

Report to:	HEALTH AND WELLBEING BOARD
Date:	29 June 2017
Executive Member / Reporting Officer:	Angela Hardman, Executive Director – Public Health, Business Intelligence and Performance Gideon Smith, Consultant in Public Health Medicine
Subject:	STRATEGIC APPROACH TO SUBSTANCE MISUSE
Report Summary:	This report proposes a reporting relationship to Health and Wellbeing Board for the Tameside Strategic Alcohol and Drugs Group and adoption of a new Tameside Alcohol Strategy – ‘Rethinking Drinking’.
Recommendations:	The Health and Wellbeing Board is asked: <ol style="list-style-type: none"> 1. To review and adopt the Terms of Reference for Tameside Strategic Alcohol and Drugs Group. 2. To adopt ‘Rethinking Drinking’ – Tameside Alcohol Strategy. 3. To note the Tameside Strategic Alcohol and Drugs Group Action Plan 2017/18. 4. To note the contract novation for substance misuse service from Lifeline to CGL (Change, Grow, Live).
Links to Health and Wellbeing Strategy:	Local action to reduce the harm from alcohol and drugs is outlined in the Tameside Health and Wellbeing Strategy, particularly within the focuses on Developing Well and Living Well.
Policy Implications:	Tameside Alcohol Harm Reduction Strategy 2010-13, within the context of the Tameside Strategic Partnership, provided important direction for the response to the local challenge of alcohol harm. With the development of Tameside Health and Wellbeing Board and the Care Together programme local coordination has been achieved through the Tameside Strategic Alcohol and Drugs Group. This report proposes a reporting relationship to Health and Wellbeing Board for the Tameside Strategic Alcohol and Drugs Group and adoption of a new Tameside Alcohol Strategy – ‘Rethinking Drinking’.
Financial Implications: (Authorised by the Section 151 Officer)	Section 5 of the report provides details of the recently novated contract to CGL (Change, Grow, Live) from 1 June 2017 which provides a drug and alcohol recovery service to the locality. The budget allocation for the contract in 2017/2018 is £3.469 million and is included within the section 75 agreement of the Tameside and Glossop Integrated Commissioning Fund, the decision body of which is the Single Commissioning Board. It should be noted that in response to the financial decline of the former provider it is essential that continual and regular reviews of the organisation’s financial stability (CGL) are implemented within the ongoing monitoring of the contract.

This is to ensure there is a sufficient period available for alternative arrangements to be implemented in the eventuality of organisational failure in the future.

A report detailing these arrangements was presented to the Single Commissioning Board on 22 June 2017.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

The Council has a statutory duty to deliver value for money services – to be value for money they must be services that are required and deliver improved outcomes for residents. Consequently an important outcome in setting the Council's priorities within a reducing budget is to gather intelligence to understand both need and whether maximum impact can be made. It will be critical that there is a clear performance and assurance system in place to ensure that any interventions/programmes are delivery what is required to improve health outcomes and reduce unaffordable demand.

It is therefore critical that there is close monitoring of the drug and alcohol contract to ensure it is delivering the necessary outcomes as required by the contract. It will be particularly important to ensure that the company remains solvent and there are alternative plans in place for any contractual failure as it is expedient that this contract delivers given evidence set out in this report.

Risk Management :

There are no risks associated with this report.

Access to Information :

The background papers relating to this report can be inspected by contacting Gideon Smith



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1. INTRODUCTION

- 1.1 Misuse of alcohol and drugs is a long standing challenge for all communities. Current estimates suggest there are 14000 dependent drinkers and 1400 opiate or cocaine users in Tameside. Local action to reduce the harm from alcohol and drugs is outlined in the Tameside Health and Wellbeing Strategy, particularly within the focuses on Developing Well and Living Well.
- 1.2 Local substance misuse services are provided by My Recovery Tameside under a ten year contract that commenced in 2015, with a transformation vision to develop an effective recovery treatment service with capacity for early engagement and prevention. This contract novated on 1 June 2017 from Lifeline to CGL (Change, Grow. Live).
- 1.3 Tameside Alcohol Harm Reduction Strategy 2010-13, within the context of the Tameside Strategic Partnership, provided important direction for the response to the local challenge of alcohol harm. With the development of Tameside Health and Wellbeing Board and the Care Together programme local coordination has been achieved through the Tameside Strategic Alcohol and Drugs Group.
- 1.4 This report proposes a reporting relationship to Health and Wellbeing Board for the Tameside Strategic Alcohol and Drugs Group and adoption of a new Tameside Alcohol Strategy – ‘Rethinking Drinking’.

2. TAMESIDE STRATEGIC ALCOHOL AND DRUGS GROUP

- 2.1 To provide local system leadership and enable a collaborative approach to meeting the challenges of substance misuse, members of the Tameside Strategic Alcohol and Drugs Group have worked together for the past year.
- 2.2 It was initially thought that the Group would best report to the Healthy Lives Model of Care work stream of Care Together, but with the move to an implementation phase for the Integrated Care Foundation Trust it is proposed that its system wide strategic remit is most appropriately located with the Health and Wellbeing Board.
- 2.3 Draft Terms of Reference attached at **Appendix 1**.
- 2.4 The proposed Purpose of the Group is to provide system leadership and a collaborative approach to realising the local vision to:
 - adopt a partnership approach which is rooted in collaboration and integration, and which is underpinned by strong leadership and governance;
 - provide exceptional Drug and Alcohol services which maximise the opportunities for long term, and sustained recovery;
 - effectively challenge local attitudes towards alcohol and to de-normalise harmful alcohol consuming behaviours;
 - maximise the impact of enforcement, regulation and the wider policy framework.

3. ‘RETHINKING DRINKING’ – A STRATEGY FOR TAMESIDE

- 3.1 The Tameside Strategic Alcohol and Drugs Group have drafted and consulted on the draft of a new strategy document: ‘Rethinking Drinking’ – A Strategy for Tameside attached at **Appendix 4**.
- 3.2 The Strategy emphasises that the level of alcohol-related harm in Tameside is significant and is considerably worse than the national average, that this harm is felt across all areas

of the public sector and impacts on all sections of our society. The Strategy outlines the local impact on:

- Health, social care and criminal justice system: £100,000,000 a year;
- A&E attendances;
- Children who become looked after;
- Deaths;
- Domestic abuse;
- Young people;
- The need for recovery and treatment services.

3.3 The Strategy sets out how the Strategic Alcohol and Drugs Group will work to reduce alcohol related harm in Tameside through a vision of:

- Partnership;
- Prevention and Early Intervention;
- Protecting Vulnerable People;
- Public Service Reform;
- Innovation.

with key focuses on:

- Recovery and Treatment;
- Enforcement and regulation;
- Attitudes and norms.

3.4 The Strategy outlines:

What we are going to do to reach our vision:

- Provide high quality treatment and recovery services which are an exemplar of best practice;
- Ensure we use enforcement where appropriate and maximise the way in which we use our regulatory powers;
- Challenging the attitudes that exist towards alcohol.

How we will underpin this with an approach which ensures:

- We have a robust partnership ethos and strong local leadership;
- Our primary focus is upon preventing harm and intervening at the earliest opportunity through early identification;
- Protects vulnerable people from the harm caused directly or indirectly through alcohol;
- We will fully support Public Service Reform, through the local and regional complex dependency work stream and the integration of health and social care services;
- We develop new, creative and innovative approaches to reducing harm and improving outcomes.

3.6 Consultation

Clients of My Recovery Tameside were invited to comment on the draft Strategy. In the 10 responses collected, there was a strong emphasis on the need for information and awareness of the scale and impact of alcohol misuse, as well as the role of services and enforcement. Full responses are attached at **Appendix 2**.

4. IMPLEMENTATION OF THE STRATEGY – TAMESIDE STRATEGIC ALCOHOL AND DRUGS GROUP ACTION PLAN 2017/18

- 4.1 The Strategic Drugs and Alcohol Group prepares an annual Action Plan to guide its work to reduce the local impact of substance misuse. The Action Plan for 2016/17 had a strong emphasis on service transformation to reflect the establishment of a new service provider. The Action Plan for 2017/18, attached at **Appendix 3**, was developed through a stakeholder workshop held in November 2016.
- 4.2 The Action Plan for 2017/18 reflects four strategic priorities for substance misuse highlighted in the Terms of Reference for the Group:
- To adopt a partnership approach which is rooted in collaboration and integration, and which is underpinned by strong leadership and governance;
 - To provide exceptional Drug and Alcohol services which maximise the opportunities for long term, and sustained recovery;
 - To effectively challenge local attitudes towards alcohol and to de-normalise harmful alcohol consuming behaviours;
 - To maximise the impact of enforcement, regulation and the wider policy framework.
- 4.3 The Action Plan 2017/18 takes forward work on building and maintaining strategic partnership, service transformation, enforcement and regulation, whilst expanding the work on challenging attitudes to alcohol within the community.

5. SUBSTANCE MISUSE CONTRACT NOVATION – 1 JUNE 2017

- 5.1 At its meeting in May 2017 Tameside and Glossop Single Commission adopted a recommendation to transfer the contract for the local Drug and Alcohol Recovery Service from Lifeline to CGL (Change, Grow, Live) from 1 June 2017. This was prompted by a request from Lifeline and CGL based on an agreement that had been reached between them following changes in the financial circumstances of Lifeline. In order to be assured of the capability and competence of CGL as an organisation and their ability to achieve and deliver the contractual obligations, a full organisational questionnaire was submitted by CGL, identical to the document provided by tendering organisations during the original service tender in 2015. CGL passed all sections of the document which includes elements on organisational information, financial details, insurance, equal opportunities, health and safety, clinical safety and governance, business contingency and safeguarding. Each section was been evaluated by lead officers.
- 5.2 The terms of the novated contract are the same as that agreed with Lifeline in 2015, and runs until July 2025.

6. RECOMMENDATIONS

- 6.1 As detailed on the cover of this report.

Tameside Strategic Alcohol and Drugs Group

Terms of Reference

(DRAFT)

Purpose of the Group

To provide system leadership and a collaborative approach to realising the local vision to:

- adopt a partnership approach which is rooted in collaboration and integration, and which is underpinned by strong leadership and governance;
- provide exceptional Drug and Alcohol services which maximise the opportunities for long term, and sustained recovery;
- effectively challenge local attitudes towards alcohol and to de-normalise harmful alcohol consuming behaviours;
- maximise the impact of enforcement, regulation and the wider policy framework.

Core Functions

The group will have the following core functions:

- To develop and implement a Tameside Alcohol Strategy;
- To develop and implement a Tameside Drug Strategy;
- To develop and implement a Tameside Alcohol and Drug Action Plan;
- To ensure that consideration is given to the synergies between Alcohol and Drug-related harm, other associated work streams, and other strategic developments;
- To identify risks and to mitigate against them;
- To identify opportunities and to ensure they are maximised;
- To respond effectively to changes to sub-regional and national policy and strategy;
- To ensure that the Tameside approach is fully aligned to wider Public Service Reform objectives both locally and at a Greater Manchester level;
- To ensure that wide ranging expertise is harnessed and utilised;
- To support the development of frontline activity to support individuals and families with Alcohol and /or Drug needs;
- To scrutinise local activity and performance (including the Tameside Drug and Alcohol Recovery Service, to celebrate positive outcomes, and to respond to negative outcomes;

Timing of meetings

The group will meet every two months.

Governance

The Group will be a formal sub group of the Tameside Health and Wellbeing Board.

Chair

The Group will be chaired by the Public Health Strategic Lead for Substance Misuse.

Co-ordination

The Group will be co-ordinated by the Tameside Council Public Health Business Support.

Membership

TMBC – Executive Member: Health & Neighbourhoods

TMBC – Consultant in Public Health Medicine

TMBC – Public Health Manager

TMBC – Public Health Programme Officer

TMBC – Public Health Clinical Lead
TMBC – Children’s Social Care - TBC
TMBC – Adult Social Care – TBC
TMBC – Poverty and Prevention Manager
TMBC – Licensing Manager
TMBC – Planning and Commissioning Officer
Tameside Youth Offending Service – Head of Service
National Probation Service – Senior Probation Officer
Greater Manchester & Cheshire Community Rehabilitation Company – Senior Probation Officer
Greater Manchester Police – Divisional Superintendent
Greater Manchester Fire and Rescue Service – Prevention Manager
Tameside and Glossop Integrated Care Foundation Trust – Hospital Alcohol Liaison Service Team Leader
Tameside and Glossop Integrated Care Foundation Trust – Children’s Services Manager
Tameside and Glossop Integrated Care Foundation Trust – Accident & Emergency Manager
New Charter Housing Trust – Neighbourhood Manager
Pennine Care NHS Foundation Trust – Senior Health Improvement Manager
Pennine Care NHS Foundation Trust – Service Manager: Healthy Minds
My Recovery / Lifeline – Service Manager
Tameside and Glossop Clinical Commissioning Group – GP representative
Tameside and Glossop Clinical Commissioning Group – Mental Health and Learning Disabilities Manager
Tameside and Glossop Clinical Commissioning Group – Head of Medicines Management
Action Together - Partnership Services Manager

Review date:

May 2018

APPENDIX 2

My Recovery Tameside client responses to Alcohol Strategy consultation, April 2017

1. According to local statistics..... 14,200 Adults in Tameside are dependent drinkers, over 11,500 high risk drinkers, nearly 35,000 increasing risk drinkers and 46,000 are binge drinking.
What do you think about this?
 - I think the statistics are shocking. People need to know about this in Tameside.
 - I think that there should be more help and information out there.
 - Quite shocked and surprised by these statistics. But there again, alcohol is promoted in a big way as being the norm for many people to go and have a few drinks. People think it helps them cope with stress but they don't understand the danger.
 - Stop offers from shops and supermarkets. Stop youths drinking on streets.
 - It is scary how many people alcohol effects in the area.
 - It doesn't surprise me how high these numbers are. It is worrying still and I feel action should be taken to reduce numbers.
 - I can believe this, and I believe it is a cultural issue.
 - I think this is very high – and surprised me.
 - I think they need to put more money into funding to help drugs and drink.

2. What would you like to see happening in Tameside to prevent future harm and protect people from alcohol related harm?
 - More education in schools, more information and awareness to Tameside residents.
 - More community get together. More information.
 - Education at school and in the community. People with experience of alcohol issues and related health problems need to come forward to help educate the community through their experience.
 - More resources: example Lifeline in Hattersley.
 - I know the services do as much as they can but more services are needed.
 - Increase in legal age to drink alcohol. More power to PCSOs regarding ASB.
 - Further support groups
 - More advertising and people being made aware of just how high the number, it may encourage more people to ask for help.
 - I think they need more staff because they're overloading the staff they already have.

3. Is there anything you think could be done differently to help people / family members in Tameside who have an alcohol problem?
 - Tackle stigmas, seeking help should be as easy and acceptable as asking for help with any help problems.
 - To speak about it and for people to be more aware.
 - More funding for alcohol services so more workers are available. Also funding for education.
 - More support to clients and help educate family.
 - Like I said, I think the services do the best they can do with what they have. More money needs to be available to services so they are in a position to expand and accommodate more clients.

- More education on available services and reduce waiting times when waiting to be seen.
- Understand the socio-economic reasons behind this and try to alleviate these problems, although government and local government must play their part.
- As above, more advertising and awareness days to be held in the borough.
- Yes, more home detoxs.

The Tameside Alcohol and Drug Action Plan 2017/18

The Tameside Strategic Alcohol and Drugs Group is taking forward a programme of activity that covers four strategic priorities which are rooted within local needs and the wider Public Service reform Agenda. These Strategic Priorities are:

- To adopt a partnership approach which is rooted in collaboration and integration, and which is underpinned by strong leadership and governance;
- To provide exceptional Drug and Alcohol services which maximise the opportunities for long term, and sustained recovery;
- To effectively challenge local attitudes towards alcohol and to de-normalise harmful alcohol consuming behaviours;
- To maximise the impact of enforcement, regulation and the wider policy framework.

The Tameside Alcohol Strategy is underpinned by this annual Action Plan under the direct leadership of the Strategic Alcohol and Drugs Group and reporting to the Tameside Health and Wellbeing Board.

This Action Plan for 2017/18 has been prepared by the Tameside Strategic Alcohol and Drugs Group following a stakeholder workshop to review progress with the Strategy in November 2016.

Contact Officers:

Gideon Smith – Consultant in Public Health medicine (gideon.smith@tameside.gov.uk)

Francine Cooper – Planning and Commissioning Officer (Francine.cooper@tameside.gov.uk)

STRATEGIC PRIORITY 1: To adopt a partnership approach which is rooted in collaboration and integration, and which is underpinned by strong leadership and governance

LEAD OFFICER: Gideon Smith

Key 2017/18 Activities	Specific Actions	Responsible Person	Deadline
Develop a Tameside Alcohol Strategy and a joint Alcohol and Drug Action Plan which establishes a shared vision and common narrative for consistent use across the partnership.	Produce Final Draft of Alcohol Strategy Produce Action Plan for Strategy Group	Gideon Smith	May 17 May 17
Review the Terms of Reference of the Strategic Alcohol and Drug Group to clarify purpose and ensure appropriate membership.	Term of reference to be signed off by Strategic Alcohol and Drugs group	Gideon Smith	May 17
Formalise the reporting of Strategic Alcohol and Drug Group to Tameside Health and Wellbeing Board	Term of Reference recommended to Health and Wellbeing Board	Gideon Smith	May 17
Develop a local alcohol and drug scorecard which enables the capture of data and information from a wide range of sources to provide a holistic overview of alcohol and drug related harm.	Review and update current Triage Toolkit	Jacqui Dorman	Dec 17
Continue to directly contribute to the Greater Manchester Alcohol Strategy and Implementation Plan	Licensing representative to provide input	John Gregory	Ongoing
Develop a mechanism by which substance misuse service can work effectively with other agencies and be part of a broader approach to working with complex dependency and wider public service reform	Identify and review options Provider recommendations for Strategic Alcohol and Drugs Group	Isobel Mann	Sept 17
Provide feedback and assist in developing strategic documents to ensure they have a richness that can assist in the direction and development of services.	Provide feedback on T&G Locality Plan, GM Taking Charge, Population Health Plan and Cancer Plan Contribute to Tameside JSNA refresh	Gideon Smith	Ongoing
Develop a partnership approach to launch of Strategy	Agree commitment from partners through Health and Wellbeing Board including: GMP, GMFRS, Action Together	Gideon Smith	June 17
Clarify and maintain connections with other local strategic themes	Develop protocols between strategic groups	Gideon Smith	Ongoing

STRATEGIC PRIORITY 2: To provide exceptional Drug and Alcohol services which maximise the opportunities for long term, and sustained recovery

LEAD OFFICER: Francine Cooper

Key 2017/18 Activities	Specific Actions	Responsible Person	Deadline
Develop a sharing of information protocol	Scope current arrangements Review workability with stakeholders Draft protocol	Francine Cooper	Sept 17
Develop joint case management of clients/collaborative care plans	Scope with stakeholders Draft protocols and supporting templates	Isobel Mann	Dec 17
Reduce barriers for more complex clients, improving cross referral	Develop and/or review protocols with Hospital Alcohol Liaison Service and Pennine Care	Isobel Mann	From Sept 17 onwards

STRATEGIC PRIORITY 3: To effectively challenge local attitudes towards alcohol and to de-normalise harmful alcohol and drug consuming behaviours

LEAD OFFICER: Gideon Smith

Key 2017/18 Activities	Specific Actions	Responsible Person	Timescale
Provide better support for local and national campaigns	Promote: <ul style="list-style-type: none"> - Dry January - One You - GM campaigns - Maternity programme 	Charlotte Lee	Throughout the year
Work with young people to understand the problem then develop a solution	Engagement Development Roll out Review	Charlotte Lee	Dec 17
Increase space/activities that are alcohol free	Promote <ul style="list-style-type: none"> - Dry January - Tameside Council Events Programme Review Licencing policy Explore options for: <ul style="list-style-type: none"> - drink free zones - promotion of alcohol free drinks in licenced premises 	Gideon Smith	Through out the year
Participate in Public Health England GM Communities in Charge of Alcohol programme	Local engagement with GM programme Identification of local priority areas Engagement of My Recovery Tameside and Be Well Tameside in process Local start	Gideon Smith	2017 Mar 17 2017 Mar 18

STRATEGIC PRIORITY 4: To maximise the impact of enforcement, regulation and the wider policy framework

LEAD OFFICER: John Gregory

Key 2015/16 Activities	Specific Actions	Responsible Person	Deadline
Promote and support the use of the Self Exclusion scheme	Programme of information for retailers Feedback on activity to Strategic Alcohol and Drugs Group	John Gregory	Ongoing
Develop a Knowledge and Information Sharing Network of local stakeholders to facilitate effective enforcement	Identify stakeholders Review of options Draft protocols	John Gregory	Sept 17
Enhance joined up work between enforcement, regulation and recovery	Establish Knowledge and Information Sharing Network Review of benefits of activity of Network	John Gregory	Sept 17 Mar 18
Continue to advocate for national implementation of a minimum unit price.	GM licensing group, exploring the ability through GM devolution implement minimum unit pricing as a mandatory condition	John Gregory	Mar 18
Continue to advocate for the inclusion of Health as a 5 th licensing objective.	GM licensing group, exploring the ability through GM devolution to set own objectives	John Gregory	Ongoing
Contribute to the GM workstream supporting implementation of best practice approaches to reduce alcohol and drug related harm in Greater Manchester's night-time economies (NTEs)	GM licensing group, exploring the ability through GM devolution to implement a single licensing policy	John Gregory	Throughout the year