

EXECUTIVE BOARD DECISION



REPORT OF: Executive Member for Health and Adult Social Care

LEAD OFFICERS: Director of Public Health

DATE: 13th April 2017

PORTFOLIO/S AFFECTED: All

WARD/S AFFECTED: All

KEY DECISION: YES NO

SUBJECT: Blackburn with Darwen New Psychoactive Substances Framework and Action Plan

1. EXECUTIVE SUMMARY

In recent years the United Kingdom has seen the emergence of a range of newly manufactured drugs appear nationally and internationally and are collectively called New Psychoactive Substances (NPS). Prior to recent United Kingdom (UK) legislation NPS were also known as legal highs and the term NPS is used to describe substances that have brain or mood altering effects. The effects of NPS have been found to be similar to those of other illicit drugs that are controlled via the Misuse of Drugs Act 1971.

During 2014-15 the Council's Public Health Team commissioned a local needs assessment which involved in-depth consultation with key partners, stakeholders and local residents from across the life course. A number of qualitative interviews and focus groups enabled researchers to gain substantial insight into local supply, usage and impact on local residents and key partner agencies.

The government passed the Psychoactive Substances Act on 6th April 2016 (The Act, 2016). This local Framework reflects on evidence and key findings from the commissioned needs assessment and aims to implement a number of recommendations and actions aligned to this latest legislation. Public health has provided strategic leadership and a key role in the development of the Blackburn with Darwen's 'New Psychoactive Substances' (NPS) Framework to ensure senior level multiagency ownership and co-ordinated local action. The two year Framework (2017-19) adopts a life course approach, aligned to the three Health and Wellbeing life stages of Start Well, Live Well and Age Well.

The Framework for action across the life-course will be aligned to four thematic priorities which are:

1. Improve intelligence and evidence
2. Improve education and prevention
3. Improve pathways to appropriate support, treatment, training and workforce development
4. Ensure intelligence led enforcement

In addition to the above key priorities, it is recognised that there is also a need to monitor and review any emerging and unintended consequences that occur as a result of the latest legislation relating to risks associated with illicit drug markets and organised crime.

The local Framework provides an approach to health improvement that recognises the contributions that can be made across all sectors of our society. The priorities are informed by local experience and

research evidence and the aim is to promote improved understanding and knowledge, healthy lifestyles and behaviours and improved mental health and wellbeing.

Local research has taken into account wider regional and national guidance, evidence and intelligence. The findings have underpinned the proposals within the local multi-agency Framework and Action Plan, ongoing service delivery and front line practice. Recommendations are aligned to the four thematic areas mentioned previously and these have been agreed as priorities by the local NPS Steering Group which reports into the Drug and Alcohol Expert Reference Group. This Framework will remain a focus for Blackburn with Darwen for the next two years or until such time as an overarching Drug Strategy can be considered on a wider, partnership basis across PAN Lancashire.

The local authority is in a prime position to lead on the agenda by both influencing and engaging with the many partners and stakeholders who are integral to the success of the implementation. Through this leadership the local authority will advocate a coordinated approach with all partners to have a wide reaching, positive effect on the health of Blackburn with Darwen's population. The local Drug and Alcohol Expert Reference group will lead and monitor progress on the implementation of the Action Plan, and report to the Health and Wellbeing Board sub groups (Start Well, Age Well, Live Well as appropriate), with accountability to the Health and Wellbeing Board.

The draft Framework and Action Plan can be viewed on the following website:
<http://www.blackburn.gov.uk/Pages/Public-health.aspx>

2. RECOMMENDATIONS

That the Executive Board:

- Notes and approves the recommendations and actions included in the New Psychoactive Substances Framework to ensure implementation of the actions relating to the four priority themed areas.
- Notes that New Psychoactive Substances present a significant public health risk requiring cross portfolio and senior level leadership support with commitment to addressing any ongoing and emerging threats, whilst continuing to improve access to prevention, drug education and support services across the life course.
- Notes that encouraging self-care among citizens is important along with informed workforce development for the Council, partners and key stakeholders.

3. BACKGROUND

Between 2013 and 2016 a number of NPS type drugs have been the subject of Government enforced 'Temporary Banning Orders' which in the majority of cases has led to them being classified under the Misuse of Drugs Act (MODA), but many prior to April 2016 were initially classed as remaining within the law.

Under The Act (2016) it is an offence to produce, supply or offer to supply any psychoactive substance if it is likely to be used for its psychoactive and mood altering effects, regardless of its potential for harm. The only exemptions from The Act (2016) are; nicotine, alcohol, caffeine and medicinal products, plus the illicit substances historically controlled by the MODA. The main intention of The Act (2016) was to close down the sale of such substances from any form of retail premises or shops and websites that were trading in 'legal highs'.

In 2014, Blackburn with Darwen Borough Council commissioned a needs assessment report on NPS to provide strategic leads with a robust evidence base regarding the local picture. The aim of this was to explore the extent of the challenge posed by NPS for Blackburn with Darwen.

Key Drivers:

There are numerous national and local drivers which support a comprehensive strategic policy approach to addressing the cross cutting thematic areas of the Framework and these include;

- i. A need to reach out to a range of people from across the life course that are either using or contemplating the use of NPS to prevent harm. It is recognised that there is a need to particularly target those that are not likely to have accessed traditional drug and alcohol services.
- ii. To focus on both primary and targeted prevention with the intention of raising awareness amongst communities and partner agencies of the risks associated with NPS to minimise harm, increase knowledge and address risk taking behaviours.
- iii. The national 'Project NEPTUNE' guidelines are available to assist local professionals with the development of suitable offers of support. These have been considered in the commissioning of local services as well as in the development of the Framework.
- iv. Public Health England have highlighted the need to develop a robust mechanism for taking account of local, regional and national evidence and intelligence to inform ongoing developments. Guidance has been issued to support regional partnership in the setting up of a Local Drug Information System. There is also a national requirement to inform the Early Warning System run by the European Monitoring Centre for Drugs and Drug Addiction.
- v. A revised National Drug Strategy is due to be published in 2017 and it will consider new and emerging threats such as NPS.
- vi. Public Health England have reported a noticeable rise in reported NPS use, with some correlation to a rise in drug related deaths across England and Wales and a rise in hospital related drug poisoning attendances and admissions. There have been no deaths in Blackburn with Darwen to date where the primary cause was NPS; however there have been a small number of deaths over the last 10 years where NPS type drugs were found to be present in fatalities caused by a combination of other drugs.

The thematic priorities of the Blackburn with Darwen Framework are aligned to:

- NHS 5 Year Forward View (2014)
- Blackburn with Darwen Health and Wellbeing Strategy (2015-18)
- Pennine Lancashire Transformation Together A Healthier Future Programme

4. KEY ISSUES & RISKS

There are emerging anecdotal indications that the legislation passed in 2016 may be contributing to some unintended consequences. Legislation alone is rarely, if ever, the sole answer to solving problems associated with substance misuse and it is necessary to keep a watching brief as evidence emerges. The local approach must remain flexible to take account of any emerging evidence based implications which may well be linked to the growth of illicit drug markets and organised crime.

A similar legislative approach to that in the UK has been used by other countries such as Ireland, Poland and Romania. In 2010, Ireland used this type of legislation to control the proliferation of retail outlets selling NPS, commonly known as "head shops". In 2010, Poland amended its legislation to prohibit the placing on the market of "substitute drugs", which was sanctioned with financial penalties. In 2011, Romania passed a law on counteracting operations with products suspected of having psychoactive effects, other than those stipulated in the regulations in force.

Two recent reports, one from the Home Office and one from the European Monitoring Centre for Drugs and Drug Addiction say the ban in Ireland has led users to illegal street markets and increased use of the 'dark web', this is the part of the World Wide Web that is only accessible by means of special software, allowing users and website operations to remain anonymous or untraceable. It is therefore felt that the closure of head shops could redirect the supply of NPS to the internet or to organised criminal groups and street drug dealers. It's difficult to assess how successful the Irish ban has been as there has been no formal evaluation of the Irish Psychoactive Substances Act (2010). It is therefore important that we continue to monitor the impact of The Act (2016) within the UK.

Possession of NPS substances remains legal (except in prisons), but their supply, possession with intent to supply, import and export have become criminal offences. Thus, the only means of obtaining substances that are in themselves legal to possess, is now through criminals. Further complications

may arise as a result of the fact that in order to obtain for evidence in a prosecution under The Act (2016), a drug must be forensically tested and proved to be psychoactive. This process in itself is proving to be problematic. It is believed that only five successful prosecutions have been processed under the Irish Act 2010 and only one as a result of The Act (2016) in the UK.

In times of budget reductions and austerity it is ever more important to work together with key partners, service providers and citizens of the borough to mitigate risks. It is felt that a partnership approach to implementing this local framework will aid mitigation.

5. POLICY IMPLICATIONS

The New Psychoactive Substances Framework will support delivery of improved public health outcomes across the life course.

In April 2016, the Government passed the Psychoactive Substances Act, and this Framework reflects the changes from then onwards as well as key outcomes from the Blackburn with Darwen Health and Wellbeing Strategy. The Framework and Action Plan have been developed in line with national policy and guidelines, local priorities have been derived from extensive consultation work undertaken with key partners and stakeholders.

In addition to the key drivers, the Framework and Action Plan takes into account the following legislation, policies and strategies:

- Health & Social Care Act 2012
- Public Health Outcomes Framework 2014-15 (Department of Health, 2014)
- Fair Society, Healthy Lives. A strategic review of health inequalities in England post 2010 (The Marmot Review, 2010)
- Blackburn with Darwen Health and Wellbeing Strategy 2015-18
- BwD Integrated Strategic Needs Assessment

6. FINANCIAL IMPLICATIONS

Public Health outcomes and programmes as identified through the Framework Action Plan will be largely funded through the Department of Health Public Health Grant, with NHS England and Clinical Commissioning Group (CCG) funding clinical and specialist NHS healthcare services. Additional external funding opportunities will be sought for new projects as required.

As part of the Council's Health and Wellbeing Review, public health outcomes contributing to the strategic aims will be delivered by all portfolios as funded by the Department of Health Prevention Grant. The social determinants of health agreements are monitored by the Public Health Team via the Management Accountability Framework (MAF).

The Department of Health Public Health Grant is currently ring fenced for prevention services and programmes, whereby Local Authorities are audited via the Director of Public Health and the Council Director of Finance to ensure it used in line with the grant criteria.

Public Health currently funds a range of programmes which are supportive of the aims of this Framework, a number of which are delivered by the Council's commissioned drug and alcohol services Change Grow Live Inspire for adults and Go2 for young people. This service is contracted for provision across the borough until end of March 2018 with an option to extend for a further two years to end of March 2020. The value of this service in 2018-19 is £2,802,329 with an additional £52,045 for Wellbeing Inclusion Support to the homeless, asylum seekers and refugees.

In addition to these specific services and interventions, all public health funded provision, will be reviewed and redesigned as appropriate to deliver a wide range of public health outcomes which will contribute to the delivery of this Framework and Action Plan. A number of wider external partnership resources will also contribute to the delivery of the Framework and outcomes. It is anticipated that no additional funding will be required.

7. LEGAL IMPLICATIONS

The relevant background legislation is outlined in the body of this report.

Transfer of public health from the NHS to local government and Public Health England (PHE) has introduced a significant extension of local government powers and duties and represents an opportunity to change focus from treating sickness to actively promoting health and wellbeing. Section 12 of the Health and Social Care Act 2012 inserts a new section 2B into the NHS Act 2006 to give each relevant local authority a new duty to take such steps as it considers appropriate to improve the health of the people in its area. This section also gives the Secretary of State power to take steps to improve the health of the people of England and it gives examples of health improvement steps that either local authorities or the Secretary of State could take, including giving information, providing services or facilities to promote healthy living and providing incentives to live more healthily.

Local authorities have considerable discretion in how they choose to invest their grant to improve their population's health, although they have to have regard to the Public Health Outcomes Framework and should consider the existing evidence regarding public health measures.

It may be necessary to ensure compliance with trading standards and licensing laws with regard to activities within the Framework. Legal advice will also be sought in relation to any public protection operations or activities.

8. RESOURCE IMPLICATIONS

Public health will continue to chair the Drug and Alcohol Expert Reference Group which will consider the ongoing implementation and achievement of this Framework. Public health officers and partners from the Police and the Council's Public Protection Unit will support the coordination of activities within the capacity available.

Public health officers will be responsible for collating evidence and reporting against the Action Plan on behalf of all stakeholders on an annual basis. Contribution to public health outcomes as identified through the Framework Action Plan will also be delivered through the public health commissioned services and the social determinants of health fund for each directorate as appropriate. Contributions will be monitored by the Public Health Team through specified key performance indicators.

In addition there may be a cost relating to staff time from across a range of council departments and Executive Member portfolios, to draw upon the council's powers and responsibilities for developing and implementing local policy changes to support the aims of the Framework.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. *(insert EIA link here)*

Option 3 In determining this matter the Executive Board Members need to consider the HIA associated with this item in advance of making the decision.



NPS Framework HIA
v1.0.pdf

10. CONSULTATIONS

The commissioned needs assessment, which has informed this Framework considered a range of opinions from key informants made up of citizens from a range of backgrounds, responses from partner agencies and via a survey with local college students. Methods used to collate evidence

included:-

- Semi-structured interviews.
- Unstructured interviews.
- Focus groups.
- Self-reported questionnaire surveys.

Consultation around the Framework has continued to take place over the last 18 months and much of this has been via a NPS steering group with representation from a number of key partners, service user network representatives and volunteers.

From this work the draft Framework and Action Plan was produced and further targeted consultation has been ongoing. The consultation has included the following:

- Social media messages and animation feedback
- Face to face/email engagement with individual stakeholders
- Senior Policy Team briefings across all portfolios
- Community awareness, training and workforce development sessions via the commissioned CGL Inspire and Go2 services
- Monitoring reports and case studies from the CGL service
- Clinical Commissioning Group A&E practitioners group
- Feedback via a range of VCFS contacts from the Families Health & Wellbeing Consortium
- Blackburn with Darwen Health and Wellbeing Board, Live Well Board and Children's Partnership Board

Intelligence gathered through the BwD Integrated Strategic Needs Assessment (ISNA) and subject specific ISNAs has also informed the Action Plan.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION:	2.0
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CONTACT OFFICER:	Karen Cassidy Barry Ashbolt
DATE:	10th March 2017
BACKGROUND PAPER:	Blackburn with Darwen New Psychoactive Substances (NPS) Framework, Action Plan and Health Impact Assessment.