

By: Jessica Mookherjee – Consultant in Public Health
To: Kent Community Safety Partnership (KCSP) – 18th March 2020
Classification: For Information
Subject: Kent and Medway Substance Misuse Alliance Update

Summary This report provides an update on the new arrangements for Kent Strategic Alliance for Drug and Alcohol misuse.

1.0 Background / Introduction

- 1.1 12,689 adults in Medway and 70,000 adults in Kent are drinking at higher risk levels (double the recommended safe levels or above).
- 1.2 An estimated **19%** are binge drinkers. Recreational illicit drug use is pervasive in modern society with around 10% of adults reporting drug use within the past year, but evidence suggests recreational drug use is on a declining trend.
- 1.3 In Kent , since 2013, drug deaths are rising, the pattern of drug use and supply is changing and the commissioning arrangements for providing treatment services has also changed and is situated across a number of setting, the bulk of which is commissioned via the public health budget in KCC.
- 1.4 Previously there was a Kent Drug and Alcohol team (KDAT) which oversaw the commissioning of the pooled treatment budget for drug misuse. The context is very different now as the bulk of commissioning sits with KCC. Yet the police, Crime Commissioner, NHS, local authorities as well as other key partners are still vital to coordinated attempts to reduce harm and misery from drugs and alcohol misuse. In 2017 a new Kent joint Drug and Alcohol strategy was launched with the Police and Public health as key partners.
- 1.5 In 2019 an Alliance model (similar to the Kent Tobacco Control Alliance) was formed to update the Strategic KDAT. This meeting is chaired by the Director of Public Health and its role is to create and deliver a strategy and partnership to tackle drug deaths, supply of illicit substances and reduce harms caused by drug and alcohol misuse (see Appendix A – Terms of Reference).
- 1.6 The governance of this Alliance is twofold, to the Health and Well Being Board and also to the Kent Community Safety Partnership.

2.0 Recommendations

2.1 The KCSP is asked to NOTE the Information provided.

Attached:

Appendix A – Terms of Reference for Substance Misuse Alliance

Author Contact Details:

Name: Jessica Mookherjee
Title: Consultant in Public Health
Email: jessica.mookherjee@kent.gov.uk
Date: 10/03/2020

Kent Substance Misuse Alliance

Terms of Reference

Purpose:

to co-ordinate the drug & alcohol programmes identified in the Kent and Medway STP Prevention Plan and the Kent Drug & Alcohol Strategy to maximise opportunities for integration, partnership engagement and sharing good practice. The aim is to achieve reductions in the prevalence of drug & alcohol harm across the county, thus:

- Reducing the harmful effects of drug & alcohol on the Kent population.
 - Reducing health inequalities caused by drug & alcohol misuse
 - Reducing crime and the economic burdens from drug & alcohol misuse
-

Objectives:

The Group will fulfil the purpose through:

Policy/Strategy Formulation/Delivery

1. bringing the insights and multi-agency perspectives of its members to bear on challenges of coordinating the strategy;
2. providing a co-ordinated approach to addressing drug & alcohol harm through key interventions
3. contributing to the debate on drug & alcohol policy and strategies;
4. providing a high level of challenge and strategic support to delivering prevention and commissioning for substance misuse

Advising on Implementation

5. promoting the application and use of evidence based practice in drug & alcohol misuse
6. providing multi-agency support and advice to substance misuse commissioning for KCC & NHS.
7. advising on improvement to pathways that reduce the prevalence of drug & alcohol harm in Kent, disrupt supply and under-age of alcohol sales

Advocacy for Substance Misuse

8. championing the cause of preventing drug & alcohol harm and deaths within the organisations and networks of members of the Board.

Evaluation and Research

9. providing strategic direction to the development of a Kent plan for substance misuse monitoring, evaluation and research.
-

Membership:

Core Members –

Director of Public Health (Andrew Scott-Clark) – Chair

Consultant in Public Health (Jess Mookherjee)

Public Health Specialist (Lin Guo)

Commissioner (Laura Bush)

Senior Commissioning Manager (Melanie Anthony)

Head of Commissioning Porfolio (Karen Sharp)
 Head of Commissioning Porfolio (Clare Maynard)
 Kent Police (Terry Newman)
 Head of Community Safety, Public Protection (Shafick Peerbux)
 Adult Safeguarding KCC
 PCC
 Probation
 NHS England Local Area Team – Micheala Sonnen
 PHE local Drug & Alcohol team
 Lead Clinicians (west)
 Lead Clinicians (east)
 Service Providers – CGL, Forward Trust, and Addaction
 Principal Trading Standards Officer (Oliver Jewell)
 Kent Environmental Health
 Campaigns and Communications Manager for Public Health (Gemma Smith)
 Kent Fire and Rescue (Shuna Body)
 Housing
 Community Rehabilitation Company
 KCHFT
 KMPT
 Kent and Medway STP Local Care Lead (Cathy Bellman)
 Head of East Kent Mental Health Commissioning (Andy Oldfield)
 Associate Director of Mental Health and Childrens Commissioning (Dave Holman)
 Swale CCG (Naomi Hamilton)

District Council Representatives:

Ashford	Sevenoaks
Canterbury	Shepway
Dartford	Swale
Dover	Thanet
Gravesham	Tonbridge & Malling
Maidstone	Tunbridge Wells

The Group will review its membership annually, and co-opt people as necessary.

Frequency of Meetings:

The Group will meet quarterly.

If members are unable to attend a meeting, they will endeavour to send a representative

There will be a minute taker. Minutes will be taken and circulated, along with the agenda, ahead of the meeting.

Sub-Groups:

The Group may establish time limited subgroups to support its work including;

- Stakeholder forums;
 - A technical advisory groups (e.g. Drug Deaths; Joint Commissioning; Communities, Children and Families [FDAC], Co-occurring Conditions)
 - Task and finish groups
-

Governance Arrangements:

- The Group is accountable to the Health and Wellbeing Board on performance to the objectives of the Kent Substance Misuse Strategy.
 - The Group will provide 2 reports a year to the Health and Wellbeing Board
 - Members will feedback through their respective local boards and alliances to enable the work of this group to integrate with and support local decision making and activity.
-

Terms of reference will be reviewed in one year.

September 2019