



Report to Cabinet

Date:	11 th April 2023
Title:	Buckinghamshire Drugs and Alcohol Strategy 2023 - 28
Relevant councillor(s):	Cllr Angela Macpherson, Deputy Leader and Cabinet Member for Health and Wellbeing Cllr Steve Bowles, Cabinet Member for Communities
Author and/or contact officer:	Dr Jane O'Grady, Director of Public Health and Community Safety
Ward(s) affected:	All wards
Recommendations:	Cabinet is requested to note and endorse the contents of the new Buckinghamshire Drugs and Alcohol Strategy
Reason for decision:	National guidance published in June 2022 requires each new Combating Drugs Partnership (CDP) to have a local drugs strategy delivery plan in place by December 2022. The CDP has been established on a Buckinghamshire Council footprint, is chaired by the Director of Public Health and Community Safety, and includes alcohol as well as drugs within its remit. The actions in this strategy have been developed with local stakeholders, including the members of the CDP.

1. Executive summary

- 1.1 A new cross-Government 10 year national drugs strategy '[From harm to hope](#)' was published in April 2022 and is led by the Home Office. [Guidance for local delivery partners](#) was published in June 2022. This set out a requirement for local areas to create a multi-agency Combating Drugs Partnership (CDP), undertake a needs assessment and produce a local drugs strategy delivery plan by the end of December 2022.
- 1.2 Our CDP has been established on a Buckinghamshire Council footprint, the Senior Responsible Owner is the Director of Public Health and Community Safety, and its remit includes alcohol as well drugs. It convened its first meeting in October 2022, terms of reference have been agreed and a needs assessment has been produced which is in the process of being published on the Council's website.
- 1.3 The previous Buckinghamshire Drugs and Alcohol Strategy expired during the pandemic. A new strategy was therefore required, but the timeline was expedited in response to the above national guidance. Partners have worked together to produce the priorities and actions that will be taken locally to meet the national aims.
- 1.4 Cabinet is requested to note and endorse the contents of the Drugs and Alcohol Strategy.

2. Content of report

- 2.1 Two multi agency workshops took place in July and September 2022 led by the Cabinet and Deputy Cabinet Members for Health and Wellbeing, the CDP met in October 2022, and any stakeholders unable to attend have also been contacted separately. The following organisations were engaged through these processes:
 - a) Buckinghamshire Council (cross-directorate including housing, licensing, trading standards, education, children's safeguarding, youth offending service, environmental health, adult social care, community safety, public health and integrated commissioning)
 - b) Thames Valley Police, Violence Reduction Unit, Police and Crime Commissioner's Office, Probation Delivery Unit and HMPs Aylesbury, Grendon and SpringHill
 - c) One Recovery Bucks (adult drugs and alcohol treatment provider) and Here4YOUth (young people's drugs and alcohol treatment provider)
 - d) BOB Integrated Care Board, Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Trust, South Central Ambulance Service, Local Pharmaceutical Committee, Live Well Stay Well, and NHS England
 - e) Office of Health Improvement and Disparities (OHID)

- f) JobCentre Plus
 - g) Voluntary and community organisations
- 2.2 The results of the first workshop led to the production of our vision statement. A statement was tested in the second workshop, refined, then shared for comment with key stakeholders:
Buckinghamshire is a place where individuals and communities thrive and make positive choices not to use drugs. Organisations work together to provide the right support at the right time to prevent and reduce the harms from drugs and alcohol.
- 2.3 The discussions within the workshops generated four priority areas:
- a) Prevention
 - b) Addressing risk factors and additional support needs
 - c) Reducing harms and promoting safety
 - d) Working together
- 2.4 Accompanying each priority is a description plus what we know (key statistics), what we want (aims and metrics), and what we will do (actions) to achieve success.
- 2.5 The actions underpinning each priority have been identified through discussions with stakeholders. Each action has a lead agency accountable for delivery, and a lead officer named and timeframe stated in the accompanying action plan. To deliver success, the strategy does not attempt to report on the wide range of activity which is already happening, but instead the new work or changes to working which will be pursued to drive progress.
- 2.6 The strategy document is included in Appendix 1. The accompanying action plan is included in Appendix 2.

3. Other options considered

- 3.1 Do nothing. The ask of national government to produce a local drugs strategy delivery plan is a “request of local areas” and every upper-tier local authority “should” be covered. A penalty for not creating a strategy has not been stated, although it may risk reputational harm to the Council. However, the previous Buckinghamshire Drugs and Alcohol Strategy has already expired so there would be no clear direction or actions in place. If actions are not supported and implemented, valuable opportunities to improve the health, wellbeing, and safety of our residents may be missed and outcomes may worsen.

4. Legal and financial implications

4.1 There are no direct financial implications of the strategy. Although actions relate to new or changed working, those led by Buckinghamshire Council have all been suggested by or agreed with the owning team and either relate to:

- a) Improvements in working practice which will be driven by the strategic members of the new Combating Drugs Partnership embedding cultural change within their organisations without additional resource required;
- b) Pieces of work that have been agreed can be delivered by existing staff capacity, such as the production of a drug-related deaths audit;
- c) Initiatives which have recently secured funding such as the provision of increased accommodation options linked to the Homelessness Strategy;
- d) Projects which can be funded via the additional investment supplementing the public health grant to accompany the new national drugs strategy, which is tied to specific activities improving the quality of drug treatment services as approved by the Office for Health Improvement and Disparities.

4.2 There are no direct legal implications for this strategy.

5. Corporate implications

5.1 This strategy supports the Corporate Plan, in particular the priority areas of:

- a) Strengthening our communities – this strategy will drive improvements in health and reduce harms from substance misuse, particularly for those living in more challenging circumstances;
- b) Protecting the vulnerable – this strategy specifically includes work aimed at reducing homelessness and preventing crime and exploitation related to drugs especially.
- c) Opportunity Bucks programme – as harms from drug and alcohol misuse are higher in more deprived areas. The strategy specifically includes an action to focus early help offers to schools in areas where the risk of substance misuse is highest in alignment with the Opportunity Bucks programme.

5.2 Other considerations: this is a partnership strategy and will be owned by the multi-agency Buckinghamshire CDP, rather than Buckinghamshire Council alone. As such, it has been produced through collaborations with partners. However, Buckinghamshire Council officers occupy both the Senior Responsible Owner and Programme Lead roles in the CDP and have led on the production of this document.

6. Local councillors & community boards consultation & views

- 6.1 The Deputy Leader and Cabinet Member for Health and Wellbeing and the Deputy Cabinet Member for Public Health chaired the two multi-agency workshops. They participated in the break-out group sessions and heard priorities directly from partners.
- 6.2 The Deputy Leader and Cabinet Member for Health and Wellbeing, the Deputy Cabinet Member for Public Health, and the Cabinet Member for Communities have been briefed during the development of the strategy.
- 6.3 The strategy will be published and circulated to all council members once the content has been agreed amongst partners.
- 6.4 Additional engagement at the implementation stage will take place in those areas which experience greater harms from drug and alcohol use. This will focus on the areas of the Opportunity Bucks programme where we will explore working with both community boards and ward-based partnerships. For instance, the strategy has already been raised with the High Wycombe community board and future, more detailed, discussions are being planned.

7. Communication, engagement & further consultation

- 7.1 The Drugs and Alcohol Strategy is supported by a needs assessment, which included professional stakeholder engagement plus service user feedback:
 - a) 42 local stakeholders were consulted via one to one interviews to gather their views. Those consulted include those who work in specialist treatment services, those working in allied health fields (such as mental health and sexual health), professionals who work in areas that brings them into contact with drugs and alcohol users (such as housing providers and those working in the criminal justice system), and those working with communities with protected characteristics.
 - b) 18 service users and partners were consulted via existing groups: a womens group, peer support group, alcohol group and partner peer support group.
 - c) The two multi-agency workshops and first meeting of the CDP were also used to gain wider views from professional stakeholders to develop the needs assessment as well as the strategy's four priority areas and underpinning actions.
- 7.2 A specific action contained within the strategy is to develop processes to routinely gain views from those with lived experience to feed into the CDP. This will include

not only those who may take drugs themselves, but also those personally affected by it such as family members. People with lived experience provide information and unique insights which are invaluable.

- 7.3 The strategy will be published and disseminated through key groups such as the Safer Bucks Board and Health and Wellbeing Board. A positive, proactive press release will accompany the launch of the strategy, aimed primarily at professionals. For residents, the focus of communications will be delivering the core health messages rather than focussing on the strategy document. A specific action contained within the strategy is to develop a multi-agency communications strategy to deliver promote healthy behaviours in the population, as discussed and agreed with the public health communications lead.

8. Next steps and review

- 8.1 Once reviewed and approved by Cabinet, the Strategy will become live and be uploaded onto the Council website.
- 8.2 The Drugs and Alcohol Strategy 2023 – 2028 will be owned and overseen by the Combating Drugs Partnership (CDP). The CDP will meet quarterly, chaired by the Director of Public Health and Community Safety as Senior Responsible Owner.
- 8.3 The Drugs and Alcohol Network will lead on the operational delivery of the actions set out in the strategy and report to the CDP.
- 8.4 The CDP will develop a local outcomes framework to include the metrics and targets which accompany the ambitions in the strategy. This will be based on the national outcomes framework which is due to be published in 2023. The more detailed needs assessment that underpins the strategy will be conducted every three years, in line with national guidance.

9. Background papers

- 9.1 Appendix 1: Buckinghamshire Drugs and Alcohol Strategy 2023-28
Appendix 2: Drugs and Alcohol Strategy Action Plan
Appendix 3: Drugs and Alcohol Strategy EQIA
Government 10 year national drugs strategy, [From harm to hope](#)
Government Drug Strategy [Guidance for local delivery partners](#)

10. Your questions and views (for key decisions)

- 10.1 If you have any questions about the matters contained in this report please get in touch with the author of this report – Sarah Winchester, Consultant in Public Health, via email to sarah.winchester@buckinghamshire.gov.uk. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by email to democracy@buckinghamshire.gov.uk.

