



HM Government

Guidance for local delivery partners

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

Appendix 3 – Membership of Combating Drugs Partnerships

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2 Appendix 3 – Membership of Combating Drugs Partnerships

We outline below some of the key organisations that might be represented in a Combating Drugs Partnership in England. As part of their work, partnerships should involve a much wider range of stakeholders than the recommended core members. This appendix outlines groups that partnerships should consider inviting to their meetings, or involving through sub-groups and other forms of genuine, meaningful participation.

Precisely which organisations and individuals are represented through the partnership may depend on local circumstances, but those who are involved with the partnership or sub-groups should have the ability and responsibility as part of their role to shape provision and make decisions about work across all three strategic priorities to improve local residents' lives.

Recommended core partnership members

Elected representatives

Elected members

There are a number of relevant roles that elected members might hold in relation to substance use. Responsibilities in relation to community safety, housing, health, children and families, safeguarding and social care are all immediately relevant. There are further areas that local partnerships should also consider, including in relation to employment and the local economy, as well as wider community development.

The number of elected members included in partnership meetings may vary depending on the scope and composition of the partnership.

Specific roles might be chosen and could vary over time, depending on the local partnership's priorities.

In a two-tier authority area it may be appropriate to have more than one elected member on the partnership to ensure that different tiers are represented, given the relevance of different responsibilities, notably housing. Partnerships are also encouraged to consider representation of parish and town councils, which can play a valuable role in identifying local patterns of harm and driving change at a local level.

Elected mayors

Where an area has a metro mayor, it is recommended that there is representation from their office and/or the relevant combined authority more broadly as appropriate, given local responsibilities such as housing and employment.

Where a mayor has additional responsibilities in relation to health or policing, for example, these should be considered alongside representation of other relevant organisations such as other relevant healthcare organisations, and in line with guidance on the role of PCCs. This may mean the most appropriate representative from the mayor's office is a deputy mayor with responsibility for crime and policing.

Inclusion of other elected mayors, such as city mayors, should be considered as part of the broader representation of elected local members and local authority officials.

Local authority officials

Relevant local authority officials should be included in local partnerships, and it is recommended that there is representation at director level – for example director of children’s services.

In determining how various officials should be included, reference should be made to other service areas covered through other roles. For example, where an elected member representing housing is attending, the director of housing may not be the most appropriate official to attend, as this would not offer the broadest coverage possible.

It is expected that there is support from multiple official roles. Relevant areas could include substance misuse, housing, employment, education, social care and safeguarding. An early help or family support representative could also be beneficial, to consider how early, targeted support with all members of a family can be co-ordinated to reduce harm within families.

Not all representation from these roles need be at director level. For example, it may be appropriate for the lead commissioning officer for substance misuse treatment to attend. A lead commissioner for substance misuse treatment is likely to be a good fit for the role of partnership lead as outlined in Chapter 3 of the guidance.

Not all relevant roles that support this work need be considered core members of the partnership. The partnership lead and data and digital lead as outlined in the guidance may or may not be full members of the partnership, depending on local arrangements.

An official at director level or above (e.g. corporate director or chief executive) could be the senior responsible owner (SRO) for the partnership. However, again this should be considered with reference to the balance of different organisations and sectors across the leadership roles.

NHS and other health and care provision

Local NHS services are integral to the delivery of the 10-year drugs strategy, and may play a variety of roles across the life course, including school nursing, health visiting, primary care, community and inpatient mental and physical health care, and substance misuse treatment. Areas may also wish to directly include other provider organisations, including from the third sector (e.g. Mind).

As well as involving direct provider organisations, it is essential that partnerships have representation from senior strategic leads in the local health and care system, who can set strategic priorities and resource allocation, as well as drive change in operational practice. At the time of writing it is recommended that there is representation from the Integrated Care Board at least at director level – for example a director of primary and community care. However, as integrated care arrangements develop, representation at drugs strategy partnerships may also evolve.

As currently structured, NHS England and NHS Improvement have a key part to play in provision of care for people who use drugs whether they are in prison or the community.

There are therefore several potentially useful roles that could be represented through a local partnership.

Most directly, NHS England and NHS Improvement commission healthcare services in prisons (including treatment for substance misuse) and liaison and diversion services in courts and police custody. A key commitment in the 10-year drugs strategy is to improve both engagement of people in treatment before they leave prison and continuity of care into the community. It is therefore recommended that the regional health and justice commissioning manager attends partnership meetings within their area. While this may represent several meetings, the importance of this commitment and the potential difference that can be made in reducing reoffending and preventing drug-related deaths should not be underestimated.

In addition, the partnership should consider how to include both commissioners and other staff relevant to primary care provision, including community pharmacies. A community pharmacist may be the professional who some people in treatment see most often, and their wider role in improving people's health and wellbeing and ensuring their safety should again not be underestimated.

As with all organisations and roles, reference should be made to other representatives attending the partnership, to ensure broad coverage of roles, experience and perspectives. Some of these roles may fit better with sub-groups covering specific issues such as substance misuse treatment.

Substance misuse treatment providers

The organisations that provide specialist support for people with a substance use disorder in the local community will be central to achieving the aims of the strategy. The most significant partners will be providers commissioned by local authority public health teams, most likely either NHS or third sector providers.

Where the local provision is offered by a local NHS trust, there should still be specific representation from the substance misuse team in addition to any inclusion of wider local NHS stakeholders.

The partnership should consider how to include the provider(s) of treatment in local prisons and other parts of the secure estate (e.g. young offender institutions and secure children's homes), to help ensure high quality treatment and the continuity of provision between the community and prison.

The partnership may also wish to consider how to represent other treatment providers in the community, such as residential rehabilitation services, which may not be the core community providers or directly commissioned by the local authority, but play a key role in the local area.

As there might be a number of different relevant providers within even a single local authority, it may be necessary to consider how to represent all these organisations with their differing perspectives while retaining a manageable, functional partnership.

An appropriate level of representation would be the local area or regional manager, who can make decisions about resource allocation within the commissioned service's budget.

People directly affected by drug-related harm

It is essential that people who are directly affected by drugs are included in local partnership discussions. This includes those who are victims of drug-related crime and antisocial behaviour, people who use drugs (whether or not they currently use support services), and the families and friends of people who use drugs.

Ideally, a partnership will look to represent the views of all these groups, and as far as possible the full range of views and backgrounds within them. This should include extensive use of community forums, surveys and focus groups, and building formal representative structures as required, such as service user forums.

There are challenges in representing a wide range of perspectives, and therefore it may be appropriate to have several sub-groups or clear feedback routes to ensure that the partnership is able to hear a range of voices.

Lived experience recovery organisations (LEROs)

Lived experience is recognised in the strategy as having huge potential to support a range of people and communities in improving their lives. Lived experience can be defined as personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. A LERO is an organisation of people with lived experience committed to recovery, focusing on personal autonomy.

Where areas have active LEROs already operating, these should be included in local partnership discussions. Where they are not in place, the partnership should actively seek to develop them.

While LEROs can facilitate access to commissioned treatment services and forms of mutual aid, their contribution can – and should – be much more than this. They can contribute to wider community development and awareness, and help support programmes in currently underserved areas, whether universities or particular local communities. LEROs can add value in a wide range of types of work and settings to reduce drug-related harm, supporting people at high risk of drug-related death, engaging with hospitals to improve care, and building wider recovery awareness and support in the community. By having a more direct connection to local neighbourhoods and communities, they can be a key resource for keeping partnerships in touch with local residents and ensuring support is accessible to all.

Jobcentre Plus

Meaningful activity such as employment plays a key role in improving substance dependency treatment outcomes. Jobcentres should approach these partnerships through their standard partnership procedures. For example, local partnership managers may be

an appropriate attendee to represent Jobcentre Plus and address employment-related needs within their area.

Police

An assistant (or deputy) chief constable may be an appropriate attendee from the local police force, and could be the SRO for the partnership.

However, the roles and seniority of police representatives in the partnership should be considered in light of the geographic footprint of the partnership, and in parallel with other representation. For example, it may not be possible for an assistant or deputy chief constable to attend several partnership meetings within a single police force area, or they may not be best placed to provide expert advice and input on drugs issues. This should be considered when establishing the geographic footprint of a partnership.

Depending on the priorities of the partnership, it may be appropriate to have police representatives with more specific responsibilities – such as violence reduction, serious and organised crime (SOC), neighbourhood policing, or a particular geographical area – attending. It should also be noted that police forces are currently responsible for commissioning healthcare in police custody, which can be a key moment for ensuring entry to treatment or continuity of care.

Regional Organised Crime Units (ROCU) play a pivotal role in tackling drugs and work closely with the National Crime Agency (NCA), and police forces, as well as other relevant partners. ROCUs are the principal interface between the NCA and policing in England and Wales in relation to the ‘middle market’ threat, providing a unique understanding of the regional SOC threat, provision of a bespoke response with specialist technology and investigative expertise and capability. They are key in countering the harm from the ‘middle market’ in respect of enforcement, intelligence development and confiscating or denying access to assets. Partnerships should therefore work with ROCUs to draw on their perspective and expertise.

Police and crime commissioners

It is recommended that the PCC attends the partnership, and they would be an appropriate SRO.

However, as for other organisations, depending on the geographic footprint of the partnership, it may not be possible or appropriate for a PCC to attend all relevant meetings in their area in person.

In such cases, an appropriate member of their office should attend. Examples would include a deputy, a chief executive or, where appropriate, a lead commissioning officer.

Probation Service

The regional probation director or relevant local manager of the Probation Service should attend partnerships within their area, depending on the geographical footprint. Even where

they are not directly involved in specific partnerships, regional probation directors can provide a key route to co-ordinate practice and share learning between partnerships in their area.

Prisons and youth custody settings

There is a range of potential roles that could best represent prisons and other secure settings. Regional health and justice co-ordinators will be central to the effective delivery of relevant services, but local areas should consider how Her Majesty's Prison and Probation Service drug strategy leads and prison governors are included. Where these roles are not directly represented at a local partnership, they should be closely involved in more tactical and operational discussions, and support the flow of relevant information and data to regional and national levels to co-ordinate sharing best practice.

Other potential partnership members

Local schools and other education providers

Reducing drug use among young people is a key outcome of this long-term strategy, and requires co-ordinated, evidence-based work with young people. Schools and other education providers are therefore essential partners in ensuring that young people receive the education, advice, support and protection they need in relation to their own and others' use of illegal drugs. Partnerships should also consider the involvement of higher and further education providers, as discussed in the following sections.

Insight from key decision-makers is crucial, and this should include engagement with school leaders to support them in their wider civic responsibility, and to help ensure the best outcomes for their students. Partnerships may draw on existing local networks to ensure the perspectives and experiences of a range of institutions and staff are included. There are a number of other roles that might be relevant for partnerships, including leaders from multi-academy trusts in the area. School-based mental health teams, school nurses, special educational needs and disability co-ordinators, virtual school heads, relationships, sex and health education leads, and other similar roles should be involved through sub-groups and other forums as appropriate.

Higher education

Where a local area has a higher education provider, they will often already have strong links with local services including community healthcare, emergency services and police. Building on these existing networks and assets, the partnership should consider direct engagement on several distinct areas, making use of involvement in sub-groups or specific projects and task and finish work as appropriate.

Higher education students often play a key role in the local night-time economy, and time as a student is key in shaping behaviours and experiences that may affect future wellbeing and employability. Partnerships should work with education settings, drawing on pilots and innovations including specific projects in place through the drugs strategy, to explore behaviour change interventions with students.

Partnerships may encourage higher education providers and local services to work together to support students who are getting into difficulties with drug use. One example being the work of Dr Ed Day, the national recovery champion, with the University of Birmingham.¹

¹ See <https://www.birmingham.ac.uk/research/mental-health/better-than-well.aspx> for further information on the 'Better Than Well' programme at the University of Birmingham.

Higher education providers train health and care professionals including nurses, doctors, psychologists and social workers, and also have a key role in wider skills development throughout the life course. They are central to supporting local economic growth and can support the development of other protective factors such as employability at an individual and societal level that can reduce the harm of drug use.

Partnerships should connect with research and innovation work in higher education providers in the social and behavioural sciences, public health and a range of disciplines, as well as research institutes dedicated to substance use and addiction.

Further education

As outlined for higher education providers, further education can contribute to this agenda in a range of ways. Colleges often have a large number of students, and therefore can be an efficient way to engage with a range of people from a wide catchment area for education and preventive work in relation to their own drug use. Colleges are a key provider of education for a range of roles across health and social care and other professions that will support people who use drugs and those around them. Students themselves can also act as peer educators and advocates. Colleges can also play a central role in helping people to develop skills and experience that will support people in their recovery from substance misuse, with links to programmes such as social prescribing.

Information sharing across further education can be crucial to ensure there is effective support and safeguarding available to students, and Combating Drugs Partnerships can enable this.

A senior manager with safeguarding responsibilities, such as a director of student services, would be an appropriate point of contact. Given the varying footprint and catchment areas of colleges, partnerships should ensure that any point of contact is able to link with the range of relevant providers in the area. Where there are relevant local groups of providers, partnerships should make use of them. The Association of Colleges may be able to advise on how best to link with the full range of local providers.

Housing associations and providers of supported housing and homelessness services

People experience drug-related harm where they live. Safe, stable, affordable housing is an essential building block for recovery. Housing associations and providers of supported housing (including for people experiencing homelessness) can play an invaluable role in supporting their residents and building reassurance that people are safe in their own neighbourhood. The precise role that is most important to link into these partnerships will depend on the configuration of housing provision and support locally. Where local authorities are funding housing support or strategic housing roles as part of their treatment and recovery interventions, these should be utilised to improve join-up with local housing providers.

Youth offending team

The local manager of the youth offending team should be linked to the partnership to ensure that the perspective of youth justice is represented and that there is effective work in place to improve early intervention, referral pathways, and support available for children involved in the use or supply of drugs.

Fire and rescue authorities

Fire and rescue authorities collect information to assess risk in their areas and may conduct direct home visits that can elicit valuable information about criminal activity and safeguarding. They can play a useful role in local partnership work to plan services, reduce risk and ensure vulnerable people receive the support they need.

Voluntary, community and social enterprise and other community organisations

Some organisations from the voluntary, community and social enterprise sector will be represented through other sections of this guidance. Treatment providers, LEROs and other organisations may be part of the voluntary and community ('third') sector. However, there is a wider contribution that can and should be made by community-based organisations.

Access to 'meaningful activity' and support with wider health and wellbeing through social connection can be central to recovery from substance misuse, and community groups play a crucial role in providing such opportunities in local communities. This might be through local community centres, social prescribing schemes, or perhaps local exercise and social opportunities such as rambling, fishing or football. Similarly, volunteering networks may help support individuals and neighbourhoods. The Citizens Advice Bureau can also offer support and representation, as well as other organisations more focused on immediate help, such as food banks.

There are useful connections to be made through local networks representing a range of organisations – for example a local VCSE network or volunteer centre. It is not expected that individual organisations are included in partnerships as core members, or in all discussions as a matter of course, but sub-groups and related activity will be key routes through which to engage VCSE organisations.

Community organisations are also able to offer valuable insights into the nature and scale of drug-related harm within particular groups, and a unique route by which to address this. Such groups may be particularly helpful in involving people whose voices may not otherwise be heard in these forums. Engagement with relevant groups in the development of this guidance suggests that areas may wish to prioritise improving connections with women, people from ethnic minority backgrounds and some LGBTQ+ groups.

Involvement with neighbourhood groups can be particularly helpful. Such groups can be a vital source of intelligence and information, and a way of engaging with members of the

community to understand community views and challenge stigma, supporting a positive approach to reducing drug-related harm in specific neighbourhood settings.

Young people's community organisations will be crucial both in supporting young people who are affected by drug-related harm, and in providing feedback and intelligence to partnerships on young people's needs and the effectiveness of current support arrangements.

Other local community organisations

As well as directly representing local residents affected by drug-related harm, partnerships should also consider the role of different organisations within the community that are not directly related to drug issues but may face challenges related to these substances – or provide opportunities to reduce harm.

Drug use is linked to acquisitive crime and antisocial behaviour, which can affect local retail businesses, the night-time economy and public places. Local retailers therefore may have a key role to play, for example in identifying prolific offenders who are committing acquisitive crime as a result of substance misuse issues. A strong and effective partnership would ensure that there are appropriate routes for retailers to highlight issues with other relevant partners – notably treatment services – and ensure there are functional pathways to promote and refer people into support. Retailers and the night-time economy also play a key role in identification of criminal exploitation and provision of safe spaces or signposting children to support.

Therefore, partnerships should consider how to involve local retailers through organisations and schemes such as business improvement districts, Business Crime Reduction Partnerships, the local Chamber of Commerce, Best Bar None and Pubwatch. If the night-time economy is a particular issue of concern, links with local security providers will also be helpful.

Equally, drug harm is linked to economic opportunities, both at an individual and community level. Therefore, there may be opportunities for partnerships to work with local businesses to develop training and employment opportunities to support people's recovery from substance misuse, and to improve opportunities for young people who might be at risk of becoming involved in the supply or use of illegal drugs. Combating Drugs Partnerships should therefore explore links with Local Enterprise Partnerships, and other similar organisations. This could be a particular opportunity where there is metro mayor involvement.

Coroner's office

Coroners may provide invaluable insights and data in relation to drug-related harm, and specifically drug-related deaths. As these are independent individual roles, based on a specific geographical footprint, it will be for each Combating Drugs Partnership to determine how best to engage and involve coroners.

Office for Health Improvement and Disparities regional teams

OHID, within the Department of Health and Social Care, has regional staff who are specialists in issues around alcohol and other drugs. These staff can provide expertise on data and current guidance, as well as linking partnerships with best practice and current developments in other local areas.

OHID regional representatives would be likely to attend Combating Drugs Partnerships as observers and advisors.



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