

Appendix 2 May 2014. Summary of action plan in response to the Independent Drug Commission for Brighton and Hove.

Challenge 1: Are the current strategies to prevent drug related deaths sufficient to achieve a significant reduction in the coming years?		
Recommendation (abridged)	Key points	RAG Rating
1: The DAAT and Public Health strengthen the mechanisms for regular auditing, analysis and reporting of Coroners and Serious Incident and Vulnerable Adult reports which provide information on the factors leading to drug related deaths, accidental overdoses and suicides.	<ul style="list-style-type: none"> • Coroner's audit completed for 2012. Audit of 2013 ongoing. • Serious incident, vulnerable adult and local deaths reviews undertaken routinely. • Recommendations for learning disseminated. 	GREEN
2: That the criminal justice agencies, together with the Director of Public Health, take action to reduce the use, diversion and dealing of prescription drugs. In particular <ul style="list-style-type: none"> • A more proactive and robust enforcement response to the diversion of and dealing in prescription only and Class C drugs. • The dissemination of clear guidelines, information and advice to G.Ps, drug treatment services and drug users about the risks of overdose and death following the use of alcohol, benzodiazepines and opiates in combination. 	<ul style="list-style-type: none"> • Improved flow of community intelligence. • Briefing pack produced for police about prescription drugs. • Joint working between police and trading standards around legal highs and head shops. • CCG prescribing incentive scheme continues to focus on reducing benzodiazepine prescribing. Guidance for prescribers on CCG website. • Posters on risks of overdose aimed at users circulated to local services and information displayed in GP surgeries. 	GREEN AMBER
3: Explore the feasibility of establishing a form of consumption room as part of the range of drug treatment services in the city.	<ul style="list-style-type: none"> • Working group has concluded that at present it is not feasible to establish a DCR in Brighton and Hove. 	GREEN
4: Consider ways of expanding the capacity of the positively evaluated Injectable Opioid Treatment.	<ul style="list-style-type: none"> • Estimated that 37 additional people are eligible for IOT. Estimated average annual cost per person is £14,000. • Little scope for reducing costs of Diamorphine. • Evidence of cost-effectiveness relies on crime reduction. • Ongoing local and national evaluation of effectiveness to inform future commissioning of services. 	AMBER

<p>5: Investigate the value of rolling out a programme of overdose response/first aid training for drug users, and the professionals who work with them.</p>	<ul style="list-style-type: none"> • St John Ambulance delivers first aid for overdose training to service users, services, hostels and day centres. • Plans to expand the first aid programme to key people in substance misusers' recovery networks. • Naloxone distributed widely including substance misusers being released from prison. 	<p>GREEN</p>
<p>6: Ensure that continuity of engagement of prisoners at particular risk of overdose, pre and post release, is effective in reducing drug related deaths.</p>	<ul style="list-style-type: none"> • The review of Integrated Offender Management will assist better communication between services. • Drugs Intervention Programme (DIP) Team track substance misusers before they are released from prison and discuss treatment plans with prison Drug and Alcohol Recovery Team. • Drug users released from prison and willing to engage are taken onto the DIP caseload for twelve weeks and, where possible, are met on release from Lewes Prison • Assertive outreach of those failing to keep appointments. 	<p>AMBER</p>
<p>Challenge 2: Are the policing, prosecution and sentencing strategies currently pursued effective in reducing drug related harm?</p>		
<p>Recommendation (abridged)</p>	<p>Key points</p>	<p>RAG Rating</p>
<p>1: Establish a standing intelligence and information sharing structure that collates real time information from multiple sources on local drug markets and emerging trends.</p>	<ul style="list-style-type: none"> • Drug market profile to be completed every 2 years with an interim profile annually. • Mapping of drug intelligence completed and template for community intelligence circulated. • Review of Integrated Offender Management to ensure information sharing processes in place. • All police drug lab results collated. 	<p>GREEN</p>
<p>2: Create mechanisms for the information and analysis that comes out of this process to be used rapidly to inform tactical, strategic and operational planning decisions by the police, prevention and treatment services.</p>	<ul style="list-style-type: none"> • New substances and risks circulated immediately via drug alert distribution. • Drug intelligence meetings include relevant young people's services. 	<p>GREEN</p>

<p>3: Extend the effective principles of Operation Reduction (enforcement combined with diversion and treatment) beyond the focus on opiates and crack cocaine to include the wider range of drugs being used by adults and young people.</p>	<ul style="list-style-type: none"> • Dealing of Class A drugs remains the priority, but new control strategy allows a wider focus on drug related harm and supply with a focus on organised crime groups not necessarily linked to acquisitive crime. • Possible pilot project to introduce a conditional caution for offenders to engage with treatment services. 	<p>AMBER</p>
<p>4: Report to safe in the City on the extent to which the new Liaison and Diversion and Health Hub arrangements are being targeted effectively, and achieve high retention and recovery rates. Outreach workers working closely with mental health workers in police custody and courts.</p>	<ul style="list-style-type: none"> • Surrey & Sussex one of ten pilot sites for scheme. Funded until 2017. • Diversion strategy will be set out as part of Sussex Integrated Offender Management review. 	<p>AMBER</p>
<p>5: That while the diversion strategy will work within legal frameworks already available under the Misuse of Drugs Act and utilize new Sentencing Council Guidelines, where this framework inhibits the effective implementation of the diversion strategy, then the national authorities should be made aware of the constraints.</p>	<ul style="list-style-type: none"> • Police confirm sentencing guidelines are not inhibiting good outcomes. 	<p>GREEN</p>
<p>6: Sussex Partnership Foundation NHS Trust should provide information to all partners, drug users and the public about the service capacity, processes and pathways available for those with dual diagnosis. (See also Challenge 4 recommendation 3)</p>	<ul style="list-style-type: none"> • The Trust's Dual Diagnosis strategy details programme of work to improve access to services. • Training for staff including use of shared care plans. • Dual Diagnosis champions' network established within the Trust. 	<p>AMBER</p>
<p>Challenge 3: Are we doing enough to protect young people and to enable them to make informed decisions around their own drug use and involvement in drugs markets?</p>		
<p>Recommendation (abridged)</p>	<p>Key points</p>	<p>RAG Rating</p>
<p>1: Drugs information and education should be embedded within the Health and Wellbeing agenda, and in particular should make use of the information arising from the 'real-time' information sharing mechanism referred to in the previous section.</p>	<ul style="list-style-type: none"> • Revised curriculum being developed across school and youth settings. • Public Health Schools Programme launched for students and staff. To be extended to work with local colleges once school programme established. • Information sharing through social media and via professionals. 	<p>AMBER</p>

	<ul style="list-style-type: none"> • Relevant services for young people attending drug intelligence meetings. 	
2: Commissioners and service providers should respond to the need to invest in the strengthening of protective factors, in particular enabling young people to undertake activities that are alternatives to the problematic use of alcohol and drugs and reduce their sense of being marginalized.	<ul style="list-style-type: none"> • Early-help youth pathway with single point of access in place. • Youth Collective programme links vulnerable young people with a selection of activities. Initial phase linking young people using substances with youth and sports activities has had favourable reports. 	AMBER
3: There should be a coherent continuity of care between generic young people's services and the specialist drug services, with service delivery reflecting emotional, as well as chronological, age within the context of a person centred approach and which also responds to the wider needs of the family where they impact on the wellbeing of the young person. This approach should include the promotion of a range of social media and electronic technology for accessing information and advice, together with an emphasis on attracting young people from minority groups and those in transition to adult services	<ul style="list-style-type: none"> • Ru-ok? continues to provide a Tier 3 service for young people. • Adult services work flexibly with a young person. Highlighted within recovery service retender specification. • Specialist post seconded from adult substance misuse services into Children In Need/Advice Contact and Assessment Service to support staff to work more effectively with families where substance misuse is an issue. • New piece of work with Black and Minority Ethnic Young People Project to extend their specialist support to the community setting. 	AMBER
Challenge 4: To what extent does the treatment system meet the treatment and recovery needs of the citizens of Brighton & Hove?		
Recommendation (abridged)	Key points	RAG Rating
1: Identify and recognise the diversity of people in the city who require access to drug information, advice and treatment services and for whom the current service offers are not sufficiently attractive.	<ul style="list-style-type: none"> • Identified and addressed through needs assessments including the joint strategic needs assessments. • Equalities Impact Assessment for retendering process identified under-represented groups. • LGBT worker in treatment services. • New clinics aimed at people using New Psychoactive Substances (NPS) provided on two evenings. 	GREEN
2: Ensure that the service specifications used in the retendering process enable the following developments:	<ul style="list-style-type: none"> • New recovery service in place from April 2015. • NPS outreach worker post being piloted. 	AMBER

<ul style="list-style-type: none"> • New ways of providing information and advice about risks and access to services are put in place, which meet the needs of the diverse and hard to reach population; arrangements may include facilities for on line assessment and advice, provision within mainstream GP and other generic service settings. • Professional and academic bodies in the city include within their educational curriculum, some training which will enable the medical, health, social care and teaching workforce in the city to identify and skilfully respond to the needs of the city's population who are at risk of and/or are using drugs. • The development of a city wide recovery culture is promoted and embedded throughout the treatment system, and related settings. To facilitate this process, specific support is given to services and groups who are developing structures for those in recovery to provide mutual support to each other, and also social, housing and employment opportunities. • The re-orientation of the treatment system to meet the needs of the 18 -25 age groups, and other under-represented and minority groups. • Services are responsive to the changing patterns of drug use, with the flexibility to respond to new intelligence written into service contracts. 	<ul style="list-style-type: none"> • New jointly operated pain management clinic between substance misuse services and pain clinic. • Developing programme for Performance and Image Enhancing Drugs. • BSUHT alcohol clinical champion addressing training for junior doctors. • From September 2014, Brighton University is planning updates within wellbeing workshops and introducing updates on drug and alcohol awareness for students on professional courses including teaching, medicine, nursing and pharmacy • Recovery culture promoted in all services. Peer support groups and mentors. • New project with local DWP (job centre) ready to start. • Recovery and reintegration grant fund • New evening clinics • NPS outreach worker attends young people's centre, A&E, Universities, hostels and available during night-time and via social media. • See above. Domain group of substance misuse programme board focuses on emerging drugs. 	
<p>3: The access needs of individuals with a dual diagnosis should be urgently addressed, supported by the availability of well trained and person-centred staff able to provide combined mental health and substance misuse assessments. (see also challenge 2 rec 6)</p>	<ul style="list-style-type: none"> • Universal screening tool being piloted in hostels. • Joint assessment and shared care plans in place • Substance misuse service HUB to remove barriers to referral. 	<p>AMBER</p>

	<ul style="list-style-type: none"> • Retender of service misuse service prioritises Dual Diagnosis and integrated care model. • Better Care Frailty focus includes those with complex needs such as Dual Diagnosis • New referral pathway to primary care wellbeing service in place to increase access to Cognitive Behavioural Therapy for stable substance misuse users. 	
<p>4: The current forums for service user and carer consultation will significantly assist implementing the recommendations in this section. However, a review of the support needs for forum members should be undertaken, particularly to address and avoid the over-reliance on specific individuals, and putting in place arrangements which draw on wider support networks such as Recovery Champions and Peer Mentors.</p>	<ul style="list-style-type: none"> • Second cohort of recovery mentors completed training and now in placements. • Wide network of volunteers, recovery buddies and champions including within local providers. • Well established service user forums • New service user representatives sitting on strategic groups including contract reviews • Increasing number of “SMART” recovery trained facilitators. • Cascade Creative Recovery, an independent recovery community, actively recruiting volunteers to help develop local recovery capital including opening a recovery café. 	<p>GREEN</p>