

Gloucestershire Combating Drugs Partnership

Terms of Reference

1. Background

In December 2021, the government published a new 10-year drugs strategy, 'From Harm to Hope'¹ backed by additional funding for 2022 to 2025.

The Strategy seeks to deliver the recommendations of Dame Carol Black's landmark Independent Review², including a new long-term approach, with changes to oversight and accountability, delivered by multiple departments across Government under a new national Joint Combating Drugs Unit. The review set out the evidence of the benefits to society of investment in high-quality drug treatment and recovery. The 10-year commitment sets out the expectations of how the whole of Government and public services will work together and share responsibility for delivery. This is specified in 'Guidance for Local Delivery Partners', published in June 2022.

In July 2022, the new National Drug Strategy required a 'Combating Drugs Partnership' (CDP) to be formed over an agreed local geography which brings together action and oversight across the three priorities of the Drugs Strategy with accountability for delivery against the National Combating Drugs Outcomes Framework.

2. Purpose

To work in partnership, using knowledge, skills, data, and influence to deliver the three priorities of the new national Drug Strategy within Gloucestershire:

1. Break drug supply chains
2. Deliver a 'world-class' treatment and recovery system
3. Achieve a shift in the demand for drugs.

The multi-agency partnership will bring together action and oversight across the three priorities with accountability for delivery against the National Combating Drugs Outcomes Framework. Success at a local level will require partners to work together to understand our population and how drugs are causing harm in Gloucestershire, any challenges in our local system and make the changes that are needed to address them.

3. Principles

In line with the guidance, Gloucestershire CDP commits to the following principles:

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1043484/From_harm_to_hope_PDF.pdf

² <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>

- Shared responsibility: all relevant organisations and professionals see reducing drug harm in a local area as an essential part of their role, with high-level buy- in to achieving this objective.
- Person-centred support: all plans and services are designed around the needs and preferences of residents, rather than systems or processes. There is no 'wrong door' for someone seeking support for a drug related issue.
- Genuine Co-production: people who access treatment and recovery services and those who have been personally affected by drug harm have input and involvement across all levels of organisation and decision-making, with a commitment to the principles of diversity and inclusion.
- Equality of access and quality: Everyone can access timely, appropriate support in a form that respects the full, interconnected nature of their needs, wishes and background regardless of where they live in the County. The partnership fosters good relations, tackling prejudice and promoting understanding between people from different groups.
- Joint planning: Members share data and analysis and co-ordinate resource allocation, to ensure service delivery is more effective and efficient and delivers the best outcome for service users.
- Coordinated delivery: The wider context of people's lives – as part of relationships, families, and neighbourhoods – is reflected in the way that services operate. People should not need to 'tell their story,' multiple times, and there should be good communication, data sharing and co-ordination between different support services. Where there are multiple needs for a person or in a family, services should work together to assess their needs, develop a shared care plan, and consider the role of the 'lead practitioner' – someone who acts as a single, consistent, and trusted point of contact for different organisations and services.
- Local visibility: The partnership is recognised by residents as a key forum and decision-making body and works to increase public confidence related to drug issues, reducing stigma, and raising awareness of support. The partnership uses inclusive and accessible language in its discussions, products, and publications.
- Flexibility: The local partnership responds to need, whether at the individual level or for a local area, tailoring the approach to different needs, resources, and cultures.
- Long-term strategic view: There is a long-term view with a careful, proactive, staged approach to delivering improvements to achieve system change in service design and delivery, and a generational shift in patterns of drug use.

4. Geographical scope – Gloucestershire

Our geographical footprint is 'Gloucestershire' due to our coterminous arrangements across: NHS/ICS footprint, County Council; police /OPCC and probation services. Matters of Disrupting Supply Chains will also be addressed, in collaboration, through regional and national organised crime leads as needed.

5. Responsibilities of the Partnership

The Gloucestershire Combating Drugs Partnership (GCDP) will provide a focused point of reporting and scrutiny thereby ensuring an open and transparent partnership with clear ownership, responsibility, and accountability.

The partnership will:

- Conduct a joint drug and alcohol needs assessment for the county
- Support the ‘Public Involvement Lead’ to effectively coordinate engagement with those impacted, and expert services, in understanding the range and complexity of needs.
- Agree and implement a local drug and alcohol strategy and action plan
- Agree and monitor a local performance framework to monitor the implementation and impact of our local plan
- Have oversight of commissioning activity in relation to the Supplementary Drug Treatment and Recovery Grant 2022 – 2025
- Provide ratification on key activity and decisions carried out by the subgroups.
- Provide information to both Safer Gloucestershire and the Health and Wellbeing Board in relation to the drug and alcohol strategy delivery plan
- Work to achieve strategic and operational alignment across member organisations, Board, Forums and Groups providing consistent, quality, joined up responses in accordance with the local Strategy and national direction.
- Receive Drug Related Death Reports and drive forward the implementation of the recommendations.
- Adopt a Human Learning System approach to continually learn and improve.
- Take a Trauma-informed approach
- Hold an overview of and influence the development and implementation of strategies and commissioning intentions of partnership members that impact the Drugs Strategy and to work in partnership to ensure a joined-up approach to addressing drug and alcohol harm.

6. Membership

The GCDP will be made up of a Strategic Group and several sub-groups which may be existing partnership groups or may be convened for specific purposes. The recommended membership across the Partnership includes:

Recommended membership	
Elected Members	Cabinet Lead for Public Health & Communities, Gloucestershire County Council Cabinet Member for Public Protection, Gloucestershire County Council
Local Authority Officials	Head of Commissioning (Complex Needs), Gloucestershire County Council Director of Strategy and Partnerships, Gloucestershire County Council Head of Community Services, Tewkesbury Borough Council Director of Communities and Chair of the Strategic Housing Partnership, Gloucester City Council Head of Safeguarding, Gloucestershire County Council Director of Education, Gloucestershire County Council Community Safety Lead for Forest of Dean District Council Chairs of the six community safety partnerships

NHS Strategic leads	One Gloucestershire ICB Clinical Lead for Prevention and PHM/Health Inequalities
JobCentre Plus/DWP	DWP Partnerships Manager, Gloucestershire
Specialist drug and alcohol treatment and recovery services	Gloucestershire Services Manager, CGL CEO, Young Gloucestershire and InfoBuzz
Police	Detective Superintendent, Director of Intelligence
Office of the Police and Crime Commissioner	Deputy Police and Crime Commissioner OPCC Policy Officer GCJB Coordinator Senior Analyst Assistant Communication and Engagement Officer
National Probation Service	PDU Head for Gloucestershire
Experts by Experience	Lived Experience Coordinator, CGL
Fire & Rescue Service	Assistant Chief Fire Officer
Regional OHID Team	Population Health and Wellbeing Programme Manager, Office for Health Improvement and Disparities
Healthwatch	tbc
Youth Justice	tbc
Young People	Operations Director, Youth Support Team Head of Service, Youth Support team

A partnership structure chart is included in Appendix 1 below.

To fulfil obligations all members will:

- Be a named person representing their agency at an appropriate senior level with authority to influence Strategies, Commissioning, Policy, and Practice.
- Attend a minimum of 80% of meetings and take responsibility for ensuring agreed actions are implemented with reference to the agency they represent.

Deputies with appropriate authority to make decisions are permitted.

The meeting will be quorate if 80% of the membership is in attendance. This should include the Chair or Vice Chair and one member from the OPCC, one member from the County

Council, one member from the county community safety partnerships, one member from the constabulary and one member from NHS services.

The guidance also specifies the following key partners who should be engaged for discussion, recommendations, and agreement. The nature of the involvement of these partners will be established and formalised within the first six months of the Partnership's first formal meeting:

- Education
 - Local schools and other education providers
 - Higher education
 - Further education
- HM Coroner's Office – is a member of the Drug Related Death Review Panel, but to be consulted about preferred level of engagement with the new drugs partnership
- Housing associations and providers of supported accommodation and homelessness services
- Prisons - The guidance makes recommendations about Prison representation on the local Strategy group. As we do not have a prison in Gloucestershire, and the Estates are widely spread, we will discuss with Regional Prison and Probation colleagues the best joint approach to take.

7. Use of Sub- Groups

Task groups and areas of focus will be delivered through sub-groups of the strategic board. Where possible this will include groups that are already convened or whose purpose can be adapted to include the specific requirements outlined in the Drugs Strategy.

8. Links to other groups

Members of the GCDP will maintain their membership and strong operational links with other partnerships and groups to deliver the strategy, specifically:

- The Domestic Abuse and Sexual Violence Strategy Partnership Board
- The VCSE Strategic Alliance
- Mental Health Partnership Board
- Reducing Reoffending Board

The GCDP and these groups will be entitled to work alongside or request information from each other where their workstreams or responsibilities overlap.

9. Role of the SRO

The local drugs strategy SRO is the key local 'system integrator' responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework.

For the first three years, the Deputy Police and Crime Commissioner has been nominated as the SRO for the Partnership.

10. Chair & Vice-Chair

The Chair of the GCDP will be the local drugs strategy SRO.

Subsequent Chairs and a Vice-Chair will be elected from members of the group on a 3-year basis. The Chair and Vice-Chair may not be from the same agency.

11. Additional Roles

The Joint Drugs Combating Drugs unit requires 3 additional roles to that of SRO:

11.1 Partnership Lead - named lead for overseeing delivery of local programmes and co-ordinating partnership.

The role will be covered by the Head of Commissioning (Complex Needs), Gloucestershire County Council, the lead commissioner for Community Drug and Alcohol treatment services.

11.2 Data and digital Lead –named lead on data, data protection, information governance and outcomes measurement.

The role will be covered by the Lead Data Analyst for the OPCC and the Commissioning Officer with portfolio responsibility for drugs and alcohol at the County Council.

11.3 Public Involvement Lead –named lead to ensure the voices of a range of members of the public are heard, whether they are people who have lived or living experience of using drugs and/or support services, are family members of those who do, or are affected by drug-related harm in other ways.

The holder of this role will be identified following a scoping exercise undertaken by the partnership to identify the most appropriate person within a Gloucestershire context.

12. Frequency

- The group will meet every two months for the first year, or as business need dictates.
- Meeting dates will be set one calendar year in advance.

13. Reporting

The Combating Drugs Partnership sits at the same level as Safer Gloucestershire and the Health and Wellbeing Board and will have a relationship with both, providing information as required. It will report directly into the national Joint Combating Drugs Unit.

14. Review

These terms of reference will be reviewed and updated in January 2023, following the findings of the needs assessments and any newly identified business needs and on an annual basis thereafter.

Appendix 1: Gloucestershire Combating Drugs Partnership Structure

