




Bury Health and Wellbeing Board

Title of the Report	Drug and Alcohol Strategy
Date	17 th December 2015
Contact Officer	Ann Norleigh Noi Strategic Planning & Development Lead (Substance Misuse & Tobacco Control)
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information	Discussion	Decision
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Why is this report being brought to the Board?</p> <p style="text-align: center;">  Final Sept 2015 ANN NOI 23 9 15.pdf </p>	<p>The strategy is being brought to the Board for information only.</p>		
<p>Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)</p> <p style="text-align: center;">  Living_well_in_Bury_ Making_it_happen_to </p>	<p>The Drug and Alcohol Strategy contribute towards the priorities of the Joint Health and Wellbeing Strategy directly and indirectly. The strategy promotes and encourages behaviour change and increasing knowledge.</p> <p>The action plan has been developed with key partners and will ensure that cross cutting themes are robustly linked to this strategy, for example, Children's Trust Board and Community Safety Partnership Strategies. Some boards involved are also sub groups of the Health and Wellbeing Priorities.</p>		
<p>Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)</p>	<p>The Drug and Alcohol Strategy contribute towards the priorities of the Joint Strategic Needs Assessment directly and indirectly.</p>		

 Bury JSNA - Final for HWBB 3.pdf	
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	The board is recommended to review the contents and consider how they can assist with successful delivery of the strategy.
What requirement is there for internal or external communication around this area?	None
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The strategy has been presented at Senior Management Team & Senior Leadership Team and to Cabinet, all of which agreed to support the strategy going forwards.

2. Introduction / Background

As a result of some social problems becoming over medicalised, for example addiction, the cost to the public purse has become prohibitive. The key themes framework within this strategy will ensure that we make a shift to prevention, early intervention & recovery, at a lower cost to the public purse.

The strategy is an attempt to reclaim addiction treatment and recovery as a social issue that has its solution in communities and will support people in long term recovery to change their behaviour, and for the council to develop an asset based community support model for recovery from addiction.

The primary outcomes from our investment in addiction and other ancillary services should be about social integration - employment, healthy living, housing support and looking after children.

The strategy has been developed following the three key themes from the National Drug strategy (December 2010);

- Reducing Demand
- Restricting Supply
- Building recovery in Communities

The strategy will incorporate the three key themes of the national strategy and key local objectives. This will inform the strategic direction to address substance misuse, and ensure that 'Recovery' is pivotal to all interventions and cross cutting issues.

In order to deliver against the three key themes, seven key objectives have been identified and included in the strategy based on local priorities.

Key Objectives;

1. Ensure that all strategic plans recognise the role of drug and alcohol misuse particularly where there are cross cutting thematic areas.
2. Increase knowledge and awareness about the harm caused by drugs and alcohol so that people can make informed choices and resist pressures, particularly young people and those on the periphery of drug and alcohol misuse.
3. Break inter-generational substance misuse by supporting a whole family approach and by targeting resources appropriately.
4. Ensure that all legal substances are sold responsibly.
5. Ensure that robust partnership clinical governance is in place
6. Support people to make a full recovery.
7. Improve housing outcomes where appropriate for people in recovery.

An action plan has been developed with key partners who will ensure that cross cutting themes are robustly linked to this strategy, for example, Children's Trust Board and Community Safety Partnership Strategies.

The strategy will be owned by Team Bury, recognising that the outcomes of this strategy contribute to all three Team Bury Priorities; Health and Wellbeing, Stronger Economy and Stronger, Safer Communities.

3. key issues for the Board to Consider

The board is asked to consider its role within the governance structure of the strategy moving forwards.

4. Recommendations for action

The board is recommended to review the contents and consider how they can assist with successful delivery of the strategy.

5. Financial and legal implications (if any)

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

No financial and legal implications as the Strategy will be delivered within existing financial resources.

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form. If necessary please seek advice from the Principal Officer-Equalities Helen Smith (h.smith@bury.gov.uk).

An Equality Analysis form has been completed and can be found attached.

The findings from the Equality Analysis form are that 90% of the in treatment population state that they are white British, and these numbers are representative throughout the treatment population across the country, and will therefore benefit from the strategy given that this is the largest population in the cohort.



EA - Joint Drug and
Alcohol Strategy July

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