



HM Government

Guidance for local delivery partners

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

Appendix 4 – Partnership Working Case Studies

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Data sharing

Establishing new data and performance measures

Leeds Healthy Schools is part of the Health and Wellbeing Service, Leeds Council Children's Services directorate. They support schools to raise attainment and achievement by improving the health and wellbeing of pupils.

One key way in which they do this is their online School Health Check tool. This provides a supported self-evaluation process that allows schools to grade themselves against best practice criteria based on a simple step-by-step process. All documentation was created to latest Ofsted requirements, with criteria linked to the 2020 statutory relationships, sex and health education guidance. This tool includes specific criteria to cover drugs education, and is available to schools and school settings nationally and internationally. Already other areas including East Sussex have adopted this approach to ensure that their schools are offering effective, evidence-based support for local children.

Through this self-assessment process, partners can see where further work is needed to better support pupils.

Joint analysis through Project ADDER to improve service delivery

Following the commissioned Drugs Market Profile for **Norfolk** it was identified that the main source of heroin and crack cocaine into Norfolk is via the county lines model.

The two main exporters are London and North West. However, arrest records for drugs arrests in the county dating back to December 2016 where the detainees home address is out of county identified that people also come from areas such as West Midlands, Buckinghamshire, Essex and Kent.

A focused analysis of the combined phone data captured during a year's worth of county lines enforcement was undertaken. Our analyst was able to identify customer databases held by the drug lines.

The customer numbers were 'washed' through police crime systems to establish where known the names, demographics and geographical distribution.

Where phone numbers were not known to police, this data has been provided with appropriate lawful basis to our ADDER partners to establish the potential identity of those not known to criminal justice, seek alternative opportunity for engagement and gain a more complete picture of the demographics of people currently using opiates or crack cocaine in the local area.

As the analysis progresses, the local partnership will be seeking to use data to identify three distinct groups of people: those not known to service, those known to mainstream substance misuse provision, and those who are identified as ADDER clients.

The analytical work will focus on the journey of those individuals and map key points across their journeys such as:

- arrests
- crime types
- reoffending rates
- housing provision and other socio-economic contributors
- use of multiple substances
- health data (including mental health)
- whether custodial time was accrued
- what interventions were provided
- engagement/attribution rates with provision

This analysis will help to pinpoint outcomes and potential areas for further service improvement, enabling an understanding of whether different interventions or messaging at different stages supports better outcomes and reduced offending.

Local partners intend to apply this approach beyond ADDER, and discussions are underway with Norfolk Youth Justice Board on how combined data can be harnessed across the partnership. This will enable longitudinal analysis and more quantitative evidence-based analysis for the children and young people's cohort, which will also support work under the Serious Violence Duty.

Monitoring drug-related deaths data in real time to change practice

Rather than relying on national data sources such as the Office for National Statistics to monitor and respond to drug-related deaths, it is best for areas to make use of local data and intelligence. In **Middlesbrough**, for example, there are two key sources used. Real-time data on suspected drug-related deaths are reported as they occur by local police to the Tees preventing drug-related deaths co-ordinator. There is therefore a local dataset illustrating total numbers that occur each year, the substances involved, whether an individual was known to treatment services, the circumstances of their death, and other key details.

Data is also gathered via the Teesside coroner. While this is less immediate than the police data, there is valuable additional information such as pathology reports with full toxicology, GP history and witness accounts.

Each of these deaths is reviewed in a multi-agency meeting to identify any immediate learning or themes that emerge. This is an approach that works well, but it is reliant on good data, a wide range of partners attending and partners with knowledge on risks.

Crucially, this work is about responding appropriately and changing practice as required. A number of reviews of drug-related deaths highlighted that people died after having children removed into care. Further examination suggested that problematic substance use was to some extent a response to this trauma, with parents increasing their drug use at the point

their children were removed. It was identified that there was limited support provided to the parents at this point, and therefore children's social care and drug and alcohol services are working to improve support provided to parents who use drugs. This could be through increasing capacity of the Barnardo's Pause project, better communication between drug and alcohol services and children's social care, and placing a drug and alcohol worker within children's social care.

Sharing data to plan service provision

The **Pan Lancashire Data Group** was established by Lancashire Violence Reduction Network to bring together a group of multi-agency partners to identify opportunities and gaps around data sharing for early intervention and prevention approaches. The group aims to improve current data sharing and data use to improve outcomes for those residing in, working in and visiting Lancashire.

The Lancashire Violence Reduction Network takes a trauma-informed, public health approach to 'tackle' serious violence in preventing and intervening at the earliest possible stages with cohorts deemed to be at risk of victimisation and/or perpetration of serious violence. While the network intends to reduce serious violence, its remit is much wider in terms of looking at the 'causes of the causes' or social determinants of violence to prevent escalation. It is therefore structured as a multi-agency group, ensuring there is representation from across the partnership.

A specific data ethics working group was established, bringing together information governance leads from health and policing, local authority data leads, lived experience teams, academic and ethics experts, digital programme leads and data protection officers.

This joint approach helps ensure that all ethical issues have been taken into account and reviewed from a range of perspectives. It also brings a consistent and consensus approach to data sharing initiatives, which was seen as crucial given varying organisational positions on different initiatives, maximising the positive impact of data sharing work.

This arrangement has facilitated the sharing of best practice from existing tools such as Lancashire Insight, the key aggregate data source utilised by the Violence Reduction Network to expand and build upon. Lancashire Insight is a platform produced by Lancashire County Council that covers the whole Lancashire-14 area.¹ This tool collates anonymised data from numerous sources such as health, education, police and social services, presenting the data in reports and dashboards covering factors such as: deprivation, poverty and unemployment.

The Multi-Agency Data Exchange, a restricted section of Lancashire Insight, is also routinely used. This section holds data on police crime and incidents, ambulance call outs, and fire and rescue call outs, as well as supporting data around causation factors, victims and perpetrators. Again, this data is at a population level and does not identify individuals.

¹ The Lancashire-14 area incorporates the 12 local authorities that fall within the Lancashire County Council administrative boundary plus the two additional unitary authorities of Blackburn with Darwen and Blackpool.

This work has enabled Lancashire Violence Reduction Network to take an informed, multi-agency view in planning and designing services and interventions in the local area.

Sharing intelligence and maximising impact in London through Project ADDER

This operation started with an evidence review to identify key individuals running drugs lines and known for violence offences across Hackney and Tower Hamlets – the Central East Basic Command Unit. Planning was led by Gangs Taskforce South, funded through Project ADDER, and resulted in a day of focused action in October 2021.

Ahead of the day, a full partnership plan was put in place, involving a range of policing staff including the safer neighbourhoods team, substance misuse and drugs outreach teams and local authority comms and safeguarding. The partnerships formed via Project ADDER, which have brought together various police teams, council enforcement teams, drug treatment services, and harm reduction outreach workers, led to these typical joint operations being organised (labelled 'days of action') where drug hot spots are targeted to use a mixture of enforcement and engagement approaches which would be initiated following enforcement action.

The days encourage the implementation of out-of-court disposals, community protection notices and criminal behaviour orders, whilst simultaneously tackling drug related crime and antisocial behaviour. The results include arrests and charges, for drug offences; both supply and possession, recovery of drugs and weapons, vulnerable adult referrals, voluntary drug referrals, breaches of community protections warnings or notices and criminal behaviour orders, and intelligence gathering running in tandem to the enforcement, executive action phase.

A great tool that police can make use of is the app, specially developed in partnership with Hackney and Tower Hamlets drugs treatment services, so officers on the street can refer directly into treatment services, either through a drop-in service or a diarised appointment with a drugs worker.

The intelligence gathered through the enforcement phase enabled four warrants to be executed and £25,000 cash being seized, along with three men being arrested for money laundering. This complemented a full day of executive action in October 2021. A further series of dawn raids executed across residential addresses in Tower Hamlets saw 19 people arrested and large quantities of class A drugs and cash seized. Officers seized approximately 2kg of class A drugs, £120,000 in cash and thousands of pounds worth of assets linked to money laundering, including a £50,000 vehicle. 14 of the subjects were charged with drugs trafficking offences and remanded. Five were released under investigation.

This work was delivered as part of Operation Continuum, which is the umbrella operation for all drugs activity across Central East, delivered in partnership with the local authority and health.

Existing multi-agency partnerships

Greater Manchester Combined Authority

The **Greater Manchester** Combined Authority has formed a partnership to cover the three themes of the 10-year drugs strategy and to work with all 10 Greater Manchester local authorities that each commission their own treatment systems. The aim of the partnership is to ensure that where things are done best at a local level, this happens, but where there are opportunities to join up provision and ensure that conversations and decisions can be made effectively and efficiently just once, this opportunity is taken. The board will:

- approve the local Greater Manchester Drug and Alcohol Strategy and identify the commitments it wishes to prioritise for implementation.
- oversee the development and reporting of a Greater Manchester Drug and Alcohol Strategic Outcomes Framework.
- establish and co-ordinate working groups covering topics to include criminal justice, homelessness, and worklessness.
- consider the range of funding streams available across cohorts where substance misuse is a common theme and, to maximise resources, make recommendations on their potential alignment or pooling.

In addition, the board are looking to harmonise their role with the requirements in this guidance and as such additional responsibilities would include accountability for delivery and overseeing system performance against the National Combating Drugs Outcomes Framework.

The board is jointly chaired by the Greater Manchester Deputy Mayor (who also holds police and crime commissioner responsibilities) and the Greater Manchester Director of Public Health Lead for Drugs and Alcohol. There is representation from the local Integrated Care System, mental health commissioning, police, probation, community safety, Violence Reduction Unit, Changing Futures partnership, work and skills, Department of Health and Social Care and OHID.

Planning and working in partnership in Essex

Essex County Council is at the heart of a new and developing partnership to plan services and co-ordinate activity to address drug-related harm in local communities.

The Substance Misuse Joint Commissioning Group started with the recognition that the use of drugs doesn't happen or have an impact in isolation. The effects are felt across the whole public sector and community. Therefore involving as wide a partnership as possible will deliver positive impact and outcomes to individuals, families and communities.

To make this a reality, there has been a sustained effort to engage all relevant individuals and stakeholders. For provider or statutory organisations, the key driver is the recognition that individual services will deliver outcomes more effectively and efficiently by working together, rather than alone. The group reports into the local Health and Wellbeing Board, ensuring that there are clear connections and accountability across the public sector.

There has also been considerable work to ensure that the wider community is represented in these discussions – crucially people in recovery, who have invaluable lived experience that can help improve the design of services. This has led to the development of an independent charity – Essex Recovery Foundation – that is at the heart of the group's future plans, whereby people in recovery will oversee the design and commissioning of services more directly.

Having started with needs assessment and design of treatment services, the group has now developed a long-term local strategy that covers the priorities of reducing demand and reducing supply as well as promoting treatment and recovery. This represents a complete, but continually evolving and improving partnership that addresses the three priorities of the national strategy in unity.

Developing a new multi-agency partnership across multiple local authority areas

Following the publication of the 10-year drugs strategy, the **West Midlands** police and crime commissioner invited a broad range of partners (as outlined in the drugs strategy) to an event in February 2022 to develop local work on sharing responsibility across this agenda, integrating partnerships and eliminating silos. Following the event, recommendations based on the feedback from attendees were published in a report of the event, with actions agreed including:

- engaging with directors of public health around plans to respond to new funding, and opportunities for collaboration across the wider diversion and prevention agenda
- establishing comms with local authority commissioners to reinforce OPCC interest in working in partnership to develop plans
- engaging with OHID's regional joint commissioning managers network, regional continuity of care group, regional Substance Misuse Partnership Board with NHS England and NHS Improvement, Her Majesty's Prison and Probation Service and OHID, and regional criminal justice co-commissioning group, as well as Local Criminal Justice Boards and Reducing Reoffending Boards
- sharing information across the West Midlands region's Offices of Police and Crime Commissioners on developments in each area

Next steps include:

- map out local authority level partnerships once established and ensure attendance from Offices of Police and Crime Commissioners
- consider partnerships across the whole police force footprint to bring together sub-regional partners to share best practice
- consider developing the existing Heroin and Crack Action Area steering group into a regional drugs partnership to bring together the force-wide partnership

Working to improve diversity and inclusion

Providing culturally responsive community-based support

Black and Asian Cultural Identification of Narcotics, or BAC-IN, is a specialist drug and alcohol recovery support service for individuals, families and young adults from ethnic minority backgrounds.

Based in **Nottingham** and working across the Midlands, BAC-IN was inspired and founded in 2003 by individuals in recovery and has since won awards for its innovative, grassroots, community-based approach to addiction recovery.

The support BAC-IN provides is founded on the belief that support from those who have been through addiction is one of the most effective and therapeutic routes to recovery. Specifically, BAC-IN provides an alternative model to that of traditional mainstream services, in that it is culturally responsive and offers a choice of psycho-social, cultural, faith-based and spiritual perspectives to addiction recovery, rehabilitation and well-being.

The people who engage with BAC-IN, who are referred to as ‘friends of BAC-IN’, are at the heart of its philosophy, service design, peer-led engagement through to planning and decision making. As such, BAC-IN is deeply committed to service user consultation, involvement, and participation in the delivery of its services.

Crucially, BAC-IN is a culturally responsive, not culturally exclusive, service, and as such works collaboratively with GPs, local services and other appropriate healthcare providers. BAC-IN works in partnership across all sections of society, sharing good practice and training for the betterment of all communities.

In this way, the involvement of people who might benefit from the support services it offers have been central in the whole process from conception and design through to delivery, with a specific emphasis on amplifying the voices and backgrounds that have too often felt excluded from more ‘mainstream’ services.



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