

Public Document Pack

**North Yorkshire Council
Health and Adult Services - Executive Member & Corporate Director Meeting**

Friday, 12 January 2024 / 1.30 pm

A G E N D A

1 **Apologies for Absence**

2 **Declarations of Interest**

Item for Corporate Director decision

3 Information and Advice Service - Extension of Contracts (Pages 3 - 6)

Item for Executive Member decision

4 Substance Use Strategy Consultation (Pages 7 - 14)

5 Appendix A - Draft NY Substance Use Strategy (Pages 15 - 76)

6 Appendix B - Final draft Equality impact assessment - Substance Use Strategy (Pages 77 - 92)

7 Appendix C - Substance Use Strategy Consultation Plan Summary (Pages 93 - 96)

Item for Assistant Director Resources decision

8 Accelerated Reform Grant - Expression of Interest (Pages 97 - 102)

Any Other Business

9 Date of next meeting
9 February 2024

Circulation:

Executive Members

Michael Harrison

Officer attendees

Richard Webb

Presenting Officers

Linda Porritt
Naomi Smith
Angela Hall
Dolly Cook
Abigail Barron

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North Yorkshire Council

Health and Adult Services

Executive Member Meeting

12 January 2024

Report to the Corporate Director Health and Adult Services in consultation with the Executive Member for Health and Adult Services

**Contracts for Information Advice and Guidance Services –
(Lot 1) The provision of a North Yorkshire Information Advice Service
(Lot 2) The provision of a Welfare Rights information and Guidance Service**

1.0 PURPOSE OF REPORT

1.1 To request approval to extend the two contracts supporting the Information Advice and Guidance Services currently managed within Health and Adult services. This will allow time for other grant payments, that have been paid by the seven former district and borough councils for a similar service, to be reviewed and consideration to be given on combining these (or parts thereof) with the core funding currently managed by Health and Adult Services, for any future procurement.

2.0 BACKGROUND

- 2.1 Lot 1 covers the current Information, Advice and Guidance Services contract which is delivered countywide by North Yorkshire Citizens Advice and Law Centre (also known more publicly as the CAB) and was awarded 01 April 2017. The current contract expires 31 March 2024.
- 2.2 The service provides advice and information to the public on a holistic basis, ranging from debt and money management to housing, employment etc. alongside working with over 200 partners. This is in addition to the specialist advice and information provided by services across the Council including IMT, housing, Adult Social Care, planning and Children and Young Peoples' Services (CYPS).
- 2.3 The CAB is a trusted and recognised public facing organisation which provides holistic advice and information covering a broad spectrum of topics including debt, housing, unemployment, benefits, bankruptcy. North Yorkshire Council (NYCC) is the major funder.
- 2.4 The people supported by the CAB are the most vulnerable in our community. They are five times more likely to be on low incomes; many have mental health problems; many are in insecure employment and/or live in rented accommodation.
- 2.5 The CAB meets all KPIs, attend all contract monitoring meetings and routinely and reliably provided quarterly reports and extensive updates in relation to their performance and service offer overall. It is forward thinking, innovative and proactive in relation to the

services it provides, paying due regard to patterns and trends presented by customers. During the pandemic it has successfully created and applied different ways of working in order to ensure service delivery was uninterrupted.

- 2.6 Lot 2 covers the service provided to the Council by the Welfare Benefits Unit (WBU). This consists of second-tier welfare benefits advice and information to benefits advisers from North Yorkshire Council (NYC) and the City of York; plus other organisations including but not limited to Carers Resource, Citizens Advice Bureau's and Housing departments. The Provider does not offer direct support to members of the public.
- 2.7 The WBU offers specialist welfare benefits advice and training to those who work with members of the public. They aim to maximise benefit entitlement, helping to reduce the incidence and impact of poverty and in doing so improve health, wellbeing, financial and social inclusion.
- 2.8 The WBU has experienced advisers who provide independent support through: advice line, publications, training, consultancy and projects.
- 2.9 Both providers conform to all relevant contractual responsibilities. The providers have provided a continuity in service throughout the pandemic with creating new ways of working. They meet all KPIs, attend all contract monitoring meetings and provide all relevant reporting in relation to its performance and service offer overall.
- 2.10 The two contracts ran for an initial term of 5 years from 1 April 2017 to the 31 March 2022. This was extended for two years until 31 March 2024.
- 2.11 The proposed extension and variation has been through the council's governance and a gateway 4 report has been submitted and approved by the Procurement Assurance Board.

3.0 CONSULTATION UNDERTAKEN AND RESPONSES

- 3.1 The current providers have been consulted and are agreeable to an extension for 12 months.

4.0 CONTRIBUTION TO COUNCIL PRIORITIES

- 4.1 The proposal contributes towards key areas in terms of the council priorities including the environment and economy, health and well-being plus local access to local services.

5.0 ALTERNATIVE OPTIONS CONSIDERED

- 5.1 Consideration was given to re-procuring at the end of the current contract but this would not cover the grants previously paid by the district councils which would be considered separately. This would have brought a risk of duplication of effort, including additional cost, and potential confusion over the management of the contracts.

6.0 IMPACT ON OTHER SERVICES/ORGANISATIONS

- 6.1 The extension will allow time for the legacy grants to be considered and to ensure that any service procured is appropriate for the whole Council.

7.0 FINANCIAL IMPLICATIONS

7.1 The annual cost for Lot 1 is £331k and for Lot 2 is £102k. This is within budget.

8.0 LEGAL IMPLICATIONS

8.1 Legal advice has been provided in relation to this extension.

9.0 EQUALITIES IMPLICATIONS

9.1 Consideration has been given to the potential for any equality impacts arising from the extension to the contract. No significant adverse impact is expected for any groups of people with protected characteristics identified in the Equalities Act 2010.

10.0 POLICY IMPLICATIONS

10.1 There are no policy implications in extending the contracts for 12 months.

11.0 HUMAN RESOURCES IMPLICATIONS

11.1 The continuation of the contracts will enable the Benefits and Assessments Officers and other colleagues on a corporate wide basis, to keep up-to-date with changes in legislation and guidance.

12.0 ICT IMPLICATIONS

12.1 No additional ICT implications.

13.0 REASONS FOR RECOMMENDATIONS

13.1 To allow time for the grant payments that have been paid by the 7 former district and borough councils for a similar service, to be reviewed and consideration to be given as to the possibility of combining the grant payments (or parts therefore) with the core funding currently managed by Health and Adult Services.

14.0 RECOMMENDATION

It is recommended that the Authority extend and vary the contracts for a further 12 months to 31 March 2025.

Report Authors –

Linda Porritt – Head of Financial Assessments and Benefits
Anton Hodge, Assistant Director – Resources

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North Yorkshire Council

Health and Adult Services

Executive Member Meeting

12th January 2024

REPORT TO Executive Member for Health and Adult Services in consultation with Corporate Director of Health and Adult Services and Director of Public Health

Draft North Yorkshire Substance Use Strategy: Proposed Public Consultation

1.0 Purpose Of Report (required)

To approve the proposed public consultation plan for the North Yorkshire Substance Use Strategy.

2.0 Executive Summary

The draft North Yorkshire all-age substance use strategy has been developed by several partner agencies working together to reduce the harms associated with substance use (drugs and alcohol). Approval is being sought to run a non-statutory, formal public consultation from **2nd February 2024 to 30th April 2024 (12 weeks)**. The proposed consultation will allow members of the public, and those in the targeted groups identified, to find out about the strategy and feedback their thoughts and views. We have identified a range of performance, policy and risks associated with the consultation, but proposed mitigations enable the consultation to progress as deemed low risk.

3.0 Background

The draft North Yorkshire all age substance use strategy has been developed by several partner agencies working together to reduce the harms associated with substance use. The proposed Substance Use Strategy for North Yorkshire (**Appendix A**) advocates a public health approach to reduce harms associated with substance use. We believe in the value of prevention - of use of substances; harm reduction – for people using substances; and recovery – from harmful patterns of substance use. People who use substances and people who experience harmful patterns of substance use are citizens of North Yorkshire. The North Yorkshire Substance Use strategy aims to balance our law enforcement responsibilities with compassionate leadership, policy, and practice.

In December 2021, the Government introduced a 10 Year drug strategy to reduce crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. The National Strategy is in part a response to the review, which was completed by Dame Carol Black, delivering the key recommendations to improve the system. As well as the strategy there has been significant government financial investment in the treatment sector.

Approval is being sought to run a non-statutory, formal public consultation from **2nd February 2024 to 30th April 2024 (12 weeks)**.

The consultation will gather views and feedback from:

- The public (adults and young people)
- People with lived and living experience of harms associated with substance use be that themselves, family members, a loved one or friend
- Workforce and professionals
- Armed forces and veterans
- Specifically, we need to ensure that we hear from people from ethnic minority backgrounds, people that identify as LGBTQ+, women, rural residents or people that have a disability to ensure a good representation of views from different groups of people as highlighted in our equality impact assessment (see section 12).

The proposed consultation will allow members of the public, and those in the groups identified to find out about the strategy and feedback their thoughts and views on this.

4.0 Issues

The vision for the North Yorkshire Substance Use Strategy is that we will reduce harms associated with substance use across North Yorkshire – putting people, health, and communities at the centre. The strategy outlines the plan for action over the next two years which shows how we will take a public health approach.

The Substance Use Strategy is an all age, all substance strategy that recognises that the harms associated with substance impact individuals, families, and communities. The strategy is divided into 9 chapters covering each of the areas which the North Yorkshire partnership will priorities in the coming years. The chapters include breaking drug supply chains, developing a world class treatment system, creating an Intergenerational shift in demand, harm reduction, comms & engagement, research & development, place-based action and workforce development and protective factors.

Issues/ risks relating to the delivery of the strategy consultation are detailed below in section 11.

5.0 Performance Implications

Working together across the partnership to deliver on our shared priorities within the strategy should impact positively on performance in several areas:

- Reduce supply of illicit drugs by police
- Improve treatment services by commissioned services
- Reduce demand for substances (prevention)

Through consultation we may hear feedback from people about their experience of individual services. Any feedback of this nature will be collated and used constructively to support services to develop and improve.

6.0 Policy Implications

There are a range of other policies and strategies that feature substance use and its associated harms that are cited within the Substance Use Strategy (section 6). These include:

- **North Yorkshire Council workplace substance use policy** - North Yorkshire Council strives to provide a safe, healthy, and productive environment for all staff, visitors and service users.
- **North Yorkshire Joint Health and Wellbeing Strategy:** The draft strategy references factors that contribute to substance use and harmful patterns of substance use, and there is a specific aim: “to identify people who experience drug and alcohol dependence as a key ‘inclusion health’ population group.” It outlines a joint commitment across partners to improving their access to healthcare and other systems to improve their health outcomes.
- **North Yorkshire Community Safety Partnership:** All the priorities within the strategic plan have links to substance use and its impact, whether it be supporting individuals and communities, or at times enforcement; our cross-partnership arrangements must be strong and robust
- **Police Drug Strategy:** The vision of the strategy is to reduce harm from and reduce supply of illicit drugs in North Yorkshire by embedding the principles of Prevent, Prepare, Protect and Pursue.

- **Community Mental Health Transformation Programme - Complex Emotional Needs/ Trauma workstream:** of the Community Mental Health Transformation aligns very strongly to the North Yorkshire substance use strategy. It is estimated that around 78% of people who have Complex Emotional Needs will have some level of harmful use of substances, the majority of whom will have experienced at least one form of trauma
- **Probation Drug Strategy:** The Probation Service is committed to working in partnership with the courts and North Yorkshire Horizons to deliver a 20% increase in Drug/ Alcohol Arrest Referrals
- **Violence Against Women and Girls (VAWG) and Women’s Whole System Approach:** The VAWG Strategy includes an objective to deliver a Women’s Whole System Approach, with the aim of offering an effective approach to working with women with multiple unmet needs, and those who have been victims of, or at risk of, violence or crime. Many women who use substances often have multiple unmet needs and work with multiple agencies.
- **Housing Strategy:** Preventing and Tackling Homelessness and Supporting Communities through Neighbourhood Renewal and Regeneration. Preventing and tackling homelessness, meeting supported housing needs and the needs of specific groups, ensuring that communities are sustainable and inclusive. Working with Health and Social Care colleagues to meet the need of vulnerable residents and to deliver affordable housing to those with a variety of needs.
- In addition, there were links with the Armed Forces Covenant, NY Early Help Strategy, NY Council Plan, Being Young in Yorkshire, Domestic Abuse Strategy and Serious Violence Duty

7.0 Alternative Options considered

Substance use impacts individuals, families and communities of all ages and is not substance specific so the North Yorkshire Substance Use strategy is an all-age strategy and covers both alcohol and other drugs collectively.

Whilst there is no legal requirement to complete a statutory consultation with the public, there is a reasonable expectation that this strategy and its content will be of interest to the public and therefore it is recommended that we complete a formal 12-week consultation. The proposal follows best practice in terms of consultation length and approach. The consultation separates its approach used with both adults and young people, recognising different engagement requirements.

8.0 Financial Implications

The strategy includes several elements that are likely to have positive financial implications. The strategy is based on a strong partnership approach, making best use of resources by joining up across agencies. The strategy includes clear priorities relating to investing in treatment for people who experience harmful patterns of substance use, which is recognised to reduce the economic and social costs associated with drugs and alcohol. The independent review of drugs led by Dame Carol Black (2021) [Independent review of drugs by Dame Carol Black: government response - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/independent-review-of-drugs-by-dame-carol-black) reinforced that investment in drug and alcohol services has reduced significantly over the last decade nationally. In response, central government has placed increased priority on drug and alcohol services, implementing significant additional (Universal and SSMTRG Section 31 grant) investment over the period 2021-2025. North Yorkshire has so far received, invested, and benefited from over £1.4 million additional funding, and is due to receive £1.2 million additional funding in 2024/25. Furthermore, several proposed actions within the strategy are preventative in nature or focus on early intervention (for example with children and young people), which supports best value for money across public sector organisations. More widely, the strategy will have a positive economic impact through the priority focus on protective factors, including education and employment.

The strategy consultation will be completed using existing resources within the council as well as support to complete via other partner agencies involved in the design and delivery of the strategy.

9.0 Legal Implications

There are no legal implications arising in respect of consulting on the Substance Use strategy, however, Office of Health Improvement and disparities (OHID) required all Local authorities to develop a local Substance Use strategy as a local response to the National Drug strategy: [From Harm to Hope](#), published in December 2021 and the strategy should therefore be considered a key strategic document. The national strategy sets out the government's 10-year ambition to ensure as many people as possible can get the treatment they need by significantly increasing the number of treatment places and recovery services. OHID have developed a new set of local and national outcomes frameworks to measure progress against our key strategic aims through which government and public services can be held to account at both national and local levels.

10.0 Impact on other services/organisations

Successful implementation of the strategy and its consultation requires commitment from a range of partner organisations:

- North Yorkshire Council departments – Health and Adult Services (Public Health), Children & Young Peoples’ Services, Community Development (housing and economic development) and Local Engagement departments (including communications, web team, localities team).
- North Yorkshire Horizons, North Yorkshire Rise
- Criminal & Youth Justice: Police, Office Police Fire Crime Commissioner, Youth Justice service, Operation Choice
- Armed forces / agencies working with armed forces.
- Agencies working with those identified with protective characteristics
- Schools, colleges, other education providers,
- Wider community & voluntary sector
- Employers, businesses, and organisations within the community

11.0 Risk Management Implications

Risks in relation to the consultation:

Risk	Mitigation
<p>Several consultations / engagements are ongoing over <u>similar</u> time periods – potential for confusion or lack of engagement.</p> <p>These include:</p> <ul style="list-style-type: none"> • Autism Strategy Consultation • North Yorkshire Housing Options process (live) • Joint Health and wellbeing strategy consultation 	<p>This consultation will start 2nd February 2023 so consultation periods will not fully overlap, however residents could have consultation fatigue and we may see reduced engagement. Proactive and targeted communications will be a mitigation to this.</p>
<p>The EIA has highlighted potential barriers to reaching individuals with one or more protected characteristics with the consultation, and the importance of their voice. Groups identified include women and girls, LGBTQIA+</p>	<p>The consultation group have identified key stakeholders and groups that can support with extended reach. Variety of methods</p>

<p>communities, neuro diversities, people using substances and those facing multiple disadvantages.</p>	<p>to cater for different preferences – written strategy document, video and visual infographic (young people), surveys online and in-person, accessing groups that people are already attending.</p>
<p>Given the consultation will be taking place over the winter season, there is a risk that poor weather may impact on attendance at events</p>	<p>There will be a varied way for people to engage with the consultation including virtual methods for those that don't feel able to travel in the winter months. The consultation will be available for people to complete in their local communities such as library, citizens advice centre etc.</p>
<p>People may disclose personal challenges with substance use or its effects on their lives.</p>	<p>This will be mitigated by the types of questions that we will ask (specific to strategy content). We will also ensure that at the end of the survey there is information for participants on local specialist support available to them should they know someone or require further support.</p>

12.0 Equalities Implications

An Equality Impact Assessment (EIA) for the draft strategy and consultation is underway. This draft can be found at **Appendix B**. The Equalities Impact Assessment will also be available for the public. Key points to consider are:

- Ensuring the voice of people from the targeted population groups is captured such as those identifying as; LGBTQ+, ethnic minority background, women, have a disability and those in the armed forces or veterans.

13.0 Climate change implications

A Climate Change Impact Screening Assessment has been completed for the draft strategy and consultation which will be available to the public on request.

The strategy covers an initial period of 2 years which means there is limited impact on climate change. Overall, the long-term ambition for the government and council would be that there will be a reduction in substance use, which would then result in a reduction to waste and pollution from products associated with substance use (syringes, bottles, and other items linked to substance use).

14.0 Reasons for recommendation/s

15.0 Recommendation (required)

To complete a formal 12-week consultation for the Substance Use Strategy using a variety of mediums and methods to ascertain the views of the public.

Name and title of report author (required)

Dolly Cook
Service Development Managers
Public Health (Drugs and Alcohol)

Appendices

Appendix A - Draft strategy
Appendix B – EIA
Appendix C - Consultation Plan Overview

DRAFT NORTH YORKSHIRE SUBSTANCE USE STRATEGY

1. INTRODUCTION

'Drugs' are chemical substances that have a physiological effect on a living organism. They change how the brain and nervous system work, and the way that people who use them feel, think, behave, and experience things.

Drugs include substances that are available to purchase over the counter (for example, paracetamol); substances that are prescribed by a medical practitioner (such as codeine); substances that are available to purchase legally (such as alcohol, tobacco); and illicit substances that are controlled under the Misuse of Drugs Act 1979 (such as heroin, ecstasy). Some medicinal products are also controlled under the Misuse of Drugs Act – such as morphine and benzodiazepines (diazepam).

Within this strategy we recognise alcohol as a drug and refer to alcohol and other legal and illegal drugs as 'substances'; and the use of them as 'substance use'. Tobacco is not included in this strategy; there is a separate Tobacco Control Strategy for North Yorkshire. Vaping nicotine is addressed within the Tobacco Control Strategy. Vaping as a method of consuming illicit drugs (such as cannabinoids – see [Drink Drug Hub](#)) is addressed within this strategy.

“Mankind has always sought doors in the wall of reality”.

Humans have always deliberately used substances and are programmed to repeat experiences that provide pleasure.

So why do people use substances? It is more nuanced, but put simply, people use substances for two main reasons: to experience pleasure, and to relieve pain and

suffering. Some use substances for spiritual enlightenment, some for image and performance enhancing reasons, such as body building.

Many people use substances.

Nationally, 28% of men and 15% of women are drinking at levels that increase risk of health harms (more than 14 units per week) ⁱ. Increased alcohol consumption has continued beyond the national COVID lockdowns of 2020 and 2021 ^{ii iii}.

In 2021, 21% of 11–15-year-olds reported that they had ever taken illegal substances (down from 24% in 2018) in England, with 12% reporting use in the last year (down from 17% in 2018), and 6% in the last month (down from 9% in 2018). 31% reported that they had been offered illegal substances. The likelihood of use of illegal substances increased with age, and it is estimated that smoking is the strongest factor associated with use; followed by family who don't discourage use; and then drinking alcohol ⁱⁱⁱ.

Estimates show that around 341,032 15-64 years olds use opiates and/ or crack cocaine in England, and 602,391 adults are alcohol dependent ^{iv}.

There were 7.10 million patients who were prescribed dependency forming medications in England in 2021/22. The most common groups to receive prescriptions for dependency forming medications in 2021/22 were female patients aged 55 to 74 years. Areas of greater deprivation had the highest number of identified patients who were being prescribed dependency forming medication in 2021/22, with one and a half times as many patients receiving prescriptions in the most deprived areas of the country compared to the least deprived^v.

Substances undoubtedly cause harms. Estimates show nationally that the social and economic costs of alcohol-related harms amount to £21.5 billion. Harms from illicit drug use costs £20 billion. These estimates include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity ^{vi}. However, harms aren't equally experienced across the population. Huge geographical and socioeconomic inequalities exist in terms of substance related harms ^{vii}.

A range of health and social issues, including socioeconomic deprivation, mental and physical health problems, stigma, trauma, and homelessness increase people's risk of harmful patterns of substance use - where substance use compromises a person's ability to function – physically, emotionally, psychologically and/or socially - and exacerbate the associated harms ^{viii} . The vast majority of people who experience harmful patterns of substance use have experienced or are experiencing trauma and/ or mental health challenges. Substance use is an adaptive coping strategy:” Mankind has always sought doors in the wall of reality”.

Stigma related to substance use, including the language that is commonly (and sometimes unconsciously) used to describe people who use substances makes it more difficult to reduce harms for individuals and communities, and improve outcomes. It makes it hard for people who experience harmful patterns of substance use to engage with specialist support. Sources of stigma are complex. The 'Getting Drink' and 'Drugs – Think Differently' awareness sessions offered through North Yorkshire's bespoke **Drink Drug Hub** address this in a useful way – professionals and the public are encouraged to participate in the awareness sessions. A national Anti-Stigma Network has been launched to address stigma at a national level across England - www.antistigmanetwork.org.uk: to improve understanding of the stigma and discrimination experienced, enabling our shared efforts to take action to end stigma.

We must address and tackle stigma and associated discrimination in our policy and practice if we are to meaningfully impact on harms ^{ix}.

“because no one had ever made her feel like she was important. I've said it before, I know you (Service Development Manager) are really humble about it; however, it means so much to know we have an advocate walking the corridors of power helping to carve out a seat at the table for people who have been disenfranchised”

“See the person not the issue”

“System to overcome ego-based culture, where feedback can be heard without judgement, blame or shame”

‘North Yorkshire connected spaces Project’, 2023 – people with living and lived experience.

“Even alcohol users look down on drug users, you know they say, ‘I’m not going to that programme I’m not going to that agency that’s full of smack heads.” (Stakeholder 15)

“I think it helps me because I used to, my opinion on people ‘look at that smack head over there in the street’ that was my opinion. I thought I was alright because I only took coke, but I was taking it all weekend and I wasn’t getting up for work, but I thought I was alright. You know, and now me coming to these [SMART recovery] groups made me realise my problem was just as bad as the next persons problem who had a heroin addiction.” (Service User 5, Recovery & Mentoring Service Scarborough)

‘Liverpool John Moores University evaluation of North Yorkshire Horizons, 2016.

Approaches that are focussed on or rely on threat of punishment as a means of reducing demand or enhancing engagement with specialist services are not supported by evidence and can have damaging impacts on people who experience harmful patterns of substance use. The approach creates a barrier for people to access support. It leads to strategic and policy approaches that do not adequately consider the views and human rights of people who use substances. There is a call from the highest coordination forum of the United Nations to promote public health approaches to substances (drugs) - putting ‘people, health and human rights at the centre’ ^{VII IX X}.

2. OUR COMMITMENT:

“We will reduce harms associated with substance use across North Yorkshire – putting people, health and communities at the centre”.

People who use substances and people who experience harmful patterns of substance use are citizens of North Yorkshire.

We will take a public health approach within our Substance Use Strategy for North Yorkshire.

We will balance our law enforcement responsibilities with compassionate leadership, policy, and practice

We believe in:

- **Prevention** – we will ensure that people can avoid use of substances, including alcohol;
- **Harm reduction** – we will reduce harms and deaths;
- **Recovery** – we will support people to achieve their goals, and live lives free from harmful patterns of substance use.

We will ensure that we:

- **Champion and advocate for supportive, compassionate, non-stigmatising communities** across North Yorkshire;
- **Work alongside people** who use substances; people who experience harmful patterns of substance use; our communities; our assets; and our services;

Our priorities will be:

1. Drug **supply** and **responsible retailing** of alcohol;
2. Deliver **effective support** for all people who experience harmful patterns of substance use;
3. **Prevention** of use of substances;

Our priorities will be **supported by partnership action on:**

- **Harm reduction**
- **Communications and engagement**
- **Workforce development**
- **Research and development**
- **Protective factors** that prevent harmful patterns of substance use, and promote recovery
- Substance use in **particular places** in North Yorkshire.

3. NATIONAL CONTEXT

The Government's latest Alcohol Strategy was published in 2012. The latest national 10-year Drug Strategy, 'From Harm to Hope', was published in 2021 – and is the third in a series published since 2010.

Alcohol Strategy

“This strategy sets out how we will attack it (alcohol) from every angle... When beer is cheaper than water...change will not be achieved overnight, it will require long-term and sustained action by local agencies, industry, communities, and the Government”.

The Strategy promised to:

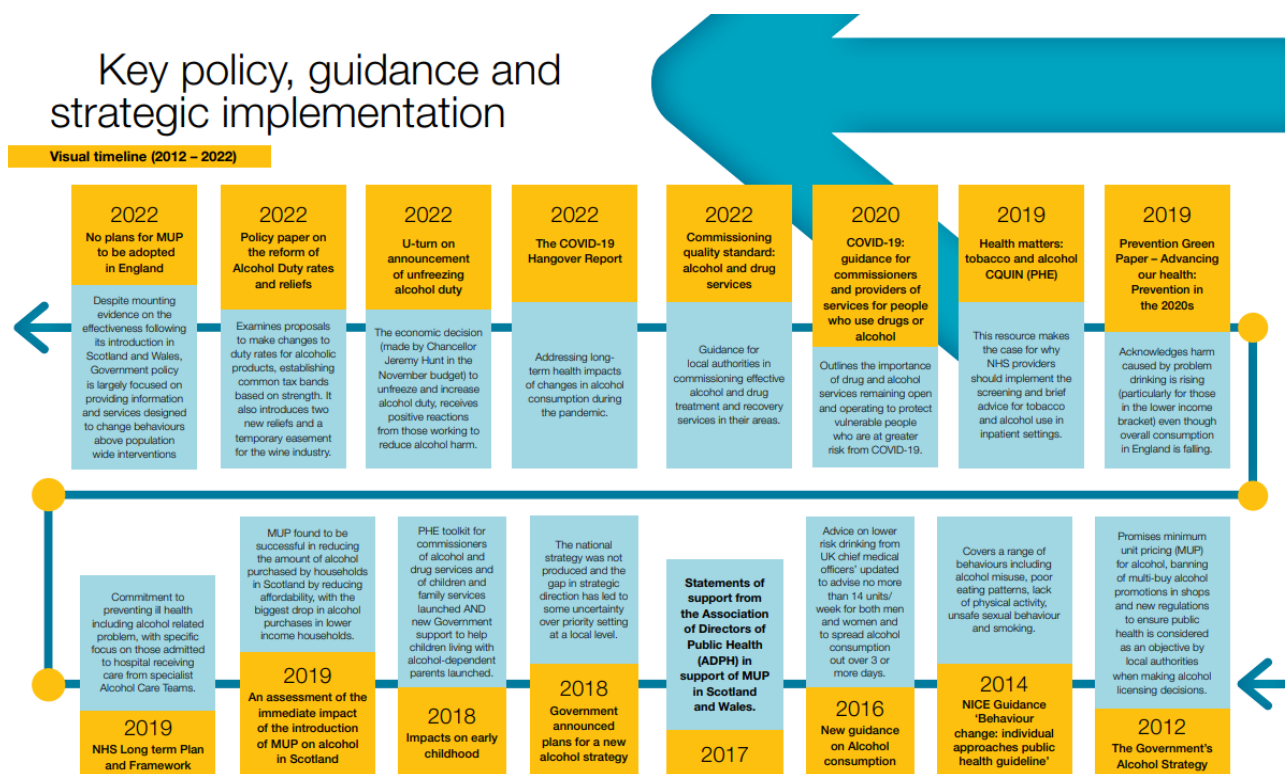
- End the availability of cheap alcohol and irresponsible promotions, and introduce a minimum unit price for alcohol and consult on the introduction of a ban on multi-buy promotions in the off-trade;
- Provide an extensive range of tools and powers to local agencies to challenge those people that continue to behave in an unacceptable way and make it easier to take action against and, if necessary, close down, problem premises;
- Hold industry to account for the crucial role that they can play in changing the drinking culture;
- Ensure that everyone understands the risks around excessive alcohol consumption to help them make the right choices for themselves and their families.

Figure 1 summarises key policy, guidance, and strategy implementation since 2012.

England is the only country in the four nations of the UK that has not introduced alcohol Minimum Unit Pricing, following the commitment made in the 2012 strategy. The **independent evaluation** published by Public Health Scotland (PHS) in June 2023 ^{xi}, shows that Minimum Unit Pricing has had a positive impact on health outcomes, including addressing alcohol-related health inequalities. The Association of Directors of Public Health Policy Lead for Addictions commented:

“The evidence is crystal clear – minimum unit pricing works. Deaths are down, hospital admissions are down and alcohol consumption in general is also down. Not only that, but the largest reductions have been seen in those living in the 40% most deprived areas which will go a long way to narrowing the unacceptable gap in health outcomes for people living in different areas of the country. It is also really encouraging to see that there was no clear evidence of substantial negative impacts on the alcohol industry as a result of these measures in Scotland as this is something our Government have been concerned about. There really is however absolutely no excuse now not to implement similar measures in England. They wanted more evidence, the evidence is here, and it clearly shows that by introducing MUP, lives can be saved, health can be improved, and industry can survive ^{xii}.”

Figure 1 - key policy, guidance, and strategy implementation since 2012:



Drug Strategy

“We will create a system where no one falls through the gaps, where there is no stigma attached to addiction and where people who need it are provided with long-term support”.

The Strategy forms part of the Government's Levelling Up/ Building Back Fairer (health inequalities) policy. Drug dependence is recognised as a health condition that is caused by and causes multiple disadvantage that cannot be addressed through criminal sanctions. The Strategy is focussed on illicit drugs, but acknowledges alcohol and medicines dependence, which are often used in combination by people who experience harmful patterns of substance use.

Each local area is expected to have a strong partnership that brings together all the relevant parties to take evidence-based and co-ordinated action – accountable to the national Joint Combatting Drugs Unit, overseen by the Ministerial lead for the Home Office, via the appointed Senior Responsible Officer. In North Yorkshire, the Senior Responsible Officer is the Director of Public Health (refer to Section 5 for more details).

The Strategy promises significant additional investment to (refer to Figure 2):

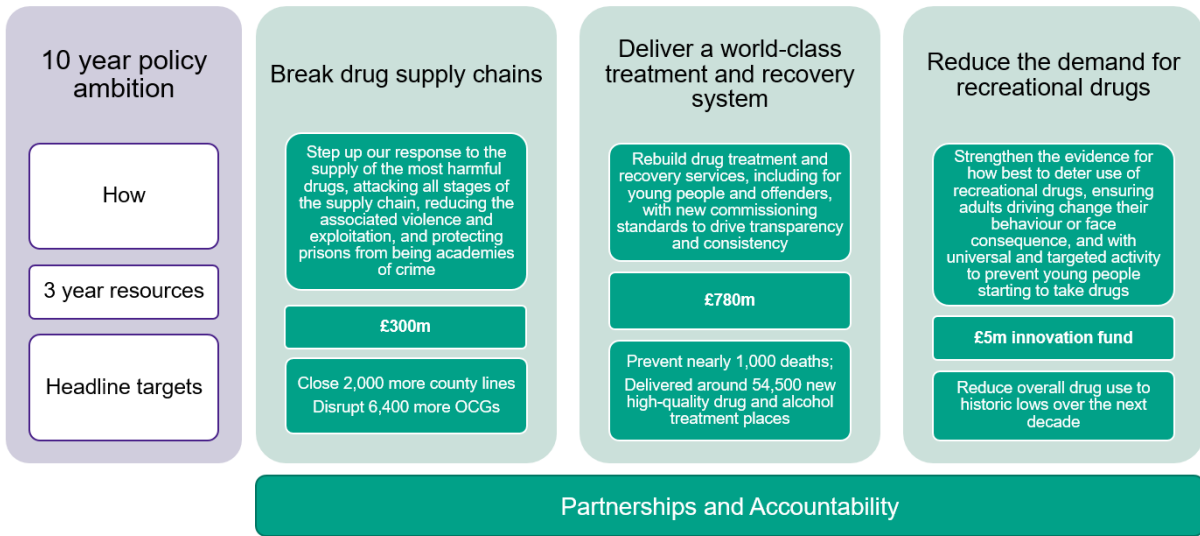
- Break drug supply chains;
- Deliver a world class treatment and recovery system;
- Achieve a generational shift in demand for drugs;

It commits to delivering the following outcomes, nationally, between 2022-2025. Progress will be measured through the National Outcomes Framework (refer to Figure 3).

- 1,000 fewer deaths;
- a phased expansion to deliver at least 54,500 new high-quality drug and alcohol treatment places for adults - including for people who are rough sleeping or at risk of rough sleeping;
- 5,000 new treatment places for young people;
- A treatment place for everyone who is offending and drug dependent;
- Close 2,000 county lines and disrupt 6,400 organised crime group activities

Figure 2 – From Harm to Hope – strategy on a page:

The strategy on a page



Office for Health Improvement and Disparities

Figure 3 – National Outcomes Framework

Figure 1: Full National Combating Drugs Outcomes Framework

Strategic outcomes and metrics			Intermediate outcomes and metrics		
Reduce drug use	Reduce drug-related crime	Reduce drug-related deaths and harm	Reduce drug supply	Increase engagement in treatment	Improve recovery outcomes
Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics
<ul style="list-style-type: none"> Proportion of individuals reporting use of drugs in the last year Estimated prevalence of opiate and/or crack cocaine use (OCU) 	<ul style="list-style-type: none"> The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person The number of homicides that involve drug users or dealers, or have been related to drugs in any way 	<ul style="list-style-type: none"> Deaths related to drug misuse Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug) 	<ul style="list-style-type: none"> Number of county lines closed Number of major and moderate disruptions against organised criminal groups 	<ul style="list-style-type: none"> Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults) The numbers in treatment for adults and young people 	<ul style="list-style-type: none"> Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics
<ul style="list-style-type: none"> Number and proportion of households owed a homelessness duty with a drug dependency need Rate per population of children of referral and assessments by social services with drugs as a factor Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week 	<ul style="list-style-type: none"> Proven reoffending within 12 months Police recorded trafficking of drugs and possession of drugs offences Hospital admissions for assault by a sharp object 	<ul style="list-style-type: none"> Hepatitis C prevalence (chronic infection) in people who inject drugs Number and percentage of people in treatment that have died during their time in contact with the treatment system 	<ul style="list-style-type: none"> Volume and number of drugs seizures Number and proportion of National Referral Mechanism referrals with a county lines flag 	<ul style="list-style-type: none"> Number of individuals in treatment in prisons and secure settings Number of community or suspended sentence orders with drug treatment requirements Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting) Unmet need for OCU treatment 	<ul style="list-style-type: none"> Proportion of people in treatment that have reported no housing problems in the last 28 days Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days Proportion of people in treatment reporting a mental health need who received treatment or interventions Proportion of parents that have received specific family or parental interventions

Medicines with potential for dependence

Public Health England (now the Office of Health Improvement and Disparities) recommended a range of measures to address medicines dependence ^{xiii}, including better insight into prescribing, updated clinical guidelines, and better information to patients including clear discussions at the point of prescribing. They also recommended that a treatment support offer should be made available locally for patients with medicines dependence.

National Institute of Health and Care Excellence Guidance NG215 ^{xiv} states: '*At present, there is limited provision of services within the NHS specifically to support withdrawal from prescribed medicines. There are some local centres that have established good practice in this area, but they are not widely available. It is expected that implementing these recommendations will increase the number of people needing specialist withdrawal services. Additional resources will be needed to increase the provision of these services by expanding existing centres or creating additional ones in areas where these services are not available. This should be balanced by savings accrued from a reduction in unplanned hospitalisations to treat adverse drug events, fewer medicines prescribed and hence fewer medicine reviews.*

NHS Integrated Care Boards (ICBs) are likely to be best positioned to take a lead on a tailored support offer for medicines dependence because the financial impact will impact mostly on NHS resource. This is confirmed in NHS England's 2023 publication "Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for integrated care boards (ICBs) and primary care" (PR1103). However, local authorities have greater experience in commissioning services for people who experience harmful patterns of substance use at a local level. Therefore, it is likely that a local commissioning arrangement would be led by the NHS, with local authority support.

4. SUBSTANCE USE ACROSS NORTH YORKSHIRE

Our [drugs needs assessment \(2023\)](#) and [alcohol needs assessment \(last updated 2022\)](#) are published on [Data North Yorkshire](#). These describe what we know and don't

know about the scale and impact of use of substances across North Yorkshire – and demonstrate why co-ordinated, evidence- based partnership action is a priority.

Recommendations reported in both needs assessments are addressed in section 6.

Drugs – a brief summary:

TONIC was commissioned to conduct a rapid illicit drug needs assessment. The aims were to assess and describe a number of dimensions of needs (including what we know about drug use across North Yorkshire, the supply of drugs, and drug related harms), and highlight needs that cannot currently be described and reported on. TONIC conducted a short review to summarise national research, policies, and strategies to provide insight into who is at risk and why. They analysed and summarised a range of local quantitative data that was either publicly available or shared for the purposes of the needs assessment. They also analysed some local insight/ qualitative data that had been captured as part of other projects, such as the Youth Commission Big Conversation, and facilitated a limited number of discussions with key professionals involved in delivering drug and alcohol services and interventions across the North Yorkshire system. They did not collect any new qualitative data from commissioners, partner agencies, service providers or people with living or lived experience, and recommended that future needs assessments include bespoke qualitative engagement with these groups.

A summary of the key findings is as follows:

- There is limited official data on levels of drug use at a local level.

Supply:

- County Lines remains the dominant drug dealing method across the County.
- Almost half of those committing drug-related crimes who are known to the police use opioids, with 45% using crack cocaine (with significant overlap between these two groups as many will use both substances).
- 8% of police nominals with drugs markers are known to use benzodiazepines; this is a matter of concern as this class of drug is an aggravating risk factor in fatal drug overdoses locally.

- Synthetic substances are a cause for concern, including synthetic cannabinoids (including SCRA's/ SPICE), benzodiazepines and opioids, including Nitazenes. A current National Patient Safety Alert (July 2023) has been issued on Nitazenes because of an elevated number of overdoses (with some deaths) in people who use drugs, primarily heroin, in many parts of the country. Potency and toxicity are often uncertain, and therefore more unpredictable with greater risks associated with use.
- Young girls in particular report high exposure to online drug dealing. Online supply to adults has also featured in recent drug related deaths.

Use of substances and harmful patterns of use of substances:

Young People

- The Growing Up in North Yorkshire survey found that most young people did not use drugs, although young people report that drugs are becoming increasingly easy to access. Some groups of young people who may be predisposed to/ at increased risk of harmful patterns of substance use reported use of substances more than the average population of young people. Young people who reported use of substances, report use of drugs and alcohol together.
- The advent of North Yorkshire RISE (specialist substance use treatment service for young people with harmful patterns of substance use) has resulted in a substantial increase in the number of young people receiving specialist support since 2021.

Adults:

- Over the last decade, the number of adults in treatment for support with opiates such as heroin has fallen by more than a quarter – this is higher than the 17% fall seen across England. Conversely, the number engaged with treatment support for other substances, including non-opiates such as cannabis and cocaine, as well as for support with alcohol only, have increased substantially – much higher than the increase seen across England. Estimates show however that around 50% of the people who could benefit from structured harm reduction and treatment interventions, are not engaged with specialist support. A significantly smaller proportion of people starting treatment use cocaine compared to the national

average (14% vs 25% nationally). There are concerns about increasing numbers of local people using benzodiazepines and painkillers.

- The profile of adults in treatment varies considerably by locality: most engage for support with opiates in Scarborough and Selby, whereas most engage for support with alcohol in Harrogate, Craven and Northallerton. Almost three quarters are men (72%). Rates of women engaging for support with alcohol and non-opiates were lower than the national average (23% vs 30%). The age profile shows that 20% of men and 22% of women were under 30 (national averages were 15% and 20% respectively). Two thirds are aged 30-49 years (68% women and 65% men).

Wider harms:

- The prevalence of drug driving is rising (reflecting a national trend).
- More adults are presenting to treatment with complex health and social needs.
- North Yorkshire has seen drug poisoning deaths in adults rise by a higher rate than nationally (142% increase from 19 in 2011 to 46 in 2021), but a much lower increase in drug misuse deaths (20% increase from 15 in 2011 to 18 in 2021).
- There is a substantially higher rate of hospital admissions due to substance use for 15–24-year-olds compared to the national average (a Direct Standardised Rate of 105 per 100,000 vs 85 per 100,000 nationally).
- The County has a higher-than-average percentage of children who have parents or carers in drug treatment (18% locally compared to 13% nationally).
- The pilot bespoke carer's service (for people with living and lived experience of supporting someone with harmful patterns of substance use) has provided support to over 100 individuals including more than 60 from the North Yorkshire area, with individual service users coming from 32 different villages and towns across the county.

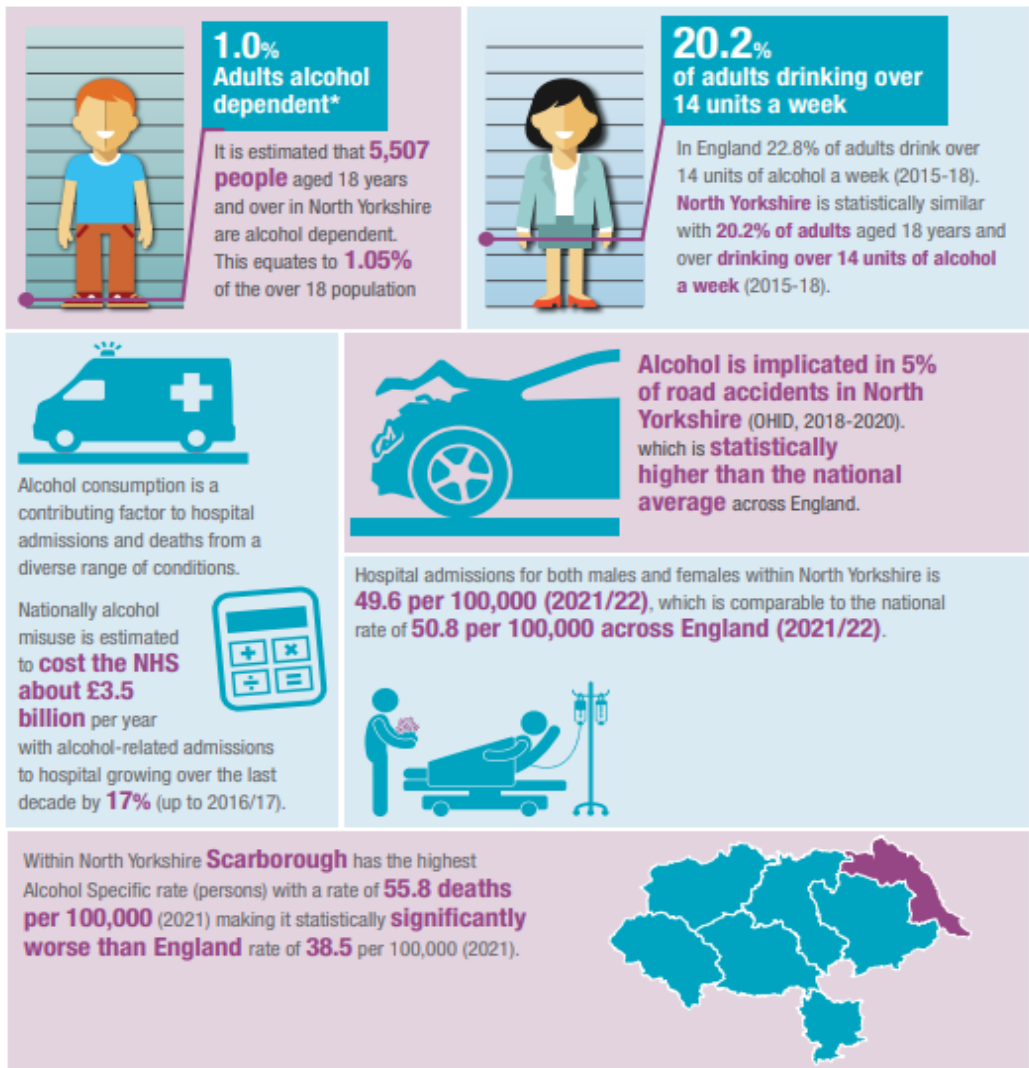
Alcohol - a brief summary:

Some people do not drink, but for many, alcohol is part of their lives. Our best data estimates that the majority of the North Yorkshire population drink alcohol within the UK Chief Medical Officer's low risk drinking guideline (no more than 14 units per week, spread

out, with drink free days, remembering that the number of units you drink depends on the size and strength of your drink).

However, nationally, drinking patterns changed during the Covid pandemic, when there was an increase in the number of people drinking at harmful levels and the heaviest drinkers further increased their consumption. These changes then continued once the lockdowns were lifted. In North Yorkshire, a fifth of adults drink more than 14 units of alcohol each week and it is estimated that 5,507 people are alcohol dependent and could benefit from specialist support. Alcohol is implicated in 5% of road accidents in North Yorkshire, and this is statistically higher than for England. The rate of admissions directly caused by alcohol in Scarborough is statistically higher than the England average.

Why is alcohol still a priority in North Yorkshire?



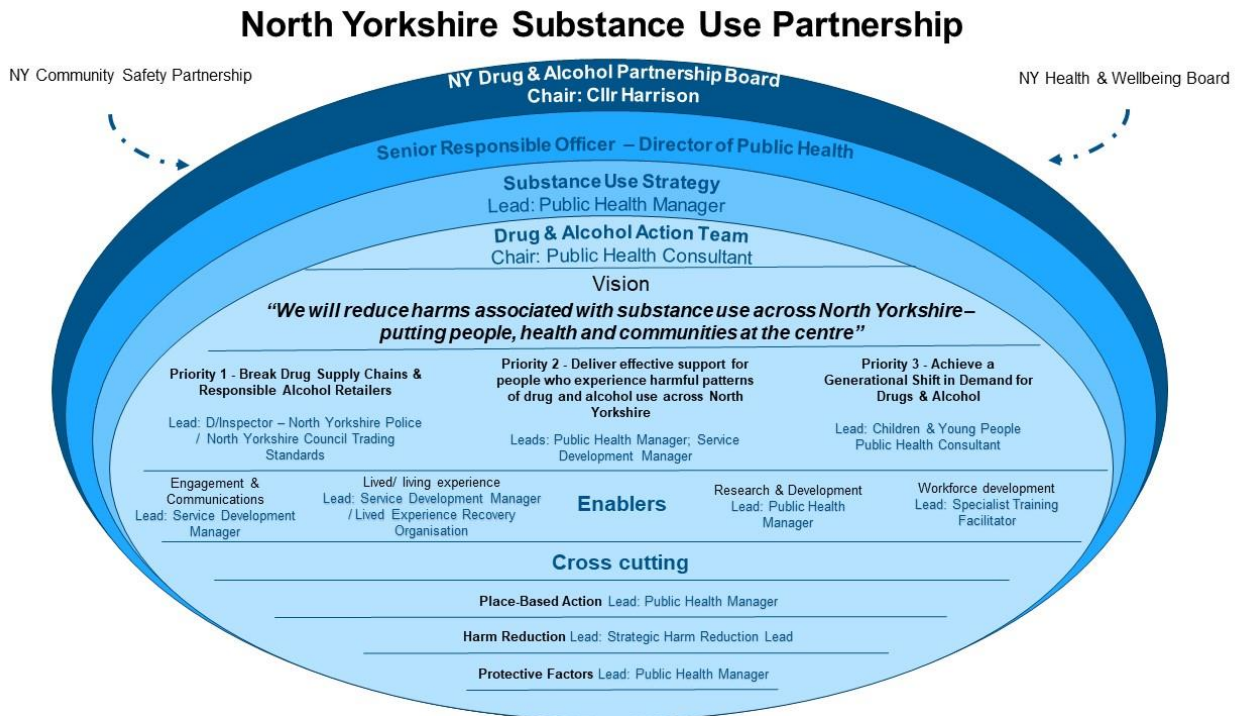
5. PARTNERSHIP ACROSS NORTH YORKSHIRE TO ADDRESS SUBSTANCE USE

We will ensure that we:

- Champion and advocate for supportive, compassionate, non-stigmatising communities across North Yorkshire;
- Work alongside people who use substances; people who experience harmful patterns of substance use; our communities; our assets; and our services.

Figure 4 shows how partners, people and communities will work together to develop and deliver action on substance use across North Yorkshire.

Figure 4 – North Yorkshire Substance Use Partnership



6. SUBSTANCE USE STRATEGY FOR NORTH YORKSHIRE

Priority/Outcome 1: Break drug supply chains, facilitate responsible alcohol retailing, and reduce drug and alcohol related crime and disorder

Why this is a priority?

Drugs: Given the scale of the threat and the rise of the violent county lines distribution model, breaking drug supply chains and ‘rolling up’ county lines is a priority for the Police and all law enforcement partners^{xv}. We do however recognise the need to carefully execute our law enforcement responsibilities to mitigate unintended consequences, such as re-directing supply of and demand for other, potentially more harmful substances, and making it more difficult for people who could benefit from support from accessing it. Evidence shows that focussing on arresting dealers and seizing drugs has limited long-term impact on supply ^{xvi}.

Alcohol: Industry can play a critical role in changing drinking culture. Cheap alcohol is too readily available and industry profit has too frequently been prioritised over community concerns and health impact. When beer is cheaper than water, readily available and promoted, it’s just too easy for people to develop harmful patterns of alcohol use ^{xvii}.

What insight has informed the priorities:

Drugs:

- Police and Crime Plan 2022- 2025 Police, Fire & Crime Commissioner North Yorkshire (northyorkshire-pfcc.gov.uk) - Caring about the Vulnerable – Ambitious Collaboration – Realising Potential & Enhancing service for the public.
- Force Management Statement – 2022 Ensuring workforce understands its role in delivering services in response to local and national requirements and is held accountable using performance frameworks based upon robust data, good insight and effective service delivery. We respond to existing and emerging crime types with a focus on protecting the vulnerable and preventing harm.
- HMICFRS PEEL Inspection reports setting Home Office expectations and direction.

- NYP Early Intervention & Prevention Strategy – Ambition to see prevention and early intervention truly embedded within NYP.
- NYP Strategic Intelligence Assessment 2022.
- SOCLP 2022
- OPP County Lines YP Recruitment.
- Drugs Market Profile 2022.
- County Lines OIA – 2021

Alcohol:

Trading Standards investigative and regulatory work is informed by reports from the public. The public, including young people, are encouraged to report underage sales, so that Trading Standards can target their resources to address compliance with the law by retailers. Young people (recruited via Police cadets) also support Trading Standards to conduct test purchasing – where young people attempt to purchase alcohol, to confirm retailers’ compliance with the law.

What our needs assessments said we should focus on:

Drugs:

- Further investigation into what types of drugs are being sold online and how they are marketed and delivered.
- North Yorkshire Police continues to make the disruption of County Lines drug dealing a priority area.
- Further investigation into what types of drugs are being sold online and how they are marketed and delivered.

Alcohol:

- Maximise opportunities for improving health and reducing harm within licensing legislation, including scoping out the potential value of a 5th objective that specifically addresses impact on public health
- Influence work around night-time economy
- Maintain focus on illicit supply and underage sales

	<ul style="list-style-type: none"> • The criminal justice pathway remains a priority for all key partners, including the Police, Probation, Youth Justice Service, North Yorkshire Horizons and North Yorkshire RISE: - The Police work in close partnership with organisations who work with vulnerable individuals (especially North Yorkshire Horizons and RISE, Children and Families Services and the voluntary sector) to swiftly identify people who are vulnerable to, or have been the subject of, cuckooing, to ensure that they receive appropriate treatment and associated support; • The Fatal 5 drink/drug drive campaigns are maintained and evaluated in order to fine tune their effectiveness. 	<ul style="list-style-type: none"> • Explore innovative solutions to disorder problems such as alcohol-free zones • Ensure greater access to data linked to alcohol-related crime and disorder
	<p>Illicit Supply</p>	<p>Alcohol Supply</p>

<p>What we will focus on:</p>	<ul style="list-style-type: none"> • County Lines • Class A Supply • Criminal exploitation within drug supply • Organised criminal supply – including Western Balkan organised crime • Organised cannabis cultivation • Money laundering and criminal assets • Synthetic drugs and contaminated supply. 	<ul style="list-style-type: none"> • Preventing under 18s from being able to purchase alcohol • Identifying and remove any illegal alcohol from North Yorkshire premises • Promoting responsible retailing principles, providing support and guidance to alcohol retailers to ensure legislative compliance
<p>What this looks like in practice:</p>	<ul style="list-style-type: none"> • Prepare: Develop actionable intelligence; Community engagement and interaction working jointly against OCG's & County Lines; media and communication informing and supporting the fight against organised drug supply and County Lines • Prevent: Discharge all safeguarding opportunities for the protection of children; offender led programmes to deter and prevent offending; training for 	<ul style="list-style-type: none"> • Respond to reports of underage sales • Inspect and seize illegal alcohol as part of criminal investigations • Investigate reports of 'proxy sales' (where adults buy alcohol for minors) • Work with businesses to provide guidance and advice to ensure legislative compliance • Prosecute where criminal offences have occurred and joint enforcement action against a premise licence where opportunity to prevent future harm

	<p>Police and partners; bespoke response to cuckooing; lifetime offender management and early intervention including Civil support</p> <ul style="list-style-type: none"> • Protect: Work with Partners to ensure vulnerable people and places are protected; Timely response to threat through Local and Force Tasking Process for resources; Section 45 defence in investigations to support prosecutions and protect; NRM & PPN referrals. • Pursue: Target financial resources and criminal money of organised criminals; Targeted support for those vulnerable and exploited; prosecution of offenders; Prosecute; Map and manage down OCG's and threat 	<ul style="list-style-type: none"> • Explore development of a local alcohol licensing data matrix – which demonstrates where a locality is at risk of health harms from licensing activity – to support local licensing application policy (e.g., Leeds model).
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How we will measure impact:	<ul style="list-style-type: none">• Number of county lines closed.• Number of major and moderate disruptions against organised criminal groups• Volume and number of drugs seizures.• Number and proportion of National Referral Mechanism referrals with a county lines flag.• Police recorded trafficking of drugs and possession of drugs offences.• Drug related cash seizures.	<ul style="list-style-type: none">• Test purchasing data (sale rates) in comparison to regional and national data.• % of businesses brought back into compliance following an intervention• % of reports addressed by way of advice, test purchase or inspection.• % of businesses reporting satisfaction with guidance and support provided
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Priority 2: Deliver effective support for all people who experience harmful patterns of substance use

Why this is a priority? Investing in treatment services not only helps to save lives, but also substantially reduces the economic and social costs of harms associated with drugs and alcohol. Research has shown that every £1 invested in drug treatment results in a £4 social return on investment – a total of £21 over 10 years; and every £1 invested in alcohol treatment results in a £3 social return on investment – a total of £26 over 10 years. For many who experience harmful patterns of use of substances, engaging in treatment can be the catalyst for getting the medical and social help they need to address the underlying causes of their use of substances, and current physical, mental health and social symptoms. Being in treatment reduces offending behaviour – up to half for alcohol users – reduces drug and alcohol related deaths, and the spread of blood borne diseases such as Hepatitis C. The public values drug and alcohol treatment - 82% said that the greatest benefit of treatment was improved community safety.



Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association

What insight has informed the priorities:

Liverpool John Moores University completed an evaluation of the North Yorkshire Horizons (integrated adult drug and alcohol service) in 2016. 27 people with living experience of the service, and 15 professionals who work within and alongside of the service were interviewed. Recommendations that could strengthen service delivery included:

- Continue to encourage service users to volunteer to become peer mentors and ensure that all those who are suitable and wish to volunteer receive appropriate support and training.
- Carefully manage and monitor peer mentors.
- Continue to provide different activities for service users and work towards establishing new relationships with relevant services.
- Use of community settings for SMART (recovery) meetings and should continue to expand the number of locations for these meetings.
- Provide a flexible service offer.
- Additional out of hours support.
- SMART meetings for specific groups of people.
- More ways to keep service users engaged with treatment and encourage more service users in treatment to move into the aftercare/recovery service.

“They gave me not only a reason to live but they also helped show me what the reason was and helped me to get to where I am now.” **(Service User 1, Treatment Skipton)**

“Horizons are having meetings outside in the community now and I think that will help because people will see us coming in and how we’re getting on and things like that.” **(Service User 6, Recovery & Mentoring Service Harrogate)**

“The biggest bit is becoming more prominent now in the community, so the stigma is going. That was always the big thing to get over was the stigma and that’s now reducing which is good.” **(Service User 4, Recovery & Mentoring Service Scarborough)**

“The fact that they [peer mentors] have done it and they’ve got a normal life. You know, there’s no reason why you can’t do it if they’ve done it.” **(Service User 3, Treatment and Recovery & Mentoring Service Skipton)**

The final report is published here: **Evaluation of the North Yorkshire Horizons Adult Drug and Alcohol Treatment and Recovery Services.pdf** (nypartnerships.org.uk)

North Yorkshire Council completed a public consultation on North Yorkshire Horizons in 2018. They received feedback from 13 potential providers, 31 stakeholders, and 36 people with lived and living experience. Recommendations that could strengthen service delivery included:

- Support out of business hours
- Support needs to be local and easy to access
- Use digital methods of delivery
- Co-location of services is important so that service users can access the support they need (also need to work closely with GPs)
- Need to improve mental health pathways for co-existing substance use
- Provide smoking cessation support
- GPs need support with dependence to prescription medicines
- Improve detox access and timeliness

The final report is published here: **Specialist adult drug and alcohol service - North Yorkshire Horizons | North Yorkshire Partnerships (nypartnerships.org.uk)**

North Yorkshire Connected Spaces group initially highlighted the following recommendations that could strengthen service delivery:

- Treatment for substance use should be linked to mental health

<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • Consideration is given to developing a bespoke offer for people who experience misuse of medications. • Plans to add Buvidal (relatively new long-acting opiate substitute depot medication) to the North Yorkshire Horizons formulary should be progressed to 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Identify and provide support to people with coexisting issues such as severe mental illness and relationship problems, and to consider the wider social impacts of alcohol harm such as debt, housing and crime and disorder • Assess the extent to which identification and brief advice is routinely delivered and is
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	<p>support the overall approach to addressing the needs of people with complex and multiple needs.</p> <ul style="list-style-type: none">• The potential expansion of the multiple disadvantage outreach team and/ or re-modelling of the existing North Yorkshire Horizons service offer, to create more capacity for outreach-based support.• An investigation into the potential value of a dedicated steroid worker to develop a gym-outreach service should be considered.• Further investigation into the prescription of and illegal availability of gabapentoids merits consideration.• The overall pathway of support for young people (including universal support, targeted diversion schemes, and specialist support from North Yorkshire RISE and the Youth Justice Service) is reviewed, to identify whether it is adequately resourced, and optimises outcomes for young people.	<p>effective in primary and secondary care</p> <ul style="list-style-type: none">• Maximise new opportunities across the NHS Integrated Care System to address alcohol dependency issues and early identification of alcohol harm
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	<ul style="list-style-type: none">• The criminal justice pathway remains a priority for all key partners, including the Police, Probation, Youth Justice Service, North Yorkshire Horizons and North Yorkshire RISE:<ul style="list-style-type: none">- The planned York based custody drug testing pilot (of all those arrested for trigger offences linked to opiates and cocaine) is evaluated, and consideration is given to roll out to North Yorkshire custody suites.- North Yorkshire Horizons, North Yorkshire RISE, Police, Probation, social services and other key partners proactively target vulnerable groups who may be predisposed to harmful patterns of drug use, including people who are in contact with the criminal justice system;- The pathway into and out of prison is optimised to maximise engagement, continuity of care and outcomes;	
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<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Reducing harms • Reducing deaths • Identifying and engaging more people who could benefit from specialist support services • Supporting people to successfully achieve their goals • Providing a flexible, bespoke and specialist support offer for people who experience multiple disadvantages including harmful patterns of substance use
<p>What this looks like in practice:</p>	<p>Adults:</p> <ul style="list-style-type: none"> • Multiple Disadvantage Outreach Team offer within North Yorkshire Horizons • Longer acting opiate substitute medications, such as Buprenorphine • Volunteer/peer led Telephone Recovery Service offer within North Yorkshire Horizons • Presence in/in reach into prisons and custody – co-location of substance use service staff in custody; in-reach and digital technology arrangements in prisons that release to North Yorkshire • Identifying and addressing co-morbidities and co-occurring conditions – increased clinical capacity within North Yorkshire Horizons; alcohol related liver disease fibrosan; Summary Care Record – Yorkshire and the Humber. • Inpatient and residential treatment offer • Alcohol care offer for people who drink at hazardous and harmful levels – via co-commissioning with NHS • Treatment offer for people who are dependent on medicines – via co-commissioning with NHS • Substance use end of life pathway across North Yorkshire Horizons and NHS <p>Young People:</p>

	<ul style="list-style-type: none">• Increasing capacity within North Yorkshire RISE• Improving pathways for young people who experience harmful patterns of substance use
How we will measure success:	<ul style="list-style-type: none">• Engagement with North Yorkshire Horizons and North Yorkshire RISE• Inpatient and residential placements and outcomes• People released from prison with a substance use treatment need who engage with North Yorkshire Horizons or North Yorkshire RISE within three weeks• Outcomes for people leaving Yorkshire Horizons or North Yorkshire RISE• Deaths• Experience of people with lived and living experience

Priority 3: Achieve a generational shift in demand for drugs and alcohol

Why this is a priority?

Substance use can have a major impact on children and young people’s health, education, families, and their long-term chances in life. There is strong evidence that early intervention can prevent or delay initiation of substance and alcohol use and associated harms. Best practice recommends universal work with all children and young people, a holistic family focussed approach and targeted work with children and young people and families whose life experiences may predispose them to, and place them at greater risk of experiencing, harmful patterns of substance use. By ensuring that all children, young people, and families (CYPF) are provided with evidence based, effective and timely information, guidance and support, we can reduce harmful use of substances in future generations, creating a safer, healthier and more productive population.

What insight has informed the priorities:

Multi-agency workshop

Attendees: Public Health, Early Help, Healthy Schools, Children and Families Service, NY Police School Liaison Service, Office of the Police, Fire and Crime Commissioner, Safer Communities, NY Police Community Alcohol Partnership

Contributors: NY Horizons, NY Rise, NY Youth, Leaders Unlocked

NYC held a workshop to bring together multiple partners from across the entire drug and alcohol support system to develop and identify:

- Collective vision
- Achievable goals and outcomes
- Picture of existing support and services
- Gaps in the system

North Yorkshire Youth Commission (Youth Commission - Police, Fire and Crime Commissioner North Yorkshire (northyorkshire-pfcc.gov.uk))

The Youth Commission has led a ‘Big Conversation’ with children and young people across North Yorkshire since 2015. Thousands of responses, conversations, and views, collected via peer research, have led to them to prioritise action on ‘Drugs and Alcohol Abuse’ and more recently ‘Drugs, Gangs and County Lines’^{xviii}. Their insight and recommendations have informed some of our priorities and action, such as tackling the online supply of drugs.

Growing Up in North Yorkshire survey 2022

The survey of School Years 2, 6, 8, 10 and 12, taking place every 2 years includes age-appropriate questions around drugs and alcohol. Over 17,000 children and young people took part in the 2022 survey, with over 11,500 being asked about substances; for example, 25% of Year 6 pupils (aged 10 and 11) stated they have drunk alcohol, 18% with parental knowledge. Therefore, we know that education around substances need to begin in primary school.

North Yorkshire Connected Spaces (lived and living experience) group 2023 said: “Prevention - work and support young people” (is what is needed)

<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • Further investigation into what types of drugs are being sold and how (including online supply) would be valuable in designing future drug prevention work with young people. • The commissioning of targeted prevention work aimed at vulnerable groups - there is little targeted drug prevention work aimed at vulnerable groups e.g., Looked after 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Ensure the development of a new strategy takes into account the impact on children who may be affected by a range of levels of parental alcohol consumption, and not just dependent drinkers and domestic violence. • Local Safeguarding Boards to ensure that the issue of parental alcohol misuse (PAM) is well understood in their local area and that the needs of children and families are addressed in planning and commissioning
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	<p>children, children in need, those excluded from school or in alternative educational provision, and children of substance using parents.</p> <ul style="list-style-type: none"> • Operation Choice receives an independent impact evaluation which also considers whether the project has resulted in fewer referrals to RISE. • North Yorkshire maintains and strengthens its support for schools' Personal, Social, Health and Economic Education (PSHE), public health campaigns and the Drink Drug Hub (when launched) and provides easy access to up-to-date evidence-based drug prevention and harm reduction information. 	<p>services, utilising the Joint Strategic Needs Assessment.</p> <ul style="list-style-type: none"> • Provide clear and consistent communication to schools as well as the wider public on the risks of drinking alcohol. • Understand emerging trends around alcohol use in North Yorkshire, particularly in CYPF.
<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Provide effective and good quality PSHE for all pupils (mainstream, special education provision, Pupil Referral Unit) that facilitates learning about drugs and alcohol, empowering them to make positive choices. 	

	<ul style="list-style-type: none"> • Ensure all educational environments are enabled to positively support and guide CYPF around the topics of drugs and alcohol use. • Provision of effective support and early intervention for children, young people and families most at risk of, or escalation of, harmful drug and/or alcohol use. <p>Based on principles of:</p> <ul style="list-style-type: none"> • Harm reduction • Inclusive language and actions • Evidence based, accurate and age-appropriate education; note - classroom-based, teacher/police-led training may not be right for all • Early, proportionate intervention
<p>What this looks like in practice:</p>	<ul style="list-style-type: none"> • Universal and targeted substances education offer and training, including via the Drink Drug Hub • Support for settings where children, young people and families access education and support • Prosecution and voluntary diversion schemes – such as Op Choice and Change Direction • Family interventions • Intervention map
<p>How we will measure success:</p>	<p><u>Prosecution diversion</u></p> <ul style="list-style-type: none"> • Pre and post ‘distance travelled’ evaluation – Change Direction, Op Choice, Trusted Relationships • Reoffending – Change Direction and Op Choice (potentially via College of Policing) <p><u>North Yorkshire RISE</u></p>

	<ul style="list-style-type: none">• Report into the National Drug Treatment Monitoring System (NDTMS) – captures data at beginning of the episode: primary, secondary etc, drug used, gang involvement, outcome record. On discharge, another outcome record for changes. It captures the initial picture, but less helpful at measuring change. <p><u>Prevention measures</u></p> <ul style="list-style-type: none">• Growing Up in North Yorkshire – prevalence of substance use and exposure to substances• Number of training sessions delivered to school staff• Number of training sessions delivered by school staff• Number of schools with drug and alcohol strategy/policy, including exclusions – may be gathered through OFSTED• Healthy Schools Award – how many have picked the drug and alcohol theme.
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<p>Cross cutting theme - Harm reduction</p>	
<p>Why this is a priority?</p> <p>Putting ‘people, health and human rights at the centre is paramount. Dame Carol Black’s Review and the Drugs Strategy commits to ‘making sure that a full range of harm reduction interventions are available’.</p>	
<p>What insight has informed the priorities:</p> <p>“I just wanted to say that the feedback from many of the officers [on the ‘Drugs - Think Differently’ Drink Drug Hub harm reduction focussed awareness session] was that this was one of the best pieces of training they have ever received” - North Yorkshire Probation Service.</p> <p>“Very thought provoking and great for reflection and thinking about our 'lens where we start from”</p> <p>“This was possibly the most useful info session I have attended in a long time” - both: North Yorkshire Council Lunch and Learn.</p>	
<p>What our needs assessments said we should focus on</p>	<ul style="list-style-type: none"> • Consideration is given to developing the carriage and administration of Naloxone by police staff to support a reduction in drug-related deaths. Police Scotland, Cleveland, Durham and over 25 Police forces across the UK have all evidenced significant impact. • Plans to expand provision of Naloxone are prioritised by key partner organisations who routinely have contact with people who experience drug misuse (such as mental health services, Fire and Rescue Service, Ambulance Service, Police etc). • Action is taken to maintain and improve the provision of needle and syringe programmes across North Yorkshire, including within Pharmacies, focusing on the recommendations highlighted in the in-house report. • Relatively low level of people in treatment taking up Hepatitis B and C tests and vaccinations should be explored.

<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Expand Naloxone carriage and administration - with people who use opiates and by key partner organisations • Expand and strengthen needle and syringe provision • Implement drug analysis pilot with MANDRAKE • Explore non-fatal overdose pathway (with Yorkshire Ambulance Trust) • Increase uptake of Hepatitis C testing and Hepatitis B vaccinations • Review and embed learning from drug and alcohol related deaths confidential review process • Develop and evaluate Drink Drug Hub • Surveillance of emerging drug trends and threats and delivery of evidence-based action
<p>What this looks like in practice:</p>	<ul style="list-style-type: none"> • Work with key settings to ensure that Naloxone is available in emergency situations and is carried by people who use opiates to prevent overdose – Mental Health Services, Police, Probation, Pharmacies, Peer to Peer • A range of ways to access clean injecting equipment and return used equipment safely – including through services, Pharmacies, and novel options such as click and collect • North Yorkshire and York Emerging Drug Trends Meeting and Drug Alerts Protocol – so we understand the local drugs market, and provide accurate, evidence-based harm reduction advice • Drug analysis pilot – so we can confirm the contents of illicit drugs across the County and tailor accurate, evidence-based harm reduction advice • Enhanced Hepatitis C testing and treatment offer within North Yorkshire Horizons • Drink Drug Hub

	<ul style="list-style-type: none">• Robust review of drug and alcohol related deaths and learning is embedded, with organisations held to account through Adult Safeguarding Board
How we will measure success:	<ul style="list-style-type: none">• Naloxone administration• Needle exchange provision• Deaths in treatment• Non-fatal overdoses• Uptake of hepatitis B and C interventions

Cross cutting theme - protective factors:

Why this is a priority?

Accommodation, education and employment are vital to prevention of harmful patterns of substance use, and recovery - including reduced reoffending. The Drug Strategy commits to improve housing and employment opportunities for people in recovery and includes a commitment to invest in a peer mentoring programme where mentors will work in partnership with Jobcentre Plus and treatment staff. The Drug Strategy also commits to fund universal coverage of Individual Placement Support (IPS – dedicated employment specialists working within drug and alcohol services) in all local authorities by 2025.

What insight has informed the priorities:

Homelessness and housing:

Harmful patterns of substance use causes and is a consequence of homelessness and acute housing need. It is a common feature within housing options placements across North Yorkshire. The Housing Strategy for North Yorkshire commits to tackling homelessness, meeting the needs of the ageing population, and increasing supply of affordable and available housing.

North Yorkshire Connected Spaces lived and living experience group have fed back: *(I'd benefit from) "help to maintain my tenancy/ floating support"*.

Volunteering, jobs and workplaces:

Better Connect and CFO continue to provide an employment offer to people who experience harmful patterns of substance use, despite reduced funding (since European funding ceased). There is a Network of existing employer relationships to build upon, that have a strong 'social value' ethic.

Carers/ significant others:

Liverpool John Moores University completed an evaluation of the North Yorkshire Horizons (integrated adult drug and alcohol service) in 2016. 27 people with living experience of the service, and 15 professionals who work within and alongside of the service were interviewed. Recommendations that could strengthen service delivery included:

- Support sessions for relatives of service users if costs and feasibility allow.

North Yorkshire Council completed a public consultation on North Yorkshire Horizons in 2018. They received feedback from 13 potential providers, 31 stakeholders, and 36 people with lived and living experience. Recommendations that could strengthen service delivery included:

- Appropriate support for significant others (including carer’s) in their own right is really important

North Yorkshire Connected Spaces group initially highlighted the following recommendations that could strengthen service delivery:

- Addiction impacts the wider family and community, support for families (is needed)’

<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • Commissioners consider providing dedicated resourcing to the Adfam service/ bespoke service for the families and carers of people with substance use • problems to enable provision of support to this much neglected group. 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Identify and provide support to people with coexisting issues such as severe mental illness and relationship problems, and to consider the wider social impacts of alcohol harm such as debt, housing and crime and disorder
<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Championing and advocating for people who experience harmful patterns of substance use in other North Yorkshire Strategies – including but not limited to Housing Strategy; Armed Forces Covenant; Carer’s Strategy; Mental Health Strategy. • Volunteering and pathways to paid employment 	

<p>What this looks like in practice:</p>	<p>Homelessness and housing related support (North Yorkshire Council will explore):</p> <ul style="list-style-type: none"> • Single Point of Contact for people who could benefit from rough sleeping/Housing First support, with a more understanding needs assessments and service delivery. • Multi agency meetings specifically for the rough sleeping/Housing First caseload with North Yorkshire Horizons and GP's. Possibly to also include the hostel and temporary accommodation/Sleepsafe clients. • Funding/spot purchase for a worker to support those needing to access the drug/alcohol pathways under the rough sleeping/Housing First pathways. • Collaborative working to promote engagement with drug and alcohol service support and harm reduction interventions • Review and explore options to expand housing related support offer for people who experience substance use and other multiple disadvantage (e.g. substance use housing contract; offender housing contract; housing related support for people who have unregulated care needs) <p>Volunteering and jobs:</p> <ul style="list-style-type: none"> • North Yorkshire Horizons volunteer and peer mentor programme • Roll out Individual Placement Support Programme (IPS)
<p>How we will measure success:</p>	<ul style="list-style-type: none"> • Actions to address needs of people who experience harmful patterns of substance use included within other core strategies – e.g. Housing Strategy; Carer's Strategy, etc. • Volunteering by people engaged with North Yorkshire Horizons • Numbers engaging with IPS

Cross cutting theme – action on substance use in particular places		
<p>Why this is a priority?</p> <p>Alliancing has gained popularity with the potential to support collaborative whole systems approaches, in response to ‘wicked’ public health issues with high levels of complexity, which require complex solutionsxx.</p> <p>An Alliance can be described as a delivery model where individual services work collaboratively with a focus on the ‘whole of system’, rather than the specific performance of their own organisation, to ensure that their joint goal is achieved. However, an Alliance is more than just collaboration between services. Within an Alliance, the risk, reward, and ownership of the project are shared; reinforced through contracts and throughout the services involved.</p>		
<p>What insight has informed the priorities:</p> <p>NY Connected Spaces lived and living experience group said: “A treatment service that works with other organisations more like one big team would be best”</p>		
<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> The potential expansion of the multiple disadvantage outreach team and/ or re-modelling of the existing North Yorkshire Horizons service offer, to create more capacity for outreach-based support. 	<p>Alcohol:</p> <ul style="list-style-type: none"> Utilise examples of best practice and latest research from other areas to address the issue of alcohol harm locally
<p>What we will focus on:</p>	<ul style="list-style-type: none"> Collaborative approaches to addressing substance use in particular places in North Yorkshire. 	

<p>What this looks like in practice:</p>	<ul style="list-style-type: none"> • Drug Action Zone – expansion of the multi-agency service offer for people who experience multiple disadvantages in Harrogate • Clear, Hold, Build/ ‘Op Spirit’ in Barrowcliff - multi-agency partnership programme, designed by the Home Office and endorsed by the Policing Inspectorate, to tackle and reduce harms associated with serious organised crime. The Clear, Hold, Build operational framework brings together law enforcement agencies, statutory and non-statutory partners, as a coalition targeting those causing most harm within communities and those who exploit vulnerable people.
<p>How we will measure success:</p>	<p>Drug Action Zone</p> <ul style="list-style-type: none"> • Agreed multi-agency service offer • Engagement in services • Deaths in treatment <p>Clear, Hold, Build/ ‘Op Spirit’</p> <ul style="list-style-type: none"> • Engagement in services • Confidence within the community • Reporting of intelligence to the Police by the public

Enabler: Engagement and communications

Why this is a priority?

Engagement:

There is an international call (from communities of people who use drugs and alcohol and United Nations agencies) to take a human approach to substance use strategies - including the right to non-discrimination. There should be “nothing about us without us”. 'xxi Activity listening to people whose lives are or have been directly or indirectly impacted by substance use is essential for shaping the design and delivery of support services, practice, policy, and system change.

Communications:

Research by Harry Sumnall et al., highlights that messaging and mass media interventions are important in disseminating time-sensitive information and mobilising resources, and may impact on attitudes in low risk and ambivalent groups – but information alone is not effective in motivating people with established harmful patterns of use, or reducing overall use by the population. Campaigns are more likely to be effective if they are based on robust behaviour change and media theories; part of a whole system approach (which incorporates interventions); are appropriately targeted; positively frame the issue; offer something. The Drug Strategy commits to further work to test the kinds of messages and support which are most likely to result in sustained changes in attitudes and behaviours and will provide evidence for future communications campaignsxxii.

What insight has informed the priorities:

The development of a Partnership Drug and Alcohol Communications Group was formed in January 2023 and feedback from the membership which includes Police, Probation, Fire and rescue, ICB, NYSAB, NYC, York council, North Yorkshire Horizons, North Yorkshire RISE, Changing Lives, Adfam, has been positive. A rep from the local safeguarding board states:

‘the partnership communications group is a dynamic collective of multi-agency partners who use innovative & creative approaches not only to communicate effectively but also engage with

professionals and wider stakeholders about drugs and alcohol. Not only does the group offer experts and communication professionals the chance to discuss and address key topics & campaigns in a coordinated and collaborative way – it also presents the opportunity to use language and communications to educate and tackle stigma associated with drugs and alcohol.’

North Yorkshire Connected Spaces (lived and living experience) group stated:

- “It’s important to support people with lived experience to have a voice”
- “We need to help to join people to the NY Horizons service as many not aware about it and what it offers”

One of the people involved in the North Yorkshire Connected Spaces Forum had a tear in her eye because no one had ever made her feel like she was important. I’ve said it before, I know you (Service Development Manager) are humble about it; however, it means so much to know we have an advocate walking the corridors of power helping to carve out a seat at the table for people who have been disenfranchised” (‘North Yorkshire Space Programme’, 2023).

The North Yorkshire Connected Spaces forum stated that more information about the specialist drugs and alcohol service offer would be helpful as the service and how to access is not known of to everyone. The group also felt that consistent feedback mechanisms for people with lived and living experience to share feedback, gaps and ideas would be helpful.

North Yorkshire Youth Commission have worked with us to-produce the questions that will be included in the youth insight research project – see below the Padlet from the co-production session in June 2023:



<p>What our needs assessments said we should focus on:</p>	<ul style="list-style-type: none"> • Encourage greater coproduction and co-ordination of communications
<p>What we will focus on:</p>	<p>Engagement</p> <ul style="list-style-type: none"> • A culture where people with lived and living experience of substance use related harms have a voice in decision making, design and delivery of strategies and services <p>Communications</p> <ul style="list-style-type: none"> • Substance use communication campaigns in line with local priorities
<p>What this looks like in practice:</p>	<p>Engagement:</p> <ul style="list-style-type: none"> • Continue to work with North Yorkshire Connected Spaces to co-produce creative ways for people to shape decision making for substance use strategy, policies, use of resources and services across North Yorkshire.

	<p>Communications</p> <ul style="list-style-type: none"> • Agree and implement a calendar of national and local communication campaigns across all partner agencies. • Develop and evaluate Drink Drug Hub and Wake up North Yorkshire: www.drinkdrughub.co.uk Wake Up North Yorkshire Shrink Your Drink and Wake up to a Better You • Promote local services that support people who experience substance use and harmful patterns of substance use via a range of modern web-based mediums i.e.) website, social media, video platforms, podcasts
<p>How we will measure success:</p>	<p>Engagement and involvement</p> <ul style="list-style-type: none"> • Expansion of North Yorkshire Connected Spaces lived and living experience project. • People with lived/ living experience accessing strategic and operational spaces to make contributions. <p>Communications</p> <ul style="list-style-type: none"> • Interaction with social media messages • Interaction with Drinkdrughub.co.uk and Wake Up North Yorkshire • Attendance at Drink Drug Hub training awareness sessions • Feedback through consultation with stakeholders on national and local campaigns

<p>Enabler: Workforce development</p>		
<p>Why is this a priority?</p> <p>Dame Carol Black’s Review set out the right of people who experience harmful patterns of substance use to the support and treatment they need to recover, and as part of this, the need to improve the capacity and capability of the drug and alcohol treatment and recovery workforce - after it was noted that: “this workforce has been decimated in quantity, quality and morale over the last decade”.</p>		
<p>What insight has informed the priorities:</p> <p>North Yorkshire Connected Spaces lived and living experience group said:</p> <p><i>“A treatment service that works with other organisations more like one big team”</i></p> <p><i>“Connect agencies together”</i></p> <p><i>“See the person, not the issue”</i></p> <p><i>“Ambition as a core value (not recovery)”</i></p> <p><i>“More recovery champions (ratio to staff) leading people into recovery, from the front”</i></p> <p><i>“Prevention - work and support young people”</i></p> <p><i>“Keep same worker (always get a new worker)”</i></p>		
<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • Attention is paid to improving the recording of drug and alcohol issues among young people attending a range of other services. 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Identify and provide support to people with coexisting issues such as severe mental illness and relationship problems, and to consider the wider social impacts of alcohol harm such as debt, housing and crime and disorder

		<ul style="list-style-type: none"> • Local Safeguarding Boards to ensure that the issue of parental alcohol misuse (PAM) is well understood in their local area and that the needs of children and families are addressed in planning and commissioning services, utilising the Joint Strategic Needs Assessment • Provide clear and consistent communication to schools as well as wider public on the risks of drinking alcohol • Assess the extent to which identification and brief advice is routinely delivered and is effective in primary and secondary care • Maximise new opportunities across the NHS Integrated Care System to address alcohol dependency issues and early identification of alcohol harm
<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Workforce planning, with partners across health, social care and criminal justice agencies • Increasing the workforce across North Yorkshire Horizons and North Yorkshire RISE • Upskilling the workforce who regularly work with people who experience harmful patterns of substance use – to increase 	

	<p>confidence and effectiveness in meetings people’s substance use needs</p> <ul style="list-style-type: none"> Improving co-working by teams across North Yorkshire
<p>What this looks like in practice:</p>	<p>Workforce planning:</p> <ul style="list-style-type: none"> Championing and advocating for the substance use workforce within workforce planning arrangements across North Yorkshire. Steering group established to develop and co-ordinate delivery of an action plan – based on trauma informed principles, basic assessment, and principles of care that hold the person, their needs, and aspirations at the centre. Engagement with local Universities, Colleges, education and training providers, to promote the substance use sector as a focus of their health, social or criminal justice career pathway <p>Specialist workforce:</p> <ul style="list-style-type: none"> Development of a competence and training roadmap for North Yorkshire – creating opportunities for shared learning by teams who regularly work with people who experience harmful patterns of substance use. <p>Generic workforce:</p> <ul style="list-style-type: none"> Development of Drink Drug Hub awareness sessions: Browse Courses and Book Training - Drink Drug Hub
<p>How we will measure success:</p>	<ul style="list-style-type: none"> Attendance at Drink Drug Hub awareness sessions Specialist workforce roadmap Actions to address substance use included within other core workforce strategies.

Enabler: Research and Development		
Why is this a priority?		
<p>Delivery of national and local ambitions must be supported by a commitment to investing in research relating to substance use supply, prevention, treatment, and recovery. Several components of the national strategies rely on a commitment to innovate and improve, developing the evidence base, trialling new ideas, evaluating promising initiatives, and embedding research into service delivery. We need a whole-of-society effort, and we must pursue a range of activities focused on building a world-class evidence base; and delivering interventions and activities that are based on evidence of what works - so that individual people, and society, receive a real benefit.</p>		
What insight has informed the priorities:		
<p>North Yorkshire Youth Commission (Youth Commission - Police, Fire and Crime Commissioner North Yorkshire (northyorkshire-pfcc.gov.uk)) has led a ‘Big Conversation’ with children and young people across North Yorkshire since 2015. Thousands of responses, conversations, and views, collected via peer research, has led to them to prioritise action on ‘Drugs and Alcohol Abuse’ and more recently ‘Drugs, Gangs and County Lines’^{xxiii}. Their insight and recommendations have informed our priorities and action - such as online supply of drugs.</p>		
What our needs assessments said we should focus on	<p>Drugs:</p> <ul style="list-style-type: none"> • That existing interventions such as Fatal 5 and Operation Choice are robustly evaluated • Further investigation into what types of drugs are being sold and how (including online supply) would be valuable in 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Develop systems to ensure creative solutions and approaches are shared • Utilise examples of best practice and latest research from other areas to address the issue of alcohol harm locally

	<p>designing future drug prevention work with young people</p> <ul style="list-style-type: none"> • A dedicated young people substance use needs assessment is undertaken to support the above recommendation, which entails extensive consultation with young people (particularly those in treatment and those in at risk groups), and the professionals who work with young people at risk. Any needs assessment examines the particular needs of; cocaine use, girls and young people from minoritized communities; young people with complex needs (reflected in their use of benzodiazepines and depressant medications) and looked after children 	
<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Young people’s insight research project • Drink Drug Hub • Drug Analysis Project 	

What this looks like in practice:	<ul style="list-style-type: none">• Co-produce a youth insight research project with young people who are using alcohol and other drugs to gain an insight into their experiences.• Drink Drug Hub• Evaluation of Drug Analysis Project in conjunction with Mandrake and University of York
How we will measure success:	<ul style="list-style-type: none">• Research completed

7.WE WILL CHAMPION AND ADVOCATE FOR SUBSTANCE USE IN OTHER NATIONAL AND LOCAL POLICIES AND STRATEGIES

National lobbying and advocacy

The Faculty of Public Health recommends that the Government should urgently adopt a public health approach to drugs, including increasing the provision of harm reduction interventions for people using drugs, such as needle and syringe programmes, and Overdose Prevention Centres. Drug use should be treated primarily as a risk factor for poor health outcomes, as opposed to an immoral or criminal act. The Faculty also reinforces that despite the harmful effects of alcohol, it is widely accepted, available, promoted and advertised to such an extent it is difficult to avoid. It is essential that we tackle availability, affordability, advertising, promotion and support for dependent drinkers, to reduce the harms associated with alcohol across the UK.

We will contribute to national consultations and lobbying on behalf of the North Yorkshire population where appropriate.

Links with other local strategies and frameworks

We will champion and advocate on substance use and for people who experience harmful patterns of substance use across other local strategies, to ensure that we maximise opportunities for:

- **Prevention** – we will ensure that people can avoid use of substances, including alcohol;
- **Harm reduction** – we will reduce harms and deaths;
- **Recovery** – we will support people to achieve their goals, and live lives free from harmful patterns of substance use.

North Yorkshire Joint Health and Wellbeing Board and Strategy

The Joint health and Wellbeing Strategy sets out the priorities identified within the local Joint Needs Assessment that the Council, the NHS and wider partners will deliver through the Health and Wellbeing Board. The strategy is currently being refreshed but will continue to prioritise action where the burden of ill-health is greatest amongst our local population, such as people with complex needs, and will have a focus on addressing the wider factors, such as housing, that contribute to unfair and avoidable differences in how health is experienced across different populations. The strategy references factors that contribute to substance use and harmful patterns of substance use, and there is a specific aim: “to identify people who experience drug and alcohol dependence as a key ‘inclusion health’ population group.” It outlines a joint commitment across partners to improving their access to healthcare and other services to improve their health outcomes.

North Yorkshire Community Safety Partnership and Strategies

The Crime and Disorder Act 1998 places a statutory duty on local authorities to create multi-agency partnerships to tackle crime, disorder, anti-social behaviour, substance use, other behaviour adversely affecting the local environment and to reduce re-offending. The world of community safety continually changes and the need for partners and partnerships to work together effectively is essential.

The current strategic plan aims to identify the national and local influences that affect the agreed priority areas for delivery during 2022-24. The local partnership arrangements for delivery will be reviewed during this period, with a new strategy planned to be launched in 2024. All of the priorities within the strategic plan have links to substance use and its impact, whether it be supporting individuals and communities, or at times enforcement; our cross-partnership arrangements must be strong and robust.

Priority Areas for Development

- Partnership development (links across safeguarding)
- Community safety hubs
- Domestic abuse/ Violence Against Women and Girls (VAWG)
- Early intervention and prevention (Serious and Organised Crime)

- Hate crime and community cohesion

Domestic Abuse

Part 4 of the Domestic Abuse Act 2021 has placed a range of statutory duties on partners and partnerships. North Yorkshire's Domestic Abuse Local Partnership Board has recently commissioned and undertaken an independent strategic needs assessment of domestic abuse across North Yorkshire and City of York. The findings and recommendations are influencing the new Domestic Abuse Strategy which will be published by 2024.

Serious Violence Duty

The duty requires specified authorities to work together to prevent and reduce serious violence that occurs in the area and implement a response strategy to address it. The Home Office definition for the purpose of this duty is broad. The duty refers to

- Violence
- Violence against property
- Threats of violence.

The definition is not limited to physical violence and can include domestic abuse and sexual abuse, but it does **not** include terrorism. Public space youth violence should be considered, including homicide, violence against the person, knife, gun crime and offences where violence is often prevalent such as County Lines. Locally it has been agreed to keep the definition broad, including Violence Against Women and Girls.

A strategic needs assessment is currently being developed for North Yorkshire and City of York and this will influence the response strategy. Both the needs assessment and response strategy must be received by the Home Office by 31st January 2024 with an annual review. It has been agreed locally that other strategies and frameworks will be referenced and adhered to within the Serious Violence response strategy, to ensure effective cross partnership delivery continues. It has also been agreed that the Community Safety Partnerships for North Yorkshire and City of York will retain strategic oversight and scrutiny of Serious Violence.

Police Drug Strategy

In line with the National Police Chiefs' Council Drugs Strategy (2021-24), the vision of the strategy is to reduce harm from and reduce supply of illicit drugs in North Yorkshire, by embedding local action against the following principles:

Prevent: Do everything we can to identify and tackle the causes of the causes of substance use and promote diversion from criminal sanctions.

Prepare: Develop intelligence in partnership with communities and partners to understand and tackle drugs supply and demand, and deliver evidence-based harm reduction interventions

Protect: Embed a trauma informed approach, where we deliver evidence-based harm reduction interventions, and identify need for and support engagement with treatment services and recovery for people experiencing harmful patterns of substance use

Pursue: Use all our powers to pursue people involved in supplying drugs through organised crime.

Community Mental Health Transformation Programme - Complex Emotional Needs/ Trauma workstream

The Complex Emotional Needs/ Trauma (formerly referred to as 'personality disorder') workstream of the Community Mental Health Transformation aligns very strongly to the North Yorkshire Substance Use Strategy. It is estimated that around 78% of people who have Complex Emotional Needs will have some level of harmful use of substances, the majority of whom will have experienced at least one form of trauma. The 2018 NHS Long Term Plan called for whole system change to find new ways to work across primary, secondary and community services within the NHS and partners outside the NHS. The framework is intended to improve care for those who present with multiple forms of disadvantage. It is known that people with Complex Emotional Needs experience stigma, fragmented services, and poor support. The North Yorkshire and York Complex Emotional Needs Working Group are working with and across systems to develop connected, trauma informed, safe and effective treatment pathways, and needs led care and support for those

who have attracted ‘personality disorder’ diagnoses or who might meet criteria for this. Working closely with substance use services is vital within this context.

Probation Drug Strategy

The Probation Service is committed to working in partnership with the courts and North Yorkshire Horizons to deliver a 20% increase in Drug/ Alcohol Arrest Referrals. The Probation Service is rolling out Naloxone training and Hepatitis C clinics to all offices and is committed to improving co-commissioning opportunities and partnership working to increase engagement with interventions and the quality of interventions for people on probation. The Probation Service is also currently developing mutual aid/ peer provision involving people with lived experience, to improve engagement by people on probation who could benefit from support. The Probation Service is also contributing to national commissioning guidelines.

Violence Against Women and Girls and Women’s Whole System Approach

The Violence Against Women and Girls Strategy complements and is complemented by the North Yorkshire Substance Use Strategy.

The Violence Against Women and Girls Strategy is a collective commitment to tackle violence against women and girls across different settings, communities and locations throughout North Yorkshire and City of York. By putting all women and girls at the centre of the strategy, especially those that are under-represented and seldom heard, the aim is to significantly enhance the services we already offer and to create an innovative and ambitious programme of work to address all forms of VAWG. Whilst building on what we have already achieved to date, the strategy will focus on identified gaps where work will be targeted to achieve meaningful and sustainable change at a local level to make a real difference to the lives of women and girls in North Yorkshire and City of York.

The Violence Against Women and Girls Strategy includes an objective to deliver a Women’s Whole System Approach, with the aim of offering an effective approach to working with women with multiple unmet needs, and those who have been victims of, or at risk of, violence or crime. Many women who use substances often have multiple unmet needs and work with multiple agencies. This means that there is an unnecessary overlap

between agencies that could be approached collaboratively to gain better outcomes for women. The Whole System Approach will:

- promote a joined-up approach to supporting women, recognising and responding to their distinct needs
- aim to use existing resources differently, to target support more effectively for women
- identify gaps in provision and reduce duplication

Substance use is a key priority for the Whole System Approach, and work is underway to:

- develop gender specific, trauma informed pathways
- utilise gender specific data to identify what works for women
- identify where gaps/duplication exist
- feed relevant information from local/organisational substance use providers into the Whole System Approach, both operationally and strategically

Keeping women and girls safe – and ensuring they feel safe – is not something that one organisation, group or emergency service can deliver on their own. It is only by coming together, being honest about the problems and bring creative in finding solutions, that experience and outcomes will be improved.

Housing Strategy

North Yorkshire Council is developing an ambitious new strategy to deliver homes that meet the needs of communities across North Yorkshire. The strategy provides a framework for the housing policies and projects that will be carried out in the next five years.

The strategy includes proposals to:

- tackle homelessness
- meet the needs of the ageing population
- increase the supply of affordable and available housing
- reduce fuel poverty
- decarbonise homes

- bring long term empty properties back into use

Preventing and tackling homelessness, meeting supported housing needs and the needs of specific groups, ensuring that communities are sustainable and inclusive. This will be achieved by:

- Bringing together homelessness prevention and support services across North Yorkshire to tackle homelessness, using a range of prevention tools, best practice and interventions to prevent homelessness
- Delivering new, innovative and existing accommodation solutions, including new temporary housing, and improving support and access to services
- Do all we can to reduce rough sleeping in North Yorkshire as much as possible, helping people live independent lives off the street
- Undertaking a full Homeless Review, leading to a new Homelessness Strategy by 2025.
- Identifying areas of deprivation across North Yorkshire and developing an approach to neighbourhood renewal for those areas
- Working with key partners to support communities through projects that will improve their local environment
- Working in partnership with the Local Enterprise Partnership and Homes England to drive strategic regeneration projects across North Yorkshire
- Developing a new Empty Homes Strategy to bring long term empty properties back into use

Armed Forces Covenant

The Armed Forces Covenant is a promise from the nation that those who serve, or have served in the armed forces, and their families will be treated fairly. The Armed Forces Act 2021 enshrines the Covenant into law to help prevent armed services personnel and veterans from being disadvantaged when accessing public service. A key feature of the Act is a new statutory duty to have due regard to the principles of the Armed Forces Covenant as follows:

- the unique obligations of, and sacrifices made by, the armed forces
- the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces
- the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces

The new statutory guidance sets out the detailed requirements for councils to implement the new due regard duty, these are key areas where disadvantage to members of the Armed Forces Community have commonly arisen. To help embed the Covenant within our organisation, North Yorkshire Council has published a new [Armed Forces Covenant Policy](#). Objectives have been set to help North Yorkshire Council fulfil the responsibility, along with partners and these include:

- providing the armed forces community with equal access to Local Authority commissioned healthcare services, including Sexual Health Services and Drug and Alcohol Services

An action plan is being developed to implement the covenant within the Council.

Carer's Strategy

North Yorkshire 'Caring for Carers' sets out an all-age strategy, aimed at supporting carers to both continue caring and to have a life of their own. The strategy sets out the ways in which carers in North Yorkshire will be supported and how we can protect the health and wellbeing needs of carers alongside the needs of the people they care for.

The strategy is currently being refreshed but will continue to prioritise action to work together to improve the lives of carers in the following ways:

- improving identification of carers;
- improving information and advice;
- enabling carers to take a break;
- improving carers health and wellbeing;
- enhancing financial wellbeing; and
- involving carers as experts.

The strategy recognises that there are particular challenges faced by carers of people who use substances – who are less likely to identify themselves or to be identified as carers. The new strategy will take action to address needs more effectively, informed by this strategy and people with lived and living experience.

NY Early Help Strategy

<https://www.safeguardingchildren.co.uk/wp-content/uploads/2019/09/79301-Early-Help-Strategy-2019-3-Oct.pdf>

NY Council Plan

<https://www.northyorks.gov.uk/your-council/council-plan-constitution-and-strategies/council-plann>

Being Young in Yorkshire

https://www.safeguardingchildren.co.uk/wp-content/uploads/2021/09/82425-Being-Young-in-North-Yorkshire-Amendments_V2_Screen-Version.pdf

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- i Health Survey for England, 2021 part 1 - NHS Digital
 - ii [The-COVID-Hangover-summary-July-2022.pdf \(ias.org.uk\)](#)
 - iii Part 5: Alcohol drinking prevalence and consumption - NHS Digital
 - iv [Estimates of opiate and crack use in England: main points and methods - GOV.UK \(www.gov.uk\)](#)
 - v Dependency Forming Medicines – England – 2021/22 | NHSBSA (Next publication due Sept 2023)
 - vi [What-Good-Looks-Like-Supporting-High-Quality-in-Alcohol-and-Drug-Prevention-and-Treatment.pdf \(adph.org.uk\)](#)
 - vii Independent review of drugs by Professor Dame Carol Black - GOV.UK (www.gov.uk)
 - viii Analysis of the UK Government’s 10-Year Drugs Strategy—a resource for practitioners and policymakers | Journal of Public Health | Oxford Academic (oup.com)
 - ix Analysis of the UK Government’s 10-Year Drugs Strategy—a resource for practitioners and policymakers | Journal of Public Health | Oxford Academic (oup.com)

- x **Analysis of the UK Government’s 10-Year Drugs Strategy—a resource for practitioners and policymakers | Journal of Public Health | Oxford Academic (oup.com)**
- xi **Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence - Publications - Public Health Scotland**
- xii **‘Crystal clear’ evidence on MUP from Scotland | ADPH**
- xiii **Moving forward from the prescription medicines review - UK Health Security Agency (blog.gov.uk)**
- xiv **Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults (nice.org.uk)**
- xv **From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk)**
- xvi **Analysis of the UK Government’s 10-Year Drugs Strategy—a resource for practitioners and policymakers | Journal of Public Health | Oxford Academic (oup.com)**
- xvii **Home Office Alcohol Strategy (publishing.service.gov.uk)**
- xxviii **NORTH-YORKSHIRE-YOUTH-COMMISSION-Final-2021-Report-Five-year-Reflective-Report-to-the-North-Yorkshire-Police-Fire-Crime-Commissioner.pdf (northyorkshire-pfcc.gov.uk)**
- xix **Analysis of the UK Government’s 10-Year Drugs Strategy—a resource for practitioners and policymakers | Journal of Public Health | Oxford Academic (oup.com)**
- xx **realist approach to understanding alliancing within Local Government public health and social care service provision | European Journal of Public Health | Oxford Academic (oup.com)**
- xxi **Analysis of the UK Government’s 10-Year Drugs Strategy—a resource for practitioners and policymakers | Journal of Public Health | Oxford Academic (oup.com)**
- xxii **From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk)**
- xxiii **NORTH-YORKSHIRE-YOUTH-COMMISSION-Final-2021-Report-Five-year-Reflective-Report-to-the-North-Yorkshire-Police-Fire-Crime-Commissioner.pdf (northyorkshire-pfcc.gov.uk)**

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated April 2023)

Substance Use Strategy (Draft)

If you would like this information in another language or format such as Braille, large print, or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.



যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adults Services, Public Health
Lead Officer and contact details	Angela Hall – Public Health Manager Dolly Cook – Service Development Manager
Names and roles of other people involved in carrying out the EIA	Jennifer Jones – Public Health Apprentice Naomi Smith – Head of HAS Planning
How will you pay due regard? e.g., working group, individual officer	The content and priorities outlined within the draft Substance Use Strategy have been shaped by the findings of this EIA, published needs assessments , national policy and guidance, and the voice of adults, young people and professionals across North Yorkshire. The strategy will be overseen by the multi-agency Drug and Alcohol Partnership Board

	(chaired by Cllr. Harrison), and delivery will be managed by the Drug and Alcohol Action Team. The multi-agency Substance Use Strategy Editorial Group will review and address equality considerations of the strategy document on behalf of the partnership.
When did the due regard process start?	21/06/2023

Section 1. Please describe briefly what this EIA is about. (e.g., are you starting a new service, changing how you do something, stopping doing something?)

The Government’s latest [Alcohol Strategy](#) was published in 2012. The latest national 10-year [Drug Strategy, ‘From Harm to Hope’](#), was published in 2021. Each local area is expected to have a strong partnership that brings together all the relevant parties to take evidence-based and co-ordinated action – in the form of a strategy action plan – and be accountable to the national Joint Combatting Drugs Unit, overseen by the Ministerial lead for the Home Office, via the locally appointed Senior Responsible Officer ([HM Government, 2022](#)). In North Yorkshire, the Senior Responsible Officer is the Director of Public Health.

The multi-agency North Yorkshire Drug and Alcohol Partnership Board has drafted a Substance Use Strategy for North Yorkshire.

This EIA addresses the equality considerations of the draft strategy – to ensure that we deliver the vision for the whole population of North Yorkshire:

“we will reduce harms associated with substance use across North Yorkshire – putting people, health, and human rights at the centre”.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g., to save money, meet increased demand, do things in a better way.)

Substance use has gained significant national political prominence since the publication of the [Independent Review of Drugs](#) in 2021, led by Dame Carol Black. The review reinforces the complexity of substance use. It was scathing of policy and investment over the last decade and called for an adequately resourced system response. It called central and local Government, the broader system and communities to action, referencing the need for significant financial investment; competence and skill mix across the workforce; personalised compassionate care and inclusive communities. It reinforced an ambition to: *“create a system where no one falls through the gaps, where there is no stigma attached to addiction and where people who need it are provided with long-term support”*. The Drug Strategy was the Government’s response to the review. It promised (and has delivered) significant additional investment to:

- Break drug supply chains (£300m nationally);
- Deliver a world class treatment and recovery system (780m nationally);
- Achieve a generational shift in demand for drugs (£5m nationally);

It committed to delivering the following outcomes, nationally, between 2022-2025:

- 1,000 fewer deaths;
- a phased expansion to deliver at least 54,500 new high-quality drug and alcohol treatment places for adults - including for people who are rough sleeping or at risk of rough sleeping;
- 5,000 new treatment places for young people;
- A treatment place for everyone who is offending and drug dependent;
- Close 2,000 county lines and disrupt 6,400 organised crime group activities

The draft North Yorkshire Substance Use Strategy sets out how partners across North Yorkshire will co-ordinate and deliver action to reduce substance use harms for the North Yorkshire population. It is the first time that key partner organisations have set out collective ambitions and commitments to address substance use (meaning alcohol and other drugs) across North Yorkshire, and updates the Joint Alcohol Strategy (2014-2019). Our commitment to the population of North Yorkshire is:

“We will reduce harms associated with substance use across North Yorkshire – putting people, health and communities at the centre”.

We will take a public health approach within our Substance Use Strategy for North Yorkshire.

We will balance our law enforcement responsibilities with compassionate leadership, policy, and practice

We believe in:

- Prevention – we will ensure that people can avoid use of substances, including alcohol;
- Harm reduction – we will reduce harms and deaths;
- Recovery – we will support people to achieve their goals, and live lives free from harmful patterns of substance use.

We will ensure that we:

- Champion and advocate for supportive, compassionate, non-stigmatising communities across North Yorkshire;
- Work alongside people who use substances; people who experience harmful patterns of substance use; our communities; our assets; and our services;

Our priorities will be:

1. Drug supply and responsible retailing of alcohol;
2. Deliver effective support for all people who experience harmful patterns of substance use;
3. Prevention of use of substances;

Our priorities will be underpinned by partnership action on:

- Harm reduction
- Communications and engagement
- Workforce development
- Research and development

- Protective factors that prevent harmful patterns of substance use, and promote recovery
- Substance use in particular places in North Yorkshire.

Section 3. What will change? What will be different for customers and/or staff?

The partnership in place to address substance use across North Yorkshire is strong and is already delivering a range of evidence-based action across all three priorities.

However, the draft North Yorkshire Substance Use Strategy updates the existing Joint Alcohol Strategy (2014-2019) and is the first time that partner organisations have set out collective ambitions and commitments to address substance use (meaning alcohol and other drugs) harms across North Yorkshire.

The strategy intentionally acknowledges and confirms a commitment to address stigma and discrimination associated with substance use: *“People who use substances and people who experience harmful patterns of substance use are citizens of North Yorkshire”*.

It confirms that partners will collectively take a public health approach, balancing law enforcement responsibilities with compassionate leadership, policy, and practice.

The new strategy will therefore improve experience and outcomes for the North Yorkshire population, by having one collective strategy that ensures that partners:

- Champion and advocate for supportive, compassionate, non-stigmatising communities across North Yorkshire;
- Work alongside people who use substances; people who experience harmful patterns of substance use; our communities; our assets; and our services;

Substances undoubtedly cause harms. Our commitment to the population of North Yorkshire is:

“We will reduce harms associated with substance use across North Yorkshire – putting people, health and communities at the centre”.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

The priorities set out within the draft strategy have been informed by:

- Published [needs assessments](#);
- Previously completed and [published formal consultations](#);
- Previous and bespoke engagement and/ or consultation led by partner organisations with people across North Yorkshire – refer to “what insight has informed the priorities” in each Chapter”;
- Feedback from people engaged with North Yorkshire Horizons and North Yorkshire RISE – specialist adult and young people’s drug and alcohol services for North Yorkshire;

- Feedback from North Yorkshire Connected Spaces (Harrogate group) – people with lived and living experience of substance use;
- [Leaders Unlocked 'Big Conversation'](#).

There will be 12-week public consultation on the draft strategy between February 2024 and April 2024. The consultation will seek to gather views and feedback from people across North Yorkshire, including any priority groups identified by national evidence and within this EIA. The consultation will provide people with an opportunity to review the draft strategy in a range of formats. People will be invited to feed back on the draft strategy in a range of formats that meet their needs.

Access to the draft strategy:

- Online copy of the draft strategy
- Online video of the draft strategy
- Paper copies of the strategy in a range of community venues
- Online infographic of the draft strategy (young people)

Consultation formats:

Adults:

- Online survey
- Paper surveys

Young people:

- Online survey

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost, or reduce costs? Please explain briefly why this will be the result:

There is significant existing partnership investment in action to address substance use across North Yorkshire.

For example, c.£5m per annum investment from partner organisations supports services and interventions to meet the needs of people who experience harmful patterns of substance use.

North Yorkshire Council commissions the local specialist adult and young people's drug and alcohol services (North Yorkshire Horizons and North Yorkshire RISE), and will benefit from £2.4 million [additional investment](#) between 2021-2025 to expand and strengthen these services for the benefit of the North Yorkshire population as part of the Government's Drug Strategy response to the Dame Carol Black Review. A number of the commitments set out within the draft strategy have benefited from this additional funding – for example: [Drink Drug Hub](#) has been established; [North Yorkshire Connected Spaces](#) has been established; and we continue to expand provision of Naloxone - the opiate overdose antidote medication - in line with [national policy](#).

The Council recently published a [Key Decision](#) which confirms plans to implement a new substance use service arrangement from 1 October 2025, which will be delivered by a multi-agency transformation partnership led by the SRO. Governance will be managed through the council’s Procurement Assurance Board.

The draft strategy includes new ambitions – which may require additional resourcing, or changes to the ways in which existing resources are deployed. Delivery of the strategy (and all associated decisions) will be managed by the Drug and Alcohol Action Team and overseen by the multi-agency Drug and Alcohol Partnership Board (chaired by Cllr. Harrison). Individual partner investment decisions will be referred to their organisation for approval, monitoring and reporting.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		X		<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The draft strategy outlines ongoing commitment and action by enforcement partners to reduce supply of substances to all people across North Yorkshire, including sale of alcohol by retailers to under 18’s.</p> <p>The Council commissions specialist substance use services for all people who could benefit from treatment, harm reduction and recovery support for harmful patterns of substance use across North Yorkshire. The adult service is commissioned for people aged 18 years and over, and the young people’s service is commissioned for young people aged 10-19, and up to 24 years. The published drugs needs assessment confirms that the age profile of people in engaged in the adult service mainly reflects the national picture, with the exception that both men and women in treatment locally are more likely to be aged under 30 years (20% men vs national average of 15%, 22% women vs 20% nationally). Two thirds of people in treatment in North Yorkshire (68% women and 65% men) are aged 30-49 years. A transition policy and protocol is in place between the young people and adults services, to ensure effective transfer of support if a young person requires continued specialist service support into adulthood. The adult service has also worked with health partners to develop pathways for people who require end of life care, including substance use treatment – predominantly for alcohol.</p> <p>The draft strategy chapter on prevention (achieve a generational shift in demand) is predominantly focussed on young people and families.</p> <p>One of the key commitments in the strategy is to conduct specific and bespoke research into substance use amongst young people across North Yorkshire, to improve partnership intelligence, and policy and planning.</p>

			Implementation of the strategy should improve the experience and outcomes for all ages.
Disability	X		<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The published drugs needs assessment confirms that overall, the evidence indicates that people with learning disabilities are less likely to develop harmful patterns of substance use than the general population. However, the official guidance suggests that when people with learning disabilities do drink alcohol, there is an increased risk that they will develop a problem with it. People with learning disabilities and other vulnerable people who live independently can be at risk of having their home taken over by drug gangs as bases for selling drugs and places for people to use drugs, a practice commonly called 'cuckooing' and an issue of particular concern in North Yorkshire.</p> <p>The draft strategy chapter on supply addresses ambitions and actions to tackle serious organised crime across North Yorkshire.</p> <p>The published drugs needs assessment confirms that adults entering specialist treatment were recorded as more likely to be long term sick or disabled (29% vs 21% nationally). The specialist adult and young people's services assess and respond to individual needs, and will deliver interventions and support in a wide range of community settings as well as within a person's home if applicable, to maximise accessibility.</p> <p>The strategy will benefit the North Yorkshire population and should not disadvantage people with disabilities.</p>
Sex		X	<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The published drugs needs assessment confirms that women are under-represented in specialist services nationally. Almost three quarters of people in treatment in North Yorkshire in 2020/21 (72%) were men compared with just over one quarter (28%) of women. This is particularly true for people who access support for alcohol and non-opiates, where just 23% of local people in treatment were women compared to a national average of 30%.</p> <p>The published drugs needs assessment also confirms that young girls in particular report high exposure to online drug dealing.</p> <p>Engagement feedback (from e.g. North Yorkshire Connected Spaces) confirms that women, and women who are mothers face additional barriers to accessing support for harmful patterns of substance use. This can be exacerbated if they are also engaged in the criminal justice system.</p> <p>The draft strategy references the relationship with other key strategies and associated governance that are leading on partnership action that will benefit women and girls, such as:</p> <ul style="list-style-type: none"> • Domestic Abuse Strategy; • Serious Violence Duty; • Violence Against Women and Girls and Women's Whole System Approach; • Being Young in Yorkshire;

				<ul style="list-style-type: none"> • NY Early Help Strategy. <p>Implementation of the strategy should improve the experience and outcomes for all of the population, including women and girls.</p>
Race	X			<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The published drugs needs assessment confirms that the vast majority (96%) of people engaged with adult specialist services are White British. This is not inconsistent with the profile of the North Yorkshire population, but suggests an under-representation of engagement by ethnic minority groups compared to the national picture.</p> <p>The strategy will benefit the North Yorkshire population and should not disadvantage ethnic minority groups.</p>
Gender reassignment	X			<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The Council commissions specialist substance use services for all people who could benefit from treatment, harm reduction and recovery support for harmful patterns of substance use across North Yorkshire.</p> <p>The strategy will benefit the North Yorkshire population and should not disadvantage people with gender reassignment.</p>
Sexual orientation	X			<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The Council commissions specialist substance use services for all people who could benefit from treatment, harm reduction and recovery support for harmful patterns of substance use across North Yorkshire.</p> <p>The strategy will benefit the North Yorkshire population and should not disadvantage people of any sexual orientation.</p>
Religion or belief	X			<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The Council commissions specialist substance use services for all people who could benefit from treatment, harm reduction and recovery support for harmful patterns of substance use across North Yorkshire. The adult service promotes and facilitates access to faith based mutual aid groups such as Narcotics Anonymous and Alcoholics Anonymous, however access to these groups is open to all and not restricted to any religious or belief group.</p> <p>The strategy will benefit the North Yorkshire population and should not disadvantage people of any religion or belief.</p>
Pregnancy or maternity	X			<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The Council commissions specialist substance use services for all people who could benefit from treatment, harm reduction and recovery support for harmful patterns of substance use across North Yorkshire. Both services assess and respond to individual</p>

				<p>needs, and there is a multi-agency maternity pathway in place across specialist services and maternity services to address the needs of pregnant women who use opiates, and their children. The adult service also supplies safe medication storage for parents who are receiving an opiate-substitute prescription. There is also a partnership protocol on Substance Use in Parents – available on the Children’s Safeguarding Board website.</p> <p>The draft strategy chapter on prevention (achieve a generational shift in demand) is predominantly focussed on young people and families.</p> <p>The strategy will benefit the North Yorkshire population and should maintain effective, joined up pregnancy and maternity care by people who experience harmful patterns of substance use and their children.</p>
Marriage or civil partnership	X			<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The Council commissions specialist substance use services for all people who could benefit from treatment, harm reduction and recovery support for harmful patterns of substance use across North Yorkshire. Both services assess and respond to individual needs, and independently and confidentially support people who are in a relationship.</p> <p>The strategy will benefit the North Yorkshire population and should not disadvantage people who are married or in a civil partnership.</p>

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
...live in a rural area?		X		<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are impacted by harmful patterns of substance use.</p> <p>The Council commissions specialist substance use services for all people who could benefit from treatment, harm reduction and recovery support for harmful patterns of substance use across North Yorkshire. Both services assess and respond to individual needs and deliver interventions and support in a wide range of community settings as well as within a person’s home if applicable to maximise accessibility. Specialist adult services are also available in GP practices and Pharmacies. The adult service also delivers interventions and groups via digital means/ online.</p> <p>Services are also complimented by digital resources such as Drink Drug Hub and Wake Up North Yorkshire, which are accessible by all people across North Yorkshire.</p> <p>The strategy recognises the challenges of the rural geography of North Yorkshire. Local responses to local and national consultations that advocate for the needs of people across North Yorkshire who experience substance use harms reinforce that different approaches can be required in rural areas.</p>
...have a low income?		X		<p>This is the first all-age strategy that combines partnership ambitions to address the needs of all people in North Yorkshire who are</p>

				<p>impacted by harmful patterns of substance use. The draft strategy intentionally acknowledges and confirms a commitment to address stigma and discrimination associated with substance use: <i>“People who use substances and people who experience harmful patterns of substance use are citizens of North Yorkshire”</i>.</p> <p>The published drugs needs assessment confirms that various health and social issues including socioeconomic deprivation, mental and physical health problems, stigma, trauma and homelessness may predispose people to and be exacerbated by harmful patterns of drug use. There are strong links between illicit drugs and health inequalities and poverty. Illicit drug misuse is a significant risk factor for a number of acute and chronic health conditions, reduced life expectancy, lower quality of life, and a range of social and economic issues such as unemployment, homelessness, exposure to criminal activity, violence, and modern slavery. Illicit drug misuse is associated with cyclical exploitation i.e., exploited individuals recruiting and targeting other vulnerable people. Due to inherent complexity, a public health approach should be adopted which seeks to tackle population level risk factors, which may predispose to harmful patterns of drug use, including adverse childhood experiences and socioeconomic deprivation, and institute evidence-based measures to mitigate drug-related harm – including provision of excellent services that respond to the human rights of people who experience substance misuse</p> <p>The Dame Carol Black Review reinforces that lots of people experience substance misuse for all sorts of reasons. Harmful patterns of substance use must be viewed through a health inequalities and social justice lens – becoming dependent on substances is not a lifestyle choice – everyone has their story, as well as personal assets, a contribution to make and an ambition for their life. What people put into their bodies, how active people live their lives, where people were born and live and the associated social and environmental factors all play a role in a range of health conditions. We expect nothing less than personalised, compassionate, dignified, excellent care during and following the diagnosis of a wide range of health conditions. The same must be true for people experiencing substance misuse.</p> <p>The Council commissions specialist substance use services for all people who could benefit from treatment, harm reduction and recovery support for harmful patterns of substance use across North Yorkshire. Both services assess and respond to individual needs and deliver interventions and support in a wide range of community settings as well as within a person’s home if applicable to maximise accessibility. Specialist adult services are also available in GP practices and Pharmacies. The adult service also delivers interventions and groups via digital means/ online. We have also established a multiple disadvantage outreach offer within Scarborough and Harrogate, as part of the specialist adult service. The service also works closely with benefits and employment support services, to maximise uptake of a range of benefits and increase unpaid and paid employment opportunities.</p>
<p>...are carers (unpaid family or friend)?</p>	<p>X</p>			<p>The draft strategy confirms that support arrangements for significant others who are supporting people with harmful patterns of substance use need to improve – based on previous engagement and consultation.</p> <p>The strategy references the relationship with the North Yorkshire Carer’s Strategy.</p>

Appendix B

.... armed forces community (including family members) and veterans			<p>The published drug needs assessment confirms that people who have served in the armed forces are more at risk of developing harmful patterns of substance use.</p> <p>The council commissioned adult specialist service delivers services in Catterick Garrison. Humankind (the lead provider of the commissioned specialist substance use service for adults and young people) also deliver a MoD funded service in Catterick Garrison.</p> <p>The strategy references the relationship with the Armed Forces Covenant.</p>
...criminal or sex worker background			<p>The published drugs needs assessment confirms that drug using sex workers may rely on sex work primarily to fund their drug use. The research literature concludes that sex work is very complex and that tackling problematic drug and alcohol use is likely to be one of many issues for sex workers that need to be addressed simultaneously. The research suggests that a harm reduction approach (as opposed to a full recovery-focused approach) has the potential to support sex workers but that there is no clear evidence on what treatment works for this target group. There is no specific interventions for sex workers in North Yorkshire. However, the Women’s Centre in York provides an outreach service (also available to women in North Yorkshire) to women, including sex workers.</p> <p>The Council commissions specialist substance use services for all people who could benefit from treatment, harm reduction and recovery support for harmful patterns of substance use across North Yorkshire. Both services deliver dedicated and bespoke support offers to people who are engaged in the criminal justice system – such as arrest referral and court-ordered rehabilitation requirements.</p> <p>The effective support services chapter references action to support people engaged in the criminal justice system.</p> <p>The strategy also references the relationship with other criminal justice related strategies such as the North Yorkshire Police Drugs Strategy.</p>

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)	
North Yorkshire wide	The strategy is a county-wide strategy.
Craven district	-
Hambleton district	-
Harrogate district	The strategy details the need for a ‘place-based action’ approach to supporting people impacted by substance use facing multiple disadvantages in Harrogate based on a range of factors.
Richmondshire district	-
Ryedale district	-
Scarborough district	The strategy details a ‘place-based action approach to supporting communities impacted by substance use lead by the police called Clear, Hold, Build. Barrowcliff in Scarborough has been identified as an area that the police will deliver this initiative.
Selby district	-

If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.	
Harrogate town and Barrowcliff, Scarborough.	

Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g., older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.
<p>Harms associated with substance use effect individuals, families, and communities within North Yorkshire however, evidence suggest that those facing an intersection of protective characteristics as well as multiple disadvantages often face additional challenges with accessing specialist support services, experiencing exploitation, as well as challenges with accessing accommodation and employment.</p> <p>Through engagement with people with lived and living experience of substance use, it was identified that stigma related to substance use, including the language that is commonly (and sometimes unconsciously) used to describe people who use substances, makes it more difficult to reduce harms for individuals and communities, and improve outcomes. The strategy seeks to tackle stigma associated with drug and alcohol use.</p>

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	X
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.)	
<p>We do not believe the draft substance use strategy discriminates against people and communities and therefore have identified no adverse impacts within this EIA. We endeavour to ensure that during the planned strategy public consultation (February 2024 – April 2024) we seek the views of people that may be experiencing additional challenges relating to substance use harms, ensuring these are captured and the strategy is updated with any key areas underrepresented. The draft strategy will have a refinement period between May - June 2024 to utilise what is learnt from the consultation to update the strategy and all impact assessments that are linked.</p>	

The consultation seeks to gain feedback from the public, professionals, and targeted groups within the EIA such as young people, those identifying as female, those with a disability, those living in rural locations, those who identify as LGBTQ.

See Consultation Plan – (Appendix C)

Section 11. If the proposal is to be implemented, how will you find out how it is really affecting people? (How will you monitor and review the changes?)

The strategy, if adopted, will be supported by a delivery plan. The strategy outlines the key evidence of impact in each chapter. Partners will continue to review overall impact at population level through the following:

- (restricted access) Local [Outcomes Framework](#), available on [NDTMS.net](#)
- Feedback from people engaged with North Yorkshire Horizons and North Yorkshire RISE – specialist adult and young people’s drug and alcohol services for North Yorkshire;
- Feedback from North Yorkshire Connected Spaces (Harrogate group) – people with lived and living experience of substance use;
- Young People’s Insight Research
- Complaints
- Multi-agency Drug and Alcohol Action Team and Drug and Alcohol Partnership Board.

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
Champion and advocate for supportive, compassionate, non-stigmatising communities across North Yorkshire;	Drug and Alcohol Partnership Board	Ongoing	Interface with all other key North Yorkshire Strategies is referenced in this draft Substance Use Strategy	Completed
	Drug and Alcohol Action Team		Submitted responses to other local and national consultations	Completed
Work alongside people who use substances; people who experience harmful	Drug and Alcohol Partnership Board Drug and Alcohol Action Team	Ongoing	Invested in North Yorkshire Connected Spaces – now represented on Drug and Alcohol Partnership	Ongoing

Appendix B

patterns of substance use; our communities; our assets; and our services;			Board and Drug and Alcohol Action Team Ongoing bespoke consultation on place-based action	
Undertake public consultation on draft strategy including aiming to reach under-represented groups as identified through EIA	Substance Use Strategy Editorial Group and Consultation Planning Group	Feb – April 2024	Plans in place ready for consultation launch, subject to approval	Via evaluation of responses
Update strategy and EIA in light of feedback received during consultation	Substance Use Strategy Editorial Group and Consultation Planning Group	May – June 2024	Not started	Via evaluation of responses
Regular review of EIA during delivery of strategy	Substance Use Strategy Editorial Group Drug and Alcohol Partnership Board Drug and Alcohol Action Team	Throughout strategy delivery period	Not started	Via governance groups, review of data, impact and feedback

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

The content and priorities outlined within the draft Substance Use Strategy have been shaped by the findings of this EIA, [published needs assessments](#), national policy and guidance, and the voice of adults, young people and professionals across North Yorkshire.

There will be 12-week public consultation on the draft strategy between February 2024 and April 2024. The consultation will seek to gather views and feedback from people across North Yorkshire, including any priority groups identified by national evidence and within this EIA. The consultation will provide people with an opportunity to review the draft strategy in a range of formats. People will be invited to feed back on the draft strategy in a range of formats that meet their needs.

The draft strategy and EIA will subsequently be updated between May - June 2024, based on consultation feedback, to ensure that partners can deliver the vision for the whole population.

Section 14. Sign off section

This full EIA was completed by: Angela Hall (Public Health Manager), Dolly Cook (Service Development Manager), Public Health, Health and Adult Services, North Yorkshire Council.

Completion date: 21.12.23

Authorised by relevant Assistant Director (signature):

Date:

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Substance Use Strategy 2024-2026 Consultation Plan Summary

Background

The draft North Yorkshire all-age substance use strategy has been developed by several partner agencies working together to reduce the harms associated with substance use (drugs and alcohol).

Building on this work, approval is being sought to run a public consultation from 2nd February 2024 to 30th April 2024 (12 weeks). The consultation will aim to gather views and feedback from:

- The public (adults and young people)
- People with lived and living experience of harms associated with substance use be that themselves, family members, a loved one or friend
- Workforce and professionals
- Armed forces and veterans
- Specifically like to hear from people from ethnic minority backgrounds, people that identify as LGBTQ, women, rural residents or have a disability.

Aims

The consultation has several key aims covering the following areas:

- **Strategy content:** To gather feedback on the content of the strategy including whether the content of each of the key chapters reflects and responds to the key issues in North Yorkshire and identify gaps.
- **Tone and language:** To understand the residents of North Yorkshire's views on the strategy's language and tone and whether they perceive this to be non-discriminatory.
- **Measuring success:** To invite people to give their views on what success looks like and how they would like us to measure success against the strategy.
- **Presentation:** To gather feedback on the layout, design, and accessibility of the draft strategy (for example is it easy to read, understand and clear)

- **Working together:** To understand the views of people with lived experience of substance use on what good co-production looks like and to explore and encourage ongoing involvement in design, development and delivery of the strategy.

Stakeholders

As substance use impacts individuals, families, and communities it has been agreed that we will consult with the wider public (adults and young people; a mixture of ages) of North Yorkshire to capture their views of the approach we are taking to reduce harms.

Throughout the consultation, we will seek the views of people directly experiencing harms associated with substance use (young people and adults), their families, friends, and carers.

We will also seek the views of professionals working in services that support individuals and their families affected by substance use.

Our Equality Impact Assessment findings to date have highlighted that we need to ensure we hear feedback during consultation from people of different ages as well as different genders, ethnic origins, and locations. We are also interested to hear from people who have a disability as well as people who identify as LGBTQ.

Methodology

The strategy for review will be available as:

- PDF draft strategy document available online and in paper form to read
- Short video with strategy overview hosted online

We will capture views via:

- Online and paper surveys (SNAP)

We will engage with people via:

- Access to the strategy, a short 5 minute video providing overview of the chapters as well as a survey for the duration of the 12 weeks online on the NYC website
- Focus groups showcasing visual version of the strategy chapters relevant to young people, with young people – partner organisation led

Appendix C

- Focus groups at existing community groups as appropriate (Veterans groups, ethnic minority community groups, women’s groups, LGBTQ groups, lived experience groups) – partner led.
- Paper version of strategy and survey available at key community spaces ie) library, policy custody etc

Raise awareness of strategy consultation via:

- Press release
- NYC and partners: social media, email mail shot, ICB text service,
- Poster with QR code

The partnership consultation task and finish group will continue to review, refine, and update the plan during consultation as required, for example to provide further opportunities to reach specific groups, depending on initial response levels.

A full schedule of the consultation will be developed prior to the launch of the consultation.

Risks

The key risks and mitigations around the consultation are:

Risk	Mitigation
<p>Several consultations / engagements are ongoing over <u>similar</u> time periods – potential for confusion or lack of engagement. These include:</p> <ul style="list-style-type: none"> • Autism Strategy Consultation • North Yorkshire Housing Options process (live) • Joint Health and wellbeing strategy consultation 	<p>This consultation will start 2nd February 2023 so consultation periods will not fully overlap, however residents could have consultation fatigue and we may see reduced engagement. Proactive and targeted communications will be a mitigation to this.</p>
<p>The EIA has highlighted potential barriers to reaching individuals with one or more protected characteristics with the consultation, and the importance of their voice. Groups identified include women and girls, LGBTQIA+ communities, neurodiversities, people using substances and those facing multiple disadvantages.</p>	<p>The consultation group have identified key stakeholders and groups that can support with extended reach. Variety of methods to cater for different preferences – written strategy document, video and visual infographic (young people), surveys online and in-person, accessing groups that people are already attending.</p>

<p>Given the consultation will be taking place over the winter season, there is a risk that poor weather may impact on attendance at events</p>	<p>There will be a varied way for people to engage with the consultation including virtual methods for those that don't feel able to travel in the winter months. The consultation will be available for people to complete in their local communities such as library, citizens advice centre etc.</p>
<p>People may disclose personal challenges with substance use or its effects on their lives.</p>	<p>This will be mitigated by the types of questions that we will ask (specific to strategy content). We will also ensure that at the end of the survey there is information for participants on local specialist support available to them should they know someone or require further support.</p>

North Yorkshire Council

Health and Adult Services

Executive Member Meeting

12 January 2024

Report to Corporate Director Health and Adult Services and Executive Member for Health and Adult Services

Expression of Interest for the Accelerated Reform Fund

1.0 PURPOSE OF REPORT

1.1 To request approval for the submission of an expression of interest to the Accelerated Reform Fund of up to £42.6m nationally for local authorities working in partnership with other local authorities within an Integrated Care System.

2.0 BACKGROUND

2.1 The Department of Health and Social Care is launching an Accelerating Reform Fund (ARF) over two years to support innovation in adult social care. The intention is that the funding will support the growth of services that make person-centred care a reality for those who draw on it, support unpaid carers to live healthy and fulfilling lives alongside their caring role and respond to rising demand and the changing needs of local populations.

The ARF is designed to promote partnership working across local areas, as well as sharing of learning and best practice nationally.

2.2 In order to participate, local authorities in England are asked to form consortia with other local authorities in their integrated care system (ICS) geography. Then, working together with the NHS and other partners, consortia should select two or more projects, with at least one project focused on an unpaid carer option to scale using this funding.

2.3 The aim of the grant is to kick-start development of projects that can be further supported through existing local authority funding. Expressions of interest must evidence the delivery and scaling up of projects to deliver 12 key priorities linked to DHSC 10-year vision for adult social care reform. The priorities are:

Priority 1: community-based care models such as shared living arrangements

Priority 2: supporting people to have greater control over their care options, such as by using digital tools to self-direct support or communicate needs and preferences

Priority 3: investment in local area networks or communities to support prevention and promote wellbeing, enabling people to age well in their communities

Priority 4 (focusses on unpaid carers): ways to support unpaid carers to have breaks which are tailored to their needs

Priority 5: digital tools to support workforce recruitment and retention, for example through referral schemes

Priority 6: develop and expand the impact of local volunteer-supported pathways for people drawing on care and support

Priority 7 (focusses on unpaid carers): ways to conduct effective carer's assessments with a focus on measuring outcomes and collaboration

Priority 8 (focusses on unpaid carers): services that reach out to, and involve, unpaid carers through the discharge process

Priority 9: digital workforce development and market shaping tools with capability to map, strengthen and grow local workforce capacity relative to system demand

Priority 10: social prescribing to connect people with information, advice, activities and services in the community

Priority 11 (focusses on unpaid carers): ways to better identify unpaid carers in local areas

Priority 12 (focusses on unpaid carers): ways to encourage people to recognise themselves as carers and promote access to carer services

3.0 DETAILS OF THE EXPRESSION OF INTEREST

3.1 The expression of interest includes three projects and covers four of the priority areas set out above

3.2 **Priority 1:** community-based care models such as shared living arrangements

The project aims to explore the options available for shared lives provision across the consortium including: considering internal/external delivery options; alignment of timescales; possible procurement process across the area for some local authorities within the consortium; shared developments of specifications and contract monitoring; and taking the opportunity to share learning and best practice.

Shared Lives has a track record of offering personalised, cost-effective care and support options that supported housing and residential support cannot provide. It is a viable, cost-effective alternative to traditional residential and home-based care support.

A measurable aim is to increase the numbers of people and their carers supported through shared lives provision across the ICB footprint as a consortium. This should reduce the number of people placed within residential care, support more people to reside within their own communities, and support people to take control of their own lives. The project will align with the carers breaks project and ensure there are opportunities for carers to take breaks through shorter term shared lives offers.

3.3 **Priority 4** (focusses on unpaid carers): ways to support unpaid carers to have breaks which are tailored to their needs.

If successful, the Consortia will involve a broad range of carers in exploring opportunities to have a break and shaping provision going forward. The project will

focus on meeting the needs of carers who are self-financing, those accessing a carers Direct Payment and those who support someone with their own Direct Payment to promote carer choice and control. In delivering this project we aim to:

- Engage with carer to understand what a good break looks like.
- Develop a Guide to Carer Breaks which encourages carers to take a break to prevent carer breakdown and promote creative opportunities for taking a break. The guide would encourage carers to consider drawing upon their existing networks taking a community first approach, ensuring support at the right place and at the right time, whilst ensuring they recognise their responsibilities for the person they are caring for.
- Facilitate choice and control through exploring existing mechanisms to facilitate breaks building on an approach to promoting offers and discounts specifically to carers as demonstrated in local examples such as [Restology](#), scaling up this work to offer opportunities on a wider scale with a range of providers.
- We will work with our third sector partners to develop a resource which connects carers to these wider offers and promotes the benefits to our partners in getting involved through wider promotion and higher audience numbers. Work alongside existing accommodation-based breaks providers to develop further opportunities for Carers to access a break.
- We will explore opportunities to adopt or mirror national schemes such as the [CareFree](#) to connect carers to accommodation-based breaks throughout the consortia.
- We will explore opportunities to influence and shape local markets to meet replacement care needs in offering bookable and reliable support which promotes choice and control, whilst driving quality and value for money through an online resource to better connect carers to replacement care.
- We will link the priorities into the Shared Lives project to offer community based and sustainable solutions for people.

3.4 **Priority 11:** ways to better identify unpaid carers in local areas.

Priority 12: ways to encourage people to recognise themselves as carers and promote access to carer services.

The aim of the project is to deliver opportunities to better identify carers in local areas, whilst encouraging people to recognise themselves as carers and improve access to carer services.

We will develop improved identification, and recognition of support for carers through the delivery of a consortia wide projects which builds upon existing examples of good and effective practices, whilst creating innovative solutions to increase the number of carers identifying and being identified; in creating an environment where carers are identified and recognised, we will reduce the time it takes for a carer to recognise themselves as a carer.

Of the Local Authorities in our consortia who have established Carer Strategies, identification and recognition is a key priority to connect carers with support and reduce, prevent and delay the need for further support for the person they are caring for, whilst preventing carer breakdown.

In focusing on this area, we will share our carer priorities and strategies at a consortia level enabling an area wide approach and carer friendly movement.

Recognising that some of our Local Authorities have been developing initiatives to support identification and recognition, we will build upon existing work, whilst coproducing new opportunities with carers and voluntary and statutory carer services.

- 3.5 DHSC will collect mid and end grant reports which will include grant expenditure. The end grant report will include a post-grant sustainability plan identifying how projects and innovations will be supported, further scaled or learned from in future.

4.0 CONSULTATION UNDERTAKEN AND RESPONSES

- 4.1 Proposals have been co-developed through Consortia, if the expression of interest is successful, the project team will further develop the proposals in partnership with stakeholders and people with lived experience of caring and living in/caring for people in Shared Lives services.

5.0 CONTRIBUTION TO COUNCIL PRIORITIES

- 5.1 The proposals within the expression of interest are linked to key improvement areas identified in HAS and also support the development of the recently commissioned shared lives scheme. We would expect significant further improvements as a result of this investment.

6.0 ALTERNATIVE OPTIONS CONSIDERED

- 6.1 It is felt that it is beneficial to go through that process to bring in extra resources to the area.

7.0 IMPACT ON OTHER SERVICES/ORGANISATIONS

- 7.1 If successful, we anticipate benefits to unpaid carers through better identification and more widespread support, and in turn will benefit those organisations whom we commission to support unpaid carers.

8.0 FINANCIAL IMPLICATIONS

- 8.1 Should we be successful in being granted the funding, the grant will be paid under section 31 of the Local Government Act 2003 to the lead local authority chosen to receive the grant on behalf of their consortium of local authorities in each ICS area. This will be North-East Lincolnshire Council

The fund is not competitive, and each consortium will receive an allocation of funding if the EOI form is submitted on time complete with the necessary information.

A £300,000 'floor' per ICS consortium is intended to cover some core project start-up costs and will be provided in full in the first year.

Top-up funding, totalling £30 million for all local authorities in England, is intended to cover some programme costs and will be calculated based on the adult social care Relative Needs Formula (RNF) at a local authority level and summed to the ICS at a consortium level. This will be calculated based on the total number of local authorities opting into the consortium.

9.0 LEGAL IMPLICATIONS

- 9.1 Once expression of interests have been approved; a Memorandum of Understanding (MOU) will be agreed with the lead local authority of each consortium. The MOU will include the final funding allocation for the consortium and set out expectations for how the consortium will work with DHSC, the evaluation partner and the support partner (SCIE).

Some of the key expectations will include:

- grant funding should only be used towards the projects described at EOI. Any changes to proposals should be aligned to the criteria for accessing the grant and DHSC should be notified
- consortia will work with DHSC and any other third parties (for example, the support or evaluation partner) to provide the necessary information and data to enable monitoring and evaluation
- consortia will work with the evaluation partner to support the evaluation
- consortia will report to DHSC and/or an evaluation partner. This will include evidence of how successfully the project has been delivered and a summary of the impact of this implementation
- consortia will be expected to co-operate with DHSC and/or third parties (for example, the support or evaluation partner) to share necessary information, data and/or learnings with other consortia regarding the delivery of the project and lessons learned
- DHSC will monitor grant expenditure through mid and end grant reporting
- payment of the second tranche of funding will be conditional on completion of mid grant reporting
- consortia shall provide DHSC with a royalty-free, non-exclusive, perpetual, irrevocable licence to use the background intellectual property rights where it is used for the purposes of the project

The MOU will need to be agreed with each lead local authority before funding is received.

10.0 EQUALITIES IMPLICATIONS

- 10.1 It is not anticipated that the EOI will have any notable equality impact.

11.0 CLIMATE CHANGE IMPLICATIONS

- 11.1 It is not anticipated that the EOI will have any notable climate impact.

12.0 POLICY IMPLICATIONS

- 12.1 There are no policy implications for submitting the grant application.

13.0 HUMAN RESOURCES IMPLICATIONS

- 13.1 No additional HR implications arising from this EOI

14.0 ICT IMPLICATIONS

14.1 No additional ICT implications arising from this EOI.

15.0 REASONS FOR RECOMMENDATIONS

15.1 To enable the Council to work as part of a consortia to submit an expression of interest to the DHSC Accelerated Reform Fund.

16.0 RECOMMENDATION

To request approval from the Assistant Director Resources (sub-delegated authority from the Corporate Director Strategic Resources), in consultation with the Corporate Director and Executive Member for Health & Adult Services to authorise the submission of an expression of interest to the Accelerated Reform Fund of up to £42.6m nationally for local authorities working in partnership with other local authorities within an Integrated Care System.

Report Author –

Abigail Barron, Assistant Director – Prevention and Service Development