

Safer and Stronger Communities Overview and Scrutiny Committee

27 June 2022



Update on the work of Alcohol and Drug Harm Reduction Strategy Group 2021/22

Ordinary Decision

Report of: Amanda Healy, Director of Public Health

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 This report provides the Safer and Stronger Communities Overview and Scrutiny Committee with an update of all activity relating to reducing alcohol and drug harms in County Durham during 2021/22.
- 2 To update on the refresh of The Alcohol and Drug Harm Reduction group (ADHRG) Plan on a Page (POP) and elements of the Action Plan for 2022-23 (see appendix 2).
- 3 To provide an update on plans for the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR).

Executive summary

- 4 The Safe Durham Partnership (SDP) Plan highlights the need to reduce the harms alcohol and drug misuse in our local communities as a priority by bringing together a range of stakeholders to oversee the system-wide work in this area. This work is governed by the County Durham Alcohol and Drug Harm Reduction Group (ADHRG). The ADHRG Action Plan has been refreshed for 2022/23.
- 5 The Office of Health Improvement and Disparities (OHID), formally known as Public Health England publish national data on Wider Impacts for COVID-19 on Health (WICH) dashboard, which supports exploration of the indirect effects of the pandemic on the population's health. Evidence shows Unplanned admissions for alcoholic liver disease were the only alcohol-specific unplanned admissions to increase between 2019 and 2020, with significant increases showing from June 2020 onwards.

- 6 Figures from the Office of National Statistics released in May 2021 on alcohol specific deaths, showed that 2020 was the worst year on record, with the rates the highest in the Northeast, with a particularly sharp increase in Quarter 2. Overall, there were 7,423 deaths linked to drinking last year, which was a fifth more than in 2019 and the highest number since records began in 2001.
- 7 The longer-term trend for deaths from drug misuse and illustrates that the gap is widening between the rate in County Durham and that seen nationally. Evidence suggests there remains high levels of unmet need in local communities for those using alcohol (81%), opiates (47%) and crack (74%). However, for those engaging in treatment, rates for Successful Completions in opiates and non-opiates users remain above national averages.
- 8 The CQC inspected the Drug and Alcohol Recovery Service (DARS) in February 2022, finding the service has made widespread improvements over time and has been rated Outstanding. The DARS engages children, young people, adults with alcohol and drug misuse issues and their carers, all of which are recognised as benefitting from outstanding care.
- 9 After a segmentation process to look at the needs of clients in east Durham two-thirds of opiate users in east Durham were found to reside in Horden. Capital funding has been sourced to develop a recovery offer within the area, reducing travel time to Peterlee. A building in the local area has refurbished to become a new Recovery Centre and is now affiliated with the Horden Together programme. DARS services have been maintained for clients residing in Peterlee and Seaham.
- 10 On the 15th February 2022, The Office for Health Improvement and Disparities (OHID – formally Public Health England) informed Local Authorities of their intention to award additional funding to support the recommended improvements in treatment services made by Dame Carol Black. The award is part of the Section 31 Grant being used to support the improvements in substance misuse services described in the From Harm to Hope: a 10-year drugs plan, published in December 2021.

- 11 A procurement exercise has been undertaken to enable partners to bid for funding to help increase capacity within the system, helping reduce harms caused by drugs and alcohol. Supplementary Substance Misuse Treatment Recovery Funding (SSMTR) for £1,452,381 in Year 1 (2022/23) has been confirmed by OHID, with indicative allocations given for 2023/24 and 2024/25. Once the proposed plans have been approved by OHID, the successful bidders will implement their programmes adding value to current pathways for criminal justice, mental health, children, young people and families and women-only.
- 12 County Durham has 396 On Alcohol Sales Only premises/clubs and 542 Off Alcohol Sales Only premises. In 2021/22 Durham Licencing team have acknowledged 167 Temporary Event Notices (TEN'S) TEN applications since 1st April 2021, for events held/due to be held between April 21 and December 21 and its estimated 98% will include alcohol sales.

Recommendation(s)

- 13 The Safer and Stronger Communities Overview and Scrutiny Committee are asked to note the content of this report and progress made during 2021/22 to reduce the harms from drug and alcohol within our communities.
- 14 Maintain oversight of the new funding to ensure multi-agency working to support all objectives.

Background

- 15 The Crime and Disorder Act 1998 and subsequent legislation requires responsible authorities in Local Authority areas to develop and implement a Partnership Plan. The Safe Durham Partnership provide the governance of this plan.
- 16 The Safe Durham Partnership (SDP) Plan highlights the need to reduce the harms alcohol and drug misuse as a priority by bringing together a range of stakeholders to oversee the system-wide work in this area.
- 17 This report provides the Safer and Stronger Communities Overview and Scrutiny Committee with an update on all activity relating to reducing alcohol and drug harms in 2021-22, against the ongoing backdrop of the Covid-19 pandemic. The report also highlights new funding developments based on the recommendations made by Dame Carol Black's Review of drugs part two: prevention, treatment, and recovery (July 2021).

The Impact of COVID-19 on Substance Misuse

- 18 The Office of Health Improvement and Disparities (OHID), formally known as Public Health England publish national data on *Wider Impacts for COVID-19 on Health (WICH)* dashboard, which supports exploration of the indirect effects of the pandemic on the population's health.
- 19 Analysis of the WICH data shows a reduction in the rate of unplanned admissions to hospital for alcohol-specific causes in 2020, down by 3.2% compared to 2019. However, unplanned admissions for alcoholic liver disease were the only alcohol-specific unplanned admissions to increase between 2019 and 2020, with significant increases showing from June 2020 onwards.
- 20 There were rapid decreases in the rate of alcohol-specific admissions on a national basis that coincided with the start of the pandemic and the first national lockdown. However, County Durham saw an increases in rates from 696 to 725 per 100,000 between 2019/20 and 2020/21. Over the same period England and the Northeast displayed decreases in their rates.
- 21 The data reported on WICH also shows an increase in total alcohol-specific disease deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic. Between 2019 and 2020, death from alcoholic liver disease increased by 20.8% compared to an increase of 2.9% between 2018 and 2019.
- 22 Balance, the Northeast Alcohol De-normalisation programme, published a report in October 2021 that summarised the impact of the COVID-19 pandemic. Key points to note were:

- A report published by the Royal College of Psychiatrists in September 2020 used Public Health England data to show that numbers of high-risk drinkers increased from 4.8 million in February to 8.4 million. University College London’s Alcohol Toolkit Study monthly surveys showed a similar picture. And this increase in risky drinking came at a time when already under-funded treatment services were presented with a unique set of challenges.
- Figures from the Office of National Statistics released in May 2021 on alcohol specific deaths, showed that 2020 was the worst year on record, with the rates the highest in the Northeast, with a particularly sharp increase in Quarter 2. Overall, there were 7,423 deaths linked to drinking last year, which was a fifth more than in 2019 and the highest number since records began in 2001.
- The pandemic has also been associated with increased parental drinking, domestic violence and tension within the family home, increasing the negative impact and risk to children and young people.
- Alcohol harms disproportionately affect the most deprived communities, which have also been worst hit by COVID. (Alcohol and COVID-19: A Perfect Storm, Balance, October 2021)

Local Context

Alcohol

23 The following data are taken from the Local Alcohol Profiles for England and show that mortality rates and hospital admissions that are attributable to alcohol are significantly worse in County Durham than the national averages.

Table 1. Local Alcohol Profiles 2020. Local Alcohol Profiles for England, OHID 2020.

| Indicator | Period | Co. Durham | | North East | England |
|-------------------------------------------------------------------------------------------------------------------------------|--------|------------|-----------------------|------------|---------|
| | | Value | Trend | | |
| Alcohol-related mortality (Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000) | 2020 | 48.7 | No significant change | 49.0 | 37.8 |
| Alcohol-specific mortality (Deaths from alcohol-specific conditions, all ages, directly age-standardised rate per 100,000) | 2020 | 18.8 | No significant change | 20.0 | 13.0 |

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|------------------------------|-------|-------|
| Admission episodes for alcohol-related conditions [Narrow] (Hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition, directly age standardised rate per 100,000) | 2020/21 | 532 | No significant change | 650 | 456 |
| Admission episodes for alcohol-related conditions [Broad] (Hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition, directly age standardised rate per 100,000) | 2020/21 | 1,646 | No significant change | 1,979 | 1,500 |
| Admission episodes for alcohol-specific conditions (Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition, directly age standardised rate per 100,000) | 2020/21 | 725 | Increasing and getting worse | 904 | 587 |

24 The following table shows the estimated numbers of people with alcohol dependence in County Durham and the rate of unmet need. The prevalence estimate gives an indication of the number of adults in the local area that are in need of specialist alcohol treatment and the rate of unmet need gives the proportion of those not currently in treatment.

Table 2. Estimated numbers of people with alcohol dependence in County Durham and the rate of unmet need. Commissioning Support Pack: 2022-23: Key Data, produced by OHID.

| Substance | Local estimate | Rate per 1,000 population | Unmet need | 95% Lower Confidence Limit | 95% Upper Confidence Limit |
|-----------|----------------|---------------------------|------------|----------------------------|----------------------------|
| Alcohol | 7,092 | 16.7 | 81% | 76% | 85% |

25 Balance's latest Public Perceptions Survey was carried out in February 2022 to explore behaviour and attitudes towards drinking and alcohol-related policies. Key conclusions from the survey are as follows:

- There was a significant increase in increasing and higher risk (IHR) drinkers when compared to the previous survey in 2020, with men and 35–54-year-olds disproportionately likely to drink at

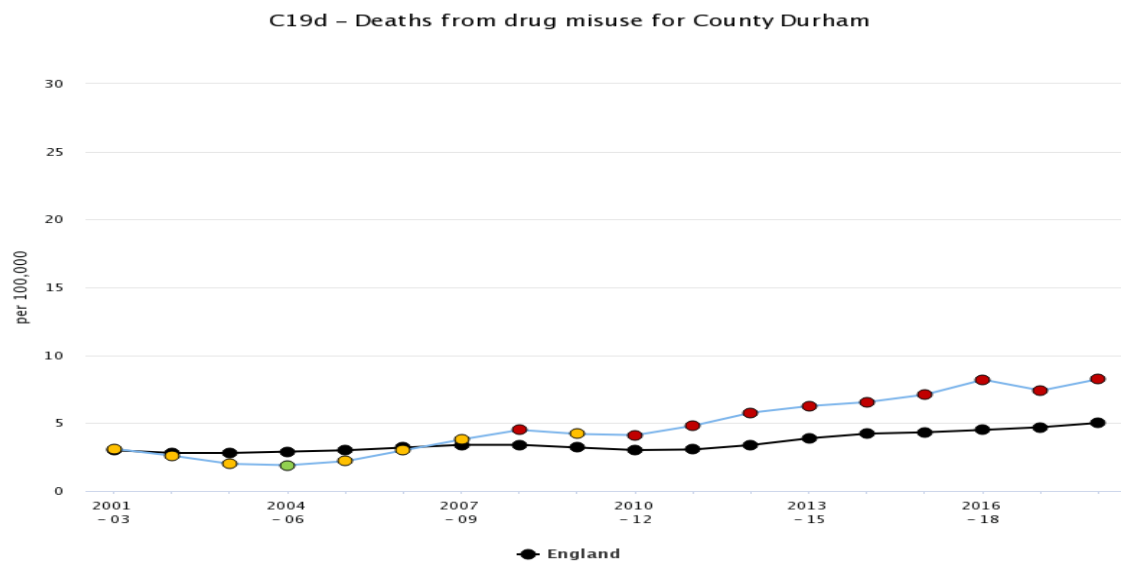
these levels – 47% of the Northeast population now drink at IHR levels, up from 40% in 2020.

- There was a corresponding increase in binge drinking, and the proportion who feel they don't drink responsibly.
- However, half of IHR drinkers are taking action to manage their consumption of alcohol. Alcohol free days are the main approach – health and fitness top the list of drivers to reduce consumption.
- Approaching half drink alcohol free products. Reduction of alcohol intake is a key reason for doing so.
- The impacts of the pandemic are still being seen – although drinkers are equally likely to be drinking more or less than before the pandemic, it is IHR drinkers who are more likely to have increased consumption and to be drinking more at home.
- Half of those drinking more these days say they got into the habit over lockdown, but there are indications of the impact of mental health issues, with significant minorities drinking to relax; to cope with stress and anxiety; and because they are lonely.
- The impact of alcohol on society is recognised by the large majority, with antisocial behaviour, drug-taking and drunkenness topping the list of problems.
- Support for minimum unit pricing has fallen this year. Support for a number of labelling initiatives remains high.
- Over a third feel they are at some risk of developing cancer as a result of the amount of alcohol they currently drink, and around one quarter feel their alcohol consumption brings with it the risk of alcohol related illness, or harm to physical or mental health.

Drugs

- 26 The following chart shows the longer-term trend for deaths from drug misuse and illustrates that the gap is widening between the rate in County Durham and that seen nationally. Opiate overdose remains the highest cause for substance misuse related deaths, however Cocaine use has been identified as a growing issue for County Durham which is used mainly in conjunction with alcohol.

Table 3. Substance Misuse Related Death Rate in England and County Durham. Public Health Outcomes Framework, 2019.



SOURCE: Public Health Outcomes Framework, OHID

27 The following table shows the estimated numbers of opiate and/or crack users (OCUs) in County Durham and rates of unmet need. Collectively, they have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance. These prevalence estimates give an indication of the numbers of OCUs in the local area that are in need of specialist treatment and the rate of unmet need gives the proportion of those not currently in treatment.

Table 4. Unmet Needs for Opiate and Crack Users. Adult Drug Commissioning Support Pack: 2022-23: Key Data, produced by OHID.

| Substance | Local estimate | Rate per 1,000 population | 95% Lower Confidence Limit | 95% Upper Confidence Limit | Unmet need |
|-------------------|----------------|---------------------------|----------------------------|----------------------------|------------|
| Crack | 884 | 2.7 | 0.9 | 4.3 | 74% |
| Opiates | 2,227 | 6.2 | 6.7 | 7.5 | 47% |
| Opiates and Crack | 2,838 | 8.5 | 7.7 | 9.5 | 35% |

The following data is taken from the Public Health Outcomes Framework show successful completions for drug and alcohol treatment i.e. service users who left drug or alcohol treatment successfully, free of the substance of dependence, and who do not then re-present to treatment again within 6 months. Once engaged in treatment, outcomes for Successful Completions for

opiates and non-opiates in County Durham remain higher than the Northeast and national rates, with alcohol only 0.7% less than national outcome rates.

Table 5. Successful Completions for Drug Treatment, Public Health Outcomes Framework. OHID, 2020.

| Indicator | Period | Co. Durham | | North East | England |
|---------------------------------------------------------------------------------------------------|---------|------------|-----------------------|------------|---------|
| | | Value | Trend | | |
| Successful completion of drug treatment - opiate users | 2020 | 5.5% | No significant change | 3.3% | 4.7% |
| Successful completion of drug treatment - non-opiate users | 2020 | 38.1% | No significant change | 30.0% | 33.0% |
| Successful completion of alcohol treatment | 2020 | 34.6% | No significant change | 30.7% | 35.3% |
| Deaths from drug misuse (Age-standardised mortality rate from drug misuse per 100,000 population) | 2018-20 | 8.3 | N/A | 9.9 | 5.0 |

Alcohol and Drugs Harm Reduction Group Update

- 28 The County Durham Alcohol and Drugs Harm Reduction Plan on a Page (POP) 2021-2025 has been refreshed and aligned to the Safer Durham Partnership plan 2021-25 (see Appendix 2) 61 of the 86 actions from the 2020/21 action plan have been completed and 25 are ongoing. New programmes of work from all partners on the group have also been included. The action plan is a collaborative multi-agency document that is updated quarterly and provides the group with clear objectives.
- 29 A review of the Alcohol Declaration for the county has been undertaken in Quarter 1 2022/23 with sign off expected by the ADHRG in June 2022.

Campaign Update

Media and Communications

- 30 In response to the impact Covid has had on in increasing alcohol consumption, Public Health and DCC Communications team continue to work closely together supporting wider stakeholder engagement to promote alcohol harm reduction campaigns developed by Balance. Durham supported and localised the “Alcohol Causes Cancer” campaign against the backdrop of increased alcohol consumption during the pandemic. The amplification of the campaign included

embedding QR code linking to the Drug and Alcohol Recovery Service (DARS) DrinkCoach app and clear DARS contact details. Social marketing included, flyers, ad shells, digital totems, bus sideliners and social media.

- 31 The DrinkCoach app is an online self-audit tool that people could complete to ascertain the extent of their alcohol intake. The outcome score denoted the advice they received around managing their drink problem. The tool also included the facility to book an appointment with the service. Over 4,700 have people used the tool and the service has seen an increase in adults aged 45+ accessing the service for treatment.

Drink
Coach
QR code



Any level of regular drinking increases your risk of developing cancer, including bowel, breast, throat and mouth cancer.

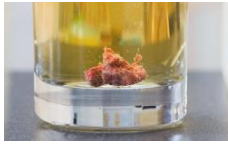
Download the free
DrinkCoach app.



Any level of regular drinking increases your risk of developing cancer, including bowel, breast, throat and mouth cancer.

If you need help with alcohol misuse in
County Durham call 03000 266666 or visit
CoDurhamDrugAlcoholRecovery.co.uk





LIKE TOBACCO, ALCOHOL CAN CAUSE CANCER.
Reduce your risk. [Reduceyourrisk.tv](https://www.reduceyourrisk.tv)



- 32 During the Covid pandemic, it is likely that the visibility of off-sales alcohol in the home has increased for young people. Many children in the North-East are growing up in an environment where alcohol is ever-present and always available. Some children do choose not to drink alcohol however many do consume alcohol weekly which leaves them exposed to short- and long-term risks.
- 33 Balance's "**What's the harm?**" campaign is aimed at helping North-East parents to understand Chief Medical Officer guidance around children and alcohol helping to de-normalize the visibility of alcohol intake in front of children.

Alcohol before 18. What's the harm?

Like tobacco, alcohol is harmful.

We now know just how harmful alcohol before 18 can be. It can affect your child's developing brain, cause physical and mental health problems, and make them more likely to become a heavy drinker when they are older.

Find out what every parent needs to know about drinking before 18 at [whatstheharm.co.uk](https://www.whatstheharm.co.uk)

BALANCE
Getting the measure of alcohol

- 34 This campaign key messages highlight how alcohol consumption before age 18 can harm the developing body and brain, raise depression and anxiety and lead to risk taking behaviour. Public Health have continued to support the County Durham licencing team in the approach to working with the local community. An example being engaging with retailers who promote the campaign and display the **What's the Harm** resources.



- 35 A partnership approach responding to heightened media interest in drug spiking was also implemented in 2021/22. Public Health, DARS, Consumer Protection, Durham Constabulary and Durham University, including members of the Student Union; all worked to develop a campaign aimed at raising awareness of the dangers of drug and alcohol spiking within the night-time economy. Staff including door staff from pubs, clubs, restaurants, and bars were all trained to spot the signs of people under the influence and given support information about how to respond.

Drug and Alcohol Recovery Service (DARS) Update







- 36 In 2014/15, a review of drug and alcohol services in County Durham was undertaken to transition a model of 23 providers to one integrated service. In April 2015, Lifeline commenced as the provider of the drug and alcohol service, with a subcontract arrangement with Tees, Esk and Wear Valley NHS Foundation Trust for clinical delivery. In June 2017, Lifeline went into administration and the contract was novated to the national charity Change, Grow, Live (CGL).
- 37 Following a procurement exercise in 2017, the current contract for the Drug and Alcohol Recovery Service (DARS) was awarded to Humankind, as the lead provider, with Spectrum providing clinical interventions and The Basement Project implementing the recovery and community elements of the service. The contract commenced 1 February 2018.
- 38 There was therefore quite a period of instability from 2015 to 2017, with some staff being employed by up to three providers during this time. CQC then carried out an inspection of the DARS in October 2018, which was only seven months after the establishment of the new service by Humankind. The DARS was rated as 'Requires Improvement.' Humankind implemented an action plan, which addressed the issues identified by CQC. A further inspection was expected in March 2020, however, this was delayed due to the COVID-19 outbreak.

CQC Inspection Outcome

- 39 The CQC re inspected the DARS in February 2022, finding the service has made widespread improvements and has been rated outstanding. The DARS engages children, young people, adults with alcohol and drug misuse issues and their carers, all of which are benefitting from outstanding care.

40 Following the inspection, the service was rated outstanding overall and for being caring and responsive. It was rated good for being safe, well-led and effective.

Table 5: County Durham DARS CQC Inspection Outcomes

| | | | | | |
|----|--------------------------|----|--------------------|----|-------------------------------------------------------------------------------------|
| 1 | Overall rating | 2 | Outstanding | 3 |  |
| | | | | 4 | |
| 5 | Are services safe? | 6 | Good | 7 |  |
| | | | | 8 | |
| 9 | Are services effective? | 10 | Good | 11 |  |
| | | | | 12 | |
| 13 | Are services caring? | 14 | Outstanding | 15 |  |
| | | | | 16 | |
| 17 | Are services responsive? | 18 | Outstanding | 19 |  |
| | | | | 20 | |
| 21 | Are services well-led? | 22 | Good | 23 |  |
| | | | | 24 | |

41 CQC identified the following areas of outstanding practice:

- Feedback from people who use the service, those who were close to them and stakeholders was continually positive about the way staff treated them. People thought that staff went the extra mile and their care and support exceeded their expectations. Clients told CQC staff were ‘amazing’ or ‘fantastic’, ‘they couldn’t thank them enough’, and they trusted staff at the service.
- Staff were highly motivated and inspired to offer care that was kind and promoted people’s dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff always empowered people who used the service to have a voice and to realise their potential.
- The service had purchased a mobile public health facility to facilitate triage and meet the needs of people who lived in rural areas and had complex needs.
- Staff within the service were proactive in recognising and addressing issues facing clients within the community. Staff went above and beyond in their efforts to support clients. For example, staff provided clients with sexual health support which included issuing condoms to promote safe sex. They recognised the financial pressures clients were under and offered free sanitary items to combat period poverty.

- Staff did sweeps to locate any rough sleepers and supported them by booking COVID-19 vaccination appointments at suitable venues for them; providing them with clothing, toiletries, showering and laundry facilities and helping them to find housing accommodation. Humankind had completed a series of 'Alcohol Round Tables' of which the County Durham service contributed to refresh its approach to alcohol interventions. The aim was to have a core alcohol model which was consistent throughout the organisation, with local variations if needed to best serve the local population or to adhere to specific commissioning requirements. The new model was developed in draft pending a consultation with clients.
- 42 Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. They had embedded and promoted a culture in which the focus was on a positive client experience and in which staff felt motivated to deliver high quality care and treatment.
- 43 There were high levels of satisfaction across all staff. Staff felt respected, supported and valued. They felt proud, positive, satisfied, part of the organisation's future direction and spoke highly of the service's culture. Throughout the inspection, CQC noticed that staff were smiling and heard laughter when staff members were in conversation with their peers and managers, which evidenced there was a happy and positive culture within the service.
- 44 Seven clients told CQC they had either not been offered a copy of their care plan or could not recall being offered it and CQC also noted that two client's care records did not indicate if they had been offered a copy of their care plan. As a result, the only area for improvement identified by CQC was that the service should ensure that all clients are offered a copy of their care plan and that the client's decision as to whether or not to accept it is always recorded within the client's care record.

Horden Recovery Centre

- 45 The Drug and Alcohol Recovery Service (DARS) vacated Ridgemount House in Peterlee as the established recovery centre in east Durham in March 2020. This action was taken due to the dilapidated state of the building, deeming it unsuitable for the safety of staff and service users and ongoing issues with the landlord.
- 46 The DARS now provides direct services for substance misusers from Peterlee Health Centre and Seaham Primary Care Health Centre as part of the services outreach provision.

- 47 After a segmentation process to look at the needs of clients in east Durham two-thirds of opiate users in east Durham were found to reside in Horden. Capital funding was sourced to directly into the area services directly in the area, reducing travel time to Peterlee. A building previously used as a resource centre has been refurbished to become a Recovery Centre and is now affiliated with the Horden Together programme. This activity will support those with multiple vulnerabilities, helping to reduce the harms from drugs and alcohol to individuals, families and the local community.
- 48 All other DARS service delivery activity has been maintained from the staff bases in Whinney Hill, Durham City; Saddler House, Bishop Auckland and Eden House, Consett providing support for women-only services. Outreach provision continues to be delivered as part of a successful hybrid model with many service users preferring to access to their recovery worker via online and with telephone support.

Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR)

- 49 In 2020, Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government's thinking on what more can be done to tackle the harm that drugs cause.
- 50 Part one of the review provided a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. Part 2 was published on the 8 July 2021 and focused on drug treatment, recovery and prevention.
<https://www.gov.uk/government/publications/independent-review-of-drugs-by-dame-carol-black-government-response>
- 51 The report's aim is to make sure that vulnerable people with substance misuse problems get the recovery support they need based in the community and in prison setting. There were 32 recommendations for change made across various government departments and other organisations, to improve the effectiveness of drug prevention and treatment and to help more people recover from dependence.
- 52 On the 15th February 2022, The Office for Health Improvement and Disparities (OHID – formally Public Health England) informed Local Authorities of their intention to award indicative sums of additional funding to support the recommended improvements in treatment services made by Dame Carol Black.
- 53 The award is part of the Section 31 Grant being used to support the improvements in substance misuse services described in the From

Harm to Hope: a 10-year drugs plan, published in December 2021. The funding builds on an initial allocation of funding that was given in 2021/22 referred to as the Universal Grant.

- 54 The current Universal Grant funding will be replaced by the new drug funding named Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR). Allocations have been confirmed for 2022/23, with indicative amounts shared for 2023/25 still being subject to Departmental and HM Treasury approvals.
- 55 The new Drugs Plan outlines the government’s intention to give every local authority at least as much additional funding as last year and build on this in a phased way through enhanced funding for up to 50 areas starting in 2022/23, with another 50 areas receiving enhanced funding in 2023/24 and the remaining areas starting in 2024/25. County Durham has been given enhanced funding within the first round starting from 2022/23.

Table 6. Indicative SSMTR Funding Allocations for County Durham

| Timeline | Supplemental funding for substance misuse treatment and recovery |
|-------------------------|-------------------------------------------------------------------------|
| 2022/23 (now confirmed) | £1,452,381 |
| 2023/24 | £2,379,710 |
| 2024/25 | £4,593,370 |

- 56 The SSMTR funding compliments other funding given to County Durham by OHID to enhance drug and alcohol treatment for 2022/25 including:
- **The Inpatient Detoxification Grant** - awarded to the LA4 Consortia, which is led by County Durham and will include extra funding allocations from Gateshead, South Tyneside and Sunderland.
 - **Rough Sleeping Drug and Alcohol Treatment Grant** - confirmation has been received for the continuation of funding to improve treatment for people who sleep rough or are at risk of sleeping rough.

- **Individual Placement support** – given to enhance employability outcomes for Drug and Alcohol Recovery Service (DARS) clients

Table 7. Drug and Alcohol funding timelines

Drug and Alcohol Funding and Timelines

| Funding | 2021/22 | | | | 2022/23 | | | | 2023/24 | | | | 2024/25 | | | |
|----------------------------------------------------------------------------|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Core Drug and Alcohol Recovery Service - (funded from Public Health Grant) | | | | | | | | | | | | | | | | |
| Universal Drug Treatment Grant | | | | | | | | | | | | | | | | |
| Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) | | | | | | | | | | | | | | | | |
| Inpatient Detox | | | | | | | | | | | | | | | | |
| Individual placement support | | | | | | | | | | | | | | | | |
| Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) | | | | | | | | | | | | | | | | |
| SSMTRG - Indicative amount | | | | | | | | | | | | | | | | |
| SSMTRG - Indicative amount | | | | | | | | | | | | | | | | |

Funding for County Durham

- 57 The SSMTR funding for County Durham will enables the Alcohol and Drug Harm Reduction Strategy Group to implement a partnership approach to achieve the outcomes described in the new Drug Plan and Dame Carol Black's vision for drug treatment and recovery systems.
- 58 There is an expectation that a number of key strands from the Universal Grant Funding will need to be sustained from 2021/22. Funding will be allocated to maintain the Universal Grant workstream, with the remaining allocation of £774,000 in 2022/23 used to address priorities in the substance misuse system.
- 59 Plans submitted to OHID for the remaining allocation have been developed in consultation with a wide range of stakeholders including the Police and Crime Commissioner, the local health and social care system, probation, health and justice colleagues and will be based on the evidence of need. Plans were submitted to OHID on 25th May 2022.
- 60 Options were considered with the council's Procurement service to enable system-wide allocations for the spend resulting in the development of Tender documentation which has been added to the Northeast Procurement Organisation (NEPO) portal.
- 61 Partners were encouraged to develop costed project plan proposals for the 3-year period to utilise the funding available, however only 1-year's

funding has been confirmed. An evaluation panel reviewed all proposals together to ensure that this combined funding adds value to the whole system.

SSMTR Procurement Process Outcome

- 62 A SSMTR Procurement Evaluation Board met on 19 and 20 May 2022 to assess the bids. Four bids were received from external providers and two business cases were received from internal partners from within Durham County Council, who were not required to submit proposals through the NEPO portal.
- 63 A provider who submitted a model with sub-contract arrangements for their bid was successfully chosen to be the benefactor of the SSMTR funding. Their proposals include a number of workstreams designed to address health inequalities by addressing identified local issues/unmet need and maximising opportunities for system-wide improvement.
- 64 The provider proposal includes plans for:
- Reducing drug/alcohol-related deaths: recruiting a Vulnerable Persons Coordinator to embed our Mortality Risk Assessment tool to identify individuals at increased risk, manage a Vulnerable Persons Register and providing dedicated support to vulnerable groups.
 - Reducing alcohol-related mortality/alcohol-attributable hospital admissions: developing an Alcohol Care Team with University Hospital North Durham (UHND), providing enhanced alcohol support, increased community detox provision, prescribing and wraparound care.
 - Reducing antisocial behaviour/violence affecting communities: enhancing young people's criminal justice outreach and building on Alcohol Treatment Requirement (ATR)/Drug Rehabilitation Requirement (DRR) and prison pathways through our Prison Link/Pre-Sentence Worker roles. The availability of naloxone provision within communities will also be extended to reduce death by overdose.
 - Improving support for people with mental health needs: developing a Peer Support pathway and increasing engagement/targeted support, working collaboratively with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) to embed pathways.
 - Meeting unmet need amongst under-represented/under-served groups: targeted additional workforce/resources for outreach and

dedicated pathways (e.g. tailored veteran's provision, increasing capacity/coverage within our Women's Recovery Academy Durham (WRAD)).

- Reducing drug/alcohol use and improving outcomes: maximising access/availability (place-based working/Making Every Contact Count (MECC) and Making Every Adult Matter (MEAM) approach) and increasing treatment capacity for adults/young people.

65 The two internal applications from Adult and Health Services were also granted "in principle," subject to OHID authorisation to help increase capacity within the adult social working team and the Youth Justice Service.

66 The programme plans are authorised by PHSMT and submitted to OHID on 25th May, the process to Contract Award will be progressed with the successful provider after confirmation of OHID's approval of the plans. Once agreed the contract will be formally awarded after 13 June 2022.

Consumer Protection and Licensing

67 Alcohol is available 24 hours a day, 7 days a week, 365 days of the year. It is often sold in inappropriate and untraditional locations such as petrol stations and soft play areas and is highly accessible: services such as 'Dial-a-Drink' deliver alcohol straight to households at any time of the day or night. More people are choosing to consume alcohol at home, rather than in a more traditional setting like the pub.

68 There are over 9,000 premises licensed to sell alcohol in the North-East, giving the region one of the highest outlet densities in the country. Currently County Durham has 396 On Alcohol Sales Only premises/clubs and 542 Off Alcohol Sales Only premises and Durham Licencing team have acknowledged 167 Temporary Event Notices (TEN'S) TEN applications since 1st April 2021, for events held/due to be held between April 21 and December 21 and its estimated 98% will include alcohol sales.

Next steps

69 The ADHRG will continue to work to implement the Plan on the Page Strategy and action plan to help reduce the negative impact of alcohol

and drugs within our local communities. With the advent of the new 10-Year Drugs Plan and affiliated SSMTR funding, local plans will continue to be progressed to engage more people into treatment and recovery services.

- 70 Improvements in pathways and extra capacity for work undertaken in criminal justice, mental health, children, young people and families will provide the drive for continuous service improvement and the maintenance of a CQC outstanding status for the Drug and Alcohol Recovery Service.

Background papers

- ADHRG Action plan 2021-2025

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

Sign off for the plans submitted to OHID for the SSMTR Funding requires authorisation from the Director of Public Health.

Finance

Core funding for the DARS has been maintained throughout 2021/22. Allocations for SSMTR funding have been confirmed for 2022/23. Funding for 2023/24 and 2024/25 still requires confirmation although indicative amounts have been given within a rolling programme.

Consultation

Public Health will continue to consult with partners in the development and delivery of the actions identified within ADRG the successful SSMTR bid. The voice of service users is within client satisfaction questionnaires are engaged with on an annual basis. The CQC outcome reflects the culture of the service user being embedded within the decision-making process of the DARS.

Equality and Diversity / Public Sector Equality Duty

Actions from this report are targeted to reduce the health inequalities of these people suffering from or impacted by alcohol and drug related health harm.

Human Rights

No issues Identified.

Crime and Disorder

Actions from this report are targeted to reduce alcohol and drug related crime and disorder.

Staffing

The ability of the successful Consortia to deliver on the proposed model will be dependent on their ability to recruit to posts. This has been highlighted within the risk register and will be monitored over time.

Accommodation

No other venues will be required to deliver on the SSMTR proposal

Risk

No corporate risk issues Identified.

Procurement

The report encourages economies of scale and to make best use of available resource and capacity.

Appendix 2: County Durham Alcohol and Substance Misuse Plan in a Page 2021-25

County Durham Alcohol and Substance Misuse Reduction Plan on a Page 2021 - 25

Our vision is to reduce the health, social and economic inequalities caused by alcohol and drugs posed to individuals, families, and communities.

Objective 1: Prevention and Early intervention

What are our priorities?

- Contribute to the reduction of the availability and supply of illicit drugs and counterfeit alcohol addressing community perceptions
- Increase early identification and support for those affected by alcohol and drugs across the life course within a range of settings (Making Every Contact Count)
- Improve the quality and consistency of information and education about alcohol and drugs in a variety of settings including schools, colleges, University, wider community, and the workplace
- Promote responsible management of licensed premises through effective implementation of the Licensing Act 2003 and best practice interventions

What are we trying to achieve...

- Reduce the number of pupils who have drunk alcohol in the last week
- Reduction of alcohol related mortality
- Reduce under 75 mortality from liver disease
- Reduce prevalence of opiate users
- Reduce prevalence of alcohol and drug use 11-15 year olds
- Reduce number of Looked After Children
- Reduce prevalence of under 18 hospital admissions

Objective 2: Providing specialist interventions to promote recovery

What are our priorities?

- Promote harm reduction messages for the reduction of alcohol intake, promote needle exchange activities and overdose prevention (including naloxone provision) within a range of settings.
- Ensure that individuals, families, and wider partners have access to high quality information on support options available, with specific targeting for marginalised groups
- Provide drug and alcohol specialist services to provide holistic package of care within a range of settings
- Monitor outcomes for service delivery via the National Drug Treatment Monitoring System
- Monitor the outcomes for new drug funding initiatives
- Development of an Alcohol Care Team

What are we trying to achieve...

- Increase numbers in treatment for opiates, non-opiates and alcohol
- Increase successful completion of drug and alcohol treatment
- Reducing reoffending rates for substance related offending
- Achieve joint targets for substance misuse, mental health, housing and employment
- Reduce alcohol related admissions
- Reduce the number of evictions from supported housing where drugs / alcohol are a factor.
- Reduce NEAS alcohol and opiate related ambulance call outs

Objective 3: Protecting children and vulnerable adults at risk

What are our priorities?

- Contribute to the effectiveness of safeguarding and risk management arrangements for children, young people and adults where substance misuse is a factor, including overdose and substance misuse related death, those at risk of domestic abuse and sexual exploitation.
- Provide effective interagency responses for those experiencing severe and multiple disadvantage substance misuse, offending, homelessness, mental health, long-term chronic conditions
- Strengthen an integrated approach to providing support for children and families affected by parental substance misuse (cross reference with prevention and early intervention) utilising a Think Family approach

What are we trying to achieve...

- Increase numbers of families engaged in the Strengthening Families programme
- Increase referrals to Safeguarding Adults where primary support need is drugs or alcohol
- Contribute to the reduction of alcohol related domestic violence
- Contribute to the reduction of alcohol related violent crime (ICPC)
- Reduce numbers of substance misuse related deaths

Objective 4: Strengthening leadership, management and governance

- Review the Alcohol Declaration for Safe Durham Partnership
- Promote information sharing across all partnership agencies
- Ensure there are links to other strategic plans e.g. Tobacco Plan
- Prioritise the voice of the service user to ensure the service is effective
- Maintain oversight of the new drug funding to ensure multi-agency working to support all objectives