

**Doncaster Drug & Alcohol Strategic
Overview and
Action Plan
2018-2021**

What is the issue?

Misuse of drugs and alcohol has a huge impact on individuals, children, families and communities in Doncaster. These include:

- Damaging the health and wellbeing of individuals.
- Damaging the quality of life, life chances and safety of children and families of those who are misusing substances.
- Crime and antisocial behaviour.
- Economic cost to Doncaster from lost productivity and cost to health, social care and the criminal justice system.

Background

The health harms associated with alcohol consumption in Doncaster are widespread with 17.8% of the adult population drinking at increasing risk and 11.2% at higher risk of alcohol related illness.

Whilst Doncaster performs similarly to the England average on a number of indicators, the overwhelming trend is an increase in alcohol related admissions which is contributing to rising healthcare costs (Public Health Observatory 2011). In quarter 3, 2016/2017 the rate of alcohol-related admissions in Doncaster was 714 per 100,000, worse than the average for the Yorkshire and Humber and an increase of over 30% in 4 years (LGA 2017).

Research undertaken in 2017 by Sheffield University and Kings College London showed that the number of estimated dependent drinkers in Doncaster is 3938. Given that the annual cost to the NHS of alcohol dependence per person is estimated at around £1800 (NICE 2011) the NHS costing alone in Doncaster could equate to over £7million annually.

In 2015, 396 people accessed specialist alcohol treatment out of the estimated 3938 which equates to 90% unmet need in Doncaster (PHE 2017). However those that do access alcohol treatment in Doncaster have better outcomes than the national average. Between 2016 and 2017, 57% left alcohol treatment successfully in Doncaster compared with the national average of 40%.

An estimated 300,000 people in England are dependent on heroin and/or crack. Increasing numbers of people are reportedly having problems with other drugs such as cannabis, new psychoactive substances and image and performance-enhancing drugs. Concern is also growing about the misuse of, and dependence on, prescribed over the counter medicines. An individual's drug use or dependence can significantly affect their families, friends, communities and society. (PHE 2017).

In Doncaster, our local prevalence estimates (2014-15) are that we have 2,337 OCUs (opiate / crack users), 2,116 opiate users and 842 crack users. Furthermore, when comparing these figures to how many people we have in drug treatment, Doncaster has an unmet need percentage of 34% for males and 32% for females. Although this figure is lower than the National average, collectively, these rates have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance.

Objectives:

1. People choose not to misuse Drugs and/or Alcohol

Prevention is always better than cure; however drug and substance use prevention is likely to have only limited effects as a standalone activity. Prevention activities should be embedded in general strategies that support development across multiple life domains. Doncaster will use an evidence-based approach to prevention that considers long-term outcomes, the relationship between multiple risk behaviours, and natural trajectories of substance use.

2. More people to recover from Drug and/or Alcohol use

Drug and alcohol treatment is effective in improving health, saving lives and reducing crime. Successful recovery from alcohol and drug dependence is a long-term journey and not something that can be achieved alone. Support networks across communities and among those in treatment and recovery are essential cornerstones of this journey. Our approach in Doncaster takes the view that the sense of community is based on shared experience, shared interest and shared geography.

3. Fewer, children, young people and families are affected by Drug and/or Alcohol misuse

Parental substance misuse can often have an impact on the health and development of children, from before birth, through to when they are an adult themselves.

Doncaster recognises the profound damage that Adverse Childhood Experiences has on a child's future health and wellbeing. Children who experience ACE's are more likely to become parents who raise their own children in family environments where these risk factors are more common.

4. Fewer people experience crime and disorder related to the misuse of Drugs and/or Alcohol

A significant amount of Crime in Doncaster is linked to Drug and Alcohol misuse, either through people committing crime to pay for Drugs and Alcohol, or through behaviours associated with the use of Drugs and Alcohol. We will ensure offenders with Drug and Alcohol misuse issues have clear routes into treatment services, and opportunities for effective rehabilitation. We will also work collaboratively with partners such as DMBC Licensing, SYP DMBC Trading Standards, DMBC Communities teams in order to reduce the Alcohol related harms associated with the night time economy and local neighbourhoods.

5. Reduce the health burden from Drugs and/or Alcohol

In Doncaster we are committed to identifying and working with those people who are higher risk and dependent drinkers who are not only treatment resistant but are also placing a significant burden on public services.

The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise, this ageing cohort of heroin users are now experiencing cumulative physical and mental health conditions.

6. Support for substance misusing offenders

Helping offenders to recover from addiction and can significantly reduce reoffending and cut crime in local communities this is particularly important in Doncaster where there are four prisons. To achieve this, Health and justice services need to work closely together to give prisoner's the best possible chance to initiate and maintain their recovery on release.

7. NPS (Novel Psychoactive Substances) use and Complex needs

A dedicated NPS strategy and action plan will be developed by task and finish groups by July 2018, reporting to Safer Stronger Doncaster Executive, in order to respond to locally identified concerns regarding NPS.

The complex needs alliance continues to support the recovery, resettlement and social inclusion of people in Doncaster living complex lives.

Action Plan:

Objective 1: People choose not to misuse drugs and / or alcohol.					
Priority	Action	Progress	Owner	RAG	By When
1.1 Increase public awareness and knowledge about the harm caused by alcohol and drugs	Develop and implement a programme of social marketing in line with national campaigns, using social media, around drug and alcohol misuse	Public Health now has a dedicated Comms officer to advise and support with the promotion of National and locally targeted campaigns. These messages will range from reducing the harm caused by drugs and alcohol to abstinence campaigns such as National Recovery month in September, Dry January and Stoptober.	Steve Betts	Green	March 2019
	Improve mechanisms to ensure robust and timely information and intelligence on the use and impact of drugs and alcohol in Doncaster in order to ensure effective responses to changing patterns	Multiple sources of information and data are collected and reviewed to build comprehensive picture of local trends. NPS Reporting/Pupil Survey/ Public Health England Yorkshire & Humber /National Public Health / South Yorkshire Police / Prisons.	Helen Conroy (via SMTG)	Green	March 2019
1.2 Early identification and support of people who want to change their alcohol and/or drug using behaviour	Ensure an effective workforce development programme for staff in specialist drug and alcohol services is in place, with a key focus	Aspire have both regular MAST (Mandatory and Statutory training). All staff keep up-to date Continued Professional Development and professional registration (Nurse / social workers/ counsellors). Aspire have an extensive in-house and external training programme depending on need - which also performs as	Stuart Green	Green	March 2019

	on recovery	<p>part of preceptorship into post as new starters.</p> <p>Aspire are launching a recovery College for staff with Sheffield Hallam University – for staff for Continued Professional Development.</p>			
	Screening and early identification	<p>Public Health working with DRI A&E to identify and screen high risk drinkers via the SMART-ER app. 75,000 people enter DRI A&E every year with the SMART-ER function able to target individuals around lifestyle behaviours.</p>	Amjid Mohammed (DRI A&E) / Andy Collins	Amber	April 2018
		<p>Aspire contract with local GPs to deliver IBA around alcohol to targeted groups. – SG green</p>	Stuart Green (Aspire)	Green	April 2018
		<p>In 2018 The NHS prevention CQUIN focuses on identifying and, where required, providing advice and offering referral to specialist services for inpatients of all acute trusts.</p> <p>This CQUIN is intended to complement and reinforce existing activity to deliver interventions to those who use alcohol at harmful and hazardous levels.</p> <p>Also Trusts will need to work closely with Local Authorities to ensure there are effective care pathways for the successful implementation of the CQUIN.</p>	Shane Peagram	Amber	July 2018
	Making Every Contact Count	<p>Public Health have recently bid successfully to commission MECC (Making Every Contact Count) Train the Trainer programme and hope to roll this out in early 2018 .</p>	Nasar Ahmed (Public Health)	Green	April 2018

	Ensure effective responses from agencies across Doncaster with regards to signposting people to drug and or alcohol services where appropriate	<p>Aspire is An open access service, which responds to need on a walk-in basis. It is an established brand which is well promoted.</p> <p>Alcohol Concern has delivered Blue Light approach training to identify treatment resistant drinkers across Doncaster partnership.</p>	<p>Stuart Green</p> <p>Andy Collins</p>	Green	April 2018
1.3 Tackle the availability of illegal drugs and the inappropriate use of alcohol and other legal substances	Identification and early intervention.	Doncaster's Children's and Young Peoples' treatment plan has the commitment to develop/deliver a range of training and education programmes to children, young people, parents and professional groups. This will be delivered by Project 3 and Public Health via an annual training programme around risk taking behaviours	Andy Maddison	Green	April 2018
	Develop multi agency responses, including intelligence led activity, to reduce the illegal sale of alcohol and drugs	<p>Public Health work in collaboration with Trading Standards to provide a Tobacco and alcohol enforcement and education programme , based on intelligence led tasking, surveillance, seizure and prosecution of offenders who sell illicit, counterfeit and unsafe products, provision of an intelligence led underage sales enforcement programme including test purchases evidenced through RIPA surveillance authorisations.</p> <p>An NPS intelligence profile is being developed by South Yorkshire Police.</p>	<p>Dave McMurdo (Trading Standards)</p> <p>Paul Wilson/ Jayne Forrest</p>	Green	April 2018
	To work effectively and share knowledge with Licensing, trading standards and enforcement.	Public Health is now classed as a responsible authority in regard to the Licensing Act 2003. Public Health attends the monthly meeting to make relevant representations regarding new licence applications and request reviews of existing licences along with providing relevant health information to the group.	Andy Collins Paul Williams	Green	April 2018

	NPS and emerging drugs	Doncaster Public Health will continue to monitor local, regional and national intelligence for new and emerging trends/threats.	Andy Maddison / Jane Mundin	Green	April 2018
Objective 2: More people to recover from drug and alcohol misuse.					
Priority	Action	Progress	Owner	RAG	By When
2.1 Ensure good quality drug and alcohol treatment services that respond rapidly and effectively to changing patterns of drug and alcohol misuse	Continue to review and monitor the effectiveness of Doncaster's Drug and Alcohol Service.	Public Health Vulnerable People Team commission and contract manage Aspire via monthly operational group meetings and effective partnership working.	Helen Conroy	Green	April 2018
	Ensure drug and alcohol services are accessible to all residents within the Borough of Doncaster	Aspire deliver a hub and spoke model incorporating Recovery hubs across the geographical area of Doncaster. Client numbers and success rates within the hub areas are monitored via operational group meetings.	Helen Conroy Stuart Green	Green	April 2018
	Ensure rapid access to rehab is available in a timely manner	Liaison process is in place between DMBC and Aspire to provide out of area placements.	Stuart Green	Green	April 2018
	Ensure evidence based good practice from National and Regional sources is applied to Doncaster	Public Health routinely looks at other areas of good practice via attendance at Community of Improvers meetings in conjunction with PHE (Public Health England).	Helen Conroy Jane Mundin Andy Collins	Green	April 2018
	Ensure effective pathways are in place between DRI and Aspire.	Specialist Alcohol Liaison nurse in post at DRI (acute currently in discussions with Emergency Department) and Clinical Commissioning Group around a specific alcohol nurse post within A&E setting.	Andy Collins Amjid Mohammed	Amber	October 2018
	Ensure effective response to vulnerable	Doncaster Public Health is a strategic partner in the setting up and delivery of a multi-agency assertive	Helen Conroy	Green	April 2018

	groups / individuals eg: Complex Lives cohort.	outreach team for complex Lives clients.			
2.2 Improved housing outcomes for people in recovery (safe, suitable and supported)	Ensure services are easily accessible to all people in all areas.	<p>Doncaster Council commissions a substance misuse accommodation and support pathway for people with substance misuse issues. This includes a 24/7 staffed supported accommodation unit (6 bedspaces) as well as 8 units of dispersed housing, which are recovery focussed and abstinence based. In addition, the service delivers a borough-wide floating tenancy support for people either moving through the pathway into independent accommodation or for people already in accommodation but require support in order to manage and prevent relapse/homelessness. The provider of this service is Riverside Care and Support.</p> <p>The Single Point of Access, implemented by St Leger Homes in January 2018, supports the overall resettlement pathway. This will eventually be the referral point for all commissioned housing support services including this service.</p>	Sarah Sansoa	Green	April 2018
	Identify key housing issues which are a barrier to successful treatment and Recovery.	Riverside Care and Support attendance at SMTG (Substance Misuse Theme Group) - barriers to move on for people leaving supported accommodation including lack of appropriate accommodation options	Riverside Service Manager.	Green	April 2018
	Ensure appropriate housing for people released from prison, to support recovery.	NACRO currently provide housing support for Doncaster prison releases.	Kerry McKenna (NACRO)		April 2018
	Work in partnership with the Complex Lives Alliance to enable	Doncaster Public Health has a collective responsibility as part of the Complex Lives Alliance to support appropriate housing availability.	Pat Hagan	Green	April 2018

	implementation of the Housing First Model.				
2.3 Improve employment and training outcomes for people in recovery	Continued investment in dedicated ETE workers within Aspire.	As part of Aspire’s contract there is a 1.2FTE ETE worker in place. This is monitored via monthly operational group meetings with commissioners. Aspire to continue engaging with partners to ensure opportunities are available to clients outside of service. In discussions re: further development and links to JCP.	Stuart Green	Amber	July 2018
	Ensure that service specifications/contracts promote links to employment and training as part of the recovery pathway for people in drug and/or alcohol treatment	Current substance misuse specification requires linkage to ETE services. DWP lead who will attend Named linkage with Aspire is Moira Thomasson: moira.thomasson@dwp.gsi.gov.uk 01302 504513 Named contact for ETE is Linda Brown: linda.m.brown@dwp.gsi.gov.uk 01302 503486 Pathway to Employment or any issues arising during the journey will be triaged by phone or Email to the Disability/Health Specialist Team. – email - DONCASTERJCP.COMPLEXNEEDS@DWP.GSI.GOV.UK	Helen Conroy Jane Mundin Andy Collins Moira Thomasson	Green	April 2018
2.4 Build a visible recovery community in Doncaster, which includes effective mutual aid support	Support and encourage recovery communities to embrace recovery based on shared experience, shared interest and shared geography	PH and Aspire actively promote the 5 ways to wellbeing ethos to enable and maintain recovery. Peer support and Mutual Aid is encouraged and promoted at Aspire. 8 mutual aid meetings currently take place within Aspire.	Stuart Green Helen Conroy	Green	April 2018

Objective 3: Fewer, children, young people and families are affected by Drug and/or Alcohol misuse					
Priority	Action	Progress	Owner	RAG	By When
3.1. Ensure alcohol and drug education and prevention for school age children	Develop/deliver a range of training and education programmes to children, young people, parents and professional groups.	Project 3/Public Health organised and facilitates an annual training programme around risk taking behaviours (inclusive of drug, tobacco and alcohol use) / Hidden Harm training re: impact of parent carer use / PH promote and advertise all Mentor Adepis webinar/seminar /training to schools.	Andy Maddison	Green	April 2018
3.2 Implement Hidden Harm Strategy across all partner agencies.	Develop/deliver a range of training and education programmes to children, young people, parents and professional groups.	Strategy in place, but low commitment and uptake across partnership. Hidden Harm training is also embedded within Safeguarding Training that DMBC Children's Safeguarding Board deliver.	Jane Mundin / Andy Maddison	Amber	March 2019
3.3 Ensure young people's drug and alcohol treatment services work effectively with partner agencies to identify and respond holistically to the needs of children and young people.	Identify children and young people at high risk of alcohol related harm through A&E admissions and ensure care pathway is developed and coordinated.	Escalated through safeguarding board following DBTH failure to act agreed pathway despite evidence of ward admissions and presentations to emergency department by young people as a result of drug and/or alcohol use.	Andy Maddison / Doncaster Royal Infirmary	Amber	March 2019

	Ensure effective transition from young people's services (Project 3) to adult drug and alcohol treatment services (Aspire).	Aspire and Project 3 work in partnership and have agreed protocols and pathways in place to facilitate client movement to and from each service depending on age and need.	Andy Maddison / Sally Brice. Helen Conroy / Stuart Green.	Green	April 2018
3.4 Effective identification and support for children, young people, and family members who are affected and harmed by the drug and alcohol misuse of others	Strengthen the identification and referral pathways of parents with drug and alcohol misuse into treatment. Use Hidden Harm strategy as mechanism to facilitate this.	In early discussions to link in with Neglect agenda to get agency commitment of actions within hidden harm strategy. Early Help Strategy in place to maximise identification and referral. Taking action to Early Help meeting (JM and AM) to discuss.	Jane Mundin / Andy Maddison		March 2019
	Provision of DMBC's Young Carer's services in accordance with the Carer's Strategy		Jane Mundin / Andy Maddison	???	April 2018

3.5. An increase in number of families supported where drug and alcohol use is a cause for concern and impacting on the children and young people	Support and monitor existing support for families: FMOT (Families Moving on Together) programme, Support4Change,	Official launch of Families MOT programme by Rdash/Public Health to act as possible catalyst and awareness raising vehicle on 13th of November 2017. Hidden Harm strategy developed and signed off by HWB. Attendance at strategy group raised and will be addressed via HWB. Hidden Harm training delivered by Project 3 and promoted by DCSB/Public Health.	Jane Mundin/ Andy Maddison/ Sally Brice	Green	April 2018
	Ensure continued investment in Aspire Specialist midwifery service.	Specialist midwife works alongside substance misuse social worker to provide integrated services for women. Updates and data is discussed at the Operational Group meetings.	Stuart Green	Green	April 2018

Objective 4: Fewer people experience crime and disorder related to the misuse of Drugs and/or Alcohol

Priority	Action	Progress	Owner	RAG	By When
4.1 Ensure fewer families experience domestic violence related to the misuse of drugs and/or alcohol	Public Health to work in partnership with Domestic Violence Theme Manager to support Domestic Violence agenda.	Public Health work Collaboratively with DMBC domestic violence service to highlight the impact of substance misuse within domestic violence. DMBC Domestic violence service has delivered training to Aspire staff to be aware of signs from both perpetrators and victims	Jane Mundin Karen Shooter	Green	April 2018
4.2 Ensure safeguarding and support of family members of drug and alcohol misusers	Support Aspire in Multi-component interventions providing support for substance users and their children	Aspire have access to Support4Change who work with the families of people across Doncaster who use substances. Specialist midwife and social worker in place.	Stuart Green Sandra Hardy Kay Webster	Green	April 2018

4.3 Ensure the effective rehabilitation of offenders who have drug and/or alcohol issues	Utilise Recovery champions, volunteers and peer mentors in the delivery of criminal justice interventions for offenders	Aspire hold three peer mentor courses a year. Although mentors do not specifically support criminal justice, they work with Aspire clients that may be ex-offenders. Having lived experience can help to encourage and motivate clients to reintegrate back into society / local community. Mentors could be more involved in criminal justice interventions ie meeting offenders in prison that are due for release and the “through the gate” support.	Lydia Rice/Stuart Green	Green	April 2018
	Explore the opportunity to co-locate CRC within Aspire services	Discussions ongoing	Luke Shepherd and Stuart Green	Amber	July 2018
4.4 Reduce the probability of crime in the night time economy and local neighbourhoods	Achieve Local Alcohol Action Area objectives agreed with Home Office	<p>Doncaster is one of 40 areas across England and Wales to implement local partnership approaches, particularly relating to initiatives to reduce alcohol-related crime and disorder. Agreed objectives are:-</p> <ul style="list-style-type: none"> • Develop and monitor the effectiveness of ‘Reduce the Strength’ campaign in Doncaster town centre 	Andy Collins	Amber	March 2019

	<p>Monitor and respond to emerging community tensions as appropriate in partnership with the Neighbourhood response team</p>	<p>and continue roll-out to Balby and Hexthrope.</p> <ul style="list-style-type: none"> • Initiate Safe Space during targeted nights to ensure reveller safety from alcohol related crime and disorder • Blue Light initiative to effectively and assertively engage with treatment resistant drinkers • Support DRI A&E in the implementation of SMART-ER screening app • Implementation of 'Best bar none' initiative in Doncaster 			
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Objective 5: Reduce the health burden from Drugs and/or Alcohol

Priority	Action	Progress	Owner	RAG	By When
5.1 Doncaster continued commitment to harm reduction interventions.	To reduce the health, social and economic harms to individuals, communities and society substance use.	<p>All services have established overdose warning procedures in place. Doncaster has 16 needle exchange pharmacies and 1 specialist exchange. We have widened the range of needle exchange paraphernalia to include foil and steri-cups across all outlets. The Blood Borne Virus Nursing Liaison Team ensures pathways into treatment and working arrangements for BBV positive clients. The needle exchange Locally Enhanced Service and guidance manual has been updated in accordance with the new NICE Guidance which Aspire have adopted.</p>	Jane Mundin Aspire sub-contracts	Green	April 2018

		Implementation of Naloxone for substance misuse clients, vulnerable drug users and carers is in place. Doncaster Public Health has an established confidential enquiries procedure for learning from the causes of drug related deaths, and a South Yorkshire drug related deaths initiative.			
	Reduce morbidity and mortality from hepatitis C and to decrease the risk of onward transmission	Doncaster has a specialist Hep C service and was the only Network in Yorkshire that actually met the target in the first 6 months of this financial year. Doncaster routinely provides 40% of the patients treated in a given month, this includes the 5 prisons and the majority of the prisoners treated are substance misusers who will then return to the communities in South Yorkshire.	Andrew Brankin	Green	April 2018
	Respond to the growing number of older drug users, many of whom have serious addiction and health problems	Stuart Green and Mel Earlam PHE are meet to discuss the Recovery Diagnostic Tool. Aspire developing tailored responses to this group of clients.	Jane Mundin Stuart Green	Amber	March 2019
5.2 Strengthen prevention, identification and care pathway for older people with alcohol related brain injury.	Public health to facilitate discussions with health providers and commissioners to look at care pathway to reduce bed blockages	Briefing paper is being developed to inform and advise the DPH regarding future action. Public Health acting as a broker to enhance discussions around alternative models of care for people with ARBI between CCG and DBH.	Andy Collins Shane Peagram Dr Agruwal	Amber	December 2019

5.3 Reduce Drug Related Deaths in Doncaster	Identify and monitor Doncaster drug related deaths to inform and identify patterns and trends	DMBC Public Health has a Drug Related Deaths Protocol that is used and has been recently updated. Quarterly DRD Steering Group meetings take place to discuss each death, look at patterns and trends and take action if necessary. A quarterly report is submitted to Doncaster Clinical Commissioning Group Local Intelligence Network.	Laura Ashton Jane Mundin	Green	April 2018
5.4 Identify and assertively work with treatment resistant drinkers	Doncaster to implement Alcohol Concern's Blue Light model	<p>2017 we have held a Blue Light workshop with Alcohol Concern to engage different sectors/organisations to be involved within the project with 96 people trained. From there we have trained 9 people to become 'Train the Trainers' for the project, who will go on to co-facilitate our one day training sessions.</p> <p>Meetings with Amjid Mohammed A&E consultant at DRI who is supportive of the blue light and how A&E can play a role in the Multi-Disciplinary Team. Amjid is keen to support but is pushing for a specialist alcohol nurse within A&E which the Blue Light would be part of the job.</p>	Andy Collins	Amber	December 2018
5.5 Alcohol Liver disease	Reduce hospital admission rate for alcohol liver disease (persons)	<p>Doncaster has just launched a Reduce the Strength campaign with all Doncaster town centre and adjoining cumulative impact zone off licences – a total of 32 agreeing not to sell high strength low cost beers and ciders. The initiative is in conjunction with Public Health, Trading Standards, South Yorkshire Police and DMBC town centre liaison officers.</p> <p>Also South Yorkshire Police are stipulating that new applications for licences in hot spot areas of Doncaster do not sell high strength low cost beers and ciders as part of</p>	Andy Collins	Green	April 2018

		<p>the licence in conjunction with the reduce the strength scheme.</p> <p>Event being organised regarding alcohol related liver disease within DRI. Wider prevention campaign being developed in conjunction with DRI.</p>			
Objective 6: Support for substance misusing offenders					
Priority	Action	Progress	Owner	RAG	
6.1 Substance misuse interventions are offered and in place within custody settings	Prisoners are offered appropriate interventions to enable better chance of recovery on release	<p>We offer full assessment of the needs. Including physical, mental health & substance misuse, including psycho social interventions this is an holistic PCA care planning approach</p> <p>Treatment plans include OST (methadone & Buprenorphine,(lofexadine) and alcohol detox (Librium) treatment plans , these are in the form of induction, stabilisation and detox treatment ,we also provide treatment plans for stimulants and Benzodiazepine misuse</p> <p>We deliver psycho social 1-1 session/group work sessions with the appointed case managers to reduce harm & risk, patients can also self-support using in cell work books; they have access to peer mentor support.</p>	Pauline Harrison	Green	April 2018
6.2 Identify what services are in place for prisoners on release.	Ensure seamless pathway from all Doncaster prison settings to community services	<p>An MDT approach is provided to support a seamless through care service incorporating offender managers, housing, education, employment, community drug teams, DIP services and rehab facilities case managers will also liaise with community safe guarding teams and SPAR services also PPU & probation to risk manage if required.</p> <p>We attend regular joint partnership meetings with</p>	Pauline Harrison	Green	April 2018

		custodial & community services for information sharing on risk management on reduction & demand also updates on national legislation & trends. There is a clear pathway between prisons and Aspire.			
	Deliver through the gate services for prisoners on release	Delivered via CRC and NPS	CRC/NPS		April 2018
	Prisoners released on licence at end of sentence	Hatfield prison has prisoners out on licence to undertake daily activities and achieve community integration at end of sentence	Hatfield establishment		April 2018
	Strategic alignment of prisons and community drug and alcohol strategies	four prisons have a joined up strategy which is aligned with this community strategy	All SSDP partners		April 2018

Objective 7: NPS (Novel Psychoactive Substances) use and Complex needs

Priority	Action	Progress	Owner	RAG	
7.1 Meet complex needs especially of prisoners, homeless and vulnerable young people who use NPS	A range of strategic outcomes and actions as per local NPS strategy	Time limited task and finish groups to produce strategy and action plan by July 2018 with themes of Prepare, Protect, Pursue and Prevent.	SSDP partners	Amber	July 2018
7.2 Complex Lives Alliance to improve recovery, resettlement and social inclusion of identified clients in Doncaster	Complex Lives Team to work with a caseload of identified clients with complex lives	MEAM workers and team leader now recruited. Complex Lives Strategic Group are overseeing progress.	Debbie McKinney	Green	April 2018

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