**Doncaster Drug & Alcohol Strategic Overview and**

**Action Plan**

**2021-2024**

**What is the issue?**

Misuse of drugs and alcohol has a huge impact on individuals, children, families and communities in Doncaster. These include:

* Damaging the health and wellbeing of individuals.
* Damaging the quality of life, live chances and safety of children and families of those who are misusing substances.
* Crime and antisocial behaviour.
* Economic cost to Doncaster from lost productivity and cost to health, social care and the criminal justice system.

**Background**

1.3 million People were admitted to hospital with a primary or secondary diagnosis linked to alcohol in 2018, this represented 7.4 per cent of all hospital admissions across England (NHS Digital 2020). Approximately one in five in‐patients in hospital in the United Kingdom is using alcohol harmfully, and one in 10 is alcohol‐dependent.

The health harms associated with alcohol consumption in Doncaster are widespread with 17.8% of the adult population drinking at increasing risk and 11.2% at higher risk of alcohol related illness.

Whilst Doncaster performs similarly to the England average on a number of indicators, the overwhelming trend is an increase in alcohol related admissions which is contributing to rising healthcare costs (Public Health England 2016). In quarter 2, 2019/20 the rate of alcohol-related admissions in Doncaster was 831 per 100,000, worse than the average for the Yorkshire and Humber and an increase of over 40% since 2009/10 (Local Alcohol Profiles England)

Research undertaken in 2017 by Sheffield University and Kings College London showed that the number of estimated dependent drinkers in Doncaster is 3938, according NDTMS in 2019/20 Aspire had 267 alcohol clients which equates to an unmet need of 93%. However during the Covid pandemic Aspire has seen an increase in alcohol referrals by 200% therefore reducing this unmet need figure. Approximately 4000 hospital admissions caused directly and in-directly by alcohol and on average 64 adults die every year to alcohol consumption here in Doncaster (PHE 2018). The annual cost to the NHS of alcohol harm in Doncaster is estimated at £17.2 million annually.

In the period 1/04/2020 to 31/03/2021, 622 people accessed specialist alcohol treatment out of the estimated 4087 dependent drinkers, which equates to 15% of need in Doncaster (PHE 2021). Of the 622 people 56% successfully completed treatment which is below the national average.

It is estimated that 2.7 million adults took an illicit drug in the last year and there are around 301,000 crack or opiate users in England. The overall prevalence of drug use reported in the UK has remained relatively stable throughout the last decade. However, the most recent surveys covering England and Wales, and Scotland reported the highest prevalence of drug use in the past 10 years. The most commonly used drugs have not changed over time. Cannabis is the most prevalent, followed by powder cocaine, MDMA, ketamine and amphetamine. Synthetic cannabinoid receptor agonists, such as Spice, are widely used in prisons. They were detected in more random drug tests than cannabis in England and Wales in 2018 to 2019. *(PHE United Kingdom drug situation 2019).*

Estimates show that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £10.7bn. These include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity. Providing well funded drug and alcohol services is good value for money because it cuts crime, improves health, and can support individuals and families on the road to recovery.

In Doncaster, our local prevalence estimates (2016-17) are that we have 2,735 OCUs (opiate / crack users), 2,037 opiate users and 1,046 crack users. Adults in treatment (2020 – 2021) total 1,693. Successful completions for Non- Opiate clients was 48 (20%) and opiate clients was 35 (3%). Furthermore, when comparing these figures to how many people we have in drug treatment, Doncaster has an unmet need percentage of 36% for males and 34% for females. Although this figure is lower than the National average, collectively, these rates have a significant impact on crime, unemployment, safe-guarding children and long-term benefit reliance.

**Objectives:**

1. **People choose not to misuse Drugs and/or Alcohol**

Prevention is always better than cure; however drug and substance use prevention is likely to have only limited effects as a standalone activity. Prevention activities should be embedded in general strategies that support development across multiple life domains. Doncaster will use an evidence-based approach to prevention that considers long-term outcomes, the relationship between multiple risk behaviours, and natural trajectories of substance use.

1. **More people to recover from Drug and/or Alcohol use**

Drug and alcohol treatment is effective in improving health, saving lives and reducing crime. Successful recovery from alcohol and drug dependence is a long-term journey and not something that can be achieved alone. Support networks across communities and among those in treatment and recovery are essential cornerstones of this journey. Our approach in Doncaster takes the view that the sense of community is based on shared experience, shared interest and shared geography.

1. **Fewer, children, young people and families are affected by Drug and/or Alcohol misuse**

Parental substance misuse can often have an impact on the health and development of children, from before birth, through to when they are an adult themselves.

Doncaster recognises the profound damage that Adverse Childhood Experiences has on a child’s future health and wellbeing. Children who experience ACE’s are more likely to become parents who raise their own children in family environments where these risk factors are more common.

1. **Fewer people experience crime and disorder related to the misuse of Drugs and/or Alcohol**

A significant amount of Crime in Doncaster is linked to Drug and Alcohol misuse, either through people committing crime to pay for Drugs and Alcohol, or through behaviours associated with the use of Drugs and Alcohol. We will ensure offenders with Drug and Alcohol misuse issues have clear routes into treatment services, and opportunities for effective rehabilitation. We will also work collaboratively with partners such as DMBC Licensing, SYP DMBC Trading Standards, DMBC Communities teams in order to reduce the Alcohol related harms associated with the night time economy and local neighbourhoods.

1. **Reduce the health burden from Drugs and/or Alcohol**

In Doncaster we are committed to identifying and working with those people who are higher risk and dependent drinkers who are not only treatment resistant but are also placing a significant burden on public services.

The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise, this ageing cohort of heroin users are now experiencing cumulative physical and mental health conditions.

The complex needs alliance continues to support the recovery, resettlement and social inclusion of people in Doncaster living complex lives.

1. **Support for substance misusing offenders**

Helping offenders to recover from addiction and can significantly reduce reoffending and cut crime in local communities this is particularly important in Doncaster where there are four prisons. To achieve this, Health and justice services need to work closely together to give prisoner’s the best possible chance to initiate and maintain their recovery on release. Community and custody side. Need in Doncaster the 3 key stakeholders prisons, probation and Aspire.

**Action Plan:**

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| **Objective 1: People choose not to misuse drugs and / or alcohol.** | | | | | |
| **Priority** | **Action** | **Progress** | **Owner** | **RAG** | **By When** |
| 1.1 Increase public awareness and knowledge about the harm caused by alcohol and drugs | Develop and implement a programme of social marketing in line with national  campaigns, using social media, around drug and alcohol misuse | **Update**  Public Health have commissioned Rdash Comms to deliver a dedicated alcohol campaign entitled RethinkYourDrink with a dedicated website and social media targeted posts. The campaign is aimed at increasing risk drinkers that identify that they are drinking more than they should. After a successful first year, this has been extended to 2021/22.  Public Health deliver public awareness campaigns tailored to specific drug trends throughout the year. Examples include Nitrous Oxide campaign aimed at parents and young people in school holiday times after increase in reporting of drug related litter. Campaigns are in partnership with RDaSH comms, providers and communities as appropriate. | Andy Collins/Jane Mundin |  | On going (as and when required). |
| Improve mechanisms to ensure robust and timely information and intelligence on the use and impact of drugs and alcohol in Doncaster in order to ensure effective responses to changing patterns | Multiple sources of information and data are collected and reviewed to build comprehensive picture of local trends.  NDTMS Reporting/Pupil Lifestyle Survey/ Public Health England Yorkshire & Humber /National Public Health / South Yorkshire Police / Prisons.  Public Health meet regularly with Aspire management and agreed every quarter to discuss local trends, performance and data. | Helen Conroy |  |  |
| 1.2 To improve effective collaborative working to determine local structures and process to reduce alcohol related harm. | Continue to develop and promote the Doncaster Alcohol Alliance | Doncaster Alcohol Alliance has been running since autumn 2019 and is a partnership approach to reducing alcohol related harm. The Alliance meeting monthly and is chaired by Cllr Nigel Ball. | Andy Collins |  | Complete |
| 1.3 Early identification and support of people who want to change their alcohol and/or drug using behaviour | Ensure an effective workforce development programme for staff in specialist drug and alcohol services is in place, with a key focus on recovery | Aspire have both regular MAST (Mandatory and Statuary training). All staff keep up-to date Continued Professional Development and professional registration (Nurse / social workers/ counsellors).  Aspire have an extensive in-house and external training programme depending on need - which also performs as part of preceptorship into post as new starters. This includes a New Diploma through ADS.  New 10 year Drug strategy and investment in both staffing resources as well as staff development based around the DCB report  Aspire have introduced an Early intervention service for adults around EI Alcohol and for parental drug and alcohol use. Also have an improved Criminal Justice offer. | Stuart Green |  | Complete |
| Screening and early identification | Public Health has worked collaboratively with RDaSH comms to develop alcohol scratchcards which have been widely promoted within DCST and DV teams. A specific booklet and screening tool has been devised for older people for health and social care settings (incorporating Audit C). An Alcohol Early Interventions is now up and running and engaging with businesses, GP primary care and local partners | Stuart Green |  | Complete (Embedded in Aspire service provision) |
| Project 6 are working with GP practices to identify and work with patients who are drinking at high risk levels in Mexborough and Conisbrough (identified areas of need). | Caroline Britton |  | Complete |
| Ensure effective responses from agencies across Doncaster with regards to signposting people to drug and or alcohol services where appropriate | Aspire is an open access service, which responds to need on a walk-in basis. It is an established brand which is well promoted. The service is actively engaging with Tier 1 providers on pathways and training needs.  Service is working up improved outreach and access offer through low threshold and responsive access to services.  Aspire have a strong social media presence and attend strategic meetings with partners to promote their services. Aspire have good links with Well Doncaster and community neighbourhood teams. | Stuart Green/Helen Conroy |  | Ongoing |
| 1.4 Tackle the availability of illegal drugs and the inappropriate use of alcohol and other legal substances | Identification and early intervention. | Purchased 2x new drugs boxes to raise staff awareness for PH team and DBH Team via SSDP monies.  Utilising and acting on intelligence from the multi-agency SMTG.  ReThink Your Drink campaign – yearly and recurrently funded. | Andy Collins / Jane Mundin |  | Complete |
| Develop multi agency responses, including intelligence led activity, to reduce  the illegal sale of alcohol and drugs | Public Health work in collaboration with Trading Standards to provide a Tobacco and alcohol enforcement and education programme , based on intelligence led tasking, surveillance, seizure and prosecution of offenders who sell illicit, counterfeit and unsafe products, provision of an intelligence led underage sales enforcement programme including test purchases evidenced through RIPA surveillance authorisations.  Trading Standards are also a member of the Alcohol Alliance. Public Health also attends the Responsible Authorities meeting held by Licensing/Trading Standards | Dave McMurdo (Trading Standards) |  | Complete |
|  | Nitros Oxide awareness campaign | In light of the ACMD recommendations and forthcoming criminalisation to a Class C drug Public Health have developed NOS campaigns focussing on harm reduction and convened multi-agency meeting to tackle harms and sale. | Jane Mundin |  | On-going |
| **Objective 2: More people to recover from drug and alcohol misuse.** | | | | | | . |
| **Priority** | **Action** | **Progress** | **Owner** | **RAG** | **By When** |
| 2.1 Ensure good quality drug and alcohol treatment services that respond rapidly and effectively to changing patterns of  drug and alcohol misuse | Continue to review and monitor the effectiveness of Doncaster’s Drug and Alcohol Service. | Public Health Vulnerable People Team commission and contract manage Aspire via monthly operational group meetings and effective partnership working. In service audit, KPI’s and CQC registration. Service user feedback. | Helen Conroy |  | Complete |
| Ensure drug and alcohol services are accessible to all residents within the Borough of Doncaster | All Aspire services and hubs are now open again after restrictions from Covid were lifted.  Client numbers and success rates within the hub areas are still monitored via operational group meetings. By 1st of April 2022 all hubs as per the specification are now open. | Helen Conroy  Stuart Green |  | Complete but on-going discussions around hub activity and access. |
| Public Health have funded a new Early Alcohol Interventions element within Aspire. The service focusses on harmful drinkers to prevent dependency. The workers are engaging with Doncaster partners and GP practices to identify and work with clients. Early indications show that the service is working well, with further investment over 2022/23. | Alana Jury/Stuart Green |  | On-going and embedded in Aspire service provision |
| Ensure rapid access to rehab is available in a timely manner | Liaison process is in place between DMBC and Aspire to provide out of area placements.  Doncaster has been awarded additional funding from PHE for additional inpatient detoxification beds.  Improved access via rehab panels and screening , in reach into prisons coming on line on 22/23 | Stuart Green/ Jane Mundin |  | Complete |
| Ensure evidence based good practice from National and Regional sources is applied to Doncaster | Public Health routinely looks at other areas of good practice via attendance at Community of Improvers meetings in conjunction with PHE (Public Health England). | Helen Conroy  Jane Mundin  Andy Collins |  | Complete |
| Ensure effective pathways are in place between DRI and Aspire. | Drug and alcohol nurse is in post at DRI and will continue to work closely with Aspire and DAS to ensure community alcohol support for patients. A mental health and substance misuse liaison service has been commissioned by DCCG which will have 5 drug and alcohol workers across the DRI site to reduce repeat admissions and link patients into community support on discharge. | Paula Thompson  Tim Young |  | Ongoing |
| Public Health has entered discussions with Doncaster ICB to look at the feasibility of a Drug and Alcohol Care Team embedded within DRI. A business case is being put together by the ICB amalgamate the current provision and also seek further funding. | Andy Collins  Kayleigh Harper  Emma Serfozo |  | March 2024 |
| Ensure effective response to vulnerable groups / individuals | Doncaster Public Health is a strategic partner in the delivery of a multi-agency assertive outreach team for complex Lives clients.  eg: Complex Lives cohort, Amber Project, Street Drinkers.  Scoping example ‘Third Space’ in Keighley – a service run by Project 6 which aims to support vulnerable people in a safe environment to break the cycle of multiple and complex needs for street drinkers and other affected by homelessness inc harm reduction interventions. Work underway to look how we can bring a similar initiative to Doncaster. Further rough sleeper monies to support interventions and how statutory services lean into this. Wider mapping of outreach to take place.  **After extensive discussions this approach has been put on hold after concerns raised by Councillors within the proposed area.**  Aspire Outreach team now fully recruited and initially focus on Amber Project and complex individuals incorporating more rapid prescribing options. | Helen Conroy  Andy Collins  Jane Mundin  Vicki Beere  Stuart Green  Jo Evans |  | March 2025 |
| 2.2 Improved housing outcomes for people in recovery (safe, suitable and supported) | Identify key housing issues which are a barrier to successful treatment and  Recovery. | Public Health have taken over the commissioning of the substance misuse accommodation and support pathway for people with substance misuse issues within the Aspire contract. This includes a 24/7 staffed supported accommodation unit (6 bedspaces) as well as 8 units of dispersed housing, which are recovery focussed and abstinence based. In addition, the service will continue to deliver a borough-wide floating tenancy support for people either moving through the pathway into independent accommodation or for people already in accommodation but require support in order to manage and prevent relapse/homelessness.  Riverside Care and Support attendance at SMTG (Substance Misuse Theme Group) - barriers to move on for people leaving supported accommodation including lack of appropriate accommodation options.  Aspire now sub-contract Riverside to avoid assessment duplication and clearer pathways are in place. | Helen Conroy  Stuart Green  Colin West |  | Complete |
| Ensure appropriate housing for people released from prison, to support recovery. | The new Dynamic framework contract began in June 2021, Nacro are contracted to deliver accommodation support to Service users in South Yorkshire.  NACRO are continuing to offer support to Service users released from custody into appropriate accommodation. | Gaynor Lester (NACRO) |  | Complete |
| Work in partnership with the Complex Lives Alliance to enable implementation of the Housing First Model. | Doncaster Public Health has a collective responsibility as part of the Complex Lives Alliance to support appropriate housing availability. | Nicola Milnes |  | Complete |
| Ensure that service specifications/contracts promote links to employment and  training as part of the recovery pathway for people in drug and/or alcohol treatment | Current substance misuse specification requires linkage to ETE services. DWP lead for ETE named person is needed to attend SMTG and Alcohol Alliance. OHID have allocated New IPS monies to procure IPS provision for Doncaster substance misuse clients.  The IPS contract was awarded to Changing Lives they have recruited a senior employment specialist and two employment specialists and are co-locating with Aspire. | Jane Mundin  Stuart Green  Val Bell  Angela Purvis |  | IPS Contract ends March 2025 |
| 2.4 Build a visible recovery community in Doncaster, which includes effective mutual aid support | Support and encourage recovery communities to embrace recovery based on shared experience, shared interest and shared geography | PH and Aspire actively promote the 5 ways to wellbeing ethos to enable and maintain recovery. Peer support and Mutual Aid is encouraged and promoted at Aspire. All groups are currently on line, apart from closed groups in treatment unit.  New volunteering programme and additional staffing to support peer support and mentoring in Aspire.  Lived Experience Recovery Organisation (LERO) work is ongoing with Project 6 including funding of part-time LERO co-ordinator. A focus on LERO and next steps is taking place in October 2023 Combatting Drug Partnership. | Stuart Green  Tim Young  Vicki Beere |  | On-going |
| **Objective 3: Fewer, children, young people and families are affected by Drug and/or Alcohol misuse** | | | | |  | . |
| **Priority** | **Action** | **Progress** | **Owner** | **RAG** | **By When** |
| 3.1. Ensure alcohol and drug education and prevention for school age children | Develop/deliver a range of training and education programmes to children, young people, parents and professional groups. | Project 3/Public Health organise and facilitate an annual training programme around risk taking behaviours (inclusive of drug, tobacco and alcohol use) / Hidden Harm training re: impact of parent carer use / PH promote and advertise all Mentor Adepis webinar/seminar /training to schools. | Saima Nazir |  | Complete |
| 3.2 Ensure there is a co-ordinated response by local services / partners, to the needs of children effected by parental substance misuse | Reduce the impact of parental drug and alcohol use on families  . | Public Health commissioned Huddersfield University to undertake a reflective review of how Doncaster services respond to the needs of children affected by parental alcohol misuse. A report with 10 key recommendations of change has been finalised and agreed by Rupert Suckling and Rebecca Wilshire acting Chief Executive of Doncaster Childrens Trust. Rebecca Wilshire has agreed to Champion the report and recommendations to strategic boards and meetings. | Jane Mundin / Andy Collins / Saima Nazir |  | April 2022 |
| A Parental Alcohol Misuse working group with Action Plan has been set up with key professionals in attendance. This group will work to achieve the recommendations from an operational level. | Andy Collins/Jane Mundin/Angie Bishop |  | Complete |
| Public Health has commissioned a parental support element to the core Aspire service. The Parental team work with parents who are aware that alcohol use is impacting on the family. Public Health are monitoring the effectiveness of the new service | Andy Collins/Maggie Whalley (Aspire) |  | Complete |
| 3.3 Ensure young people’s drug and alcohol treatment services work effectively with partner agencies to identify and  respond holistically to the needs of children and young people. | Identify children and young people at high risk of alcohol related harm  through A&E admissions and ensure care pathway is developed and  coordinated. | Mel Walton Service Manager at Zone5-19 has worked with safeguarding leads at DRI to establish referrals from DRI via school nursing for young people who have attended DRI A&E for a alcohol or drug attendance. | Saima Nazir  Mel Walton |  | Complete |
| Ensure effective transition from young people’s services (Zone 5-19) to adult drug and  alcohol treatment services (Aspire). | Aspire and Zone 5-19 work in partnership and have agreed protocols and pathways in place to facilitate client movement to and from each service depending on age and need.  New parental service (APS) at Aspire now working with parents of children.  F-MOT programme still running and Public Health have funded a co-ordinator in post. | Mel Walton  Stuart Green. |  | Complete |
| 3.4 Effective identification and support for children, young people, and family members who are affected and harmed by  the drug and alcohol misuse of others | Strengthen the identification and referral pathways of parents with drug and alcohol misuse into treatment. | In January 2020, a partnership task and finish group (parental alcohol misuse) was formed to improve identification and support for children affected by parental alcohol misuse. This Action is within the PAM working group which has strengthened links and relationships. | Andy Collins |  | Complete |
| Promote and encourage a support group for the family and friends who are living or supporting someone with a drug or alcohol problem | Support4Change is a Doncaster based support group for family and friends affected by a loved ones substance misuse. S4C are members of the SMTG and Alcohol Alliance.  Public Health have grant funded S4C for the 2023/24 they have now expanded provision to Thorne.  <https://www.counselling-directory.org.uk/counsellors/support-4-change-sandrachardy-drug-alcohol-coun> | Sandra Hardy |  | Complete |
| Provision of DMBC’s Young Carer’s services in accordance with the Carer’s Strategy | AC has linked Denise Beevers and Stuart Green to discuss how Aspire and Young Carers are supported. Aspire have been invited to a Young Carer’s Team Meeting and also to attend a Young Carer’s group session in order to network and raise awareness of service. In process of confirming dates. | Denise Beevers / Stuart Green |  | September 2022 |
| 3.5. An increase in number of families supported where drug and alcohol use is a cause for concern and impacting on the children and young people | Support and monitor existing support for families: FMOT (Families Moving on Together) programme, Support4Change, | Family MOT continues to be an offer made predominantly by Project 3 and Aspire, however, previously have really struggled with referrals. Promotion has been continued at partnership meetings, including presentations by Andy Collins to senior members of staff at the Children’s Trust and attendance by Naomi Handley-Ward at team meetings. AC has offered to push FMOT comms via ReThink Your Drink for International Families Awareness Day (15th May).  An F-MOT co-ordinator has been recruited via the OHID supplemental money. | Jane Mundin/ Andy Collins/  Mel Walton |  | Complete |
| Ensure continued investment in Aspire Specialist midwifery service. | Midwifery input will continue as business as usual as this specialism. Post will not provide extended key working arrangements. – offered space to service in buildings and membership at service level safeguarding meetings. | Stuart Green |  | Complete |
| **Objective 4: Fewer people experience crime and disorder related to the misuse of Drugs and/or Alcohol** | | | | | |
| **Priority** | **Action** | **Progress** | **Owner** | **RAG** | **By When** |
| 4.1 Ensure fewer families experience domestic violence related to the misuse of drugs and/or alcohol | Public Health to work in partnership with Domestic Violence Theme Manager to support Domestic Violence agenda. | Public Health work Collaboratively with DMBC domestic violence leads to highlight the impact of substance misuse within domestic violence.  Representation from DV service is on the Alcohol Alliance and have recently completed a DV audit – main points were highlighted. The new Aspire Parental service has attended DV Team meetings. | Jane Mundin  Tim Staniforth / Alicia Lee  Andy Collins |  | Completed |
| 4.2 Ensure safeguarding and support of family members of drug and alcohol misusers | Support Aspire in Multi-component interventions  providing support for substance users and their children | Aspire have access to Support4Change who work with the families of people across Doncaster who use substances.  Aspire’s Parental Service has been developed and has been running since Autumn 2021. This service is for any parent that meets the criteria, not just ‘Aspire’ clients.  Extra investment via the OHID supplemental money for Support4Change to expand into Thorne and Mexborough | Sandra Hardy  Stuart Green |  | Completed |
| 4.3 Ensure the effective rehabilitation of offenders who have drug and/or alcohol issues | Utilise Recovery champions, volunteers and peer mentors in the delivery of  criminal justice interventions for offenders | Aspire prior to Covid restrictions, held two peer mentor courses a year.  Although mentors do not specifically support criminal justice, they work with Aspire clients that may be ex-offenders. Having lived experience can help to encourage and motivate clients to reintegrate back into society / local community. Mentors could be more involved in criminal justice interventions ie meeting offenders in prison that are due for release and the “through the gate” support. Aspire have been part of the LERO work and are part of the Recovery connectors agenda for national lived experience via ED Day.  Peer mentor has resumed in 2023 after postponing from covid/lockdown | Neil Firbank/Stuart Green |  | Complete |
| Explore the opportunity to co-locate CRC within Aspire services | CRC now co-located at Aspire. | Luke Shepherd and Stuart Green |  | Complete |
| 4.4 Reduce the probability of crime in the night time economy and local neighbourhoods | To reduce incidences of alcohol fuelled violence and related A&E attendances. | A partnership between SYP, Public Health and Doncaster Pubwatch have re-introduced Best Bar None to Doncaster town centre. 20 pubs and clubs have achieved accreditation this year and another 20 planned. | Andy Collins  Licencing DMc  SYP DS |  | On-going |
| Work on Reduce the Strength has been put on hold. Public Health have asked senior partners including SYP and Communities and SYVRU to come together and decide whether we move forward and next steps but struggling for ‘buy in’ | Trading Standards  Licensing DMc  Public Health  SYP  Communities BH |  |  |
| Work collaboratively with SYP/Licencing to inform licensing decisions. | Reduce the Strength has over 55 off-licences in Doncaster town centre and surrounding areas agreeing not to sell high strength, low cost beers and ciders. Adherence is monitored by DMBC community teams and Licencing. | Licensing DMc  SYP  Public Health |  | On-going |
| Public Health, with Daryl Hilton DCC GIS team has plotted all off and on licenced premises, gambling premises, alcohol related hospital admissions and alcohol related offences on a digital map of Doncaster to show the link and correlation between alcohol retailers and alcohol health harms to influence licensing policy and decisions. | Public Health  Daryl Hilton |  | Complete |
| **Objective 5: Reduce the health burden from Drugs and/or Alcohol** | | | | | |
| **Priority** | **Action** | **Progress** | **Owner** | **RAG** | **By When** |
| 5.1 Doncaster continued commitment to harm reduction interventions. | To reduce the health, social and economic harms to individuals, communities and society substance use. | All services have established overdose warning procedures in place. Doncaster has 12 needle exchange pharmacies and 1 specialist exchange.  We have widened the range of needle exchange paraphernalia to include foil and steri-cups across all outlets. The Blood Borne Virus Nursing Liaison Team ensures pathways into treatment and working arrangements for BBV positive clients.  The needle exchange Locally Enhanced Service and guidance manual has been updated in accordance with the new NICE Guidance which Aspire have adopted. Implementation of Naloxone for substance misuse clients, vulnerable drug users and carers is in place.  Doncaster Public Health has an established confidential enquiries procedure for learning from the causes of drug related deaths, and a South Yorkshire drug related deaths initiative.  Public Health hold Harm Reduction Strategy meetings on a quarterly basis. | Jane Mundin  Aspire sub-contracts |  | On going |
| Reduce morbidity and mortality from hepatitis C and to decrease the risk of onward transmission | Doncaster Team continue to be part of the South Yorkshire ODN this year achieving 100% of treatment targets set by NHSE  Nationally on track as a country to achieve elimination by 2025. Continuing to cover 5 prisons in Doncaster working hard to maintain Elimination status.  Aspire are now working hard to ensure all clients have been screened in the last 12 months and if positive refer on to us, with the aim to have patients on treatment within 2 weeks of assessment.  All homeless hostels covered and 3 housing providers in Doncaster in an effort to ensure everyone screened and on treatment if required.  Work with Amber project and Complex lives team for screening and treatment. Hoping to have the ODN bus every Tuesday to screen and offer treatment outside pharmacies | Sheena Emmerson/Andrew Brankin  Stuart Green |  | Ongoing |
| Respond to the  growing number of  older drug users,  many of whom have  serious addiction  and health problems | Aspire completed client profiling work which informed the new Aspire model which has been implemented. However, the model was focussed on group work and due to COVID, this has prevented full implementation.  A workshop is planned between Aspire and Public Health in May 2022 to look at the opioid using cohort and how to increase successful completions. – internal meetings are happening.  Outreach mapping event / listening event to take place. | Jane Mundin  Stuart Green |  | Complete |
| 5.2 Strengthen prevention, identification and care pathway for older people | Public health to work with partners to understand the reasons behind drinking in the older age group | Doncaster Public Health have partnered with AgeUK Doncaster to form an Alcohol and OP working group to reduce and prevent alcohol related OP hospital admissions.  Project 6 have secured 18 month funding to employ a specific alcohol and older persons worker who will work closely with St Leger Homes Tenancy Support and other partners.  Public Health to attend the Ageing Well Board in the Spring 2022 to discuss and raise concerns re alcohol and older people.  Funding has been extended and enhanced for alcohol older people work in Project 6 | Andy Collins / Vicki Beere |  | Complete |
| 5.3 Reduce Drug Related Deaths in Doncaster | Identify and monitor Doncaster drug related deaths to inform and identify patterns and trends | DMBC Public Health have a Drug Related Deaths Protocol. Quarterly DRD Steering Group meetings take place to discuss each death, look at patterns and trends and take action if necessary. (This has been put ion hold whilst developing the QES system described below).  A quarterly report showing a rolling 12 months is submitted to Doncaster Clinical Commissioning Group Local Intelligence Network.  A real time surveillance system for suspected DRDs (QES) has now been commissioned which is the same system Doncaster currently used for suicide alerts. This system will be South Yorkshire wide. Currently collating service information from backlog of DRD’s on system, once up to date quarterly panels will be re-established. Doncaster now has a draft LDIS which is currently out for consultation with partners. | Jane Mundin  Lauren Beaumont |  | On-going |
| 5.4 Identify and assertively work with treatment resistant drinkers | Improve pathway between Aspire and DRI for treatment resistant patients | Access and Liaison service within DRI aims to reduce hospital attendances, admissions from people with mental health and substance misuse. The service assertively links these patients into community support.  Discussions have taken place with Marie Purdue Director of Strategy at DRI to look at the increasing number of alcohol admissions. A process of map to identify gaps has been completed by Beccy Vallance at DRI, awaiting meeting to discuss findings.  Aspire have recruited a hospital liaison post in 2023 to link with those being discharged into community treatment.  Work is underway with PH and ICB to look at feasibility and costings for a Drug and Alcohol Care Team at DRI | Andy Collins  Paula Thompson  Stuart Green  Emma Serfozo ICB  Sarah Bartle |  | On-going |
| 5.5 Alcohol related liver disease | Reduce hospital admission rate for alcohol liver disease (persons) | Continue Reduce the Strength campaign with all Doncaster town centre and adjoining cumulative impact zone off licences – a total of 52 agreeing not to sell high strength low cost beers and ciders. The initiative is in conjunction with Public Health, Trading Standards, South Yorkshire Police and DMBC town centre liaison officers.  Also South Yorkshire Police are stipulating that new applications for licences in hot spot areas of Doncaster do not sell high strength low cost beers and ciders as part of the licence in conjunction with the reduce the strength scheme.  Doncaster hosted the Love Your Liver Campaign Bus in October 2021 with 93 members of public undergoing a liver fibroscan. 19% required further investigative work from their GP.  Dr Gavin Hill and Liver specialist nurse Joanne Pickersgill attend the Alcohol Alliance  A Fibroscanner has been funded by Doncaster Cancer Detection Trust and the service will be launched in January 2024 to coincide Love Your Liver Month. | Andy Collins  Joanne Pickersgill  Sarah Bartle |  | On-going |
| **Objective 6: Support for substance misusing offenders** | | | | | |
| **Priority** | **Action** | **Progress** | **Owner** | **RAG** |  |
| 6.1 Substance misuse interventions are offered and in place within custody settings | Prisoners are offered appropriate interventions to enable better chance of recovery on release | Recovery Workers complete a psychosocial assessment which covers substance use, current treatment, prescribing needs, physical and mental health, offending history and family support network.  Substitute prescribing includes Opiate Substitute Therapy (OST) Methadone and Espranor. Chlordiazepoxide and/or diazepam is prescribed for clients requiring an alcohol detox. Everyone who engages with the service whether or not they are medicated, has a care plan that is individually tailored to their specific needs. We deliver psychosocial interventions on a one-to-one basis and via group sessions. In addition, we created in-cell workbooks so that our clients could still receive support and interventions during the Covid pandemic. We have also organised for Alcoholics Anonymous to hold weekly meetings at HMP Doncaster. In addition, we also have weekly peer support groups for vulnerable prisoners on Houseblock One. To further support our clients we also have regular training sessions from the Hepatitis C Trust to increase their awareness and knowledge around this Blood Borne Virus.  We have appointed mentors for the Substance Misuse Service to further support our clients outside of the Recovery Workers’ working hours. The mentors are highly thought of within our client base and recruitment of these mentors is an ongoing process.  All clients have Naloxone education and training as part of their assessment and release planning. Naloxone is issued to prisoners when they are released along with their appointment for community services.  Being an integrated service we work closely with mental health and prescribers to ensure that patient safety and risks are managed. Every week, the Substance Misuse Service hold a meeting to discuss clients with challenging prescribing needs. This provides Recovery Workers and prescribers the opportunity to collaboratively explore different options for our clients. The outcome of these meetings is then presented to the clients via their allocated Recovery Worker. | Richard Symcox (HMP Doncaster) |  | On-going |
| 6.2 Identify what services are in place for prisoners on release. | Ensure seamless pathway from all Doncaster prison settings to community services | An MDT approach is provided to support a seamless through care service incorporating Offender Managers, housing, education, Probation, community drug teams and rehab options. Every area has a Single Point Of Contact (SPOC) that we refer to via secure e-mail. Certain areas, such as Sheffield, offer clients who are getting released a gate pick up via a local taxi company to minimise the immediate risk of relapse and potentially overdosing following a period of abstinence. | Richard Symcox |  |  |
|  | Deliver enhanced through the gate services for prisoners on release | Delivered via CRC and NPS. PH completed a piece of mapping work in 2019 outlining good practice and identified gaps for prisoners on release. Enhanced Through the Gate work – working well with developed pathways now in place. Helen Cottam presented the ETTG model and provided information at the SMTG | Hannah Green (Community Integration Teams) |  | On-going |
|  | Strategic alignment of prisons and community drug and alcohol strategies | HMP Doncaster are involved in and feed into Doncaster’s, Barnsley and Sheffield community and commissioner meetings which includes coverage of their local strategies. Action plans are shared and we ensure communities are part of our Prison strategy.  We are currently reviewing our strategy at HMP Doncaster in light of the white paper. | Emma Mayou  Victoria Dwyer  Nicky Wraith |  | On-going |
| 6.3 Improve access for criminal justice clients to treatment services | PHE Universal Bid successful | The bid comprises of:-  Treatment capacity for police and court custody assessments  • Collaboration with L&D, courts and probation  • Continuity of care post prison release  • Continuity of care from non-criminal justice settings  Navigator team to improve treatment and criminal justice compliance and engagement particularly through the gate, with probation/prisons co-location.   * Work with out-of-court disposal schemes and testing on arrest to provide treatment interventions   Enhanced criminal justice liaison team to improve pathways and co-location between substance misuse, mental health and probation services. Also includes prison inreach and timely DRR assessments, working with complex needs to improve engagement | Helen Conroy/Luke Shepherd |  | Complete |
| 6.4 Re-launch of DRR programme |  | Aspire now present in court twice a week which has received excellent feedback  Aspire seeing a slow increase in the number of DRR assessments requested by the courts and continue to liaison and work closely with probation around offenders who may be suitable for a DRR assessment  The UCJ are in a position to now take on all new DRR orders  Meeting in place with rdash comms to look at some promotional work around DRR’s for sharing with clients and courts - court diversion scheme started. | Tim Young / SG / LS |  | Completed |