



Author/Lead Officer of Report: Helen Phillips-Jackson – Strategic Commissioning Manager for Substance Misuse

Tel: 0114 20 53926

Report of: *Jayne Ludlum*
Report to: *Cabinet*
Date of Decision: *20th June 2018*
Subject: *Sheffield Drug Strategy 2018-2022*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>
- Affects 2 or more Wards	<input checked="" type="checkbox"/>
Which Cabinet Member Portfolio does this relate to? <i>Health and Social Care</i>	
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care</i>	
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If YES, what EIA reference number has it been given? Reference 259	
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-	
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>	

Purpose of Report:

This report sets out the work undertaken by the Sheffield Drug and Alcohol Co-ordination Team (DACT) to develop a citywide drug strategy for Sheffield covering the period 2018-2022.

The report includes background on former plans for addressing drug use in Sheffield, the current context for the strategy, and how it will be implemented.

This report seeks approval of the final version of the Sheffield Drug Strategy 2018-2022 and approval for implementation by Sheffield DACT and partners.

The report also seeks approval to extend for 6 months the Opiate (£1.25m) and Non-Opiate (£292,500k) Services contracts. These contracts were awarded in 2014 for a period of 3 years with an option to extend for 2 years. The contract was extended for 2 years in October 2017. The contract is delivered by Sheffield Health and Social Care (SHSC) who won the contract through an open procurement process.

Recommendations:

It is recommended that Cabinet:

Approves the Drug Strategy attached to this report as a statement of the Council’s strategic approach to addressing drug use in the city.

Subject to an approval of the appropriate waiver by the Director of Finances and Commercial Services, approves an extension of the Opiate and Non-Opiate Services contract for 6 months from 1st October 2019 to 31 March 2020 to bring it in line with the alcohol and criminal justice contracts which expire on 31 March 2020 and to allow for a whole system re-tender.

Notes that the implementation of any of the proposed actions in the Drug Strategy may be subject to further decision making in accordance with the Leader’s Scheme of Delegation.

Background Papers:

Sheffield Drug Strategy 2018-2022



FINAL_Sheffield Drug Strategy 2018_

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Liz Gough
		Legal: Louise Bate
		Equalities: Ed Sexton
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	Jayne Ludlam
3	Cabinet Member consulted:	Cllr Jackie Drayton Cllr Chris Peace
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	

Lead Officer Name: Helen Phillips-Jackson	Job Title: Strategic Commissioning Manager: Substance Misuse
Date: 21st June 2018	

1. PROPOSAL

(Explain the proposal, current position and need for change, including any evidence considered, and indicate whether this is something the Council is legally required to do, or whether it is something it is choosing to do)

- 1.1 This report proposes that the Sheffield Drug Strategy 2018-2022 is agreed at Cabinet on 20th June 2018 for implementation overseen by Sheffield DACT.

The strategy sets out clearly the current situation in Sheffield in regards to drug use and misuse, achievements in addressing them, and the challenges that we continue to face and how we will work to overcome them.

The Government published a new national drug strategy in summer 2017, which informs the local strategy and made it an opportune time to develop it.

The work captured in the local strategy is ongoing, and is implemented on a daily basis by the commissioners and providers in the city.

Formerly, plans to address drug use in the city have been presented in the form of 'treatment plans' (when overseen by the National Treatment Agency), and more recently in commissioning plans when overseen by Public Health England. These have provided a reasonable structure for capturing the work, however, do not allow for the important context in which planned actions sit to be explained.

The city's first drug strategy will capture in one document both the context and the action needed. It also acknowledges the difficult narrative that can surround drug use and people who use drugs in the media and among the public, and aims to challenge that, providing a pragmatic and compassionate response to drug use as well as a robust approach to prevention among all ages.

The strategy is based on a significant evidence base including the national strategy, and local and national data on drug misuse and its impact. The strategy is particularly committed to the ongoing provision of evidence based and effective prevention, support, and recovery interventions.

A local drug strategy is not a legal requirement, the LA is choosing to capture the current and future work in the form of a public facing strategy which should provide information on the issues and resolutions, and reassurance that all is being done that can be done to address it.

- 1.2 This report also proposes a 6 month extension of the Opiate and Non-Opiate Services contract to allow for a whole system re-tender for a proposed 5 year contract, with a minimum of an option to extend for 3 years, to start on 1 April 2020.

The Opiate and Non Opiate Services are currently in contract until September 2019. The Council intends to extend the contract by 6 months, to run alongside the alcohol and criminal justice contracts until 31st March 2020. This will be the first time that all substance misuse contracts have had the same end date, and will allow the Council to carry out a full system competitive tender process. This will give the Council the freedom to design the next phase of treatment and support in the city with stakeholders and service users, maximising the opportunities to implement any changes required, meet need within resource, and ensure its vision for the Drug Strategy 2018-2022 is captured via

commissioned provision.

2. HOW DOES THIS DECISION CONTRIBUTE?

(Explain how this proposal will contribute to the ambitions within the Corporate Plan and what it will mean for people who live, work, learn in or visit the City. For example, does it increase or reduce inequalities and is the decision inclusive?; does it have an impact on climate change?; does it improve the customer experience?; is there an economic impact?)

2.1 The strategy will contribute to the Corporate Plan as follows:

- **An in touch organisation**

The strategy is the first one for Sheffield City Council and the document is the product of wide consultation including stakeholders and service users: it has been developed by listening to those that it will impact upon the most, and connects together the current and future work and direction of travel in how we prevent and respond to drug use as a city. It captures current successes and challenges, and proposes innovative ideas and developments for the future. It seeks to understand the diverse needs of Sheffield residents, both those using drugs and those not but who may be impacted by drug use, and at the core of the strategy is the empowerment of people who do/ may use drugs to not begin using drugs, to remain safe when in active use, and to recover.

- **Strong economy**

Drug use impacts the economy in a number of ways. It costs public services significant amounts of money each year to respond to. The strong evidence base for the return on investment for services to address drug use shows that the investment in those services provides value for money and prevents further cost to the wider system. It also impacts upon smaller local businesses both in central Sheffield and the localities where public drug use may lead to anti-social behaviour that could discourage new business ventures or impact on the success of existing businesses. To minimise the likelihood of this occurring, robust action as laid out in this document is necessary. Sheffield is increasingly becoming an attractive prospect for visitors with the city-centre developments progressing, and similarly, visible drug use and associated issues is not helpful. Supporting people to recover from drug use increases the likelihood of employment for those individuals, and returning to/joining the competitive employment market where drug use has prevented this. It is in the interests of the economy that an effective drug strategy is in place.

- **Thriving neighbourhoods and communities**

Drug use impacts individuals, families and communities. The level of the impact of drug use on specific communities varies across Sheffield, with some communities being disproportionately affected. This strategy

captures a whole-city prevention approach, while acknowledging that some socially deprived communities are more vulnerable to drug use than others and recommending an enhanced approach where those existing vulnerabilities exist. Drug use can impact upon and change the atmosphere of communities and neighbourhoods in numerous ways: for example anti-social behaviour, offending, litter and drug dealing. By implementing the strategy we will work to support communities to prevent and respond to drug use effectively, not only through providing targeted action and enforcement, but also by promoting recovery in communities and sharing the message that recovery is both possible, and often contagious.

- **Better health and wellbeing**

Drug use influences an individual's physical, mental and emotional wellbeing. Using drugs can cause a myriad of physical health issues beyond the more commonly reported overdose/deaths from the contracting of blood borne viruses via sharing of injecting equipment, to countless less serious, but important, health issues. Drug use is more common among those experiencing mental ill health. Drug related deaths are increasing nationally, which is mirrored locally. Contributing reasons for this have been the culmination of chronic physical health conditions as a result of long term drug use. The cost of drug use, both to organisations treating the health problems associated with them, and to the individuals suffering them and their families, can be extreme. The strategy prioritises prevention of these health problems occurring, and proposes effective responses to reduce the harm from drug use, promoting recovery.

- **Tackling inequalities**

The strategy identifies particular vulnerabilities in both young people and adults which make them more susceptible to using drugs including inequalities and adverse experiences (mainly in youth but also in adults) which influence this. Drug use is more likely in socially deprived communities, and among individuals who have multiple adverse experiences or support needs. For young people, this can be being a care leaver or having experienced adverse childhood experiences (trauma). For adults, they may have experienced the same issues as young people, and/or have mental health issues, be homeless or vulnerably housed, or a veteran. These are all groups that evidence suggests are more vulnerable to drug use. The drug strategy seeks to set these issues out and proactively work to address them supporting those whose experiences have led them to use drugs.

3. HAS THERE BEEN ANY CONSULTATION?

(Refer to the Consultation Principles and Involvement Guide. Indicate whether the Council is required to consult on the proposal, and provide details of any consultation activities undertaken and their outcomes.)

3.1

In developing an inclusive and relevant strategy the following consultations have been carried out in line with the Government's Consultation Principles and Involvement Guide:

We have consulted with a number of groups of individuals to whom the strategy is of particular relevance:

- Sheffield Young Advisors
- Current users of adult drug treatment services
- Ex users of adult drug treatment services
- Individuals in recovery from drug use
- Individuals currently actively using illicit drugs

This consultation was carried out prior to the writing of the strategy to ensure it was informed by the views of the most relevant individuals. Quotes from those individuals are interspersed among the main text of the strategy and priorities they identified are drawn out in the document and will be in the action plan for implementing the strategy.

The following events were held:

- Service User consultation session at Kickback Recovery – Archer Project on 31st January 2018
- Service user consultation session at Addaction CJIT service on 7th March 2018.
- Young advisors consultation on 6th March 2018.

Consultation was also sought via survey: A large scale schools, stakeholder, and service user survey was undertaken relating to Spice use in Sheffield which is a specifically emerging drug use trend. The outcome of this work has been included in the drug strategy as it gave key information on the need for action surrounding the use of this substance.

Consultation on draft version of strategy:

Once the document had been draft and Cabinet Member for Health and Wellbeing briefed, the strategy has been taken to the following stakeholder meetings and boards for discussion and sign off:

- Substance Misuse Provider and Referrer Group (16/03/2018)
- Public Health Team Meeting (20/03/2018)
- PPRG (18/04/2018)
- People SLT (24/04/2018)
- E mail consultation with Place PLT members – April 2018
- Hidden Harm Implementation Board (27/04/2018)
- Safer and Sustainable Communities Partnership Board (22/05/2018)
- YP Health and Wellbeing Transformation Board (23/05/2018)
- Service User Recovery Reference Group (31/05/2018)

A draft consultation version of the strategy was also sent out via e mail on 20th March 2018 for a 4 week consultation period to commissioned and non-commissioned stakeholders.

The consultation responses are embedded below:



Drug strategy
consultation response

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 The strategy is focussed on the elimination of discrimination and, as such, directly supports the council's Public Sector Equality Duty. People using drugs are often discriminated against and experience multiple and complex disadvantages. The strategy aims to ensure compassionate, individualised support at the right time for people using drugs. It also seeks to prevent drug use starting among those particularly at risk, (e.g. through adverse childhood experiences).

4.1.2 A thorough Equality Impact Assessment (reference 259) has been undertaken. It considers how the strategy would potentially benefit groups with protected characteristics, including age, disability and sex; and its wider impacts on health, poverty and other issues. .

4.2 Financial and Commercial Implications

4.2.1 High level financial information is contained within the strategy.

The cost of the proposed contract extensions for 6 months is £1.25m (opiate services) and £292,500 (non-opiate services).

The implementation of any of the actions set out in the Strategy will be subject to further decision making in accordance with the Leader's Scheme of Delegation, and the financial and commercial implications will be considered fully at that time.

Delivering the Strategy will potentially help to make savings to health and social care budgets. Such savings will be examined in more detail in any future executive reports.

4.3 Legal Implications

4.3.1 Implementation of the Sheffield Drug Strategy 2018-2022 will assist the Council in meeting its relevant legal duties and exercising its appropriate legal powers:

Duty to improve public health – s2B of the National Health Act 2006 (as amended) states that the Council must take such steps as it considers appropriate for improving the health of the people in its area. The steps that

may be taken include:

- a) Providing information and advice;
- b) Providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
- c) Providing services or facilities for the prevention, diagnosis or treatment of illness;
- d) Providing financial incentives to encourage individuals to adopt healthier lifestyles;
- e) Providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
- f) Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; and
- g) Making available the services of any person or any facilities.

Duty to formulate and implement strategies – s6 of the Crime and Disorder Act 1998 states that the Council must formulate and implement

- a) A strategy for the reduction of crime and disorder in the area (including anti-social and other behaviour adversely affecting the local environment);
- b) A strategy for combatting the misuse of drugs, alcohol and other substances in the area; and
- c) A strategy for the reduction of re-offending in the area.

Duty to safeguard and promote the welfare of children – s11 of the Children Act 2004 states that the Council must ensure that

- a) Its functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- b) Any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.

Homelessness duty – The Council has a duty under Part VII of the Housing Act 1996 to provide advice and assistance (and in certain circumstances accommodation) to eligible persons who are homeless or threatened with homelessness. Advice and information about homelessness and the prevention of homelessness must be available free of charge to any person in the area.

The Council has a power under section 11A of the Housing Act 1985 to provide welfare services in connection with the provision of accommodation of social housing.

Public Sector Equality duty – s149 of the Equality Act 2010 states that the Council must, in the exercise of its functions have regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

These duties and powers have been taken into account when drafting the Sheffield Drug Strategy 2018-2022.

4.4 Other Implications

(Refer to the Executive decision making guidance and provide details of all relevant implications, e.g. HR, property, public health).

4.4.1 All other implications have been captured in the processes above.

5. **ALTERNATIVE OPTIONS CONSIDERED**

(Outline any alternative options which were considered but rejected in the course of developing the proposal.

5.1 The 'do nothing' option would be to not have a drug strategy in place. However, as referenced in the introduction to the strategy it is timely to put one in place following the National Strategy published in summer 2017 which was the first one published since 2010. The Sheffield strategy gives an opportunity to capture in one place the achievements of and plans for the city in relation to drug use and gives it cohesion and structure.

The plans could have been captured via previous methods such as 'treatment plans' or 'commissioning plans' however, these are too narrow in focus concentrating on commissioning approaches only, whereas an all ages city strategy captures all strategic direction and approaches and provides a much more holistic and co-ordinated approach.

6. **REASONS FOR RECOMMENDATIONS**

(Explain why this is the preferred option and outline the intended outcomes.)

6.1

Implementing a city-wide drug strategy is timely for the reasons described above. It will allow SCC the opportunity to capture its high level strategic aims with relation to all age drug use which provides clarity and direction. The strategy will inform an implementation plan. The strategy will cover the period from 2018-2022. This includes the period when drug services will be due to be retendered, and the timing of this strategy allows us to implement our strategic vision for the city via commissioning arrangements. The strategy prioritises partnership approaches to drug use and seeks to maximise the effectiveness of these partnerships across the three themes of the strategy: reducing demand, restricting support, and recovery.

The proposed strategy has been written in line with robust national and local evidence. It reflects current evidence bases, issues and concerns among professionals working with individuals using or misusing over the counter, prescribed, or illegal drugs, and proposes a pragmatic and compassionate response.

Drug use and its impact are often featured in both national and local media, requiring services and commissioners to respond to requests for information and effectively

communicate Sheffield's approach through short statements: the strategy captures the whole city approach.

There is no direct/additional financial commitment required to implement this strategy, though there are aspirational actions included which may, at some point during the implementation process, lead to funding requests/applications or the need for partnership work to seek further funding opportunities.

Once the strategy has been to Cabinet it will be implemented led by the Sheffield Drug and Alcohol Co-ordination Team (DACT).

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