

<b>Report Title:</b>	<b>Proposal for the development of a joint Southend, Essex and Thurrock Drugs &amp; Alcohol Steering Board</b>
<b>Purpose:</b>	<b>FOR DISCUSSION AND DECISION</b>
<b>Date:</b>	8 <sup>th</sup> December 2022, 5pm
<b>Report For:</b>	Southend-On-Sea City Council Health & Wellbeing Board
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## 1. Overview

1.1 The purpose of this paper is to present a proposal for consideration for the alignment of the three Drugs & Alcohol Executive Boards across Southend, Essex and Thurrock (SET). The Southend Health and Wellbeing Board is asked to provide their views on the benefits and risks of the establishment of such a board and make recommendations for how we wish to proceed in Southend.

## 2. Context

2.1 On 6th December 2021, HM Government published the new 10-year national drug strategy, '[From Harm to Hope](#)'. The strategy was written following an independent Review of Drugs initiated by the Home Secretary in February 2019 led by Professor Dame Carol Black, and identified three key strategic priorities:

- To break drug supply chains
- To deliver a world-class treatment and recovery system
- To achieve a shift in the demand for drugs

2.2 This strategy was accompanied by guidance outlining the structures and processes through which local areas across England should work to, to bring relevant partners together to reduce drug related harm.

2.3 One of the key requirements was for local areas to establish local combating drugs partnerships, which would need to bring partners together from key organisations and sectors to enable the development and implementation of local delivery plans.

2.4 As the suggested membership of the local combating drugs partnership in the national strategy would duplicate membership of the Health & Wellbeing Board and the Community Safety Partnership, a Drug & Alcohol Strategic Executive Group was established in Southend, comprising the following key members:

- Director of Commissioning
- Director of Public Health
- Essex Police Force Lead for Drugs & Alcohol
- ICS Director of Strategic Partnerships
- Deputy Director of NHS Alliance
- Head of South Essex Probation
- Lead Commissioner for Public Health
- Drug & Alcohol Commissioning Officer

- 2.5 This group has a remit to provide governance and decision-making for the drug and alcohol commissioning intentions, with the Director of Public Health taking on the role as the Senior Responsible Officer, reporting to the national Joint Combating Drugs Unit. The group have also ensured direct governance and engagement routes into the Community Safety Partnership Board, and Health and Wellbeing board, to ensure that wider partners are consulted and engaged in both the development and delivery of local delivery plans.
- 2.6 In addition, in June 2022, Essex Leaders and Chief Executives Group (ELCE) agreed an approach to exploring the potential for a devolution deal within the terms set out in the Devolution and Levelling Up White Paper. The current draft proposal has included Community Safety and Improving Public Health outcomes as a core element for consideration. Therefore, as this Executive Group has only been recently initiated and include the same representatives from key partners, we have engaged with them on this proposal which they wholesomely endorse. It would be ideal to align our approaches, which to a large extent, is already broadly in situ via the Violence and Vulnerability board.
- 2.7 At a Drug and Alcohol Executive Group meeting held on 22<sup>nd</sup> September, an action was identified for the Director of Public Health in Southend to hold a conversation with the SROs of our neighbouring areas (Essex and Thurrock). The purpose of this action was to establish opportunities for information sharing and alignment in our work to implement the ambitions of the National Drugs Strategy.
- 2.8 The outcome of this discussion was a proposal from Directors of Public Health for both Thurrock and Essex, to align our governance through the creation of a joint steering board across the three areas.
- 2.9 Approval to move forward with this approach has been provided by Lucy Wightman, Director of Public Health and SRO for the Essex combating drugs partnership. Agreement in principle has been provided by Jo Broadbent, Director of Public Health and SRO for Thurrock (with the condition that this will need to be signed off by the Thurrock Community Safety Partnership and Health and Wellbeing Board). Initial engagement with key partners from Police, Probation and the NHS also indicates wider support for this proposal.
- 2.10 Following discussion with SROs and local commissioners in Southend, **Table 1** below presents an appraisal of the key benefits and risks identified in moving from a Southend Drugs and Alcohol Executive Group to a SET Drugs and Alcohol Steering Board.

### **For Discussion and Approval**

**The Health and Wellbeing Board are asked to discuss the benefits, risks and challenges, and to provide approval for this approach to be adopted as we move forward with the strategy in Southend.**

**Table 1: Benefits and Risks of the establishment of a Joint SET Drugs and Alcohol Steering Board**

Benefits	Challenges/ risks	Mitigation and or follow up action
<ul style="list-style-type: none"> <li>➤ Better alignment with the tactical policing and probation services, creating efficiencies for partners working across this greater Essex footprint and supporting consistency in approach across the three areas</li> </ul>	<ul style="list-style-type: none"> <li>➤ Funding pots are separate and within the current arrangements would need to remain separate - they have been allocated by OHID on the basis of need so proportionately each area receives different allocations, which in turn means our approaches to spending are currently very different.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Agree principles for managing this within a joint board to avoid the loss of localised approaches and localised spending priorities where they are needed</li> <li>➤ DsPH to pick up with OHID as the principle of aggregated universal service provision and place-based targeted interventions will remain unchanged</li> </ul>
<ul style="list-style-type: none"> <li>➤ Southend already work across borders with partners on work involving policing, probation, and the NHS. A joint board will support with streamlining this work and improving attendance and partnership working during board meetings.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Current data reporting structures are separate. The joint combating drugs unit will be expecting a report from each separate area on progress and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>➤ DPHs to raise with OHID about how reporting would work moving forwards, although it is likely this will remain the same until at least 2024/25</li> </ul>
<ul style="list-style-type: none"> <li>➤ The establishment of a joint board could present opportunities for improving joint commissioning between areas</li> </ul>	<ul style="list-style-type: none"> <li>➤ Population needs differ e.g., the Southend profile is different to Thurrock, with different drugs markets. Essex has a larger footprint and governance group.</li> </ul>	<ul style="list-style-type: none"> <li>➤ DsPH to pick up with OHID</li> <li>➤ Establish how we consider local need and adapt approaches whilst maintaining a coordinated and informed approach.</li> <li>➤ Ensure local mechanisms for engaging with residents and working in co-production</li> </ul>
<ul style="list-style-type: none"> <li>➤ Presents opportunities for cross fertilisation and greater scope for piloting new approaches and facilitating learning across areas</li> </ul>	<ul style="list-style-type: none"> <li>➤ We would need to think about who is best placed to chair to ensure effective management of a wide range of complex issues across different areas.</li> </ul>	<ul style="list-style-type: none"> <li>➤ DsPH to discuss the potential of a rotational chair</li> </ul>
<ul style="list-style-type: none"> <li>➤ Presents opportunities for shared intelligence around demand, trends and hotspots,</li> </ul>	<ul style="list-style-type: none"> <li>➤ Different governance arrangements – Southend report to the HWB board, Thurrock report to local CSP. Would also need to consider the need to</li> </ul>	<ul style="list-style-type: none"> <li>➤ Agree governance into local authority areas</li> </ul>

and grater scope for joint response	retain 3 different service user engagement mechanisms	
➤ Provides a potential to level up the offer over time, and work towards reducing variations and health inequalities that span across borders		