS). For the most vulnerable young people we will ensure that a locally delivered multi-agency package of care is in place.

(3) Restrict supply and tackle illegal activities

The Police sit at the heart of local enforcement. Good neighbourhood policing will gather intelligence on local dealers, provide reassurance and visibility to the public and deter those who would otherwise terrorise neighbourhoods.

This strategy aims to strengthen coordination between the Police and local partners. The Police work with the Safer Halton Partnership, as well as other criminal justice agencies, the public, drug services and drug users themselves to understand and disrupt the drug market. Halton is a committed member of local Integrated Offender Management (IOM) which brings together the Police, Probation Service, youth offending teams, local authorities and voluntary and community groups to support and manage priority offenders, including drug misusing offenders, and divert them away from drug use and crime. We are determined to harness the energy and innovation of local partners and communities to tackle drug problems, by encouraging and supporting innovative approaches and sharing good practice around what works best.

Halton is also determined to address the issue of so called 'legal highs'. We know that these substances can pose a serious threat, especially to the health of young people. We need a swift and effective response and therefore support the Government in its work to respond to the threats caused by these new and emerging substances. We will continue to emphasise that, just because a drug is legal to possess, it does not mean it is safe and it is likely that drugs sold as 'legal highs' may actually contain substances that are illegal to possess.

(4) Increase the number of people recovering from dependency on drugs

Halton is committed to ensuring that it can offer every opportunity to those people who face up to the problems caused by their dependence on drugs and want to take steps to address them. We now need to become much more ambitious for individuals to leave treatment free of their drug or alcohol dependence so they can recover fully. We will strive to create a recovery system that focuses not only on getting people into treatment and meeting process-driven targets, but also in getting them into full recovery and off drugs for good. It is only through this permanent change that individuals will, stop harming themselves and their communities, cease offending and successfully contribute to society. An ultimate aim of this strategy is to enable individuals to become free from their dependence; something we know is the aim of the vast majority of people entering drug treatment. Supporting people to live a drug-free life is at the heart of our recovery ambition.

Recovery involves three overarching principles– wellbeing, citizenship, and freedom from dependence. it is an individual, person-centred journey, as opposed to an end state, and one that will mean different things to different people. We must therefore put the individual at the heart of any recovery system and commission a range of services to provide tailored packages of care and support. This means that local services must take account of the diverse needs of the community when delivering services.

Substitute prescribing continues to have a role to play in the treatment of heroin dependence, both in stabilising drug use and supporting detoxification. However, for too many people currently on a substitute prescription, what should be the first step on the journey to recovery risks ending there. We will focus upon those individuals on a substitute prescription and support them to engage in recovery activities.

Recovery is not just about tackling the symptoms and causes of dependence, but about enabling people to successfully reintegrate into their communities. It is also about ensuring that they have somewhere to live, something to do and the ability to form positive relationships. Those already on the recovery journey are often best placed to help, and we will support the active promotion and support of local mutual aid networks such as narcotics anonymous.

Evidence also shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved. We will encourage local services to promote a whole family approach to the delivery of recovery services, and to consider the provision of support services for families and carers in their own right.

It is estimated that a third of the treatment population has child care responsibilities and for some parents, this will encourage them to enter treatment, stabilise their lives and seek support. Halton is committed to supporting those working with children and families affected by substance misuse to undertake appropriate training so they can intervene early to protect children from harm. Playing a more positive role in their child's upbringing is often a motivating factor for individuals in making a full recovery. Parents are the single most important factor in a child's wellbeing and therefore it is critical that

children and adult services are provided to support children to remain living safely within their family whilst their parent's substance misuse is being addressed. We need to ensure that local services have effective practices and integrated approaches to safeguard the welfare of children.

Evidence also suggests that housing and employment, along with appropriate support, can contribute to improved outcomes for drug users in a number of areas, such as increasing engagement and retention in drug treatment, improving health and social well-being, improving employment outcomes and reducing re-offending, and we will ensure that support is in place to work with individuals to maximise their life chances.

(5) Delivering efficient and effective outcome based services

The effective commissioning and oversight of drug prevention and treatment services is a core part of the work of the Director of Public Health. Directors play a key local leadership role around delivering public health outcomes and work with local partnerships – including Police and Crime Commissioners (PCCs), employment and housing services, and prison and probation services – to increase the ambition for recovery. The Health and Wellbeing Board looks to the Director of Public Health, along with local partners, to ensure that the drug treatment and recovery services are delivered in line with best practice and are aligned and locally led, competitively tendered and rewarded and transparent about performance.

Key to successful delivery in a recovery orientated system is that all services are commissioned with the following best practice outcomes in mind:

- ***Prevention of children, young people and adults using drugs***
- ***Freedom from dependence on drugs;***
- ***Prevention of drug related deaths and blood borne viruses;***
- ***A reduction in crime and re-offending;***
- ***Sustained employment;***
- ***The ability to access and sustain suitable accommodation;***
- ***Improvement in mental and physical health and wellbeing;***
- ***Improved relationships with family members, partners and friends; and***
- ***The capacity to be an effective and caring parent.***

Recovery can only be delivered through working with education, training, employment, housing, family support services, wider health services and, where relevant, prison, probation and youth justice services to address the needs of the whole person.

We will work with providers and professional bodies involved in drug and alcohol treatment, mental health, employment, criminal justice, housing, and family services to promote a culture of ambition, and a belief in recovery.

Drug Strategy Aims and Strategic Objectives

(1) Prevent illicit and/or harmful drug use through positive education

(2) Reduce illicit and other harmful drug use

Prevention of substance misuse and associated harm to the individual, families and communities

Maximising the health and well-being of individuals and communities affected by drug use.

Preventing and reducing harm to children, young people, adults and families affected by drug misuse

(4) Increase the number of people recovering from dependency on drugs

Protecting communities through tackling drug supply and drug related crime.

(3) Restrict supply and tackle illegal activities

(5) Continue to make the effective and efficient use of resources

How will it be paid for?

From April 2013, all of the funding streams changed now all Government funding for Drugs is via Public Health (England) with the exception of the Home Office DIP funding, which transferred to the Police and Crime Commissioner. In-patient and Community treatment budgets for alcohol, used to contract provision from Mersey Care NHS Trust and Crime Reduction Initiatives (CRI) respectively also transferred into the Public Health allocation.

The following financial breakdown is based upon current direct expenditure in drug services and does not reflect all of the wider universal and targeted activity that is commissioned locally. Such expenditure, on areas as diverse as School Nursing, Health Visiting, Primary Care, or voluntary and community sector activity, can have a direct impact upon the services available to tackle drug misuse in the community, but does not fall within the direct influence of the Drug strategy and action plan. Further financial analysis across the range of activities and interventions can be found in the evidence paper.

Budget received for 2012/13 for substance misuse service (including drugs and alcohol)

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| Halton Borough Council (Public Health) | £1,676,290 |
| Cheshire Police and Crime Commissioner | £43,888 |
| Halton Borough Council (Carer Break Funding) | £19,400 |
| Total | £1,739,578 |

(For further details: evidence paper pg. 67)

Implementing our priorities

At a time of financial and demographic pressure, improving quality while increasing productivity and effectiveness is vital for any improvements in care. The national strategy advocates local areas to consider the importance of drug services and the resources that are allocated to provide them.

As the Government's policy of deficit reduction continues, the impact on the public sector is significant and with the public sector having to make unprecedented decisions about the services that it continues to deliver, this ultimately impacts on service delivery and residents expectations.

It is for local commissioners to ensure that when services are decommissioned or commissioned, the needs of the whole population and the best evidence of what works are taken into account. There are four key actions to increase value for money in drug services:

- Improving the quality and efficiency of current services;
- Radically changing the way that current services are delivered so as to improve quality and reduce costs;
- Shifting the focus of services towards promotion of the prevention of drug misuse and early identification and intervention as soon as drug misuse arises; and
- Broadening the approach taken to tackle the wider social determinants and consequences of drug misuse.

The success of the strategy will depend upon partnership working in its broadest sense, if we are to achieve the best possible outcomes for everyone who lives or works in Halton. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in the delivery of the health and wellbeing agenda. This is even more imperative given the challenges brought about by the current economic climate.

The successful implementation of the strategy may mean staff working in new ways and all partners will need to ensure that the local workforce is trained and enabled to do this. In addition, the Health and Wellbeing Board in partnership with Halton Borough Council, has developed the concept of Wellbeing Areas based on the existing seven Area Forum boundaries. This is in recognition of the fact that, whilst there are common issues across the borough, there are different needs across communities and one approach does not necessarily meet the needs of all.

Priorities for action

Strategic objective 1:

Prevent illicit and harmful drug use through positive education.

- Priority 1A: To provide harm prevention and reduction advice.
- Priority 1B: To increase peer mentoring and mutual aid.

Strategic objective 2:

Reduce Illicit and other harmful drug use.

- Priority 2A: Improve identification, assessment, referral and support of children and young people affected by parental substance misuse.
- Priority 2B: Improve the substance misuse service response to drug and/or alcohol related domestic violence.

Strategic objective 3:

Restrict supply and tackle illegal activities.

- Priority 3A: Targeting specific individuals or groups identified as being particularly harmful, such as prolific offenders and organised crime gangs.
- Priority 3B: Develop an improved understanding of the local drug supply market. Targeting particularly harmful behaviours associated with drug supply, such as the use of violence and intimidation.

Strategic objective 4:

Increase the number of people recovering from dependency on drugs.

- Priority 4A: To improve identification, advice and signposting by front line health, social care, housing and criminal justice agencies.
- Priority 4B: To review and revise protocols and working arrangements with key partners.
- Priority 4C: Improve individual's physical and mental well-being.
- Priority 4D: Improve the health and wellbeing of informal carers.

Strategic objective 5:

Continue to make efficient and effective use of resources.

- Priority 5A: To review the current performance framework taking into account national guidance and local needs
- Priority 5B: To review the response of primary health care to substance misuse.
- Priority 5C: Review Community Pharmacies
- Priority 5D: Improve the service response to individuals that have been assessed as needing in-patient detoxification and/or residential rehabilitation.
- Priority 5E: Continue the partnership working between substance misuse and homelessness services to prevent homelessness, and to prevent substance misuse for those individuals that are homeless.

Strategic objective 1: Prevent illicit and harmful drug use through positive education

| Priority 1A: To provide harm reduction advice. | | |
|---|--|--|
| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
| <p>Providing information, advice and support to prevent children, young people and adults from accessing illicit or harmful substances.</p> <p>The earlier individuals make informed choices about their drug use and the problems this can cause to their health and well-being the earlier they can be prevented from using, stop using drugs or ask for help to reduce their dependency.</p> | <p>To provide information and advice through a variety of media so that individuals and families are provided with credible information to make informed choices.</p> <p>Ensure service providers are delivering consistent messages in a supportive manner.</p> | <p>Develop a number of digital platforms to provide harm reduction advice and information.</p> <p>Utilise the School Nursing Service, the Health Improvement Team, Youth Services and the wider voluntary and community sector to provide consistent and relevant information, advice, training and support.</p> |
| Priority 1B: To increase peer mentoring and mutual aid. | | |
| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
| <p>Recovery is a 'person-centred journey', which places the individual's particular needs, resources, aspirations and motivations at the centre of that journey. A recovery orientated approach therefore requires active service user participation.</p> | <p>The continued active involvement of individuals and carers in the planning and development of substance misuse services.</p> <p>Continuing to develop peer support and mutual aid as an integral component of the substance misuse treatment system.</p> | <p>Continue to develop the role of Patient Opinion in the shaping of services.</p> <p>Develop a range of activities in which peers can play an active part – recovery coaching, group facilitators, activity coordinators.</p> <p>Promote recovery in the community</p> |

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| | <p>To address the stigma experienced by individuals, families and carers who are affected by problematic substance misuse.</p> <p>Continue to provide support to those individuals and families affected by another's substance misuse</p> | <p>through the development of mutual aid groups, volunteering opportunities and celebrations of success.</p> <p>Continue the close working between the substance misuse service & Halton Carers Centre</p> <p>Continue to provide a Carers support groups.</p> |
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Strategic objective 2: Reduce Illicit and other harmful drug use

Priority 2A: Improve identification, assessment, referral and support of children and young people affected by parental substance misuse.

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|--|---|--|
| <p>National figures show that a third of the adult drug treatment population has childcare responsibilities. For some parents this will encourage them to enter treatment, stabilise their lives and seek support. For others, their children may be at risk of neglect, taking on inappropriate caring roles and, in some cases, serious harm. Having a parent in drug treatment is a protective factor for children.</p> | <p>That all children and young people in Halton have life opportunities and are able to thrive physically and emotionally.</p> <p>Increase the number of parents that access substance misuse services who are registered with their local Children's Centre.</p> <p>To ensure that staff working with children affected by parental substance misuse have the appropriate skills, knowledge and safeguarding training.</p> <p>Children experience improved family relationships, fewer incidents of domestic abuse and a safer</p> | <p>Continue the joint working between the substance misuse treatment services e.g. Young Addaction, Team Around The Family.</p> <p>Ensure the substance misuse team access children's and adults safeguarding training to raise awareness.</p> <p>To continue to provide learning and development opportunities on the issue of substance misuse to services, that are working with children and young people. Measured by the number of YP who move</p> |

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| | <p>home environment.</p> <p>Children will have increased self-esteem, improved social skills, and better capacity to interact effectively with peers.</p> <p>Children report greater levels of regular school attendance, a better learning environment at home, and increase interaction with parents.</p> | <p>up and down Halton's Levels of Need.</p> <p>Measured by Young People completing feedback evaluation sheets on recovery plan and client satisfaction form.</p> <p>Measured by Young People taking up offer of signposting to universal provision and through completion of recovery plan and positive discharge.</p> |
|--|---|--|

Priority 2B: Improve the substance misuse service response to drug and/or alcohol related domestic violence.

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|---|---|---|
| <p>Research has shown that substance misuse, by both the victim and the perpetrator, is a factor in a significant number of domestic abuse cases.</p> | <p>To improve the identification of victims and perpetrators of domestic abuse by substance misuse service staff.</p> <p>To encourage individuals in substance misuse services to disclose that they are a victim or perpetrator of domestic abuse.</p> <p>To reduce the impact of parental substance misuse and domestic abuse on children and young people.</p> | <p>Implement 'routine enquiry' domestic abuse risk assessments at the substance misuse service.</p> <p>Agree referral criteria and pathways between the substance misuse service and domestic abuse services to improve co-working between the two services</p> |

Strategic objective 3: Restrict supply and tackle illegal activities

Priority 3A: Targeting specific individuals or groups identified as being a particularly harmful, such a prolific offenders and organised crime gangs.

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|---|--|--|
| <p>Prolific and priority offenders (PPOs) are persistent offenders who pose the greatest threat to the safety and confidence of their community. Many of them frequently have drug problems and commit crime to support their drug habit.</p> | <p>To reduce the risks to the community posed by those individuals whose offending is prolific and drug related.</p> | <p>To continue the integrated approach to offender management between criminal justice agencies and the substance misuse treatment service.</p> <p>Swift access to drug treatment through the criminal justice system – Custody suites, court, prisons.</p> <p>Provision of treatment to support criminal justice sanctions Such as Drug Rehabilitation Requirements, Conditional Cautions and Restorative Justice interventions</p> |

Priority 3B: Developing an improved understanding of the local drug supply market.

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
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| <p>The supply of drugs, both illicit and legal, is becoming more complex over time. Improving our understanding of the drug supply market in Halton will enable the agencies concerned to better plan and deliver the interventions that will reduce the risks associated with the market.</p> | <p>Develop interventions to manage emerging risks and threats associated with changing patterns of drug use and supply.</p> <p>Provide credible early warnings to individuals and the community with regards to contaminated drugs</p> | <p>To establish a multi-agency group that can share intelligence around the drug supply market.</p> <p>Review the current system regarding the early warning and alert process for unusual, contaminated and high strength drugs.</p> |

Strategic objective 4: Increase the number of people recovering from dependency on drugs

Priority 4A: To improve identification, advice and signposting by front line health, social care, housing and criminal justice agencies.

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|---|---|---|
| <p>To make every contact count and ensure that no opportunity is missed for individuals and/or families affected by substance misuse to access appropriate advice, information and support.</p> | <p>An increase in the number of front line staff from across the public sector accessing substance misuse training.</p> | <p>By commissioning a range of learning and development opportunities for staff to improve their knowledge and awareness around the issues of substance misuse.</p> |

Priority 4B: To review and revise protocols and working arrangements with key partners

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|---|---|--|
| <p>People affected by substance misuse are in contact with a range of public sector services. By providing access to advice, information and support more individuals will receive the right help at the right time. Protecting children and vulnerable adults from harm, abuse and exploitation.</p> | <p>An increase in referrals from front line services to the substance misuse service.</p> | <p>Agree and implement joint working protocols between the substance misuse service and key partner organisations, to include:</p> <ul style="list-style-type: none"> • Mental health services regarding dual diagnosis • Local hospitals • Adult Social Care • Job Centre Plus • Registered Social Landlords |

Priority 4C: Improve individual's physical and mental well-being.

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|--|---|---|
| <p>Drug users often experience poor health, which can not only impede their ability to recover, but also have a significant financial impact on health services.</p> | <p>Increase the number of individuals that are tested and vaccinated with regards to blood borne viruses.</p> <p>Increase the number of individuals with a Health Check assessment.</p> <p>Increase the number of individuals referred to the</p> | <p>To provide screening, testing and vaccination for Blood Borne viruses. Continue to provide a needle exchange service to reduce the risk of cross infection of blood borne viruses.</p> <p>To provide Health Check assessments to all individuals in the treatment service.</p> |

| | | |
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| | <p>Health Improvement Team.</p> <p>A reduction in the number of drug related admissions to hospital.</p> <p>To address the developing agenda around substance misuse and older people.</p> <p>To increase the number of people recovering from addiction to over the counter or prescribed medication.</p> <p>Improve the response to those individuals injecting performance enhancing drugs.</p> <p>To improve the life chances of unborn children when expectant mums are dependent on substances.</p> | <p>To continue to develop services in the community that contributes towards health improvement, particularly with regard to respiratory health, sexual health, and mental well-being and the early detection and prevention of cancers.</p> <p>To develop an action plan to address the issue of substance misuse and older people.</p> <p>To develop an action plan to address the issue of individuals addicted to prescribed medication.</p> <p>Develop an improved service response specifically aimed at those individuals that continue to inject performance enhancing drugs</p> <p>To continue the existing work between Maternity Services and the substance misuse service and other services that are appropriate e.g. social care.</p> |
|--|---|---|

Priority 4D: Improve the health and wellbeing of informal carers.

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|---|--|---|
| <p>Informal Carers provide regular and substantive care regular and substantive care which goes over his or her usual role as a spouse / parent / family member. This may include people that do not necessarily live with the 'Cared For' person, but without the care that they provide it would be difficult for the 'Cared For' person to maintain a sense of independence.</p> | <p>To continue to support informal carers to maintain their caring role, to ensure that carers health and wellbeing is promoted.</p> | <p>To continue to work with Halton Carers Centre to provide services and advise for informal carers.</p> <p>To ensure that substance misuse service provide advice and information to carers.</p> <p>To develop the carers group within the substance misuse service, to ensure carers have a network that they can access.</p> |

Strategic objective 5: Continue to make efficient and effective use of resources

| Priority 5A: To review the current performance framework taking into account national guidance | | |
|--|--|---|
| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
| <p>Current reporting focuses on the drug treatment system and recovery. At present there is no formal, regular reporting of measures with regards to ‘restricting supply’ and ‘reducing demand’.</p> | <p>Agree key indicators that will monitor progress with regards to the ‘restricting supply’ and ‘reducing demand’ aspects of the strategy.</p> <p>Agree the appropriate indicators to ensure drug treatment is of a high quality and compliant with national standards.</p> | <p>Agree appropriate indicators for the ‘restricting supply’ aspect of the strategy with Cheshire Constabulary.</p> <p>Revise the current performance framework for treatment services to take into account national and local indicators, compliance with NICE and other clinical standards, and Safeguarding.</p> |
| Priority 5B: To review the response of primary health care to substance misuse. | | |
| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
| <p>With the reorganisation of the NHS, the commissioning of primary care services with regards to substance misuse has changed and is now the responsibility of the Local Authority</p> | <p>To have a clear definition for primary care substance misuse services within drug treatment system.</p> <p>To improve the clinical networking between primary care and substance misuse treatment services.</p> <p>To establish contract and quality assurance processes with regards to the delivery of GP Shared Care</p> | <p>Undertake a review of current arrangements</p> <p>Establish a clinical network between primary care, mental health services and substance misuse services.</p> |

Priority 5C: To review the response of Community Pharmacies to substance misuse.

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|--|---|--|
| <p>With the reorganisation of the NHS, the commissioning of community pharmacy services with regards to substance misuse has changed and is now the responsibility of the Local Authority.</p> | <p>To increase the number of community pharmacies providing needle exchange and harm reduction advice with regards to injecting</p> <p>To improve the support to community pharmacies provided by substance misuse treatment services.</p> <p>To establish contract and quality assurance processes with regards to the delivery of the Observed Consumption and Needle Exchange Community Pharmacy services.</p> | <p>Undertake a review of current arrangements.</p> |

Priority 5D: Improve the service response to individuals that have been assessed as needing in-patient detoxification and/or residential rehabilitation. To review the response of primary health care to substance misuse.

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|--|--|--|
| <p>Some individuals will require a more intensive programme than can be achieved in the community. Access to in-patient and/or residential rehabilitation is required in some instances in order to support the individual's recovery.</p> | <p>A clear pathway and supporting funding for individuals (including their children if appropriate) to access in-patient detoxification and residential rehabilitation when clinically appropriate with community based support planned on discharge to maintain recovery.</p> | <p>By aligning current drug and alcohol spend: tendering for a list of preferred providers; and developing an agreed pathway and criteria to access this modality of care.</p> |

Priority 5E: Continue the partnership working between substance misuse and homelessness services to prevent homelessness, and to prevent substance misuse for those individuals that are homeless

| Why this is a priority? | What do we want to achieve? | How do we plan to achieve it? |
|---|--|--|
| <p>Some individuals that misuse substances can have chaotic lifestyles, present with anti-social behaviour or lack the means (£) or skills to maintain a home. This may lead to individuals staying with friends or family or becoming homeless. It is important to enable an individual to recover from their dependence that they have a stable environment and life Opportunities. It is important to signpost those that are homeless or threatened with homelessness to the appropriate service for advice and support and to work with individuals to maintain their home (temporary or permanent).</p> | <p>Improve access to advice services for clients who are homeless or threatened with homelessness.</p> <p>To ensure those that are in temporary accommodation are offered advice and support to either prevent substance misuse or to stop their substance misuse.</p> | <p>To develop community focused services and increase drop in advice service across Halton.</p> <p>Improve accommodation referral process to minimise disruption to individuals and secure suitable temporary accommodation.</p> <p>The substance misuse service will continue to work with the providers of temporary accommodation offering advice and support and access to services.</p> |

Halton Drug Strategy Action Plan 2014-2015 (to be reviewed annually):

Adults (A), Children (C), Public Health (PH)

| Objective 1: Prevent illicit and harmful drug use through positive education | | | | | |
|---|--|------------------|-----------------------------------|---|---|
| Priority | Action | Timescale | Responsibility | Resources | Outcomes |
| To raise awareness of the impact of substance misuse amongst individuals, children, young people and the wider community. | <p>To provide access to information and advice on the consequences of substance misuse through opportune and chance engagement activities.</p> <p>The provision of training for frontline staff.</p> | | Commissioning Managers (C,A & PH) | <p>Health Improvement Team</p> <p>School Nursing Service</p> <p>Youth Service</p> | <p>Provision of annual Information campaign.</p> <p>Use of consistent materials with key messages that are used across the Borough, agree the materials by May 2014 to be distributed to schools by September 2014.</p> <p>Provide training in relation to substance misuse to children's centre staff, school nurses, social care workers etc.</p> <p>Evidence baseline figures in 2014 and set targets 2014 onwards with an expectation that an increase in the number of frontline staff trained in substance misuse then deliver a positive intervention for individuals and children affected by substance misuse.</p> |

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| <p>To provide harm reduction advice and information to individuals, families and the community to reduce the risks associated with substance misuse</p> | <p>Provide easily accessible harm reduction advice and information, particularly with regards to cannabis, cocaine, 'legal highs', overdose and contaminated drugs</p> | <p>Throughout strategy with annual review.</p> | <p>Commissioner Manager (C,A & PH)</p> | | <p>Development of a digital Halton drugs advice and information hub. By March 2015</p> <p>To address the increase in drug related hospital admissions. With a particular focus on the 40 – 44 age group.</p> <p>To address the increase of drug specific hospital admissions with a focus on the 20 – 24 age group.</p> |
| <p>To increase peer mentoring and mutual aid.</p> | <p>Continue to develop the role of Patient Opinion in the shaping of services by those who experience them.</p> | <p>Throughout strategy with bi-annual review</p> | <p>Commissioning manager (A)</p> | <p>Staff time Cost associated with Patient Opinion</p> | <p>Increase the number of people reporting their experiences of the service via Patient Opinion, increase awareness of Patient Opinion.</p> <p>Baseline data to be collected by April 2014 and target set to increase the number of people accessing the peer mentoring scheme.</p> |
| | <p>Promote recovery in the community through the development of mutual aid groups, volunteering opportunities and celebrations of success.</p> | <p>Throughout strategy with annual review.</p> | <p>Substance misuse service</p> | <p>Staff time</p> | |

Objective 2: Reduce Illicit and other harmful drug use

| Priority | Action | Timescale | Responsibility | Resources | Outcomes |
|---|---|---|---|---|---|
| <p>Improve identification, assessment, referral and support of children and young people affected by parental substance misuse.</p> | <p>Continue joint working between the substance misuse treatment service and the Team Around The Family.</p> | <p>Throughout period of strategy with bi annual review.</p> | <p>Substance Misuse Service Team Around the Family YoungAddaction</p> | <p>Staff time</p> | <p>Joint working occurs between Team around the family and the substance misuse team in 100% of cases identified as there being a substance misuse issue identified within the family.</p> <p>90% of the substance misuse team have up to date safeguarding training.</p> <p>Develop a joint training plan by May 2014.</p> <p>Deliver annual substance misuse training to children and young people's workforce.</p> <p>To include substance misuse training in the induction programme for children and young people by May 2014</p> <p>Increase the number of parents that access substance misuse services who are registered with their local Children's Centre.</p> |
| | <p>Ensure the substance misuse team access children's and adults safeguarding training to raise awareness.</p> | <p>Throughout the strategy with annual review</p> | <p>Substance Misuse Service HBC Training Team</p> | <p>Staff time Substance misuse budget</p> | |
| | <p>To continue to provide learning and development opportunities on the issue of substance misuse to services those are working with children and young people. To develop a joint training plan across services.</p> | <p>Throughout period of strategy with quarterly review.</p> | <p>Commissioning Manager's (C & A)</p> | <p>Staff time Substance Misuse Budget</p> | |

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| | | | | | <p>Children and Young people remain in the family home in a safe environment. Those children open to services move to through the tiers of need framework.</p> <p>Children and young people increase their confidence and resilience, and this is captured by services.</p> |
| Improve the substance misuse service response to drug and/or alcohol related domestic violence. | Implement 'routine enquiry' domestic abuse risk assessments at the substance misuse service. | By September 2014 | Substance Misuse Service Domestic Abuse Service Commissioning Manager (C &A) | Staff time | <p>100% of cases have been assessed against the domestic abuse risk assessment.</p> <p>90% of frontline substance misuse staff has received training in how to respond to a domestic abuse disclosure?</p> |
| | Agree a referral criteria and rapid access (?) pathways between the substance misuse service and domestic abuse services. | June 2014 | Substance Misuse Service Domestic Abuse Service Commissioning Manager (C &A) | Staff time | <p>The improvement of identification of victims and perpetrators of domestic abuse by substance misuse service staff</p> <p>Monitor the number of low, medium and high risk victims as defined by the DASH risk assessment</p> |

| | | | | | <p>To encourage individuals in substance misuse services to disclose that they are a victim or perpetrator of domestic abuse.</p> <p>To reduce the impact that parental substance misuse has on children and young people.</p> |
|--|--|--|---|------------------|--|
| Objective 3: Restrict supply and tackle illegal activities | | | | | |
| Priority | Action | Timescale | Responsibility | Resources | Outcomes |
| Targeting specific individuals or groups identified as being particularly harmful, such as prolific offenders and organised crime gangs. | To continue the integrated approach to offender management between criminal justice agencies and the substance misuse treatment service. | Throughout period of strategy with annual review | Cheshire Constabulary Cheshire Probation Service Substance Misuse Service | Staff time | <p>Reductions in overall offending rates.</p> <p>Increase in the number of offenders retained in drug treatment.</p> <p>Treatment programmes tailored to meet criminal justice sanctions based on changing demands and needs. Multi-agency agreements will be developed as required.</p> |
| | <p>Swift access to drug treatment through the criminal justice system – Custody suites, court, prisons.</p> <p>Provision of treatment to support criminal justice sanctions.</p> <p>Monitoring of appropriate Treatment Outcome Profile Indicator.</p> | Throughout period of strategy with annual review | Cheshire Constabulary Cheshire Probation Service Substance Misuse Service | Staff Time | |

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| Develop an improved understanding of the local drug supply market. | <p>To establish a multi-agency group that can share intelligence around the drug supply market.</p> <p>Review the current system regarding the early warning and alert process for unusual, contaminated and high strength drugs.</p> | September 2014 | <p>Cheshire Constabulary</p> <p>Commissioning Manager (A)</p> | Staff Time | <p>Production of a bi-annual report on the drug supply market in Halton</p> <p>To increase the awareness and sharing of information in relation to contaminated drugs.</p> |
|--|---|----------------|---|------------|--|

Objective 4: Increase the number of people recovering from dependency on drugs

| Priority | Action | Timescale | Responsibility | Resources | Outcomes |
|---|--|---|--|-------------------------|---|
| To improve identification, advice and signposting by front line health, social care, housing and criminal justice agencies. | To continue to offer drug and alcohol training to front line staff. | Throughout period of strategy with annual review. | Commissioning Manager (C & A) | Substance Misuse Budget | <p>Increase in the number of professionals accessing the e-learning training and attending training sessions.</p> <p>An increase in referrals from front line service to substance misuse services.</p> |
| | Promote e-learning training to front line staff. | Throughout period of strategy with annual review. | Commissioning Manager (C & A) | Substance Misuse Budget | |
| | To develop a screening tool for front line service to assist identification of drug or alcohol issues. | April 2014 | Substance Misuse Service Front Line Services Commissioning Manager (A) | Staff time. | |

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| To review and revise protocols and working arrangements with key partners. | To review and revise protocols and working arrangements with key partners. | June 2014 | Commissioning Manager (A) and Substance Misuse Service. Partners as identified. | Staff time. | Increased number of referrals to treatment services by key agencies Reduction in drug related admissions to hospital. |
| Improve individual's physical and mental well-being. | To provide screening, testing and vaccination for Blood Borne viruses. | Throughout period of strategy with quarterly review. | Substance Misuse Service, Health Improvement Team and GP practices | Staff time to complete the appropriate actions. Cost associated with vaccinations and testing equipment. Substance Misuse Budget Health Improvement Team | Increase in number of individuals screened, tested and where appropriate vaccinated for blood borne viruses Increase in number of Health Check assessments Increase in uptake of smoking cessation and sexual health services Increase in referrals to Health Improvement Team |
| | To provide Health Check assessments to all individuals in the treatment service. | | | | |

| Objective 5: Continue to make efficient and effective use of resources | | | | | |
|---|--|------------------|--|------------------|---|
| Priority | Action | Timescale | Responsibility | Resources | Outcomes |
| To review the current performance framework taking into account national guidance and local need. | Revise the current performance framework for treatment services to take into account national and local indicators, compliance with NICE and other clinical standards and Safeguarding. Put in place a development plan to meet any identified gaps. | April 2014 | Commissioning Manager (A & PH) Substance misuse service | Staff time | All substance misuse commissioned services demonstrate compliance with NICE guidance, clinical prescribing guidelines and Safeguarding Children & Adults protocols Audit against NICE guidelines by April 2014 |
| To review the response of primary health care to substance misuse. | Undertake a review of current arrangements. | September 2014 | Commissioning Manager (A & CCG) | | Establishment of a clinical network between the Substance Misuse Service, GP and Mental Health services. |
| | Establish a clinical network between primary care, mental health services and substance misuse services. | September 2014 | Commissioning Manager (HBC & CCG) Substance misuse service | | |
| Review Community Pharmacies. | Undertake a review of current arrangements. Continue to provide a needle exchange programme. | June 2014 | Commissioning Manager (PH) | | To increase the number of community pharmacies providing needle exchange and harm reduction advice. Baseline data to be collected by April 2014 and targets reach targets set. |

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| <p>Improve the service response to individuals that have been assessed as needing in-patient detoxification and/or residential rehabilitation.</p> | <p>By aligning current drug and alcohol spend; tendering for a list of preferred providers; and developing an agreed pathway and criteria to access this modality of care.</p> | <p>April 2014</p> | <p>Commissioning Manager (A) Adult Social Care. Substance Misuse Service</p> | | <p>90% of patients will gain Entry into in-patient detoxification and/or residential rehabilitation within 3 weeks of assessment.</p> |
| <p>To provide advice and support to individuals who misuse substances and families that are threatened with homelessness or are homeless.</p> <p>To prevent those in temporary accommodation from misusing substances.</p> | <p>To continue to develop information, advice and support in relation to homelessness.</p> <p>To continue to work with key partners to prevent homelessness.</p> <p>The substance misuse service to continue to work with providers of temporary accommodation to prevent substantial misuses or to enable individual to reduce their dependency.</p> | <p>Throughout period of strategy with annual review</p> | <p>Principle Manager – Housing Solutions Team Substance Misuse Service</p> | <p>Housing Solutions Team Substance Misuse Service</p> | <p>90% of families affected by substance misuse will have access to advice regarding housing and homelessness.</p> <p>Individuals who are dependent on substances will have either temporary or permanent accommodation based on local Homelessness criteria.</p> <p>Those who access temporary accommodation be supported to reduce the dependency on substances misuse and will access support and advice to reduce any dependencies on substances.</p> |

Safer Halton Partnership Drug Strategy 2013 to 2017 Performance

| Indicator | Target <i>(to be reviewed and amended annually)</i> | Reporting Frequency |
|--|---|---------------------|
| Criminal Justice | | |
| Adults who have an initial assessment who are assessed by the CJIT within 28 days | 80% | Quarterly |
| Adults assessed as needing a further intervention who are taken on to the caseload | 80% | Quarterly |
| Adults referred to CJIT from a prison who were reported on by the CJIT | 80% | Quarterly |
| Adults taken onto caseload who commenced in treatment | 80% | Quarterly |
| Re-offending (Integrated Offender Management) | Monitor until 2014 and set base line target | Quarterly |
| Reduce offending for prolific and priority offenders from baseline | Monitor until 2014 and set base line target | Quarterly |
| Reduce offending for repeat offenders from baseline | Monitor until 2014 and set base line target | Quarterly |
| Report on the drug supply market in Halton | Monitor | Bi-annual |

| | | |
|--|-------|---------------------------|
| All Clients | | |
| Clients waiting less than 3 weeks for first treatment intervention | 95% | Quarterly |
| New treatment journeys engaged in effective treatment | 90% | Quarterly |
| Increase numbers in effective treatment (OCU) | 400 + | Monthly rolling 12 months |
| Increase the numbers in effective treatment (Non OCU) | 236 + | Monthly rolling 12 months |
| Successful completions | 50% | Quarterly |
| Maintain the current level of individuals starting a new treatment journey | 290 | Quarterly |
| Percentage offered Hep B screening | 92% | Quarterly |
| Percentage of these who accept Hep B screening | 31% | Quarterly |
| Percentage of those offered who receive a vaccination | 28% | Quarterly |
| Percentage of current or previous injectors offered Hep C screening | 90% | Quarterly |
| Percentage of these who accept Hep C screening | 46% | Quarterly |
| Treatment Outcomes Profile (TOP) | | |
| Start, Review and exit TOP compliance | 80% | Quarterly |

| | | |
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| Quality of life score (TOP Outcomes) on exit | 20% higher than start score | Quarterly |
| Hospital Admission. | Monitor until 2014 and set base line target | Quarterly |
| Health checks | Monitor until 2014 and set base line target | Quarterly |
| Drug related deaths | Monitor | Quarterly |
| Arrests for supplying | Monitor | Quarterly |
| Referrals into MARAC where drugs was a contributing factor | Monitor | Quarterly |
| Carers Breaks (Targets set by carers strategy group) | Monitor | Quarterly |