

## Greater Manchester Police, Fire, and Crime Panel

**Date:** 20<sup>th</sup> September 2022  
**Subject:** Greater Manchester Drug and Alcohol Transformation Board Progress Update  
**Report of:** Baroness Beverley Hughes, Deputy Mayor for Police, Crime, Criminal Justice Services and Fire

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### Purpose of Report

This report provides an overview of the strategic role performed by the Greater Manchester Drug and Alcohol Transformation Board. It details significant local and national developments that have occurred over the last two years inclusive of Greater Manchester's approach to implementing the new National Drug Strategy (December 2021).

### Recommendations

Panel members are asked to note the information contained in this report and the role of the Deputy Mayor in encouraging collaboration between health and justice partners working in and across our ten Greater Manchester localities.

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## **1. Introduction**

- 1.1 The GM Drug and Alcohol Transformation Board was established in September 2021. It is co-chaired by Baroness Beverley Hughes (Deputy Mayor of Greater Manchester) and David Regan (Greater Manchester Directors of Public Health Lead for Drugs and Alcohol).
- 1.2 The Board aims to reduce the harms caused by drugs and alcohol by fostering understanding and collaboration between health and justice partners working in and across our ten Greater Manchester localities.
- 1.3 The Board also has strategic responsibility for implementing 'From harm to hope,' the new national 10-year drugs plan to cut crime and save lives, published in December 2021. Central to this strategy is improving the criminal justice system response to offending with expanded funding linked to ensuring there is a treatment place for every offender with an addiction.

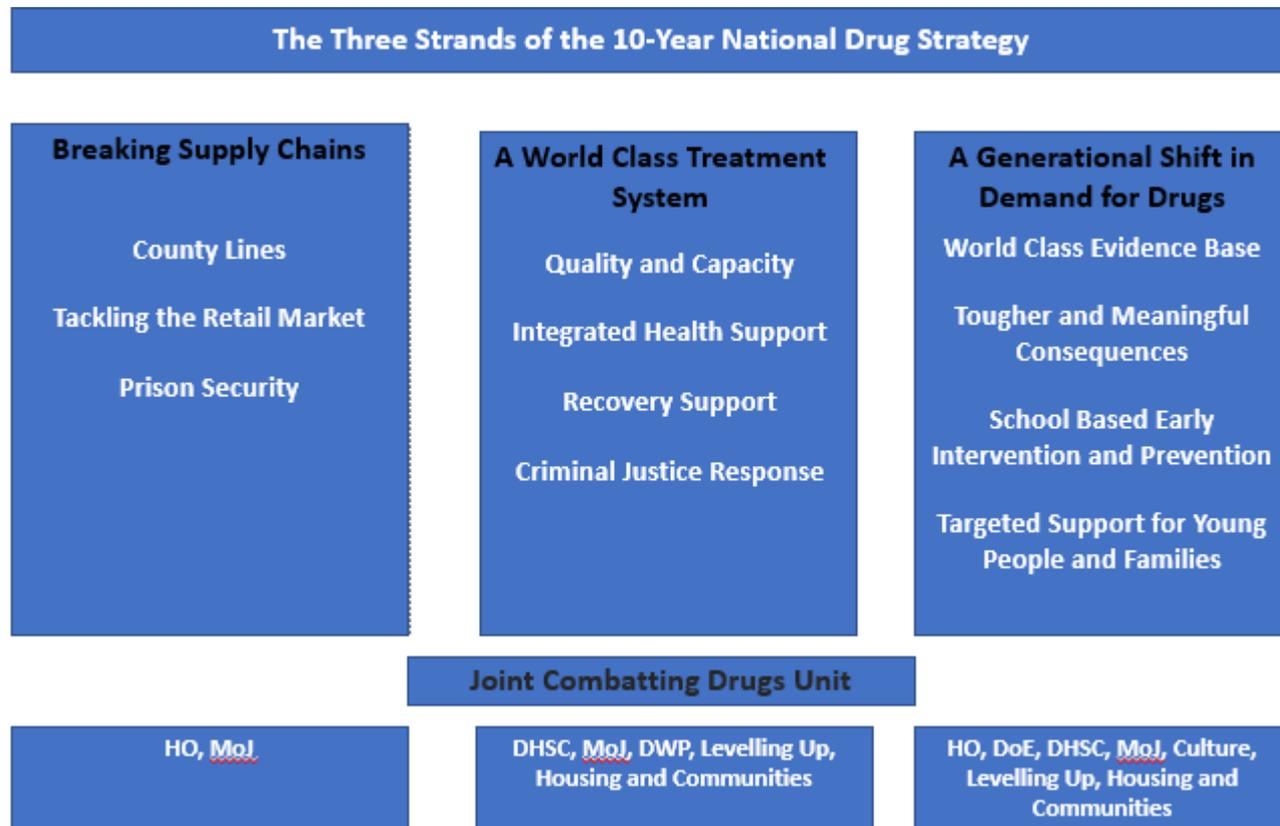
## **2. Local and national strategic background**

- 2.1 The establishment of the Board was a key recommendation from the GM Drug and Alcohol External Review commissioned by the Deputy Mayor following the publication of Dame Carol Black's National Review of Drugs Part One in February 2020 ([Part 1 of Dame Carol Black's independent review](#)) which identified public provision for prevention, treatment and recovery as being not fit for purpose and called for a radical reform of leadership, funding and commissioning.
- 2.2 The Deputy Mayor's decision to commission an external review was also informed by an internal GM commissioning review completed in March 2020 which unsurprisingly mirrored national findings. It highlighted considerable reductions in locality funding of drug and alcohol services, significant declines in numbers in treatment, and diminished strategic and analytical capacity to address record levels of drug related deaths and develop new models for integrating commissioning.
- 2.3 The brief for the external review included enabling Greater Manchester to best respond to the signalled potential for national strategic change. It was conducted by a team led by Mike Trace, former Deputy UK Government Drug Czar and member of Dame Carol Black's advisory panel.
- 2.4 By July 2021, when Dame Carol Black's final recommendations were published in the second part of her review ([Part 2](#)), Greater Manchester already had its own set of recommendations that were cognisant of, and placed us in an advanced position to respond to, what would soon become national government policy.
- 2.5 Importantly, because our GM external review was based on interviews and workshops with key GM stakeholders and locality drug and alcohol commissioners,

the recommendations also addressed our own place-based priorities inclusive of a renewed focus and prioritisation of substance misuse within the Public Service Reform agenda.

- 2.6 To facilitate coherent and efficient use of available resources, it also recommended the agreement of a GM Strategic Outcomes Framework for all GM partners to contribute and work to, with localities retaining full responsibility for the commissioning of drug and alcohol services.
- 2.7 On the same day that Dame Carol Black's Review of Drugs (Part Two) was published, the government announced the formation of a Joint Combating Drugs Unit aiming to bring together multiple government departments – including the Department of Health and Social Care, Home Office, Ministry of Housing, Communities and Local Government, Department for Work and Pensions, Department for Education and Ministry of Justice. This signalled their intention to take forward Dame Carol Black's recommendations as confirmed in the full Government Response at the end of July 2021([Government response to the independent review of drugs by Dame Carol Black - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/government-response-to-the-independent-review-of-drugs-by-dame-carol-black)).
- 2.8 This commitment was accompanied by significant investment commencing with the Autumn 2021 Spending Review allocation of an extra £80million for Local Authorities to spend on treatment into 2022. In December 2021, the new national drug strategy further announced an additional £780million funding for treatment and recovery support over three years inclusive of £533million for local treatment and recovery services ([From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)).
- 2.9 However, it is important to stress that the national strategy has three strands of which delivering a 'world-class treatment and recovery system' is one. The other two aim to 'break drug supply chains' and 'achieve a generational shift in demand for drugs'. The components of each strand are illustrated overleaf followed by an overview of spending commitments.

2.10 The Three Strands of the 10-Year National Drug Strategy



2.11 Three Year Spending Review Commitments from 2022/23



### 3. HM Guidance for Local Delivery Partners – Key Tasks

3.1 National Guidance for implementing the national drug strategy was published in June 2022 and considered by the GM Drug and Alcohol Transformation Board at its second full meeting held on 26<sup>th</sup> July 2022. The guidance cited the Board as example of an ‘encouraging approach’:

3.2 *“The Greater Manchester Combined Authority has formed a partnership to cover the three themes of the 10-year drugs strategy and to work with all 10 Greater Manchester local authorities that each commission their own treatment systems. The aim of the partnership is to ensure that where things are done best at a local level, this happens, but where there are opportunities to join up provision and ensure that conversations and decisions can be made effectively and efficiently just once, this opportunity is taken.*

*The board will:*

- *approve the local Greater Manchester Drug and Alcohol Strategy and identify the commitments it wishes to prioritise for implementation.*
- *oversee the development and reporting of a Greater Manchester Drug and Alcohol Strategic Outcomes Framework.*
- *establish and co-ordinate working groups covering topics to include criminal justice, homelessness, and worklessness.*
- *consider the range of funding streams available across cohorts where substance misuse is a common theme and, to maximise resources, make recommendations on their potential alignment or pooling.*

*In addition, the board are looking to harmonise their role with the requirements in this guidance and as such additional responsibilities would include accountability for delivery and overseeing system performance against the National Combating Drugs Outcomes Framework.*

*The board is jointly chaired by the Greater Manchester Deputy Mayor (who also holds police and crime commissioner responsibilities) and the Greater Manchester Director of Public Health Lead for Drugs and Alcohol. There is representation from the local Integrated Care System, mental health commissioning, police, probation, community safety, Violence Reduction Unit, Changing Futures partnership, work and skills, Department of Health and Social Care and OHID.”*

3.3 The National Guidance sets out key asks for local areas alongside a timeline of delivery. The first immediate tasks have already been completed for GM: detailing upper-tier local authorities covered by local Combating Drugs Partnerships, the reasons for selecting the geographical area, the designated Senior Responsible

Officer (SRO), and the partners that have agreed to these arrangements. This is likewise the case with Terms of Reference which will be submitted by the end of September 2022.

- 3.4 The remaining task for completion are:
- Partners carry out **joint assessment** of local evidence, data and need **by end of November 2022**
  - **Delivery plan and performance framework** developed across supply, demand, treatment and recovery **by end of December 2022**
  - **Review progress** against plan and local outcomes **by end of April 2023**
  - Work with central government support to **update and improve**

3.5 These key tasks have been considered by GM Directors of Public Health (5<sup>th</sup> July 2022) and GM Drug and Alcohol Commissioners (7<sup>th</sup> July 2022). There is broad agreement with our approach inclusive of GMCA collating a joint GM Needs Assessment complemented by contributions from localities and GM partners working across the three strands of the national strategy.

#### 4. **Locality Governance**

4.1 The GM Drug and Alcohol Transformation Board (26<sup>th</sup> July 2022) were also updated on locality governance arrangements and commissioning capacity. GM Directors of Public Health discussed local commissioning capacity and further development of locality governance arrangements in line with the requirements of the national strategy. The GM Drug and Alcohol Transformation Board will be provided updates on this.

4.2 GM Directors of Public Health and commissioners have also been informed about ongoing conversations with GM Integrated Care Partnership colleagues about the potential role of Locality Boards in the governance of drug strategy implementation and the commitment of the government to *“make sure the next phase of the Integrated Care System development includes leadership on drugs and alcohol to integrate physical and mental health care with substance misuse services.”* (From harm to hope: a 10-year drugs plan to cut crime and save lives, p.37).

#### 5. **Budgetary Overview**

5.1 The GM Drug and Alcohol Transformation Board (26<sup>th</sup> July 2022) were also provided with details of existing core locality drug and alcohol budgets alongside additional supplemental and ‘needs-based’ enhanced funding provided by government as part of the drug strategy settlement. The value of these expected grants has been made known to commissioners, but the Treasury is only releasing them on an annual basis. A range of additional funding streams were also detailed, many of which are also distributed annually.

## 5.2 Core, Supplemental and Enhanced Budgets

- 5.2.1 The overview detailed existing core locality drug and alcohol budgets which government expect local authorities to maintain as a condition of additional central funding.
- 5.2.2 Additional supplemental grant funding, from the Department of Health and Social Care (DHSC) as part of the drug strategy settlement, was also detailed.
- 5.2.3 For 2022/23, two GM localities (Manchester and Rochdale) have received further 'needs-based' enhanced funding which is expected to continue for three years through to 2024/25. Six localities (Bolton, Bury, Oldham, Salford, Tameside, Wigan) are also scheduled to receive both supplemental and enhanced funding in 2023/24 and 2024/24, with two (Stockport, Trafford) expecting to receive both in 2024/25.
- 5.3 Annual funding settlements are also a feature of several of the grants listed below. Thus, whilst an increase in overall funds is predicted though to 2024/25, we await final confirmations.

## 5.4 Further Additional Funding Streams

- 5.4.1 *Rough Sleeper Drug and Alcohol Treatment Grant*: This grant is provided by the Department for Levelling Up, Housing and Communities (DLUHC) to support rough sleepers recover from drug and alcohol misuse. Six localities (Bolton, Manchester, Oldham, Rochdale, Salford, Wigan) received this grant in 2022/23.
- 5.4.2 *In-patient grant*: This is additional DHSC funding for areas to commission additional inpatient detoxification which is organised through regional or sub-regional consortia of local councils. There is a GM Consortium with each locality receiving a centrally determined allocation for 2022/23.
- 5.4.3 *Dependency and Recovery*: This funding is provided through to 2025/26 for locality drug and alcohol services as part of the GMCA Justice Devolution arrangements between Greater Manchester Combined Authority (GMCA) and Her Majesty's Prison and Probation Service (HMPPS). GM Probation and GMCA oversee this funding which supports People on Probation with substance misuse problems.
- 5.4.4 *Alcohol Care Teams*: This additional funding is for hospital-based Alcohol Care Teams and is provided by NHS England as part of the NHS Long Term Plan.
- 5.4.5 *Individual Placement and Support*: Individual placement and support for alcohol and drugs otherwise known as IPS-AD provides intensive employment support to those

in treatment. It is funded by the Department of Work and Pensions (DWP). Four localities (Manchester, Oldham, Rochdale, Wigan) successfully applied for 2022/23 funding.

## 6. Draft GM Drug and Alcohol Strategic Outcomes Framework

- 6.1 Final Local Outcomes Frameworks are required by Government for December 2022. The current GM Draft presented to the Board combines known national requirements with outcomes recommended by our own GM External Drug and Alcohol Review.
- 6.2 Forthcoming national publications to be incorporated include the National Combating Drugs Outcomes Framework (pending), OHID Commissioning Quality Standards (published 3<sup>rd</sup> August 2022 - [Commissioning quality standard: alcohol and drug treatment and recovery guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-treatment-and-recovery-guidance)), and GM locality treatment plans and trajectories that have recently been signed off nationally.
- 6.4 The outcomes agreed by the Board are detailed below. Metrics and potential measures shaded in grey are cited in the National Guidance for Local Delivery Partners.

### 1. Outcome: Reduce Drug Supply

#### Metrics

|                                   | Source      |
|-----------------------------------|-------------|
| 1.1 Number of county lines closed | Home Office |

|   | Source                |
|---|-----------------------|
| 1.2 Organised Crime Gang disruptions (moderate and major OCG disruptions)   | National Crime Agency |
| Other metrics and measures currently being explored nationally: • Drug Seizures • Drug purity • Safeguarding of vulnerable people and children.<br>Note: The new Digital Crime and Performance Pack (DCPP) is available to all police forces in England and Wales, and PCCs. The DCPP provides access to crime data on the National Crime and Policing Measures, including combating drugs. |                       |

### 2. Outcome: Reduce drug and alcohol related crime

#### Metrics

|                           | Source |
|---------------------------|--------|
| 2.1 Drug Related Homicide | ONS    |

|  | Source             |
|--|--------------------|
| 2.2 Neighbourhood Crime (made up of domestic burglary, personal robbery, vehicle offences and theft from the person) | ONS (Crime Survey) |

Other metrics and measures currently being explored nationally: • Drug trafficking and possession • Proven reoffending • Hospital admissions for assault by sharp object • Acquisitive crime (cross-ref DCPD above).

**3 Outcome: Reduce health harms and mortality  
Metrics**

Note: "...the 10-year drugs strategy focuses on the use and supply of illegal drugs, local partnerships should ensure that their plans sufficiently address alcohol dependence and wider alcohol-related harms. This should include considering the multiple complex needs of people who use alcohol as well as other drugs, and including alcohol in relevant activity and performance monitoring, considering deaths, hospital admissions and treatment for alcohol as well as other drugs." (Guidance for Local Delivery Partners, June 2022, p.25)

|  |                   |
|--|-------------------|
|  | <b>Source</b>     |
| <b>3.1</b> Deaths from Drug Misuse   | ONS               |
|  | <b>Source</b>     |
| <b>3.2</b> Alcohol specific deaths   | OHID/ONS          |
|  | <b>Source</b>     |
| <b>3.3</b> Deaths in treatment   | NDTMS             |
|  | <b>Source</b>     |
| <b>3.4</b> Hospital admissions for drug poisoning and drug related mental health and behavioural disorders | NHS Digital       |
|  | <b>Source</b>     |
| <b>3.5</b> Hospital admissions for conditions related to alcohol dependence                                | OHID/ NHS Digital |
|  | <b>Source</b>     |
| <b>3.6</b> Hepatitis B vaccination rates in treatment  | NDTMS             |
|  | <b>Source</b>     |
| <b>3.7</b> Hepatitis C testing rates in treatment  | NDTMS             |

Other metrics and measures currently being explored nationally: • Prevalence of Hepatitis C in those who inject drugs • A&E attendances for drugs misuse

**4 Outcome: Increase Engagement in Treatment Metrics**

|   | Source |
|---|--------|
| <b>4.1</b> Numbers in Treatment (by the four substance groups: Opiates/Non-Opiates/Alcohol/Alcohol and Non-Opiates), Type of treatment (any type, rehab and inpatient detox). | NDTMS  |
| <b>4.2</b> Numbers of dropouts / unsuccessful completions   |        |
| <b>4.3</b> Numbers entering community-based treatment within three weeks of release from prison   |        |

|  | Source              |
|--|---------------------|
| <b>4.4</b> Community Sentence Treatment Requirement commencements and successful completions | MoJ: In development |

|  | Source                           |
|--|----------------------------------|
| <b>4.5</b> Proportion of people in the criminal justice system with an identified substance misuse need that receive appropriate treatment | <i>GM Review Recommendations</i> |
| <b>4.6</b> Proportion of homeless people with an identified substance misuse need that receive appropriate treatment                       |                                  |
| <b>4.7</b> Proportion of people experiencing worklessness with an identified substance misuse need that receive appropriate treatment      |                                  |

Other metrics and measures currently being explored nationally: • Unmet need • Deaths in treatment • Access to treatment through the criminal justice system

**5 Outcome: Increase numbers achieving and sustaining recovery Metrics**

|  | Source |
|--|--------|
| <b>5.1</b> Treatment effectiveness measure: proportion in stable accommodation who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use | OHID   |

Other metrics and measures currently being explored nationally: • In stable accommodation • Accessing mental health treatment • Undertaking meaningful activity, including employment • Families and safeguarding

## 6 Outcome: Reduce the impact of drug and alcohol use on Children, Young People & Families

### Metrics

|   | Source   |
|---|----------|
| 6.1 Hospital admissions due to substance misuse (15-24 years) | LAPE/HES |

|  | Source |
|--|--------|
| 6.2 Numbers of young people in treatment | NDTMS  |

|   | Source                   |
|---|--------------------------|
| 6.3 Children in care due to familial drug and alcohol use | GM Review Recommendation |

Other metrics and measures currently being explored nationally: • Families and safeguarding • Impact of drug use on children and families

## 7 Outcome: Reduce prevalence of drug and alcohol use

### Metrics

|  | Source    |
|--|-----------|
| 7.1 Prevalence of Opiate and Crack Use (updated estimates pending) | OHID/LJMU |

|                                      | Source |
|--------------------------------------|--------|
| 7.2 Prevalence of alcohol dependency | TBC    |

|   | Source             |
|---|--------------------|
| 7.1 Proportion of individuals reporting use of drugs in the last year; 16-24 years, 16-59 years (England and Wales) | ONS (Crime Survey) |

|  | Source      |
|--|-------------|
| 7.2 Proportion of pupils aged 11-15 who took drugs in the last year (England only) | NHS Digital |

Other metrics and measures currently being explored nationally: • Drug use in prisons • Drug use in the homelessness population • Impact of drugs on children and families • Acceptability of drug use

## **7. Additional GMCA Drug and Alcohol Intelligence Commissions**

7.1 The Deputy Mayor's office additionally commission the following intelligence functions that report to the GM Drug and Alcohol Transformation Board:

### **7.1.2 The Greater Manchester Drugs Early Warning System (GM EWS)**

This is recognised nationally as the most comprehensive drugs intelligence system in the country. It consists of a multidisciplinary online Drug Alert Panel and over 700 professionals who share knowledge and are kept up to date with national and local drugs intelligence through Professional Information Networks in each local authority.

### **7.1.3 GM TRENDS (Greater Manchester: Testing and Research on Emergent and New DrugS)**

The GM EWS works in tandem with MANDRAKE, a joint Greater Manchester Police and Manchester Metropolitan University (MMU) initiative that enables drugs to be tested rapidly when incidents occur. MMU also annually publish up-to-date local drugs intelligence and routine drug test results in GM TRENDS.

### **7.1.4 GM Drug Related Deaths Surveillance System**

This is coordinated by Liverpool John Moores University's Public Health Institute. The system employs treatment records and coroners reports to provide accounts of the circumstances in which drug and 'alcohol toxicity' related deaths have occurred and confidentially shares the lessons from these across public services with the aim of reducing the likelihood of similar such deaths occurring in the future.