

**Report of:** Victoria Eaton, Director of Public Health, Leeds City Council and Senior Responsible Officer

**Report to:** Leeds Health and Wellbeing Board

**Date:** 09 November 2023

**Subject:** Leeds Combatting Drugs Partnership Progress Update

Are specific geographical areas affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number: Appendix number:		

## Summary of main issues

As previously outlined in the paper presented to Health and Wellbeing Board in November 2022 Leeds is responsible for the local implementation of the national 10-year drug plan, “From Harm to Hope” and this comes with additional investment, responsibility, and accountability.

Leeds has received increased investment from the Office for Health Improvement and Disparities (OHID) via the Universal Grant and Supplemental Substance Misuse Treatment and Recovery Grant since 2021/2 and the last tranche of funding will be released in 2024/5 (exact allocations to be confirmed and we await further announcements regarding funding levels beyond 2024/5). The funding is for specific purposes relating to government priorities in “From Harm to Hope” and recommendations from the Dame Carol Black Independent Review (Part 2) of drug prevention, treatment, and recovery. The additional funding is non-recurrent, confirmed annually, related to specific grant conditions on increasing capacity and quality in specified areas, and heavily performance managed by OHID and scrutinised by Ministers at a national level – there is no long term assurance on future funding.

As proposed in the report to Health and Wellbeing Board in November 2022, a local governance structure of a Leeds Drug and Alcohol Partnership Board and sub-groups has

been established, with terms of reference, and a strong partnership membership to steer this work under the leadership of the Senior Responsible Officer, Victoria Eaton, Director of Public Health and Executive Member for Adult Social Care, Public Health and Active Lifestyles, Councillor Salma Arif.

Leeds has developed strategic documents – a local needs assessment, strategy, delivery plan, data dashboards – to guide the work of the local Board in line with national guidance. OHID and the Joint Combating Drugs Unit will measure performance against the national outcomes framework. Improvements in performance and new innovative services are expected from the increased investment.

In July 2022 Leeds joined other UK and international cities in signing up to the Inclusive Recovery Cities movement with a commitment to making recovery visible and celebrating recovery in Leeds (see **Appendix 2**, Leeds Inclusive Recovery City Newsletter - Recovery Month)

Leeds has received significant additional investment in its drug treatment and recovery system with very specific grant conditions, expected outcomes, and scrutiny. The continued focus is on improving the capacity and quality of the treatment system so that individuals, families, and communities receive the support they need to reduce harms from drug and alcohol use, make progress in treatment, achieve and maintain recovery and regain healthy lives in our Inclusive Recovery City<sup>1</sup>.

Leeds is building from a position of strength, with experienced and collaborative local partnerships, and a CQC “outstanding” high performing local provider: Forward Leeds. We have a strong track record and a continued focus on improving outcomes for the people of Leeds.

## Recommendations

- To note the progress made in local implementation of the national 10-year Drug Plan “From Harm to Hope”.
- To note the increased (indicative allocation) investment for Leeds and share evidence and knowledge on needs and gaps to inform investment priorities for 2024/5, noting the very specific restrictions and conditions on the funding.
- To support the work to improve screening pathways between healthcare, social care, and treatment.
- To seek opportunities to make recovery visible, celebrate recovery and support the Inclusive Recovery Cities movement.

## **1 Purpose of this report**

### **1.1 Local Combatting Drugs Partnership Progress Update**

- 1.2 This report provides an update on behalf of the Senior Responsible Officer, Victoria Eaton, Director of Public Health and the Local Combatting Drugs Partnership (Leeds Drug & Alcohol Partnership Board) of progress made towards the local implementation of “From Harm to Hope” HM Government’s 10-year drug plan to cut crime and save lives (alternatively referred to by the government as a “plan” and a “strategy”) in line with milestones set out in national guidance.
- 1.3 This includes an explanation of how additional grant funds allocated by the Office for Health Improvement & Disparities (OHID) for 2021/2, 2022/3, 2023/4 have been invested in the local drug treatment and recovery system and the process by which investment priorities will be selected for the indicative allocation for 2024/5.
- 1.4 The additional OHID funding is non-recurrent, confirmed annually, related to specific grant conditions on increasing capacity and quality in specified areas, and heavily performance managed by OHID and scrutinised by Ministers at a national level – there is no long term assurance on future funding.

## **2 Background information**

- 2.1 In February 2019, the Home Office and Department of Health and Social Care commissioned Dame Carol to undertake a 2-part Independent Review of Drugs<sup>ii</sup>. Part 1, published on 27 February 2020 focused on drug supply and demand, including its links to serious violence. Part 2 published on the 8 July 2021 focused on prevention, drug treatment, and recovery.
- 2.2. In December 2021, HM Government published “From Harm to Hope<sup>iii</sup>” the government’s 10-year drugs plan. This plan responded to Dame Carol Black’s review, which recommended a long-term approach, alongside large-scale investment, and changes to oversight and accountability, delivered by the whole of Government. The strategic priorities of “From Harm to Hope” are to:
1. Break drug supply chains
  2. Deliver a world-class treatment and recovery system
  3. Achieve a shift in the demand for drugs

**Table 1: What problems is “From Harm to Hope” trying to address?**

The problems identified by Dame Carol Black	From Harm to Hope Strategy to address the problem:
<ul style="list-style-type: none"> <li>• an estimated 300,000 people in England use opiates and or crack cocaine</li> <li>• disinvestment in adult treatment with an even greater reduction in funding for young people’s specialist substance misuse services and a growing level of unmet need</li> <li>• there is a lack of oversight and accountability at a local and national level with the re-introduction of incentives and levers, alongside locally held joint responsibility and accountability, needed to regenerate and revitalise the system</li> <li>• prolonged shortage of funding has depleted the workforce resulting in a loss of skills, expertise and capacity from this sector</li> <li>• caseloads have grown too high reducing the quality of treatment</li> <li>• there is a lack of specialist services, including inpatient detoxification and residential rehabilitation</li> <li>• recovery support has been underfunded, including housing and employment support, and recovery communities</li> <li>• there are high levels of physical and mental health need, without sufficient focus on drugs and alcohol within NHS and mental health services or within the workforce, and links with drug treatment are far too weak</li> <li>• more than a third of people in prison are there due to crimes relating to drug use</li> <li>• too few offenders are in treatment to make lasting change to their behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• nearly 1,000 deaths prevented, and lives saved</li> <li>• a phased expansion to deliver at least 54,500 new high-quality drug and alcohol treatment places, a 19% increase on current numbers</li> <li>• treatment contributing to around 740,000 crimes prevented, of which 140,000 are neighbourhood crimes such as burglary, robbery and theft</li> <li>• 21,000 new treatment places for opiate and crack users, 53% of opiate and crack users in treatment</li> <li>• 30,000 new treatment places for non-opiate users, including a further 5,000 more young people in treatment</li> <li>• at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping – a 33% increase on the current numbers</li> <li>• a treatment place for every offender with an addiction</li> <li>• 24,000 more people in long-term recovery from substance dependency</li> <li>• increased referrals from police, courts and probation into drug treatment</li> <li>• more people recovering from addiction in sustained employment</li> <li>• more people recovering from addiction in stable and secure housing</li> </ul>
<p>Source: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/From_harm_to_hope_A_10_year_drugs_plan_to_cut_crime_and_save_lives.pdf">From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)</a></p>	<p>Source: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/From_harm_to_hope_A_10_year_drugs_plan_to_cut_crime_and_save_lives.pdf">From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)</a></p>

2.3 In June 2022, HM Government issued Guidance to Local Delivery Partners<sup>iv</sup> regarding the implementation of “From Harm to Hope”. This guidance set out the mechanisms for local implementation of the plan in order to achieve the required outcomes of cutting crime and saving lives. Local Combatting Drugs Partnerships were required to identify a single point of contact to represent and account to national government for local performance: Victoria Eaton, Director of Public Health is the Senior Responsible Officer (SRO) for the Leeds Combatting Drugs Partnership. A series of key actions and timescales were set out in the guidance which included:

- Form a local combatting drugs partnership with an agreed footprint and terms of reference.
- Conduct a Joint Needs Assessment.
- Create a local Drug Strategy and delivery plan.
- Develop and agree performance frameworks.

**Table 2. National Drug Plan Timeline**







February 2019	February 2020	July 2021	December 2021	April 2022	July 2022	May 2023
Dame Carol Black Independent Review commissioned	Dame Carol Black Review Part 1 published on drug supply & demand	Dame Carol Black Review Part 2 published on prevention, treatment, recovery.	HM Government “From Harm to Hope” 10-year drugs plan published	Supplemental Substance Misuse Treatment & Recovery Grant allocations published	Guidance for local delivery partnerships to implement “From Harm to Hope” published	National Outcomes Framework updated

2.4 The 10-year plan was accompanied by increased investment in local drug and alcohol treatment systems, through the Office for Health Improvement and Disparities (OHID) Supplemental Substance Misuse Treatment and Recovery Grant<sup>v</sup>. Leeds allocations are shown in Table 3, this was additional money over and above that already received by Leeds for drugs and alcohol treatment and recovery through the Public Health Grant.

Table 3: Office for Health Improvement & Disparities (OHID) Universal Grant and Supplemental Substance Misuse Treatment & Recovery Grant – Leeds allocations		
Year	Drug strategy allocation	Inpatient detoxification allocation
2021/2 (Universal Grant Funding)	£881,000	
2022/3 <sup>vi</sup>	£2,596,729	£195,061
2023/4	£4,255,542	£195,061
2024/5 (indicative)	£8,212,541	£195,061

2.5 The National Combatting Drugs Outcome Framework published in the Guidance has since been updated<sup>vii</sup> (May 2023) sets out broad strategic outcomes of reducing drug use, reducing drug-related crime, and reducing drug-related deaths and harm alongside intermediate outcomes of reducing drug supply, increasing engagement in treatment and improving recovery outcomes.

**Figure 1: Full National Combating Drugs Outcomes Framework**

Strategic outcomes and metrics			Intermediate outcomes and metrics		
 <b>Reduce drug use</b>	 <b>Reduce drug-related crime</b>	 <b>Reduce drug-related deaths and harm</b>	 <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>	<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 (OCU)</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>	<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 substantial progress 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>	<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 and 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 to 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 and 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>	<ul style="list-style-type: none"> <li>Volume and number of drugs seizures</li> <li>Number and proportion of National Referral Mechanism 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 with drug treatment requirements</li> <li>Number and proportion of adults starting treatment in the establishment within three 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> <li>Proportion of parents that have received specific family or parental interventions</li> </ul>

### 3 Main issues

- 3.1 Following the report presented to the Health and Wellbeing Board in November 2022 a local Combatting Drugs Partnership, Leeds Drug and Alcohol Partnership Board has been established and meets quarterly, with terms of reference, and membership from key strategic partners including Safer Leeds, healthcare, Police, Probation, Department for Work and Pensions, treatment providers. Subgroups of the Board have been established and reviewed for in-depth focus and exploration of particular issues and topics – examples are healthcare, dual diagnosis, children and young people - and report back to the Board.
- 3.2 A local needs assessment was commissioned and completed which informed the development of a Leeds Drug Strategy and Delivery Plan. These documents have been scrutinised by the Leeds Drug and Alcohol Partnership Board and are brought back to the Board as live documents. They provide a roadmap for the work of the Board and assurance that Leeds is on course against the government timescales set out in the guidance for local partnerships.
- 3.3 Local data dashboards were developed to complement the National Outcomes Framework and ensure local strategic outcomes and performance priorities were agreed and progress reported to the Board. Further data spotlight reports were agreed for specific in-depth topics such as equality, diversity, and inclusion which were over-arching and cross-cutting issues.

3.4 Additional investment from the Office for Health Improvement and Disparities was allocated to Leeds to invest in drug and alcohol treatment services, in 2021/2 this was additional Universal Grant funding, and in 2022/3 and 2023/4 this was the Supplemental Substance Misuse Treatment and Recovery Grant (see Table 3 above for allocations). The Supplemental Grant is awarded to Leeds to improve services in line with the ambitions in “From Harm to Hope” and the recommendations from Dame Carol Black’s Independent Review<sup>viii</sup>. The process of investing new funds includes identifying needs and gaps with treatment and recovery providers, the Leeds Drug & Alcohol Partnership Board, and other strategic stakeholders and ensuring these meet the purpose for which the grant is provided. The use of previous investment is shown in **Appendix 1** below. The investment priorities are currently being drawn up for the 2024/5 indicative allocation against national and local priorities and will be presented to the November Leeds Drug & Alcohol Partnership Board for review.



- 3.5 The additional funding is non-recurrent, confirmed annually, related to specific grant conditions on increasing capacity and quality in specified areas, and heavily performance managed by OHID and scrutinised by Ministers at a national level – there is no long term assurance on future funding.
- 3.6 Forward Leeds<sup>ix</sup> is the lead provider of all-age integrated drug and alcohol service treatment and recovery services in Leeds. Forward Leeds is a partnership of Humankind Charity, St Anne’s, BARCA - Leeds, and the Leeds and York Partnership Foundation Trust. The Care Quality Commission have ranked Forward Leeds as “Outstanding” at their 2022 inspection<sup>x</sup>. Forward Leeds is recognised for its approach in addressing health inequalities and working in partnership across the city to maximise reach and trust with the people and communities it serves. This high performing service is a key strength for Leeds which allows us to build from a position of strength.
- 3.7 Drug and alcohol data for Leeds is publicly available on the Office for Health Improvement and Disparities Fingertips<sup>xi</sup> site and this includes the Local Alcohol Profiles for England (LAPE) and drug data and the National Drug Treatment Monitoring Service (NDTMS)<sup>xii</sup>.
- 3.8 Leeds’ alcohol data for 2021 performance on key indicators shows alcohol specific mortality (16.2 per 100,000), and under-75 mortality from alcoholic liver disease (12.0 per 100,000) is amber and similar to the national average. Hospital admissions for alcohol specific and alcohol related conditions (narrow) for 2021/2 is amber and similar to the national average (643 and 480 per 100,000 respectively). We are not complacent about these figures and our ambition would be to be “green”, better than the national average and nearest neighbours, and improving. Hospital admissions for under 18s performance is green for Leeds (24.6 per 100, 000).
- 3.9 Leeds’ drug data (18+) shows a steady number of opiate users in treatment (2675 in 2020/1 and 2645 in 2021/2) a steady number of non-opiate users (only) in treatment (720 in 2020/1 and 735 in 2021/2), a steady number of non-opiates and alcohol users in treatment (555 in 2020/1 and 565 in 2021/2), and an increase in alcohol only users in treatment (1,805 in 2020/1 and 1,910 in 2021/2). The numbers of people leaving treatment successfully in 2020/1 was 1,695 and 1,610 in 2021/2. There is a national request to focus on pathways to treatment – particularly from criminal justice and healthcare settings – to ensure anyone requiring treatment for drugs or alcohol can access treatment quickly and seamlessly.
- 3.10 Leeds drug data (under 18s) shows a decline in numbers of young people in treatment from 285 in 2019/20, 190 in 2020/1, 185 in 2021/2. 100 young people completed treatment successfully in 2020/1 and 100 in 2021/2; this was a decline from 160 in 2019/20. There is a focus on pathways to treatment, particularly from education settings to treatment services to ensure any young person requiring treatment is supported to access treatment.
- 3.11 A national challenge reported by all local partnerships is workforce growth and retention with the creation of significant additional new roles which require a lead in time of training and experience to fill. This is currently being managed in Leeds but expanding capacity in 2024/5 will create additional pressures. A further

nationwide challenge is the emergence of novel drugs such as synthetic opioids, which are managed in Leeds through the drug alert system, and treatment pathways.

- 3.12 In July 2022 Leeds became part of the Inclusive Recovery Cities movement, committing to making recovery visible and celebrating recovery in Leeds – this has benefits for those in recovery through social connection and gives hopes to communities and those still in active addiction that recovery is possible. Forward Leeds Five Ways, Recovery Runners, Getting Clean CIC are part of the lived experience led movement in Leeds which continues to grow (see **Appendix 2**, Leeds Inclusive Recovery City Newsletter - Recovery Month).

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

- 4.1.1 Forward Leeds has strong lived experience participation, and we work closely with them to hear the voice of people with lived experience directly affected by substance misuse. We are in the process of formalising lived experience representation through a Leeds Drug & Alcohol Partnership Board sub-group.
- 4.1.2 In July 2022 Leeds became part of the Inclusive Recovery Cities movement, committing to making recovery visible and celebrating recovery in Leeds, and to spreading the message of recovery to those who need it most through lived experience recovery champions.
- 4.1.3 We work closely with Safer Leeds and the Public Health Localities team to hear the concerns of geographical communities impacted by substance misuse and to address these concerns where possible, for example issues of high impact, high dependency alcohol use such as “street drinking”. It is not always possible for prevention, treatment, and recovery services to address issues and concerns, particularly where these relate to criminal activity such as the supply of drugs.

### **4.2 Equality and diversity / cohesion and integration**

- 4.2.4 Demographic information is collected on individuals entering and exiting treatment and analysis is undertaken to assess whether there are equitable outcomes and to improve where there is any difference related on protected characteristics.
- 4.2.5 Workforce returns are gathered for the service to match the Leeds workforce to the English Working Age population. This information is provided to the Office for Health Improvement and Disparities and reported back to partnerships by the NHS Benchmarking Network. This report aids Leeds in identifying where there are under-represented groups in the Leeds substance misuse workforce.
- 4.2.6 Substance misuse in communities can cause cohesion issues and we work in partnership with Safer Leeds who monitor such concerns to address these when they arise.

### 4.3 Resources and value for money

4.3.7 All procurement rules are followed to ensure value for money, including proactive monitoring of service providers through Adults and Health Commissioning and reporting of outcomes to Leeds Drug & Alcohol Partnership Board, Scrutiny Boards where requested, and national teams.

### 4.4 Legal Implications, access to information and call In

4.4.8 All legal and procurement concerns in relation to the grant conditions are followed and advice sought from relevant officers within Leeds City Council.

### 4.5 Risk management

4.5.1 We report risks on our local risk register and have identified the following potential risks. We have a local plan in place to monitor, control, mitigate and manage these risks which reduces the local risk to 'moderate':

- Failure to deliver the Government's ambition following substantial increases in funding in the drug and alcohol sector
- OHID uplift is not confirmed or is reduced from the expected level for 2024/5
- Risk of delayed mobilisation and underspend due to delayed communication from OHID to approve spending plans. Risk of inability to recruit to specialist roles if treatment and recovery service grow beyond available workforce.
- As Leeds has a single lead provider, if there was any impact nationally on the organisation that meant they ceased trading then this would significantly impact on all our service delivery and service users. This is unlikely but not impossible given economic situation.
- Risk of new and/or novel, potent, adulterated or contaminated drugs impacting on patterns of use in Leeds, e.g. synthetic opioids (nitazines): this risk is mitigated through Leeds established and tested drug alert system.

## 5 Conclusions

5.1 Considerable progress has been made in 2022-3 and 2023-4 to establish new and effective governance, identify needs, gaps, and priorities for Leeds, make appropriate and sustainable investment in services, use data effectively to monitor direction of travel and take necessary action to improve performance, as well as grow the recovery community in Leeds. Our CQC "Outstanding" high performing local provider, Forward Leeds is a key strength.

- 5.2 There are challenges that Leeds faces, like other Local Authorities, such as growing and retaining the drug and alcohol treatment workforce, increasing capacity whilst maintaining quality and personally tailored treatment, maintaining and building new pathways into treatment and recovery, and responding to new emerging issues and threats (such as synthetic opioids and other novel drugs). These and other challenges are faced through our strong partnership work and the Leeds Drug & Alcohol Partnership Board.
- 5.3 A major opportunity in 2024/5 is the OHID uplift of ~£3m new money for treatment and recovery in Leeds which is a significant step up in funding and has the potential to achieve transformational change. This is an opportunity we want the Health and Wellbeing Board and Leeds Drug and Alcohol Partnership Board to help shape. This significant additional investment in Leeds' drug treatment and recovery system comes with very specific grant conditions, expected outcomes, and scrutiny.
- 5.4 Leeds is building from a position of strength, with experienced and collaborative local partnerships, and a CQC "outstanding" high performing local provider: Forward Leeds. We have a strong track record and a continued focus on improving outcomes for the people of Leeds.

## 6 Recommendations

The Health and Wellbeing Board is asked to:

- To note the progress made in local implementation of the national 10-year Drug Plan "From Harm to Hope".
- To note the increased (indicative allocation) investment for Leeds and share evidence and knowledge on needs and gaps to inform investment priorities for 2024/5, noting the very specific restrictions and conditions on the funding..
- To support the work to improve screening pathways between healthcare, social care, and treatment.
- To seek opportunities to make recovery visible, celebrate recovery and support the Inclusive Recovery Cities movement.

## 7 Background documents

Weblinks provided in endnotes

## Appendix 1 – Allocations and use of substance misuse funding uplifts in Leeds

Appendix 1: Allocations and use of increased substance misuse funding in Leeds						
Year	Funding source	Funding allocation	Areas of investment	Providers	New substance misuse service posts created	New services created
2021/2	Universal Grant	£881,000	<p>Increase harm reduction capacity at Forward Leeds.</p> <p>Increase residential and detoxification capacity at St Anne's.</p> <p>Improve pathways between prison custody and community treatment (Change, Grow Live Integrated Offender Management)</p> <p>Increase recovery support in communities through additional roles at Forward Leeds.</p> <p>Increase nursing posts to provide physical healthcare support at Forward Leeds.</p> <p>Increase capacity for focussed interventions for non-opiate users at Forward Leeds.</p> <p>Increased assertive outreach and palliative care support at Forward Leeds.</p>	<p>Forward Leeds</p> <p>St Anne's</p> <p>Change Grow Live</p>	16	
2022/3	Supplemental Substance Misuse Treatment	£2,596,729	<p>Continuation funding of 2021/2 projects AND:</p> <p>Increase strategic leadership and commissioning capacity in Leeds City Council</p>	<p>Forward Leeds</p> <p>St Anne's</p> <p>Change Grow Live</p>	46	New Enhanced Care Team for complex presentations

	and Recovery Grant		<p>Increase active recovery team capacity at Forward Leeds to reduce caseloads</p> <p>Increase expert clinical roles at Forward Leeds (psychologist, independent and non-medical prescriber, hospital in-reach)</p> <p>Create a new Enhanced Care Team for complex presentations</p> <p>Increase capacity and expert clinical roles for the co-occurring mental health alcohol and drug (COMHAD) Team at Forward Leeds</p> <p>Provide intramuscular naloxone kits and train staff to administer.</p>	Leeds City Council		
<b>2023/4</b>	Supplemental Substance Misuse Treatment and Recovery Grant	£4,255,542	<p>Continuation funding of 2021/2 and 2022/3 projects AND:</p> <p>Increase intelligence capacity at Leeds City Council (Public Health and Safer Leeds) and West Yorkshire Police</p> <p>Create a new prescription only and over the counter medicines service within Forward Leeds</p> <p>Increase clinical capacity at Forward Leeds (psychologist, therapist, case managers, specialist practitioner roles)</p> <p>Increase capacity in the Primary Care team</p>	<p>Forward Leeds</p> <p>St Anne's</p> <p>Change Grow Live</p> <p>Leeds City Council</p> <p>West Yorkshire Police</p> <p>Leeds Teaching Hospitals Trust</p>	35.8	<p>New prescription only and over-the-counter medicines service</p> <p>New training post in hospital for screening and pathway development to treatment</p>

			<p>Create a new training post within Leeds Teaching Hospitals to improve screening and pathways to drug and alcohol treatment</p> <p>Increase criminal justice roles within Forward Leeds</p> <p>Fund Family Drug and Alcohol Court roles</p> <p>Increase alcohol detoxification capacity at Forward Leeds</p> <p>Increase capacity in the Forward Leeds Young People's Service</p> <p>Increase capacity at Forward Leeds in areas of harm reduction, geographic hubs (Armley) and general management capacity to support the growing service.</p> <p>Pharmacy needle and syringe exchange programme support</p> <p>Training and development for staff on engaging vulnerable people with unmet needs.</p>			
<b>2024/5</b>	Supplemental Substance Misuse Treatment and Recovery Grant	(Indicative) £8,212,541	To be agreed			

## **Appendix 2 - Leeds Inclusive Recovery City Newsletter - Recovery Month**

(This section – appendix 2 – was collated and written by Mark Hindwell,  
Marketing and Communications Officer, Forward Leeds)



# St Anne's in Recovery Month

By Jonathan Philpott

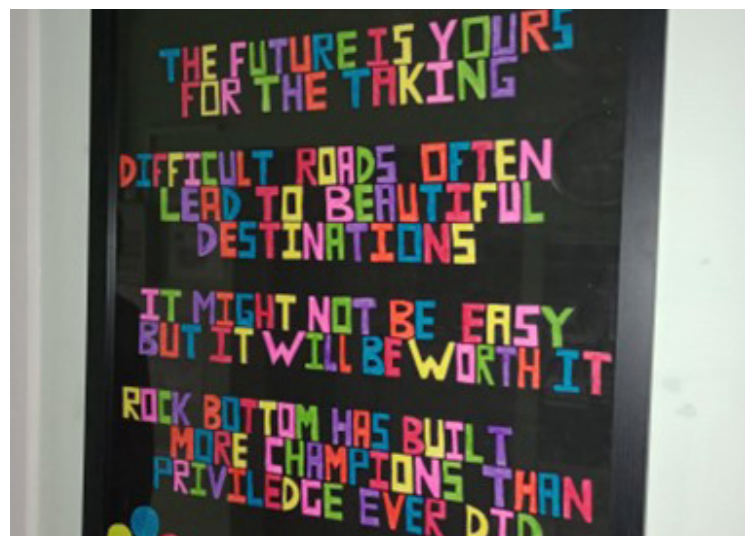
St Anne's Alcohol Services held several events to mark Recovery Month.

On 15 September, we celebrated four people completing their rehab programmes. Family and friends joined them in reflecting on how far they had come, as well as all they have to look forward to.

One way to inspire hope in people who are in treatment with us is to help them engage with people who have been through similar journeys. We like to call this 'Mix & Mingle' – our current clients meeting with some of our ex-clients. Nineteen former clients came to share their stories of recovery with our current clients, some of whom were just on day one of their rehab programmes.

Everyone came away with an enormous sense of pride at what those who shared their stories have achieved. Thank you to all who came and shared their stories.

We had organised a coach to take current and ex-clients to participate in this year's national Recovery Walk in Hull. Unfortunately, circumstances beyond our control prevented the service from participating. But, thanks to a 'nothing will deter me' attitude, one of our staff, Tony Sunderland, together with a former member of staff and an ex-client, did travel and take part. They had a great time, representing St Anne's and mixing with hundreds of other people from across the country celebrating recovery.



Throughout Recovery Month, we have been encouraging our clients to think about positive messages that they want to share with other people. This has resulted in several pieces of artwork appearing on the walls of the service, brightening the place up and allowing future clients and visitors of the service to be inspired by those who have gone before them.

# Recovery Cities come together at 5 WAYS



On 14 September, Leeds played host to a meeting of many of the UK places going for Inclusive Recovery City status, with some joining visiting and some joining online.

Facilitated by Professor David Best, cities and towns represented in person were Blackpool, Sheffield, York, and of course Leeds.

Joining online were Nottingham, Liverpool, Portsmouth, Hartlepool and North Wales.

Middlesbrough as the only UK Inclusive Recovery City were there to offer their insight as well.

Everyone gave updates on the event and activities they have planned and coming up.

Jo Byrden, Manager of 5 WAYS who hosted the event said: "It was really exciting to meet with other organisations who are looking to drive this forward where they are based.

"It was a great learning experience for all of us and a great opportunity to for all of us to share some ideas, knowledge and thinking about what our Recovery Cities will look like.

"We're looking forward to an ongoing relationship with other services in other cities as we all go through this process together. We're already arranging further meeting at other cities and towns so we can see what they are doing and understand better their situations.

This newsletter was produced by Forward Leeds.

To contribute to the next Leeds Inclusive Recovery City Newsletter contact Mark Hindwell  
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LEEDS: INCLUSIVE RECOVERY CITY (L:IRC) - Newsletter Two, Recovery Month 2023

## Recovery Month 2023 in Leeds

September is widely recognized as National Recovery Month.

A time dedicated to raising awareness about mental health and substance use issues, as well as celebrating the achievements of individuals in recovery.

In Leeds, this month holds a special significance as we move towards being an Inclusive Recovery City, the month is about emphasizing the strength of community support, resilience, and the power of recovery.

Throughout the month, local organizations, support groups, and healthcare providers have come together to be part of various events and initiatives aimed at educating the public and promoting understanding about addiction and mental health challenges.

One of the primary objectives of the Recovery Month activities in Leeds is to reduce the stigma associated with addiction and mental health issues.

By fostering open discussions and sharing personal stories of recovery, the community aims to create an environment where individuals feel safe to seek help without fear of judgment.



## 5 WAYS at the Games

Members of 5 WAYS, volunteers and staff took part in the 10th anniversary Recovery Games near on Saturday 16 September.

People in recovery from across England met up at Hatfield Activity Centre to compete in fun-packed games and challenges on land and water.

Helen Mason from 5 WAYS said: "It was a brilliant day. Even though there was a cup for the winners, it wasn't about that. It was just great to come together, with hundreds of people in recovery, overcoming challenges together as a team."

Events on the day included a St Ledger race on inflatable horses, axe throwing, wall climbing, football-darts and human table-skittles. It ended with a powder-paint rave.

Dame Carol Black was there to give a speech and the prizes were handed out by Professor David Best, the country's first professor of addiction and recovery.

# Stars come out for Recovery Graduation



Leeds United Legend Jermaine Beckford, former Leeds Rhino Stevie Ward and current first team player Justin Sangaré attended this year's Forward Leeds Recovery Graduation on Thursday 31 September, with James Priestley the winner of series four of the Channel 4 reality show *SAS: Who Dares Wins* to hand out certificates.

The celebrities were joined by the country's first Professor of Addiction and Recovery David Best and Cllr David Jenkins, Leeds City Council's Deputy Executive Member for Public Health and Active Lifestyles.

Professor Best said: "Graduation events are so important to celebrate the achievement of recovery. While more than half of all those with addictions will eventually achieve five years of continuous sobriety, it is a long road that is strewn with pitfalls, so success is something to celebrate – not just for the person on that journey, but for their family, the wider recovery community and for society more generally."

"Events like this remind us of what success looks like, which will inspire others to undertake that journey, gird the motivation of staff and build new connections and empowerment from the recovery community to the wider society."

Former Leeds Rhino Stevie Ward said: "The evening has been so inspiring. The people I admire most aren't those who show up when they're winning but they show up when you feel like you're losing. Hearing the stories of some of the people graduating makes you realise just how much they have gone through to get here and to me, that is the sign of a champion. I'm sure for many of them this will be a platform to now go on and achieve something incredible for themselves as well".

The event took place in the Norman Hunter Suite at Elland Road, Leeds on 14 September 2023.

# A Busy Month for Getting Clean

Getting Clean had a busy Recovery Month.

They are a community project supporting people in recovery by giving them a purpose and opportunity to help other people.

As well as their usual litter picking and cleaning, they opened up a referral pathway with St Anne's Alcohol services, delivering their first monthly presentation to clients there promoting Recovery in the community.



On Friday the 15th September they started an ongoing project with HMP Wealstun. Developing a wildflower meadow and relaxation area for staff and visitors.

On Friday 22nd September they were at their first of many planned meetings with HMP Leeds. They delivered soap-making workshops and social enterprises that will start in custody and continue in the community.



On Friday 29th September they ran the first *Bars from Behind Bars* soap-making workshop at HMP Wealstun an ongoing project linked with other prisons in the Yorkshire region.

# City's First Recovery Park Run a Success

September saw Leeds' first Recovery parkrun take place on Woodhouse Moor amidst cheers, laughter, and a real sense of accomplishment.

Taking place on September 30, 2023, the event brought together individuals in recovery from issues with drugs and alcohol, along with their families, friends, and local supporters, for a day of unity, hope, and celebration.

668 registered runners took part, many of them Woodhouse Moor parkrun regulars. But, numbers were significantly boosted on Saturday morning by people in recovery from across Leeds.

The event also saw an outpouring of support from numerous volunteers who dedicated their time and energy to ensure the smooth running of the event, highlighting the power of collective effort in creating positive change.

Organisations participating included the Recovery Runners Community, 5 WAYS, Forward Leeds and St Annes Community Services.



"We are incredibly moved by the overwhelming success of the first Recovery parkrun in Leeds," said Woodhouse Moor Park Run Event Director Anne Akers.

"The turnout and support from the community reflect the collective commitment to supporting individuals in their journey to recovery."

"We are immensely grateful to everyone who participated, volunteered, and contributed to making this event a resounding success."



# Leeds Recovery City Meeting at Wren Bakery

People wanting to be involved in ensuring Leeds becomes an Inclusive Recovery City met at Wren Bakery in Mabgate on 4 September.

The idea was to push forward with a number of projects in the city. As well as staff from Forward Leeds and 5 WAYS there was representation from the Recovery Runners, Getting Clean, Leeds Trinity University and Leeds City Council. The next meeting will be at 5 WAYS on Tuesday 17 November at 2pm everyone is welcome.



# Curry Celebration Night

Getting Clean organised a Recovery Celebration Curry Night at 5 WAYS, attended by around 80 people, on 29 September for volunteers and friends of Getting Clean and members of 5 WAYS.

The evening also served as a farewell to 5 WAYS Lead Practitioner Helen Mason who is leaving recovery services in Leeds after over 10 years supporting people with issues around alcohol and drugs.

### Appendix 3 - Service and Staff Stories – the impact of increased funding in Leeds

This section includes feedback, given by staff, at Forward, about the impact the funding has had on the work that they, and their teams, do.

#### ***Enhanced Care Team***

The Enhanced Care Team was created using underspend from the Public Health England Universal Grant Funding (2021/22), and was continued, from 2022/23, using the Office for Health Improvement and Disparities Supplemental Substance Misuse Treatment and Recovery Grant. The team comprises five posts (one a Lead Practitioner). Staff in the team (pictured, below) hold significantly smaller caseloads, to support established Forward Leeds teams with the increasing in complexity of Service User presentation.



Picture credit: Forward Leeds

Lead Practitioner, Hannah Wraith, said:

*“Creating the Enhanced Care Team, within Forward Leeds, has allowed clients to have a period of time with intensive work to support them towards addressing their unmet need and improve their quality of life.*

*Each of our workers hold a small caseload of around 15 individuals, to provide people with multiple complex needs with hours of support each week to address their individual needs.*

*This support would be very difficult for their key worker to do alone, due to higher caseload sizes. This joined up approach allows each worker to focus on their individual specialised area to provide holistic support for our clients who are often the most vulnerable individuals in our service.*

*Examples of support offered by Enhanced Care team are: support with attending vital hospital appointments/investigations/diagnostics, attend community wound clinics, signpost onto other services such as housing/palliative care/Adult Social Care, etc. and help at the initial stage of engagement with them, support to open bank accounts, support with benefits, address debts, support to A&E, liaise and*

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*support with health appointments such as GP, dentist, opticians are just to name a few.*

*Without this team these individuals are likely to continue with a poor quality of life and are at huge risk of further self-neglect which reduces their chances of achieving their substance use goals. We have seen some unbelievable positive outcomes with this intensive, patient centred support and it has made such a huge difference to individual's quality of life."*

### **Harm Reduction and Social Support Team**

The Harm Reduction and Social Support Team (pictured, below) was expanded using the Public Health England Universal Grant Funding (2021/22), and has been expanded further, from 2022/23, using the Office for Health Improvement and Disparities Supplemental Substance Misuse Treatment and Recovery Grant.



Picture credit: Forward Leeds

Helen Rodgers, Service Manager said:

*"The additional funding that has been brought into the Harm Reduction Social Support team has allowed us to reach out to people who use drugs in the community more than ever. With increased funding we have been able to set up drop ins at St Annes Resource Centre, St George's Crypt and in five separate Temporary Accommodation providers. We are at each site at least once, but often twice a week depending on client need, and have implemented new engagement strategies, such as our Fruity Fridays and Thirsty Thursdays! By closely working with our new and existing partners, in 2022/23 we were able to reach out and deliver an additional 1,500 interventions with current substance users. These interventions are an enhancement of the service and are in addition to the established core activity of the team that had already been delivered year on year."*

### **Focussed Interventions Team**

Two additional posts were created in the Focused Interventions Team (pictured, below) using underspend the Public Health England Universal Grant Funding (2021/22). These posts have been continued to be funded, from 2022/23, using the Office for Health Improvement and Disparities Supplemental Substance Misuse Treatment and Recovery

Grant. The posts were created to provide increased capacity to support non-opiate service users, who require shorter more focussed intervention, helping reduce waiting times and increase the number of interventions delivered.



Picture credit: Forward Leeds

Team Manager, Emma May said:

*“With Ruth Grech now in place as a Senior Worker, we are planning to get out in the community to more health and community events. We are looking to develop even more links within organisations such as the universities, PAFRAS, MESMAC, GIPSIL, etc.”*

### **Young People’s Service**

A dedicated Group and Community Worker post was created, from 2023/24, using funding from the second year of the Office for Health Improvement and Disparities Supplemental Substance Misuse Treatment and Recovery Grant, to enable staff working with young people to focus on case work. The enhanced capacity will help the service reach wider groups and communities, increasing diversity, as well as build relationships with key young people’s groups and stakeholder.

Young People’s Group Worker, Lewis Edward said:

*“I’m excited about the opportunities we have to engage more with different groups and communities. I can see there is a desire for this already, from the number of enquiries we’ve had already, and I’m looking forward to getting out there.”*

(This section – appendix 3 - was collated and written by Daniel Burn, Health Improvement Principal (Drugs and Alcohol), Adults and Health Directorate, Leeds City Council).

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- i [HOME | Inclusivecities](#)
  - ii [Independent review of drugs by Professor Dame Carol Black - GOV.UK \(www.gov.uk\)](#)
  - iii [15.109 HO Harm to Hope AR 2022-23.pdf \(publishing.service.gov.uk\)](#)
  - iv [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](#)
  - v [Extra funding for drug and alcohol treatment: 2023 to 2025 - GOV.UK \(www.gov.uk\)](#)
  - vi [Additional drug and alcohol treatment funding allocations: 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)
  - vii [National Combating Drugs Outcomes Framework - Supporting metrics and technical guidance PDF 1 .pdf \(publishing.service.gov.uk\)](#)
  - viii [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](#)
  - ix [Home - Forward Leeds](#)
  - x [Forward Leeds - Armley Park Court - Care Quality Commission \(cqc.org.uk\)](#)
  - xi [Public health profiles - OHID \(phe.org.uk\) Local Alcohol Profiles for England - OHID \(phe.org.uk\)](#)
  - xii [NDTMS - Home](#)

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# Implementing the Leeds Health and Wellbeing Strategy 2016-21

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## **How does this help reduce health inequalities in Leeds?**

Drug and alcohol use has health harms which are felt at the individual and family level and wider societal harms which impact communities and neighbourhoods. The Advisory Council on the Misuse of Drugs<sup>i</sup> (ACMD, 2018) describe the strong association between substance-related harm – including deaths – and socio-economic position and social exclusion. Put simply, anyone who uses drugs or alcohol may experience harm but those living in more deprived areas who lack personal resources experience more harm from their drug and alcohol use. The social exclusion experienced by people who use drugs and alcohol problematically deepens the inequalities they face and some research suggests this has a greater impact than socio-economic inequalities (ACMD, 2018). Making treatment and recovery visible and accessible in communities in Leeds has the potential to increase personal and community recovery capital<sup>ii</sup>.

## **How does this help create a high quality health and care system?**

Leeds has received additional investment from the government to invest in prevention, treatment and recovery in line with HM Government's 10-year plan "From Harm to Hope" and Dame Carol Black's Independent Review recommendations. This investment has been used to develop new treatment services in response to local need e.g. prescription only and over the counter medicines, to strengthen pathways between treatment and hospitals, family drug and alcohol courts, and criminal justice settings, and to strengthen existing treatment services through increase treatment places and decrease caseloads, and through the creation of additional specialist posts such as independent prescribers.

## **How does this help to have a financially sustainable health and care system?**

Leeds has received additional investment and the requirement to invest this against certain national conditions and local needs and priorities. The investment is very welcome but comes with some risks. There is a risk on our risk register concerning 2024/5 and whether the indicative investment forecast will be received by Leeds in full. This is a national programme and we manage the risk locally through our risk management and contract management.

## **Future challenges or opportunities**

A future challenge and risk is always the risk of new and/or novel, potent, adulterated or contaminated drugs – nitazenes, synthetic opioids present a new risk for the UK.

A future opportunity is the increased investment of ~£3m new money in 2024/5 (the indicative allocation is £8.2m but assuming we wish to continue to fund projects already agreed in 2021/2, 2022/3 and 2023/4, this represents ~£3m for new areas<sup>iii</sup> investment). This will enable us to further strengthen pathways, increase treatment capacity and quality.



<b>Priorities of the Leeds Health and Wellbeing Strategy 2016-21</b>	
<i>(please tick all that apply to this report)</i>	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	
Strong, <u>engaged</u> and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

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