



HM Government

**Guidance for local delivery partners**

# From harm to hope: A 10-year drugs plan to cut crime and save lives







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June 2022



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## 2 Guidance for local delivery partners

# Ministerial Foreword



Those working locally to address the harm caused by illegal drugs know the stark reality of the damage they drive. Illicit drugs cause violent and acquisitive crime, tear apart families and degrade neighbourhoods, with a cost to society of close to £20 billion.

In December 2021 I was proud to oversee publication of the government's 10-year plan to cut drug crime and save lives, '[From harm to hope](#)'. Combating illicit drugs is a central plank of this government's mission to level up the country.

Local partners – whether in treatment, recovery, enforcement, prevention or education – are the engine room for delivery of the strategy. I want to extend my thanks for the work underway to implement the strategy at a local level.

Underpinning the drugs strategy, this Government's comprehensive response to Dame Carol's review, was the principle that combating drug use and harm is a priority for all of government working as a single team. This guidance sets out how new Combating Drugs Partnerships should apply this approach at a local level.

While it is partnership working that is key to success locally, our experience of standing up whole-system responses to illegal drugs in some of the worst-affected areas of the country through Project ADDER showed the need for a single local integrator who can bring partners together, intervene to broker solutions and unblock issues, and represent the partnership externally.

At the national level, as the Combating Drugs Minister, I am working across the whole of government to oversee the strategy, which recognises combating illicit drugs as a single government mission.

Mirroring this national approach, this guidance asks all partnerships to nominate a single local Senior Responsible Owner (SRO) who will represent and account for local delivery and performance to central government. These SROs will be the key local point of contact for central government and the National Combating Drugs Outcomes Framework provides a route to track progress on a local and national level. I look forward to working with the new SROs, our local 'team captains', in the months ahead.

A handwritten signature in blue ink, which appears to read 'Kit Malthouse'.

**The Rt Hon Kit Malthouse MP**  
Combating Drugs Minister

# Executive summary

Successful delivery of the government's drugs strategy, 'From harm to hope', relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery and prevention. This guidance sits alongside the drugs strategy to outline the structures and processes through which local partners in England should work together to reduce drug-related harm. It will also have broader relevance to policing and criminal justice partners in Wales given that criminal justice is reserved to the UK Government.<sup>1</sup>

Dame Carol Black's independent review of drugs set out the importance of developing and improving local collaboration, with joint assessments of local need and planning for delivery. This guidance sets out in more detail the drugs strategy vision for Combating Drugs Partnerships in each locality that span the whole of the strategy; breaking supply, treatment and recovery, and reducing the demand for drugs.












It sets out our National Combating Drugs Outcomes Framework, which will provide a single mechanism for monitoring progress across central government and in local areas towards delivery of the commitments and ambitions of the 10-year drugs strategy to level up the country. The outcomes and metrics included in the framework aim to provide a link between action and the impact experienced by individuals, families and neighbourhoods across the country and in local areas.

To support the delivery of these outcomes, the Government will look to all local areas in England to deliver the key actions outlined in the checklist on the following page.

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<sup>1</sup> The UK Government's [10-year plan](#) includes further details on UK-wide coverage. The Welsh Government published a revised [Substance Misuse Delivery Plan](#) (2019-22) in January 2021. The Northern Ireland Executive's [Substance Use Strategy](#) was launched in September 2021. The Scottish Government published '[Rights, respect and recovery: alcohol and drug treatment strategy](#)' in November 2018, and set out its own [national mission to improve and save lives](#) in January 2021.



 <b>Action</b>	 <b>Timeframe</b>	 <b>Further guidance</b>
 <p>Nominate your local senior responsible owner (SRO)</p>	By 1 August 2022	See <a href="#">Leadership roles</a> section
 <p>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</p>	By 1 August 2022	See <a href="#">Representation on the partnership</a> section
 <p>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</p>	By 1 August 2022	See <a href="#">Geography</a> section
 <p>Agree the terms of reference for your local partnership and your governance structure</p>	By end September 2022	See <a href="#">Governance</a> section
 <p>Conduct a joint needs assessment, reviewing local drug data and evidence</p>	By end November 2022	See <a href="#">Analyse</a> section
 <p>Agree a local drugs strategy delivery plan, including developing data recording and sharing</p>	By end December 2022	See <a href="#">Plan</a> section
 <p>Ensure that partners agree a local performance framework to monitor the implementation and impact of local plans</p>	By end December 2022	See <a href="#">Local data sources and data sharing</a> section
 <p>Regularly review progress, reflecting on local delivery of the strategy and current issues and priorities</p>	First progress report by end of April 2023 and every 12 months thereafter	See <a href="#">Review and update</a> section

# Chapter 1 – Introduction

## What is the challenge?

Illegal drugs cause far-reaching and devastating harm. Drug misuse currently costs society over £19 billion a year.<sup>2</sup> Drug use drives crime, damages people’s health, puts children and families at risk and reduces productivity – it impacts all of the country, with the most deprived areas facing the greatest burden.

The organised criminality behind the drugs trade makes our neighbourhoods less safe, and drugs contribute to almost half of all homicides.<sup>3</sup> Heroin and crack cocaine addiction are linked to almost half of all acquisitive crime, including burglary, robbery and theft.<sup>4</sup> In the UK, there has been an 80% increase in drug-related deaths since 2012, with the number of heroin-related deaths doubling in that time.<sup>5</sup>

## What is our collective response?

Neighbourhoods blighted by the presence of illegal drugs cannot prosper and provide the happy, healthy environment that people deserve. In December 2021, this government published a new 10-year drugs strategy, ‘[From Harm to Hope](#)’, backed by record levels of funding of over £3 billion from 2022 to 2025. This provides the foundations for work at both a local and national level to deliver the following strategic priorities:

1. break drug supply chains
2. deliver a world-class treatment and recovery system
3. achieve a shift in the demand for drugs

These priorities are underpinned by Dame Carol Black’s landmark independent review, which recommended a new long-term approach, with large-scale investment and changes to oversight and accountability, delivered by the whole of Government. The review set out the compelling evidence of the benefits to society of investment in high-quality drug treatment and recovery. Our 10-year commitment set out how the whole of Government and public services will work together and share responsibility for creating a safer, healthier and more productive society.

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<sup>2</sup> [Review of drugs: summary \(accessible version\) - GOV.UK \(www.gov.uk\)](#)

<sup>3</sup> [Homicide in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>4</sup> [Understanding organised crime: estimating the scale and the social and economic costs \(publishing.service.gov.uk\)](#)

<sup>5</sup> [Deaths related to drug poisoning in England and Wales Statistical bulletins - Office for National Statistics \(ons.gov.uk\)](#)

The drivers of drug use and drug-related harm are complex and cut across the responsibilities of a range of different government departments and other non-governmental organisations. Co-ordinating supply and demand reduction efforts increases the benefits of each and ensures that progress in one is not undermined by the other.

Successfully addressing drug use and supply in a local area requires a range of organisations to work together to tackle this issue based on local needs. Organising service delivery around the people using them produces better experiences for those affected by drug-related harm. Half of the acquisitive crime that blights our neighbourhoods is committed by people using opioids or crack cocaine, who often have multiple and complex needs, so local partnerships will need a specific focus on providing them with person-centred support.

The benefits of combating illicit drugs can be significant and wide-ranging, improving people's safety, productivity, health and wellbeing. People in recovery from substance misuse are 'better than well', meaning they become active citizens, and give back to their community at a higher rate than the general population, helping the vulnerable and making the community a safer place for all.<sup>6</sup>

## What is the contribution of this guidance?

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.

The first step of this journey is for local areas to provide central government, through the Joint Combating Drugs Unit (JCUDU), the agreed geographical extent of their Combating Drugs Partnership and details of the named local SRO by 1 August 2022.<sup>7</sup>

Combating Drugs Partnerships should have needs assessment work and a delivery plan in place by the end of 2022. This work should build on, and work alongside, existing programmes and structures, including local integrated care strategies, serious violence and homicide problem profiles and strategies.<sup>8</sup>

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.

The guidance itself will be iterative, with further updates and communication as central government and local partners develop learning and evidence of what works, and as

<sup>6</sup> [UK life in recovery survey 2015 \(shu.ac.uk\)](https://shu.ac.uk) and Best DW, Lubman DI. The recovery paradigm: a model of hope and change for alcohol and drug addiction. *Australian Family Physician*. 2012 Aug, 41(8):593-7. PMID: 23145400.

<sup>7</sup> The Joint Combating Drugs Unit, headed by the cross-government Combating Drugs Minister Kit Malthouse MP, was created in July 2021 and is charged with monitoring implementation and success of the drugs strategy and will lead on annual reporting. It represents the Home Office, Ministry of Justice, Department for Work and Pensions, Department of Health and Social Care, Department for Levelling Up, Housing and Communities, and Department for Education.

<sup>8</sup> [Integrated care partnership \(ICP\) engagement document: integrated care system \(ICS\) implementation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/103444/integrated_care_partnership_ics_engagement_document.pdf)  
[Serious violence duty: Police, Crime, Sentencing and Courts Act 2022 factsheet - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/103444/serious_violence_duty_police_crime_sentencing_and_courts_act_2022_factsheet.pdf)

findings and recommendations emerge from other relevant work, such as the review of Community Safety Partnerships (CSPs).

This document should be read alongside other relevant guidance, notably the forthcoming Commissioning Quality Standard published by the Office for Health Improvement and Disparities (OHID), and guidance and standards provided by organisations including the Care Quality Commission (CQC) and the National Institute for Health and Care Excellence (NICE).

While the partnerships set out in this guidance apply to England only, policing and criminal justice partners in Wales should refer to the outcomes in Chapter 2 that apply to them when developing their priorities.

## Chapter 2 – National Combating Drugs Outcomes Framework

The 10-year drugs strategy is organised around delivering progress on the key outcomes of reducing overall drug use, reducing drug-related crime, and reducing drug-related deaths and other harms.

The National Combating Drugs Outcomes Framework set out in this chapter outlines these goals with metrics that will be used to measure progress.

It is the single overarching framework for central and local government to monitor progress towards our commitments. Local SROs should be able to account for progress against this framework and the future supporting metrics, allowing central government and others to identify where best practice can be shared and where areas require further support or action.

Therefore, this chapter:

- outlines the metrics and data sources for the National Combating Drugs Outcomes Framework
- emphasises how these outcomes should guide local activity and measure its impact
- outlines the cross-cutting nature of these outcomes, and therefore the need for a range of different organisations to work together to achieve the ambition for change outlined in the 10-year drugs strategy

### A whole system approach to monitoring and measuring progress

There are six overarching outcomes that successful delivery of the 10-year drugs strategy will achieve: to reduce drug-related crime, harm, overall use, supply, and to increase engagement in treatment and improve long-term recovery.

These outcomes have been shaped around improving the lives of citizens and neighbourhoods in the mission to level up the country. This framework brings together a wide range of government departments and local organisations. By providing a single set of outcomes that everyone involved in the drugs strategy works towards, we aim to set a clear direction of travel and avoid the problem of organisations being pulled in different directions by competing outcomes and targets.

The National Combating Drugs Outcomes Framework outlines how we will measure delivery of the outcomes in the strategy in two parts:







1. **Headline metrics:** published, reliable measures that we will use to monitor progress towards our outcomes (see figure 1 below)
2. **Supporting metrics:** to be published alongside a technical guide later in 2022. These will be a set of additional supporting measures which will be monitored and provide two key areas of information:
  - 2.1 more timely, interim, and/or proxy measures, which when used with care can tell us about direction of travel towards the strategic outcomes – options being explored include drug deaths in treatment and the acceptability of drug use.
  - 2.2 a clearer picture of how the system interacts with the outcomes, to monitor the health of the whole system and to see any unexpected impacts or early warnings – options being explored include measures of ‘meaningful activity’ in treatment and children in need with drugs as a factor<sup>9</sup>

Further technical details, including where criminal justice outcomes cover Wales, are provided in Appendix 2.

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<sup>9</sup> Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children subject to Child in Need Plans, Child Protection plans, Looked After Children, young carers, and disabled children. Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children’s services and unborn children.

Figure 1: National Combating Drugs Outcomes Framework

<b>National Combating Drugs Outcomes Framework</b> <b>Our ambition: a safer, healthier and more productive society by combating illicit drugs</b>	
What we will deliver for citizens (strategic outcomes)	Measured by:
 <b>Reducing drug use</b>	<ul style="list-style-type: none"> <li>the proportion of the population reporting drug use in the last year (reported by age)</li> <li>prevalence of opiate and/or crack cocaine use</li> </ul>
 <b>Reducing drug-related crime</b>	<ul style="list-style-type: none"> <li>the number of drug-related homicides</li> <li>the number of neighbourhood crimes</li> </ul>
 <b>Reducing drug-related deaths and harm</b>	<ul style="list-style-type: none"> <li>deaths related to drug misuse</li> <li>hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)</li> </ul>
What will help us deliver this (intermediate outcomes)	Measured by:
 <b>Reducing drug supply</b>	<ul style="list-style-type: none"> <li>the number of county lines closed</li> <li>the number of moderate and major disruptions against organised criminals</li> </ul>
 <b>Increasing engagement in drug treatment</b>	<ul style="list-style-type: none"> <li>the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol)</li> <li>continuity of care – engagement with treatment within three weeks of leaving prison</li> </ul>
 <b>Improving drug recovery outcomes</b>	<ul style="list-style-type: none"> <li>the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use</li> </ul> <p><b>Key additional components integral to recovery include housing, mental health, and employment</b></p>

'From harm to hope' set out a series of national commitments, supported by the record levels of investment, that will be monitored as part of this framework:

### **Box 1: Outcome commitments in the strategy**

By the end of 2024/25 we expect this whole-of-government mission to have:

- prevented nearly 1,000 deaths, reversing the upward trend in drug deaths for the first time in a decade
- delivered a phased expansion of treatment capacity with at least 54,500 new high-quality treatment places – an increase of 20% – including:
  - 21,000 new places for people who use opiates and/or crack cocaine, meaning that 53% of opiate and crack users will be in treatment
  - at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers
  - a treatment place for every offender with an addiction
- contributed to the prevention of 750,000 crimes including 140,000 neighbourhood crimes through the increases in drug treatment
- closed over 2,000 more county lines through relentless and robust action to break the model and bring down the gangs running these illegal lines
- delivered 6,400 major and moderate disruptions – a 20% increase – of activities of organised criminals, including arresting influential suppliers, targeting their finances and dismantling supply chains
- significantly increased removal of criminal assets, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply

Over the course of the 10-year strategy, we will reverse the rising trend in drug use, with an ambition to reduce overall use towards a historic 30-year low.

## **Monitoring and tracking at a local level**

Local areas should use the outcomes framework to guide their work and measure improvements for people and neighbourhoods. It is these outcomes that should guide planning and progress reporting by local partnerships, and against which SROs should be able to explain progress.

As Combating Drugs Partnerships are established and develop, they should ensure that their work on local needs assessments, delivery plans and the reporting and management



of data and intelligence is all be structured around these outcomes and commitments. Chapter 4 sets out the process for assessing need and delivery planning in more detail, including how local partnerships might build out from these national measures with local 'real-time' metrics.

There are many good sources and summaries of data already available, and we will collate and develop nationally-held datasets and dashboards to enable comparisons between different local areas, to understand better any challenges or questions.

- The new Digital Crime and Performance Pack (DCPP) is available to all police forces in England and Wales, and PCCs<sup>1011</sup>
- The National Drug Treatment Monitoring System (NDTMS) for specialist substance misuse treatment data.<sup>12</sup> OHID is working on a suite of local indicators to cover the full range of ambitions set out in the strategy for those who are engaged in specialist substance misuse treatment. These metrics, based on NDTMS data, will help local areas understand the health of the wider local system, and will be incorporated into regular reports that all relevant partners will be able to access.

While the outcomes framework in its entirety applies in England only, the UK Government will work with the Welsh Government and wider partners to identify the policing and criminal justice outcomes that apply in Wales and agree the accountability structures. Wales is currently developing its own Substance Misuse Outcomes Framework and will consider areas of alignment.

## Future development

The metrics in this framework are built around data that is readily available at a national level. Our commitment to improving the quality of data and measurement of outcomes through the course of this strategy means that we will continue to assess and refine the framework. The government will support this effort at a national level to consider:

- **improving the data we already collect:** improving data quality and frequency of updates and reports, adding additional flags and metrics, and developing new measures focused specifically on drug use
- **exploring opportunities for data matching:** working with existing government programmes to ensure that data relevant to drug-related harm are considered and improved, notably via the Better Outcomes through Linked Data (BOLD) programme, which is focused on those with multiple and complex needs, connecting data to

<sup>10</sup> The DCPP provides access to crime data on the National Crime and Policing Measures, including combating drugs.

<sup>11</sup> Throughout this document, the term Police & Crime Commissioner (PCC) is used to refer to all elected local policing bodies, and therefore is inclusive of all PCCs, Police Fire and Crime Commissioners (PFCCs) and mayors who exercise P(F)CC or equivalent functions.

<sup>12</sup> NDTMS collects information from all drug and alcohol treatment providers in England. It is used to ensure that drug treatment is effective and cost effective and to improve the outcomes for individuals receiving treatment. Further information about NDTMS in general, and some of the statistics it produces can be found at <https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance>. Detailed annual reports and related material can be found at <https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics>

understand how our services are working for individuals and how we can join up services better

- **enhancing and developing surveys:** measuring qualitative outcomes where sources are currently lacking, such as societal attitudes to drugs or ease of availability of drugs
- **reviewing and improving metrics:** any metric we use will have limitations and the risk of unintended consequences, so we will be reviewing the implementation of metrics with a view to mitigating any issues that arise – including the new treatment effectiveness measure

Further detail will be included in the technical guide.

## Chapter 3 – Combating Drugs Partnerships

Working in partnership is essential if we are to effectively deliver the three strategic priorities set out in the 10-year drugs strategy: breaking drug supply chains, delivering a world-class treatment and recovery system, and achieving a shift in the demand for drugs. All three priorities form the scope of a local partnership approach to delivering the strategy.

This chapter outlines key principles and structures to support the formation of effective partnerships and asks local areas to:

- form a clearly defined partnership structure based on a geographical extent that is logical to local residents and consistent with existing relevant arrangements
- select an SRO who can represent the partnership nationally, reporting to central government regarding its performance, and who can offer challenge and support to local partners to drive improvement and unblock issues when necessary
- involve all those people and organisations affected by drugs in developing joint solutions to these issues

### The role of a dedicated Combating Drugs Partnership

Combating illegal drugs and the harm they cause is an issue which needs action from a range of local partners. At a local level, success is reliant on these partners working together to understand their population and how drugs are causing harm in their area, any challenges in their local system and the changes that are needed to address them. The structures outlined in this guidance aim to empower people and organisations to deliver real change at a local level.

Combating Drugs Partnerships should be multi-agency forums that are accountable for delivering the outcomes described in Chapter 2 within local areas. They will provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. These partnerships should have a named SRO who should report to central government and hold delivery partners to account.

There are already strong multi-agency partnerships in place or being established in many areas, operating through structures such as Community Safety Partnerships (CSPs), Violence Reduction Units (VRUs), Local Criminal Justice Boards (LCJBs), Safeguarding Partnerships, Health and Wellbeing Boards (HWBs), and Integrated Care Partnerships (ICPs). While all these (and more) may contribute to addressing drug use and promoting recovery, a dedicated Combating Drugs Partnership brings together action and oversight

across the three priorities of the 10-year drugs strategy with accountability for delivery against the National Combating Drugs Outcomes Framework as outlined in Chapter 2.

## Geography

### Scope of partnerships

When determining the geographic footprint of a partnership, local areas should ensure that:

- the partnership is no smaller than a single upper-tier local authority area
- an upper tier local authority is not covered by more than one partnership
- agencies work together across a wider footprint to create a shared arrangement which improves integration, where they can do so

Collaboration across multiple local authorities was recommended by Dame Carol Black for the commissioning of specialist residential and inpatient substance misuse support, which is being facilitated through the inpatient detoxification grant. Similarly, working across several local authority areas may improve work involving police and criminal justice partners, who would otherwise need to participate in multiple partnerships. Consideration should also be given to health organisations, notably Integrated Care Systems.

Joining together local authorities would be particularly relevant in areas where combined authorities or metro mayors are in place. Greater Manchester, for example, has formed a dedicated drug and alcohol transformation board that operates across the combined authority area and includes a wide range of stakeholders. Given the existing structures and context in the area, this is an encouraging approach.

Where partnership arrangements span more than one local authority area, thought should be given to how variations in need and provision will be reviewed at a more local level – for example, through individual local authority scrutiny committees.

This specific partnership approach is applicable to England only. However, the government is committed to working with the devolved administrations to embed collaboration and share good practice on these issues. For example, in Wales a local partnership approach has already been embedded for a number of years, with Area Planning Boards (APBs) taking the lead for commissioning substance misuse services based on evidence of need. The APBs are based on the Local Health Board footprint. Representatives from HMPPS in Wales, the appropriate Police and Crime Commissioner and the relevant force will be members of the local APB partnership, which is the structure for both commissioning and monitoring substance misuse treatment services.<sup>13</sup> Strategic national oversight in Wales is provided by the Substance Misuse National Partnership Board.

### Existing partnerships

We recommend that when choosing the geographical coverage of a partnership, areas harmonise arrangements with relevant structures that are already operating across several

<sup>13</sup> [Substance misuse: revised guidance for area planning boards](#)

local authority areas, such as Project ADDER, the Changing Futures programme<sup>14</sup>, or VRUs.

## Developing partnerships

The administrative geography of partnerships can be changed over time. Where changes are proposed, these should be agreed by the relevant partners, communicated clearly to relevant agencies, practitioners and the wider public, and agreed with central government.

While these partnerships are proposed in England only, they should consider any cross-border issues where co-ordination with partners in Wales, Scotland and Northern Ireland is needed. Examples of this include joint working by police forces to remove county lines running across borders, or prisons and probation services working with wider partners to ensure continuity of care for people with drug misuse problems who leave prison and cross the border (to or from England) to return home.

## Leadership roles

Combating Drugs Partnerships should have a clearly named Senior Responsible Owner (SRO). We would expect them also to chair the partnership and occupy one of the following roles<sup>15</sup>:

- PCC
- 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

Local areas should identify their SRO to the JCDU, along with the agreed geographical extent and the wider representation on the partnership, via <https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/> by 1 August 2022. Appendix 1 lists the questions included in this form.

This process is in place to confirm the formation of the partnership and for central government to be aware of the membership, geography and SRO. Local areas do not need to wait for confirmation from central government and should start to operate these structures as soon as possible to agree Terms of Reference by 30 September 2022.

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<sup>14</sup> Changing Futures is a three-year, £64 million programme aiming to improve outcomes for adults experiencing multiple disadvantage – including combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system. See [Changing Futures - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/programmes/changing-futures)

<sup>15</sup> Where areas are joining up across combined authority footprints they should also consider the elected leaders or chief executive officers of the combined authority. Where appropriate and agreed by core members of the partnership, a local area may decide that an individual who does not hold one of these roles is best placed to be its SRO. This may include appointing an independent person as SRO.

In addition, based on learning from programmes such as Changing Futures, we recommend the following roles are in place to support the SRO and partnerships:

- **partnership lead** – named lead for overseeing delivery of local programmes and co-ordinating partnership, e.g. the joint commissioning manager for substance misuse treatment and recovery services
- **public involvement lead** – named lead to ensure the voices of a range of members of the public are heard, whether they are people who have lived or living experience of using drugs and/or support services, are family members of those who do, or are affected by drug-related harm in other ways
- **data and digital lead** – named lead on data, data protection, information governance and outcomes measurement

### Box 2: What is the role of the local SRO?

The local 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. For most partnerships, this function would be carried out by one of the role holders listed above.

The Combating Drugs Partnership SROs and their teams would be responsible for:

- convening and chairing partnership meetings
- encouraging full involvement of local leaders and putting in place the governance structure and culture to drive joint, system-wide decision-making
- overseeing development and delivery of a shared local plan with a whole-system approach addressing the three strategic priorities set out in the drugs strategy
- unblocking issues across the system
- reporting on the partnership’s performance and delivery into central government

SROs would oversee development of the following products and information:

- terms of reference
- joint needs assessment
- local strategy and delivery plans
- progress reports

## Representation on the partnership

### Representation

When agreeing the membership of the partnership, organisations should ensure there is appropriate representation of a range of perspectives. As the partnership is to be accountable for delivery of the outcomes in the locality, the SRO should be confident that the membership provides representation from key stakeholders, with appropriate individuals involved who are able to make decisions and hold each other to account. It is recommended that partnerships regularly review their own functions – and modify their structures and approaches accordingly.

The following are the minimum key organisations and individuals that should be represented in a Combating Drugs Partnership in England:

- elected members (in two-tier authority areas it would be appropriate to have multiple representatives to ensure that different tiers and responsibilities are adequately represented, notably housing)
- local authority officials (including expertise in relevant areas such as substance misuse, housing, employment, education, social care and safeguarding)
- NHS (including strategic and mental health provider representation)
- Jobcentre Plus
- substance misuse treatment providers
- police
- PCC
- National Probation Service
- people affected by drug-related harm
- the secure estate, such as prisons, young offender institutions (YOIs)

In addition to these organisations, partnerships are also expected to engage and work with:

- local schools and other education providers
- higher education
- further education
- housing associations and providers of supported housing and homelessness services
- youth offending teams
- voluntary, community and social enterprise (VCSE) and other community organisations
- coroner's offices
- fire and rescue authorities
- Office for Health Improvement and Disparities regional team

Appendix 3 has more detail on potential members of the Combating Drugs Partnership and explains how they should be involved.

**Figure 2: Recommended core members of a Combating Drugs Partnership**



**Lived experience**

The voices and full involvement of people who have experience of drug-related harm are an essential part of this partnership, including people who use (or have used) drugs, their family members, family members of those who have died or been killed as a result of involvement in drugs and, more broadly, local residents or businesses affected by drug-related harm.

Partnerships should be aware that representation and involvement of people with lived experience takes time and effort, and appropriate resource should be dedicated to ensuring that there are the right structures in place to support people to get involved in these processes, including financial assistance. There should also be specific attention



paid to ensuring people with a wide range of backgrounds and experiences are involved with the partnership.

Lived experience recovery organisations (LEROs) are invaluable for involving those with lived experience of substance use and recovery and, where these do not already exist in a local area, partnerships should work to facilitate the development of these organisations. As mentioned in Dame Carol Black's review, the College of Lived Experience Recovery Organisations (CLERO) works with LEROs across the UK and should be a key support in this process.

LEROs themselves, as well as the wider partnership, should consider representation, diversity and inclusion, to help ensure that support and representation structures are culturally responsive, acknowledging the variety of social, cultural, faith-based and spiritual perspectives people will have in a given area.

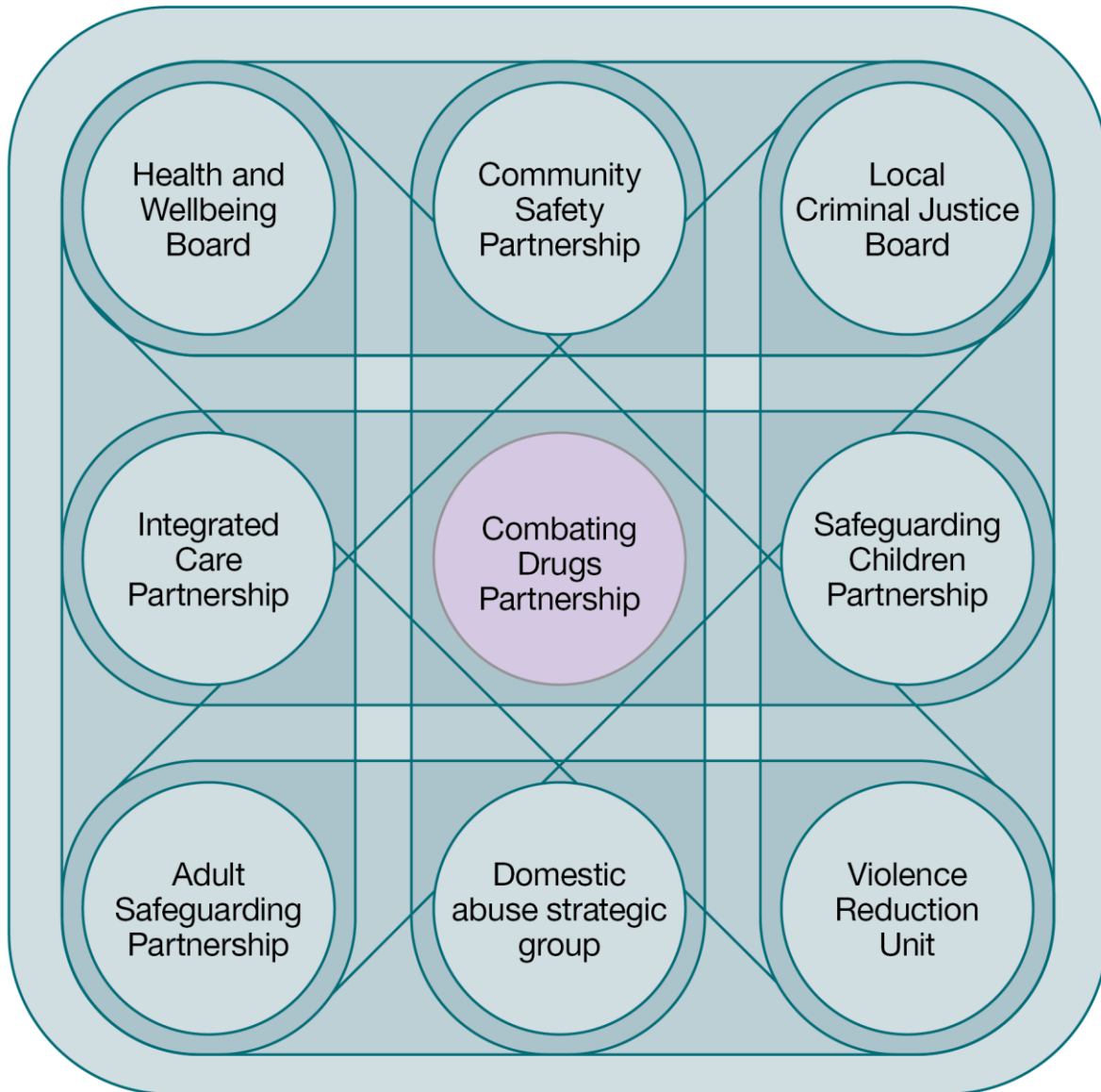
## Governance

Each local area will have a unique mix of circumstances, and so the exact form and processes of an individual Combating Drugs Partnership should be determined by discussion among local leaders and residents themselves.

This should include collectively agreeing how the Combating Drugs Partnership relates to other relevant groups, organisations, strategies and wider stakeholders, and developing a governance map to explain this.

Figure 3 below demonstrates some of the other operational and strategic bodies that the Combating Drugs Partnership will need to define its relationship with. Where the partnership sits across multiple local authorities, including lower tier authorities, the model should relate to relevant structures for all local authorities.

**Figure 3: Examples of other relevant local structures**



Local areas should develop and agree terms of reference to specify:

- the scope of activity to be overseen by the partnership, including clarity on the decision-making powers and responsibilities
- the roles of different partner organisations
- the links to other relevant groups and partnerships (e.g. Community Safety Partnerships)
- the frequency of meetings – note that virtual discussions may be helpful
- how activity will deliver the key outcomes outlined in the national strategy
- any outcomes to be pursued locally in addition to those set nationally
- clear, practical arrangements for managing risk and resolving disagreements between partners

- how activity and outcomes will be regularly reviewed to see if the partnership is delivering effectively, including feedback from people who use – or feel excluded from – services
- how any planning and review processes will include consideration of impact, including equality impact assessments
- how all partners contribute appropriately to sustaining the partnership itself (e.g. secretariat, analysis, etc.)

If an area is considering using an existing partnership structure, it should ensure that it modifies membership and terms of reference of this and other relevant groups appropriately.

Partnerships should also consider the use of sub-groups to focus on the detail of specific issues, and link to existing structures where they are already in place. The role of sub-groups will partly depend on the geographical extent as areas that bring more than one local authority together are likely to have more of a strategic oversight role. These sub-groups might include a joint substance misuse treatment and recovery group, a workforce development group, a drug-related homicide prevention board or task and finish groups as appropriate. The partnership should retain oversight of the work of these groups, setting priorities and tasks and reviewing delivery.

### **Box 3: The principles that should be adopted by a Combating 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.

#### *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.

## Alcohol

Alcohol is a factor in many drug-related deaths alongside drugs including heroin and methadone. In the night-time economy, drugs such as cocaine and MDMA are frequently used alongside alcohol. Moreover, specialist treatment and recovery services tend to be integrated for alcohol and other drugs.

Therefore, while the 10-year drugs strategy focuses on the use and supply of illegal drugs, local partnerships should ensure that their plans sufficiently address alcohol dependence and wider alcohol-related harms. This should include considering the multiple complex needs of people who use alcohol as well as other drugs, and including alcohol in relevant activity and performance monitoring, considering deaths, hospital admissions and treatment for alcohol as well as other drugs. Drug-related harm should not be driven down at the expense of increasing alcohol-related harm.

Areas may find that this requirement is best met by having a dedicated partnership meeting that covers issues related to both alcohol and other drugs, as Greater Manchester has done (see Appendix 4).

## Chapter 4 – The responsibilities of Combating Drugs Partnerships

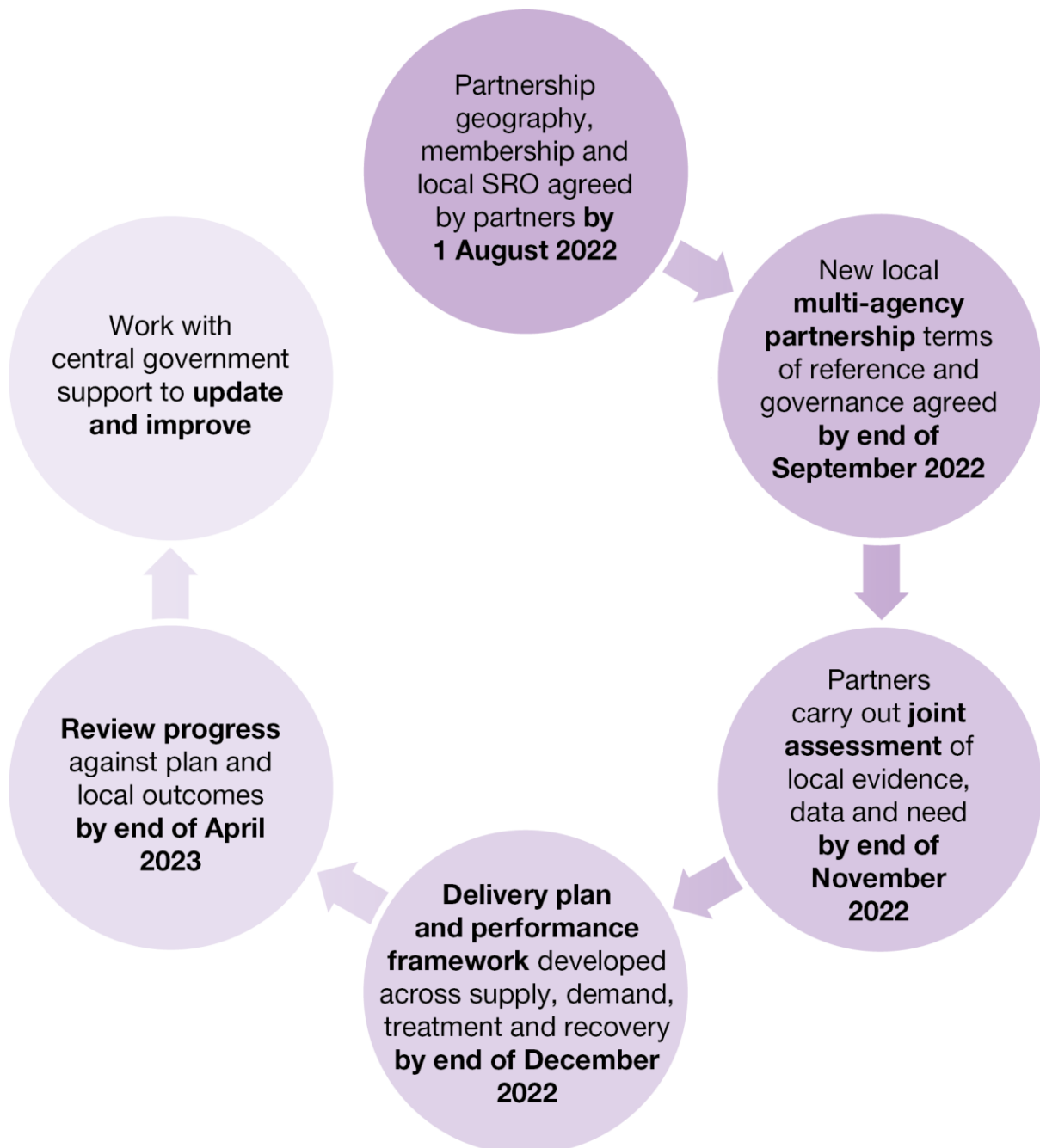
Combating Drugs Partnerships have huge potential to level up neighbourhoods and make significant progress in combating illicit drugs and the harms they drive.

This chapter outlines the cycle of joint activity (summarised in figure 4 below) that the partnerships should lead:

- a **joint local needs assessment**, reviewing local drug data and involving all relevant partners
- agreement of a **local drugs strategy delivery plan** that reflects the national strategic priorities, including developing data recording and sharing at a local level
- **regularly reviewing progress**, reflecting on local delivery of the strategy and current issues and priorities

Needs assessments, delivery plans and progress reviews should be seen as linked elements of a continuous process to analyse the situation, plan actions to improve it, take these actions, and reflect on what has been learnt – as part of a cycle to better understand the situation and how to improve it. The sections below offer more detailed advice on the content and structure of these pieces of work.

**Figure 4: Key tasks and timeline for Combating Drugs Partnerships as they are established**



## Analyse

Partnerships should jointly conduct an initial assessment of evidence and data to understand better the local issues and patterns of drug-related harm. This process of comprehensively assessing data and trends should be undertaken first in 2022 and then conducted at least once every three years. As noted below, there should be continual use of data by the partnership to assess and review need and impact.

This assessment should be an attempt to understand the baseline of where local need, partnership, activity and performance are at present, and the possible explanations for this situation and any trends.

Partnerships should focus on bringing the three priorities in the strategy together to understand potential interactions, synergies and dependencies. An integrated local strategy should be a unique and new contribution of Combating Drugs Partnerships.

This analysis should draw on other relevant partnerships and pieces of work, such as local drugs market profiles, community safety strategic assessments and Joint Strategic Needs Assessments (JSNAs). PCCs, police forces, Regional Organised Crime Units and Violence Reduction Units (where they exist) are likely to hold much of this information, for example, and OHID produces an annual data pack for each local authority, drawing together treatment data and other relevant data on prevalence and harm to form a basis for local needs assessments in relation to drug and alcohol treatment and recovery.

Local partnerships should also use relevant service reviews from inspectorates, feedback from people using services and the wider community, as well as specific case reviews in areas such as domestic homicide, offensive weapons homicide, mental health, and child and adult safeguarding.

The approach required is much more than a presentation of data or trends. There should be a clear structure and analytical framework that allows the partnership to fully understand the issues and plan joint activity to address them.

Part of the assessment of data, intelligence and other evidence should be to outline how progress will be measured, with key data sources identified where possible and appropriate. The National Combating Drugs Outcomes Framework, at Chapter 2 and Appendix 2, provides the overarching measures, and local areas will be held to account on progress against them.

#### **Box 4: What to ask as part of a needs assessment**

Questions to consider for the needs assessment might include:

- How can we measure if our residents' lives are improved?
- How can we measure if specific services are being delivered well?
- How are we doing at the moment on the most important of these metrics?
- Which partners have a key role to play in doing better? *Note that partnerships should think carefully about organisations, groups and individuals who might not already be involved in this work – for example community groups not directly related to drug harm, or people who are not currently engaging with services*
- What initiatives do we know work to improve things? *There should also be a commitment to try new things and develop the evidence base where there aren't already effective, clearly evidenced approaches.*



In conducting analysis, the partnership should make reference to:

- the full range of **drug use**, whatever substance, and whether use is recreational or dependent
- the presence of **drug supply** within the local area and exported to other areas
- the impact of both **drug supply and use on crime**, including serious violence, homicide and acquisitive crime
- a **wide range of issues**, to include housing, employment, mental and physical health and wellbeing, and education
- all **demographics**, with reference to all protected characteristics, to ensure any disparities in need or impact are identified and addressed, noting the specific potential challenges in relation to stigma and substance use
- **geographical** disparities
- the **accessibility** of services, noting routes into services (e.g. referral sources)

These suggestions are not exhaustive, and partners should draw on the full range of resources provided by sector-led organisations, including the Local Government Association (LGA), National Police Chiefs Council (NPCC), the Association of Police and Crime Commissioners (APCC), the National Crime Agency (NCA) and the College of Policing.

## Local data sources and data sharing

While central government will provide tools to help local partnerships in their planning and review work, as described in Chapter 2, it is essential that partners unlock the power of data across different organisations at a local level to help understand and tackle the problems facing their areas.

### Box 5: The basis for local data sharing

There is already a strong regulatory framework to support sharing data. The recent health and social care white paper, '[Joining up care for people, places and populations](#)', recommends the development of a shared care record. There are examples of local arrangements already in place that can be used as a basis for new agreements. [SAVVI](#) in Greater Manchester has published [a template of an information governance framework](#). We strongly encourage partnerships and practitioners to build on work underway, including through existing partnerships, and share best practice through networks to ensure that local areas can build on the experiences and work done already in this space, rather than reinventing the wheel.

By looking at real-time, local data, potentially matched at the individual level, it is possible to gain a much quicker and more detailed insight into the local situation than only using national data, where there can be time lags and a loss of detail in order to generate the consistency and comparability required. An example of how this can work well is using data on drug-related deaths and 'near misses', to be able to provide up-to-date harm reduction advice to people who use drugs and frontline practitioners across a range of organisations (see case study in Appendix 4).

Partnerships should therefore set out and agree how they will record and monitor local data to understand challenges and opportunities, and drive service improvement and better outcomes. This work on data monitoring should make specific reference to the context and issues described in Box 4 above.

As part of this process, Combating Drugs Partnerships should identify what relevant data individual organisations already hold, what data sharing agreements they have in place locally, and how they intend to develop the collection, sharing and use of data to drive service improvement and achieve better outcomes.

To deliver this and to make the most of interpreting the data, investing in shared analytic capacity across the local system can be invaluable to ensure the maximum benefit is gained from data collection. Combating Drugs Partnerships should help organisations to share not only data, but also resources through staffing, training and technology.

## Local plans

The next stage of work for partnerships should be to develop a local plan of action to reduce drug-related harm, based on the evidence and discussions undertaken in the 'analyse' stage. With the local context and needs in mind, the plan should outline specific actions to demonstrate how the partnership will address the core issues outlined in the strategy, and explained in the numbered points in Box 6, all of which should be covered in the plan.

The plan must be consistent with existing legislation and, where relevant, should build on existing plans already agreed, such as joint health and wellbeing strategies and Community Safety Partnership plans. It should draw on insights from a range of analyses and assessments that are already carried out in relevant fields, and engage different types of professionals to ensure it resonates with frontline staff and local residents.

The Combating Drugs Partnership should play a role in overseeing and co-ordinating relevant funding streams relevant to this agenda to provide the necessary link between funding and delivery. It is recommended that partnerships merge funding streams where appropriate and engage in joint commissioning and service delivery – for example, as recommended by the Advisory Council on the Misuse of Drugs in relation to sexual health and substance misuse treatment services.<sup>16</sup>

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<sup>16</sup> See [Cover letter from ACMD on GHB, GBL and related compound report \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/66967/6/Substance_misuse_services_for_men_who_have_sex_with_men_involved_in_chemsex.pdf) and subsequent Public Health England guidance: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/66967/6/Substance\\_misuse\\_services\\_for\\_men\\_who\\_have\\_sex\\_with\\_men\\_involved\\_in\\_chemsex.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/66967/6/Substance_misuse_services_for_men_who_have_sex_with_men_involved_in_chemsex.pdf)

**Box 6: Drugs strategy commitments for local areas to cover in their plans***Break drug supply chains*

1. targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
2. going after the money – disrupting drug gang operations and seizing their cash
3. rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
4. tackling the retail market – improving targeting of local drug gangs and street dealing
5. restricting the supply of drugs into prisons – applying technology and skills to improve security and detection

*Deliver a world-class treatment and recovery system*

1. delivering world-class treatment and recovery services – strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes
2. strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy
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 joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery
4. 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
5. improving employment opportunities – linking employment support and peer support to Jobcentre Plus services
6. increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment
7. keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community

*Achieve a generational shift in the demand for drugs*

1. applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm
2. delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs
3. supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

## Review and update

The partnership should have regular monitoring in place to check the progress of actions. This should specifically consider effects across the three key priorities in the strategy, focusing on interactions and unintended consequences.

At least once a year, the partnership should take stock of its progress in reducing drug-related harm, reporting against the National Combating Drugs Outcomes Framework and additional local metrics. This stocktake should draw on any relevant inspection reports provided by organisations including the CQC, Office for Standards in Education, Children's Services and Skills (Ofsted), Her Majesty's Inspectorate of Probation, Her Majesty's Inspectorate of Prisons, and Her Majesty's Inspectorate of Constabulary Fire and Rescue Services (HMICFRS). It should also make use of self-audit tools as provided by government departments and sector organisations or developed by local areas themselves. Delivery of drug treatment, for example, should be reviewed with reference to the upcoming Commissioning Quality Standard.

While plans should provide stability in partnership aims and activity, we would expect the plan to be assessed and updated as necessary at least every three years, in conjunction with the needs assessment.

# Chapter 5 – Reporting and oversight

Combating Drugs Partnerships should be visible and accountable for their actions, both to local residents and central government, and regularly seek to learn and improve practice.

This chapter outlines how partnerships should link with regional and national structures of support with guidance on:

- how central government will track progress across the partnerships and support the sharing of best practice
- working with regional and national colleagues when conducting analysis, formulating delivery plans and developing progress reports

## Overview

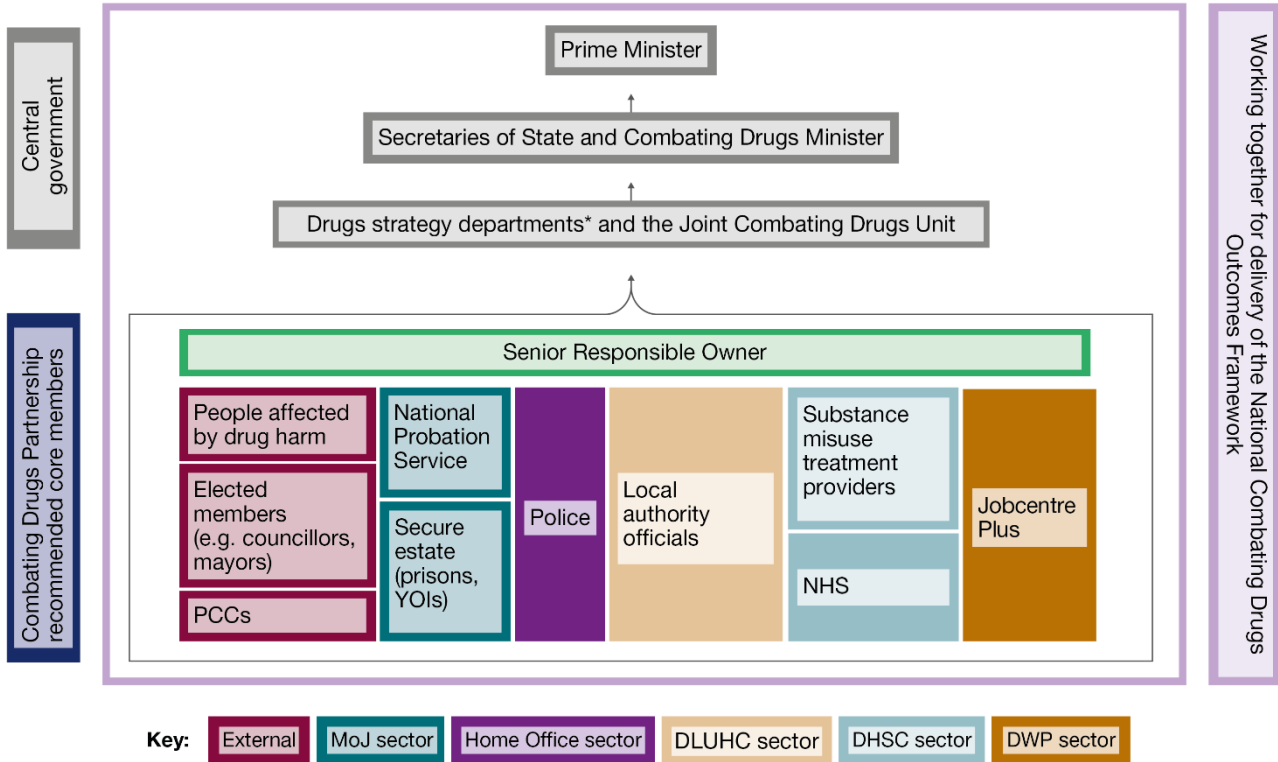
Accountability was a key theme of the Dame Carol Black's independent review. The Combating Drugs Minister has overarching accountability for the strategy and delivery of the outcomes, with each relevant Secretary of State having accountability for delivery of the elements within their department's remit. The drugs strategy committed to presenting an annual report to Parliament to monitor progress in line with Dame Carol's recommendation.

Local accountability will have parallels to this approach. Each Combating Drugs Partnership should oversee progress towards the outcomes, with the local SRO having overarching responsibility for local delivery of the strategy. Other members of the Partnership will be responsible for their elements of delivery in line with the reporting frameworks and outcomes associated with the funding they oversee.

Combating Drugs Partnerships should be visible and accountable for their actions, both to local residents and central government. Publication of local needs assessments, plans and high-level reporting is recommended to demonstrate this.

Figure 5 below sets this overall structure out in more detail.

**Figure 5: Reporting and support structures for Combating Drugs Partnerships**



\*Home Office, DHSC, MoJ, DLUHC, DWP, DfE

## Regional oversight and support

Combating Drugs Partnerships should work closely with the relevant regional staff representing the six key departments and the Joint Combating Drugs Unit. Relevant regional staff could include Her Majesty's Prison and Probation Service (HMPPS) drug strategy leads, HMPPS health and justice co-ordinators, Regional Organised Crime Units within the police and OHID regional substance misuse leads.

Regional staff should also be invited to attend partnership meetings as appropriate to support analysis, planning and co-ordination across departments and organisations. This will also facilitate the sharing of best practice and a culture of continuous improvement across central and local government. Partnerships are also encouraged to connect with each other to spread best practice and allow for peer review to ensure they work as effectively as possible. The intensity of support offered by regional teams will depend on the needs and performance of the local partnership.

In addition, options are being explored for how we can share best practice and support connections being made between local areas through national forums. We expect to build on and expand the existing Project ADDER partnership network to understand the learning from Project ADDER areas and discuss delivery through a multi-agency approach. We plan to use this forum, and the network of Project ADDER areas, to share lessons learnt and effective solutions to shared problems that could be of use to SROs. Further guidance and support will be made available through the Joint Combating Drugs Unit.

## Links with central government

The named local SRO and partnership lead will act as the main points of contacts for central government to provide communications regarding the overarching drugs strategy. As set out above, progress will be monitored against the National Combating Drugs Outcomes Framework and through departments' performance management functions with delivery partners. Dame Carol Black, Independent Advisor on Combating Drugs, is also charged with understanding the impact of local delivery and holding both national and local areas to account.

Central government will monitor local delivery against the metrics outlined in the National Combating Drugs Outcomes Framework and through government departments' performance management functions. The Combating Drugs Minister oversees a cross-government forum where the progress is monitored. Where areas are performing less well against the headline metrics, we expect to have an open dialogue with the local SRO and partnership to understand the circumstances and support improvement. Dame Carol Black, Independent Advisor on Combating Drugs, is also charged with understanding the impact of local delivery and holding both national and local areas to account.

There are already structures in place to ensure delivery of high-quality services in local areas, with assurance offered through the CQC, OHID, Ofsted, HMI Prisons and HMI Probation, HMICFRS and others. These organisations and structures are part of how delivery partners will be held to account on national quality standards across the different areas. The specific focus of support structures for the drugs strategy will be, as with Combating Drugs Partnerships themselves, to consider how there may be efficiencies and value added by working across different organisations and all three priorities of the national plan.

## Appendix 1 – Information for local areas to return to central government

The following information is requested to notify the Joint Combating Drugs Unit of the decisions taken locally in creating your Combating Drugs Partnership.

Local areas are asked to return this information by 1 August 2022 via the online form at the following link:

<https://www.homeofficesurveys.homeoffice.gov.uk/s/CombatingDrugsPartnerships/>.

The form asks for the information listed below. If you have any queries whilst collecting and returning this information, please contact [JCDU-enquiries@combatingdrugs.gov.uk](mailto:JCDU-enquiries@combatingdrugs.gov.uk)

- upper-tier Local Authorities (UTLAs) covered by the partnership
- rationale for selection of the UTLAs covered by the partnership
- name, job title, organisation and email address of your nominated senior responsible owner
- names, job titles, organisations and email addresses of individuals selected to carry out other suggested lead roles within the partnership (where these decisions have been made)
- names, organisations and email addresses of the core partners that have agreed the proposal





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Any enquiries regarding this publication should be sent to us at [JCDU-enquiries@combatingdrugs.gov.uk](mailto:JCDU-enquiries@combatingdrugs.gov.uk)