

# Barnet Combating Drugs Partnership Board (BCDPB)

## Delivery Plan – May 2023

National: Break drug supply chains					
National Outcome Framework Measure(s)	Drug Strategy Objective	Action(s)	Linked local plan or strategy	Responsible partner(s)	Target completion date
Organised crime gang disruptions	Targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers	<ol style="list-style-type: none"> <li>1. Partnership to contribute and support serious violence duty strategic assessment and in process continue working to understand the dynamic affiliations between Violence, drugs and group/gang offending in Barnet</li> <li>2. Partnership to consider how can support the implementation and delivery of Met Police Business Plan To include proactively target middle market suppliers of Class A drugs in conjunction with Specialist Crime – Op Fagin Covert police deployment with view to securing best evidence and leading to meaningful custodial sentences at court</li> <li>3. Partnership to consider how it can support disruption of county</li> </ol>		<ol style="list-style-type: none"> <li>1. Barnet Safer Communities Partnership Board, CDPB</li> <li>2. Barnet Safer Communities Partnership Board, Police, CDPB</li> <li>3. Barnet Safer Communities Partnership Board (SVD work)</li> <li>4. Met Police</li> </ol>	

National: Break drug supply chains					
		<p>lines/serious organised crime, by reviewing impact of current operational work that identifies people involved in organised crime, then identify next steps to take forward.</p> <p>4. Ensuring police representation at CDPB is co-ordinated and communicates with 5 policing strands</p>			
Organised crime gang disruptions	Going after the money – disrupting drug gang operations and seizing their cash	<p>5. Police to update regularly on activity and outcomes on relevant police operations. To include: NW Proactive alongside OP Fagin and Specialist Crime actively targeting middle and upper market dealers. Utilisation of policy and procedure to secure tangible assets both financial and property</p>		5. Police	
Number of county lines closed; drug related homicide	Rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide	<p>6. Police to update regularly on activity and outcomes on relevant police operations. To include: NW Proactive working alongside Op Orochi to identify active live drug lines and apprehend those responsible Safeguard those of concern in relation CSE and signpost to LA for intervention measures</p>		6. Police	

National: Break drug supply chains					
Neighbourhood crime	Tackling the retail market – improving targeting of local drug gangs and street dealing	7. Partnership to support review of DIP process including police clearance		7. Police, CGL 8. Police	
<i>Local measure: Required assessments booked &amp; attended</i>		8. Proactive patrols by NW Proactive, NPT and VSU to reduce street dealing and associated ASB within the community			

National: Deliver a world-class treatment and recovery system					
National Outcome Framework Measure(s)	Drug Strategy Objective	Action(s)	Linked local plan or strategy	Responsible partner(s)	Target completion date
Prevalence of Opiate and Crack Use; Numbers in treatment; Treatment effectiveness	Delivering world-class treatment and recovery services – strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes	9. Quality of access to support for domestic abuse victims and perpetrators to be reviewed. To include pathways for perpetrators, specialist ‘healthy relationship’ support in SMU services, identification skills in workforce.  10. Review capacity levels for Tier 4 treatment provision against need  11. Improve and encourage access to substance misuse support for under-represented groups by identifying barriers to engagement		9. CGL, Public Health, VAWG 10. Public Health, CGL 11. CGL, VCS, 12. CGL, Public Health 13. GPSC, Public Health, ICB, CGL, LPC	
<i>Local measures: Number of alcohol-only clients in treatment; Treatment effectiveness</i>					

<p><i>(alcohol-only clients); Prevalence of alcohol misuse</i></p>		<p>and treatment. Review workforce skills and interventions on offer as part of this. To include: LGBTQI+, faith groups, Women, ethnic minority groups and older adults.</p> <p>12. Increase awareness of and access to the specialist community substance misuse service. To include targeted promotional work tailored to underserved wards or specific groups, review physical access opportunities. Identify cross border opportunities in this area of work.</p> <p>13. Identify areas to improve the quality of treatment. Initial areas for review to include under 18yrs, needle exchange offer and GP Shared Care.</p>			
<p>Numbers in treatment; Treatment effectiveness</p>	<p>Strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy</p>	<p>14. Build and strengthen system wide skills and knowledge to improve screening, identification and referral between agencies. To include adult social care, learning disability teams.</p> <p>15. Review opportunities for system wide delivery of interventions to maximise opportunities for change. To include <u>'Alcohol: applying All Our Health'</u></p>		<p>14. CGL, CDPB 15. LBB Public Health 16. Public Health 17. CDPB 18. CDPB</p>	

		<p>16. Investigate how the MECC programme can support CDPB aims</p> <p>17. Development of an LBB specific workforce development plan. To include specialist substance misuse services and wider workforce.</p> <p>18. Development of local learning opportunities. To include education and secondment opportunities.</p>			
<p>Deaths from drug and alcohol misuse; Hospital admissions for drug misuse</p> <p><i>Local metric: Difference in smoking rates between entering and leaving treatment</i></p>	<p>Ensuring better integration of services – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery</p>	<p>19. Explore opportunities for joint working and/or joint commissioning across health and social care services in order to improve physical/mental health outcomes. To include substance misuse, sexual health, hepatology, hospitals, stopping smoking, GPs, adult/childrens social care, pharmacies, HMPPS, Wellbeing service, MH services.</p> <p>20. Review LBB harm reduction offer and expand opportunities for access and innovative work. To include naloxone, needle exchange (inc vending machine), BBV testing and vaccinations, post non-fatal OD interventions, issuing of PH drug alerts.</p>		<p>19. Public Health, LBB 20. Public Health/CGL 21. Public health 22. Public Health, CDPB</p>	

		<p>21. Develop joined up learning systems and 'critical friends' to identify system wide areas for change and embed learning outcomes. To include a drug and alcohol related death panel</p> <p>22. Set up Serious and Multiple Disadvantage (SMD) subgroup to review the current SMD provision</p>			
<p>Numbers in treatment; Treatment effectiveness</p> <p><i>Local metric: Housing situation at treatment entry and exit</i></p>	<p>Improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing</p>	<p>23. Ensure systematic and targeted approaches are in place to engage with people who are rough sleeping with potential substance misuse issues. To include a review of this by specialist RSDAT.</p> <p>24. Develop pathways for offering more systematic substance misuse support within supported accommodation pathways</p> <p>25. Addressing gaps in housing provision – including access to long term stable accommodation, pathway from tier 4 treatment and dry provision</p>		<p>23. Barnet Homes, CGL, HAB, 24. Barnet Homes, CGL, HAB 25. Barnet Homes, CGL, Public Health</p>	
<p><i>Local metric: Employment status at treatment entry and exit</i></p>	<p>Improving employment opportunities – linking employment support and peer support to Jobcentre Plus services</p>	<p>26. Review ETE provision beyond IPS</p> <p>27. Engagement with JCP to identify opportunities for improving</p>		<p>26. Public health 27. CGL, JCP, Public Health</p>	

		employment outcomes for substance users.			
<p><i>Local metrics: Number of people beginning alcohol treatment requirement (ATR) or drug rehabilitation requirement (DRR); number of people successfully completing each type of requirement</i></p>	<p>Increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment</p>	<p>28. Setting up of partnership subgroup to drive criminal justice areas of work</p> <p>29. Identify barriers to referrals into treatment from criminal justice agencies. To include statutory opportunities eg DRR/ATR/DIP RAs and voluntary opportunities.</p> <p>30. Examine opportunities for cross border work to improve referrals. To include magistrates courts.</p> <p>31. Review opportunities to increase knowledge and workforce skills across criminal justice agencies regarding substance misuse in order to improve identification and referrals and reduce harm.</p>		<p>28. HMPPS, CGL, Public Health</p> <p>29. HMPPS, CGL, Police</p> <p>30. HMPPS, CGL, Public Health</p> <p>31. HMPPS, CGL</p>	
<p>Prison continuity of care; Numbers in treatment</p>	<p>Keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community</p>	<p>32. Monitor prison link pick up rate and identify actions to remedy</p> <p>33. Complete “continuity of care self assessment and audit” <a href="http://www.gov.uk">Continuity of care for prisoners who need substance misuse treatment - GOV.UK (www.gov.uk)</a></p> <p>34. Consider usefulness of resettlement panels</p>		<p>32. CGL, Public Health</p> <p>33. CGL, Public Health</p> <p>34. HMPPS, Barnet Homes, CGL</p>	

<p><i>Local metrics: Deaths from alcohol misuse; Hospital admissions for alcohol misuse</i></p>	<p>Improving access to and uptake of treatment by people misusing alcohol</p>	<p>35. Improving pathways from hospital provision</p> <p>36. Development of improved joint working between hospital and community-based SMU treatment. To include a focus on managing harm of most frequent alcohol hospital users</p> <p>37. Supporting access to broader physical health services for alcohol users</p>		<p>35. CGL, RFL 36. CGL, RFL 37. CGL, Public Health, ICB</p>	
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<p><b>National: Achieve a generational shift in the demand for drugs</b></p>					
<p><b>National Outcome Framework Measure(s)</b></p>	<p><b>Drug Strategy Objective</b></p>	<p><b>Action(s)</b></p>	<p><b>Linked local plan or strategy</b></p>	<p><b>Responsible partner(s)</b></p>	<p><b>Target completion date</b></p>
<p>Proportion of individuals using drugs in the last year</p> <p><i>Local metrics: Number of reports from treatment services to</i></p>	<p>Applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug- and alcohol-related harm</p>	<p>38. Consider whether a partnership approach to SMD should be adopted by scoping options and analysing cohort – including police demand reduction. Complete via SMD sub group.</p>		<p>38. LBB Public Health, CDPB</p>	






<i>trading standards and actions taken</i>					
<p>Proportion of individuals using drugs in the last year</p> <p><i>Local metric: Self-reported alcohol use by under 18s</i></p>	<p>Delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs</p>	<p>39. Explore opportunities with School Super zones – potentially a pilot</p> <p>40. Identify what support is required from schools and PRU to develop and implement policies for health education, including elements of UNESCO, UNODC and WHO guidance noted above.</p> <p>41. Audit current schools and PRU coverage and identify priority schools for engagement – including overlap with other programmes including Healthy Schools, resilient schools etc</p> <p>42. Consider opportunities for expanding current provision of workshops for parents – consider overlap with county lines work etc</p>		<p>39. Public Health, Education</p> <p>40. Public Health, Education</p> <p>41. Public Health, Education</p> <p>42. CGL, Public Health</p>	
<p>Proportion of individuals using drugs in the last year; Prevalence of Opiate and Crack Use</p> <p><i>Local metric:</i></p>	<p>Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk</p>	<p>43. The partnership may wish to consider whether evidence-based parenting skills programmes are provided and accessed by parents in contact with, or who would benefit from, substance misuse treatment services.</p> <p>44. The partnership may wish to consider whether evidence-based</p>		<p>43. LBB Children’s services + CDPB</p> <p>44. LBB Children’s services + CDPB</p> <p>45. LBB Children’s services + CGL</p> <p>46. LBB Children’s services + CGL</p> <p>47. LBB Children’s services</p>	




<p><i>Self-reported alcohol use by under 18s</i></p>		<p>personal and social skills education and interventions are provided and accessed by children and young people affected by an adult's substance misuse.</p> <p>45. The partnership may wish to consider whether information sharing and referral pathways from child in need assessment to substance misuse treatment services are effective.</p> <p>46. The partnership may wish to consider whether opportunities exist to improve referral pathways into substance misuse treatment for parents who do not live with their children.</p> <p>47. The partnership may wish to consider whether opportunities exist for collaborative assessment and improved referral pathways for families which may benefit from early help or child social care support.</p> <p>48. The partnership may wish to consider whether there are any opportunities to further support people who inject substances to minimise risks to children with whom they live</p>		<p>48. CGL  49. LBB Children's services + CDPB  50. LBB Children's services + CDPB  51. 46. LBB Children's services + CDPB</p>	
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<i>Local metric:</i>	Reducing alcohol-related harm through increasing access to early intervention services	<p>52. Consider options for expanding Drinkcoach reach, exploring options for a workplace offer and work with provider to increase uptake of follow up interventions.</p> <p>53. Review current screening mechanisms, IBA provision, and referral pathways for older people to determine whether opportunities for improvement exist.</p> <p>54. The partnership to consider actions to address substance misuse in the workplace.</p>		<p>52. LBB Public Health</p> <p>53. LBB Public Health</p> <p>54. LBB Public Health &amp; CDPB</p> <p>55. Public Health, CDPB</p>	

		55. The partnership may wish to consider how it could respond locally to the recommendations made in 'Our Invisible Addicts'			
<i>Local metric:</i>	Reducing alcohol-related harms through promotion of the four statutory licensing objectives	56. Barnet Public health to review their role in as a responsible authority and establish a process for reviewing applications and applying public health data  57. The partnership to consider options for further developing interventions for addressing crime and ASB in licensed premises		56. LBB Public Health 57. 51. CDPB	

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Strategic Outcomes & Metrics		
 <b>Reduce drug use</b>	 <b>Reduce drug related crime</b>	 <b>Reduce drug related deaths &amp; harm</b>
<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>
<ul style="list-style-type: none"> <li>Proportion of individuals reporting use of drugs in the last year</li> <li>Estimated prevalence of opiate and/or crack cocaine use</li> </ul>	<ul style="list-style-type: none"> <li>The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person</li> <li>The number of homicides that involve drug users or dealers, or have been related to drugs in any way</li> </ul>	<ul style="list-style-type: none"> <li>Deaths related to drug misuse</li> <li>Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)</li> </ul>
<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>
<ul style="list-style-type: none"> <li>Number and proportion of households owed a homelessness duty with a drug dependency need;</li> <li>Rate per population of children of referral &amp; assessments by social services with drugs as a factor;</li> <li>Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related;</li> <li>Proportion of 11-15 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</li> </ul>	<ul style="list-style-type: none"> <li>Proven reoffending within 12 months;</li> <li>Police recorded trafficking of drugs &amp; possession of drugs offences;</li> <li>Hospital admissions for assault by a sharp object</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis C prevalence (chronic infection) in people who inject drugs;</li> <li>Number and percentage of people in treatment that have died during their time in contact with the treatment system</li> </ul>

Intermediate Outcomes & Metrics		
 <b>Reduce drug supply</b>	 <b>Increase engagement in treatment</b>	 <b>Improve recovery outcomes</b>
<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>
<ul style="list-style-type: none"> <li>Number of county lines closed</li> <li>Number of major and moderate disruptions against organised criminal groups</li> </ul>	<ul style="list-style-type: none"> <li>Continuity of Care: engagement in community-based structured treatment within three weeks of leaving prison (adults)</li> <li>The numbers in treatment for adults and young people</li> </ul>	<ul style="list-style-type: none"> <li>Showing <b>substantial progress</b> 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</li> </ul>
<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>
<ul style="list-style-type: none"> <li>Volume and number of drugs seizures;</li> <li>Number and proportion of National Referral Mechanism (NRM) referrals with a County Lines flag</li> </ul>	<ul style="list-style-type: none"> <li>Number of individuals in treatment in prisons and secure settings;</li> <li>Number of community or suspended sentence orders started with drug treatment requirements;</li> <li>Number and proportion adults starting treatment in the establishment within 3 weeks of arrival (from community or other custodial setting);</li> <li>Unmet need for OCU treatment</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of people in treatment that have reported no housing problems in the last 28 days;</li> <li>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;</li> <li>Proportion of people in treatment reporting a mental health need who received treatment or interventions;</li> </ul>