

Agenda

Overview and Scrutiny Performance Board

Monday, 30 January 2023, 2.00 pm
The Council Chamber, County Hall,
Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Scrutiny on telephone number 01905 844963 or by emailing scrutiny@worcestershire.gov.uk

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
 - You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Overview and Scrutiny Performance Board
Monday, 30 January 2023, 2.00 pm, The Council Chamber,
County Hall, Worcester

Membership

Councillors:

Cllr Tom Wells (Chairman), Cllr Alan Amos (Vice Chairman), Cllr Alastair Adams, Cllr Brandon Clayton, Cllr Matt Dormer, Cllr Steve Mackay, Cllr Emma Stokes, Cllr Shirley Webb and Cllr Richard Udall

Co-opted Church Representatives (for education matters)

Mr T Reid (Church Representative - Church of England)

Parent Governor Representatives (for education matters)

Mr M Hughes (Parent Governor Representative)

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declaration of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Assistant Director for Legal and Governance in writing or by e-mail indicating both the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 27 January 2023). Further details are available on the Council's website. Enquiries can also be made through the telephone number/e-mail address listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting (previously circulated).	
5	Budget Scrutiny 2023/24	1 - 2
6	Worcestershire Drugs and Alcohol Strategy	3 - 28

Agenda produced and published by the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer) Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Samantha Morris 01905 844963 email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website [Council's Website](#)

Item No	Subject	Page No
7	Scrutiny Chairmen (and Lead Member) Update, Work Programme and Cabinet Forward Plan	29 - 36

NOTES

Webcasting

Members of the Board are reminded that meetings of the Overview and Scrutiny Performance Board are Webcast on the Internet and will be stored electronically and accessible through the Council's Website. Members of the public are informed that if they attend this meeting their images and speech may be captured by the recording equipment used for the Webcast and may also be stored electronically and accessible through the Council's Website.

OVERVIEW AND SCRUTINY PERFORMANCE BOARD 30 JANUARY 2023

BUDGET SCRUTINY 2023/24

Summary

1. The Leader, Chief Executive and Chief Finance Officer have been invited to attend the meeting to update Members on the budget proposals and hear the feedback from Panel Chairmen following the Overview and Scrutiny Panels' discussions on the 2023/24 draft budget during the January Scrutiny meetings.
2. Following the discussion, the Board will agree comments to be considered by Cabinet on 2 February 2023.

Background

3. On 5 January 2023, the Council's draft Budget for 2023/24 was approved by Cabinet for consultation and is attached at Appendix 1.
4. As part of the Council's development of the 2023/24 Budget, the Overview and Scrutiny Panels have considered the budget proposals at their recent meetings.
5. Prior to this, the Leader and Chief Executive attended OSPB to outline the new and emerging pressures for the Council likely to impact on the 2023/24 budget and medium-term financial plan.
6. The Chairman of each Scrutiny Panel has been asked to share feedback with the OSPB and agreed comments will then be submitted to Cabinet and Council.
7. Comments from the meetings of the Overview and Scrutiny Panels are attached at Appendix 2 (to follow).
8. The final Budget will be agreed by County Council on 16 February 2023.

Purpose of the Meeting

9. Following discussion of the information provided, the Board is asked to:
 - consider the feedback from the Overview and Scrutiny Panels' discussions of the draft 2023/24 Budget and agree comments for consideration by Cabinet on 2 February 2023; and
 - consider whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1: Draft 2023/24 Budget discussed by Cabinet on 2 January 2023 [Agenda for Cabinet on Thursday, 5th January, 2023, 10.00 am - Worcestershire County Council \(moderngov.co.uk\)](#)

Appendix 2: Scrutiny of 2022/23 draft budget – comments from Overview and Scrutiny Panels (to follow).

Contact Points

Samantha Morris, Overview and Scrutiny Co-ordinator, Tel: 01905 844963
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Background Papers

In the opinion of the proper officer (in this case the Assistant Director of Legal and Governance) the following are the background papers relating to the subject matter of this report:

- [Agendas and Minutes](#) of the Overview and Scrutiny Performance Board – 7 December 2022

[All agendas and minutes are available on the Council's website.](#)

OVERVIEW AND SCRUTINY PERFORMANCE BOARD 30 JANUARY 2023

WORCESTERSHIRE DRUG AND ALCOHOL STRATEGY

Summary

1. The Cabinet Member with Responsibility for Health and Wellbeing and the Interim Director of Public Health have been invited to the meeting to update the Panel on developments relating to local drug and alcohol related outcomes and the development of a Worcestershire Drug and Alcohol Strategy

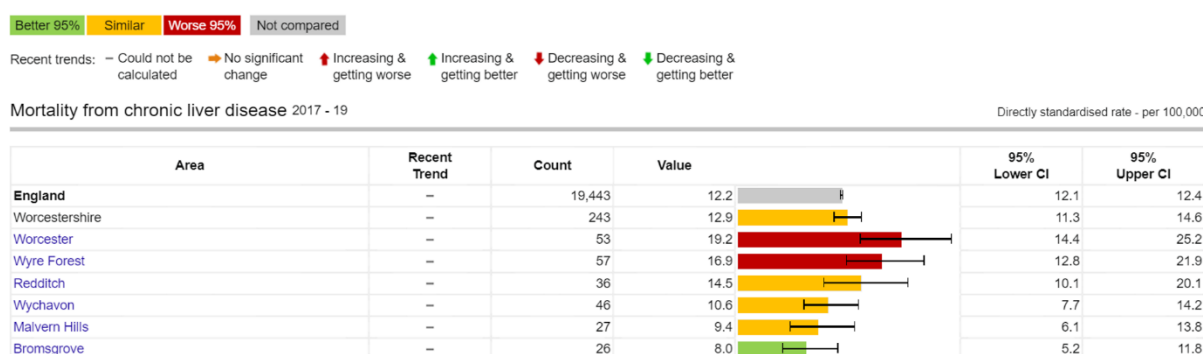
Background

2. Following a discussion during the community safety update report at the Overview and Scrutiny Performance Board on 20 October 2022, an update on drug and alcohol services and local outcomes was added to the Board's Work Programme.
3. Drug and alcohol misuse have the potential to cause increased risk of harm to individuals, those closest to them and wider society. The primary purpose of the drug and alcohol service is to reduce drug and alcohol related harm and promote recovery.
4. Under the Health and Social Care Act (2012), local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. Improving outcomes from Drug and Alcohol treatment services is a requirement of the Public Health Ring Fenced Grant
5. Cranstoun have been commissioned to deliver an integrated Drug and Alcohol specialist treatment service for young people and adults living in Worcestershire. The annual value of the contract is £3,883,536 and is due to end in April 2025. The aim of the service is to reduce drug and alcohol related harm and promote recovery throughout Worcestershire, working together in partnership with service users and stakeholders in the wider health and care system.
6. In recent years central government investment in drugs and alcohol support has resulted in additional funding for services in Worcestershire. This has enabled a new targeted service which supports individuals who are rough sleeping (or at risk of) to access drug and alcohol treatment and wider health and care support. Additional investment will also enable increased service capacity, increased availability of in-patient detox and residential rehab and greater availability of naloxone.
7. In 2020/21, 2,390 adults accessed structured drug and alcohol treatment in Worcestershire. Of those 777 (33%), accessed support for alcohol use conditions with the remaining services receiving support relating to drug use.

- Successful completions from drug and alcohol treatment measure the proportion of service users who have left structured treatment successfully (free of alcohol dependence), who do not then re-present to treatment within 6 months. In 2020¹, 42.4% of Alcohol users successfully completed treatment, significantly better than the England average of 35.3%. In the same year, 5% of opiate users successfully completed treatment, similar to the England average 4.7%. This is one measure of recovery; however it is important to note that the term recovery can mean different things to different people.

Local need

- For many variables, Worcestershire has similar or better outcomes relating to Drugs and Alcohol when compared to England averages. The rate of drug related deaths in Worcestershire is also similar to the national average, however rates have increased in recent years, aligned with the national trend.
- The rate of hospital admissions for alcohol-related conditions in Worcestershire (465 per 100,000) is similar to the national average (456). However, this masks considerable variation across the county. In Redditch and Wyre Forest, rates are significantly worse than the national average, whilst Malvern Hills has a significantly lower rate. In Worcester, Wychavon and Bromsgrove rates are similar to the national average.
- The rate of alcohol related mortality in Worcestershire is 38.1 (per 100,000) which is similar to the national average (37.8) and although the rates vary across the districts, the rates are all similar to the national average. Further, whilst the rate of mortality from chronic liver disease (see image below) in Worcestershire (12.9 per 100,000) is similar to England (12.2) rates again vary considerably across the County. In Worcester (19.2) and Wyre Forest (16.9), rates are significantly worse than England, whilst Bromsgrove has a significantly lower rate. In Redditch, Wychavon and Malvern, rates are similar to the national average.



- Across England, hospital admissions and mortality related to alcohol consumption disproportionately impacts individuals living in the most deprived communities. The alcohol harm paradox is the observation that individuals of a lower socioeconomic status experience the greatest alcohol related harm even though alcohol consumption is often the same or less than those of high

¹ Office for Health Improvement and Disparities (OHID), Public Health Outcomes Framework

socioeconomic status. The causes of this observation are complex, but likely related to differing patterns of consumption and the impact of wider social determinants of health.

Worcestershire Drug and Alcohol Strategy

13. In 2021, Dame Carol Black was commissioned by the Home Office and the Department for Health and Social Care (DHSC) to undertake a two-part independent review of drugs, to inform the government's thinking on what more could be done to tackle the harms that drugs cause. The report outlined key themes for improvement, including increasing access to treatment and recovery services
14. The Government accepted the findings of the review and in 2021 published '[From Harm to Hope](#)' a 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. The strategy has three key strategic priorities, 1) Break Supply Chains; 2) Deliver a world class treatment and recovery system and 3) Achieve a generational shift in demand for drugs.
15. To support the delivery of 'From Harm to Hope' the development of new local 'Combating Drugs Partnerships' (CDP) were mandated. These partnerships bring together local stakeholders to better understand their populations and identify challenges and solutions. CDP's are accountable for delivering the outcomes in the National Outcomes Framework with a named Senior Responsible Officer reporting to central government. The Senior Responsible Officer is West Mercia Police and Crime Commissioner, John Campion.
16. In response to the development outlined above, a Worcestershire Drug and Alcohol Strategy has been co-produced by members of the Substance Misuse Oversight Group (SMOG) and supported by Public Health. The new strategy is aligned with 'From Harm to Hope' and is reflective of local priorities and governance arrangements.
17. Each chapter of the draft strategy has a series of commitments, each designed to improve outcomes for the Worcestershire population. The full (draft) strategy is attached as Appendix 1.
18. The commitments will support the development of an action plan, to be owned and overseen by members of SMOG. Progress against the action plan will be reported to Safer Communities Board (SCB), the Health and Wellbeing Board (HWB) and the CDP as required.

Purpose of the Meeting

19. Members of the Board are asked to:
 - Consider and comment on the development of the Worcestershire Drug and Alcohol strategy and
 - Determine whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Worcestershire Drug and Alcohol draft Strategy

Contact Points

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Background papers

In the opinion of the proper officer (in this case the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer) the following are background papers relating to the subject matter of this report.

[Agenda and Minutes for Overview and Scrutiny Performance Board on Thursday, 20th October, 2022, 10.00 am - Worcestershire County Council \(moderngov.co.uk\)](#)

[All agendas and minutes are available on the Council's website here.](#)



Worcestershire Drug and Alcohol Strategy

2022-2027

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Foreword

The devastating effects of drug and alcohol misuse are well known, not just those who misuse drugs and alcohol but also their families, loved ones, carers, wider communities, services and businesses.

Following the publication of the new Government 10-year plan to combat the harm caused by illegal drugs, the local drug and alcohol partnership board have taken the opportunity to create a new Drug and Alcohol Strategy for the county.

This strategy is a unique opportunity for partners to state their shared ambitions to address drug and alcohol-related crime, death, harm and overall use in Worcestershire. The strategy will act as a vehicle to allow local partners to jointly identify how they will address the priorities set out in this document.

In Worcestershire, we are taking a holistic view of drug and alcohol abuse from prevention, through treatment, to recovery. Supported by existing work identified across the Integrated Care System, this Strategy aims to tackle the issues that lead to drug and alcohol misuse as well as ensuring our residents have access to world-class treatment and recovery services.

Together we can improve people's lives and help them live happier, more prosperous and independent lives.

Councillor Karen May, Cabinet Member with Responsibility for Health and Wellbeing and Chair of Worcestershire's Health and Wellbeing Board



Introduction

DRUG AND ALCOHOL STRATEGY

This document describes the local drug and alcohol partnership's plans for addressing drug and alcohol misuse in Worcestershire.

The Drug and Alcohol Strategy outlines the partnership's approach to delivering commitments across four key priority areas:

PREVENTION – Breaking Supply Chains

PREVENTION – Health and Wellbeing

TREATMENT

RECOVERY

The development of this strategy has been informed by stakeholder engagement and local intelligence on the drug and alcohol needs present in Worcestershire and relevant local, regional and national plans and strategies. It will cover the period from publication until the year 2027 and will be reviewed three years after publication.

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IMPROVING HEALTH AND WELLBEING

This Drug and Alcohol Strategy will support the wider ambitions identified in several key Strategies aimed at improving the health and wellbeing of people who live and work in Worcestershire. This includes Worcestershire's new 10-year Joint Local Health and Wellbeing Strategy (JLHWS) 2022 - 2032, the Integrated Care Strategy and the local Combatting Drugs Partnership (CDP).

Worcestershire's JLHWS sets out the key priority, ambitions and evidence-based approaches to improve health and wellbeing in the County. To ensure alignment, this Drug and Alcohol Strategy is structured around the same underpinning health approaches:

- Wider determinants of health
- Reducing inequalities
- Prevention and early intervention

Herefordshire and Worcestershire's Integrated Care Strategy will build upon existing partnership work that is already focused on achieving improvements in population health outcomes and reducing health inequalities. This will include the work that partners already do in addressing the wider determinants of health, such as the work outlined in this Drug and Alcohol Strategy.

This strategy will also support the work of the Herefordshire and Worcestershire Combatting Drugs Partnership (CDP). The new partnership will be working locally to deliver the Government's strategic priorities including the combatting drugs outcome framework, outlined in the 10-year plan: 'From harm to hope.'

National picture

From Harm to Hope

'From Harm to Hope' is the Government's 10-year plan to combat illegal drugs. The plan sets out how the supply of drugs by criminal gangs will be targeted and how those with a drug addiction will be given a route to a drug free life.

The Government pledges over £3 billion of investment over the next three years to reduce drug-related crime, death, harm and overall drug use.

National and local partners will focus on delivering three strategic priorities:

1. Break drug supply chains – Home Office and Ministry of Justice
2. Deliver a world-class treatment and recovery system – Department of Health and Social Care, Ministry of Justice, Department for Levelling Up, Housing and Communities, and the Department for Work and Pensions
- Achieve a generational shift in demand for drugs – Home Office, Department for Education, Department of Health and Social Care, Ministry of Justice, Department for Culture, Media and Sport, Department for Levelling Up Housing and Communities

Local picture

POPULATION, OVERVIEW

- Overall, Worcestershire is not seen as a deprived area compared to England as a whole. However, there are still almost 28,000 residents who live in one of the top 10% of deprived areas in the country.
- There are 18 LSOA's in Worcestershire that are in the top 10% most deprived areas in England, and 74 LSOA's in the county within the top 30% most deprived areas in England. Almost 5% of the Worcestershire population are living in LSOA's that are within the top 10% most deprived areas in England, whilst just over 20% are living in places categorised as being within the top 30% most deprived areas in England.
- Worcestershire is a two-tier authority, including the County Council and six district councils. Its population in 2021 was 605,437 forecast to grow by 5.5% to 638,786 in 2030. Of the six Worcestershire districts, Wychavon has the largest proportion of the population (22%) and Malvern Hills the smallest (13.5%).
- The proportion of under 20s across the county is (21%) – highest in Redditch (24%) – and the proportion of over 65s is 23% – highest in Malvern (28%). The total population is forecast to increase by 5.5% by 2030. Over the same period, over 65s are forecast to increase significantly, e.g., over 85s by 35%.

All population data is available from the Worcestershire Insights website. See bibliography for specific reference.

DRUG AND ALCOHOL RELATED HEALTH NEEDS

DRUG AND ALCOHOL USE, UNMET NEED

- In 2016-17 (the last estimate), 1,764 adults in Worcestershire were estimated to be crack users, 2118 opiate and 2,298 both (OCU). The rate of unmet need for OCU was 46%, lower than England, 53%.
- In 2018, 5,321 adults in Worcestershire were estimated to be alcohol dependent; 1,029 (alcohol only and alcohol and non-opiate) were engaged in treatment meaning 4,292 (81%) dependent drinkers' needs were unmet, the same as England. In 202-21, the proportion of dependent drinkers not in treatment was the same, 81%.

IMPACT ON FAMILIES

- In 2014-15, the estimated number of adults with opiate dependence living with children in Worcestershire was 745. The unmet treatment need for 2020 was estimated at 66%, worse than England, 58%. The number of children living with drug users entering treatment, for Worcestershire and England, 2020-21 was 251.
- In 2018-19, the estimated number of alcohol dependent adults living with children was 1,131. Unmet need was estimated at 76% compared to 79% for England.

MORTALITY

- In 2018-20 there were 69 drug misuse deaths in Worcestershire. Age-standardised mortality rate from drug misuse per 100,000 population in Worcestershire is 4.2 per 100,000, below the national average of 5.3 per 100,000.
- In 2020, alcohol-related mortality was 38 per 100,000 in Worcestershire compared to 42 for West Midlands and 37 per 100,000 for England. In 2017-19, the directly age-standardised rate for alcohol-specific mortality in Worcestershire was 10.6 per 100,000; England was 10.9. Mortality from chronic liver disease was 12.7, slightly higher than England, 12.

HOSPITAL ADMISSIONS

- In 2020-21, there were 283 adult hospital admissions for drug poisoning in Worcestershire; the local rate was 47 per 100,000 compared to a national rate of 50. In 2017-20, the directly standardised rate of admission for young people (15-24 year olds) due to drug misuse was 56 per 1000, lower than England, 85 per 100,000.
- In 2020-21 the rate of admission episodes for alcohol specific episodes for all ages in Worcestershire was 473 per 100,000 compared to 587 per 100,000 for England. For adult admissions to hospital for alcohol-specific conditions in Worcestershire in 2019-20, the directly standardised rate was 487 per 100,000, lower than the national average of 644 per 100,000.

TREATMENT

- In 2021-22 a total of 2,586 people were engaged in treatment for alcohol and/or drug dependency in Worcestershire, including 28 young people (under 18).
- On 31.3.22 the number of adults with a drug and/or alcohol treatment need who successfully engage with community-based structured treatment following release from prison was 25%, lower than England, 37%. Government has set a national target of 75%.
- In 2020-21, of the number of adults engaged in drug treatment who self-reported their housing status, 15% had a housing or urgent housing problem.

All data is latest available and taken from OHID Fingertips and the National Drug Treatment Monitoring System (NDTMS). See full bibliography for specific references.

Current Provision

In Worcestershire the drug and alcohol treatment system consists of evidence-based provision related to prevention, treatment and recovery, as detailed in the graphic below.

Treatment service approaches include, but are not limited to GP shared care, delivery of psychosocial interventions, opiate substitution therapy. These approaches are complemented by harm reduction initiatives including needle exchange, blood borne virus testing and various targeted rough sleeping and recovery initiatives.



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Strategic Priorities

The overall aim of this strategy is to reduce drug and/or alcohol-related crime, death, harm and overall use in Worcestershire.

To achieve this aim, we have identified four key strategic priorities that are detailed below. Included under each priority are commitments that demonstrate how we, as a partnership, plan to meet the overall aims of this strategy. These commitments will be taken forward into a joint action plan that will be owned and monitored by the local partnership board. The priorities and their commitments are for everyone irrespective of gender, sex, age, disability, ethnicity, sexual orientation, or religion, and recognising intersectionality of these characteristics.

SMOG PARTNERSHIP COMMITMENTS

- Partnerships and governance, assessment of need, integrated approach, high quality treatment

PREVENTION - Breaking Supply chains

- Aligning with the relevant regional and national criminal justice policies
- Supporting the delivery of the West Mercia Police Force Drugs Delivery Plan 2022 – 2024

PREVENTION – Health & Wellbeing

- **Primary prevention**
Taking actions to prevent problems before they happen
- **Secondary prevention**
Taking actions to reduce the impact of problems at the earliest possible stage
- **Tertiary prevention**
Taking actions to soften the impact of ongoing problems to improve people's quality of life

TREATMENT

- **Treatment options**
World class treatment provision
- **Treatment access**
Improve the routes into services
- **Treatment exit**
Develop in-patient community detoxification services
- **Young People**
Ensuring appropriate services in place for young people

RECOVERY

- **Recovery Orientated System of Care**
Ambition for every person who enters treatment to recover and live a life independent of services
- **Jobs**
Continue to develop the responses of employment services
- **Homes**
Ensure that people's ability to engage in treatment is not hampered by their need for support with accommodation
- **Friends**
We will ensure the availability of peer-based recovery services

Key Priority 1 – PREVENTION: Breaking Supply Chains

We will target all stages of the drug supply chain in Worcestershire.

It is the aim of the partnership that within the lifetime of this strategy, Worcestershire will be a significantly harder place for organised crime gangs to operate. In Worcestershire, we will build on the national and regional initiatives attacking all stages of the drug supply chain. This will have a positive effect on the associated impacts of drug dealing – violence, exploitation, and imprisonment.

In pursuing this priority, the partnership will align itself with the West Mercia Police's 'Force Drugs Delivery Plan' 2021-24 (See Appendix), which details how the police and their partners – the National Crime Agency, the Regional Organised Crime Unit, British Transport Police, and Her Majesties Prison and Probation Service – will reduce the harms associated to the supply of illicit drugs. In Worcestershire, the impact of illicit drugs impacts numerous vulnerable groups, including children.

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COMMITMENTS - PREVENTION: Breaking Supply Chains

COMMITMENT 1

The partnership will work with key national and regional partners and groups to reduce the harm associated to the supply of illicit drugs in Worcestershire and work collectively to deliver the West Mercia Police Force Drugs Delivery Plan 2021-24

COMMITMENT 2

The partnership will work with key national and regional partners and groups to reduce the harm associated to the supply of illicit drugs in Worcestershire and work collectively to deliver the West Mercia Police Force Drugs Delivery Plan 2021-24

COMMITMENT 3

The partnership will work with local enforcement officers to ensure that those shops and establishments who engage in the sale of alcohol and tobacco to those who are underaged, face punitive measures.



Key Priority 2 – PREVENTION: Health and Wellbeing

We will aim to increase our focus on all types of prevention and early intervention to achieve a safer and healthier environment for all.

In Worcestershire, we will consider primary, secondary, and tertiary prevention approaches. We will take an evidence informed approach to activities aimed at reducing the number of people drinking alcohol to harmful levels, taking drugs, or drawn towards drugs. This approach will ultimately contribute towards creating a safer and healthier environment for all.

As a partnership, we state a desire to reduce the rise in the use of recreational drugs, such as powder cocaine and ecstasy. In the county, we will use the latest evidence-based practice to encourage people to change their attitudes and behaviour by making sure that the significant risks and harms - to themselves and others - involved with drug use are fully promoted to drug users.

We aim to increase preventative activity amongst children and young people to reduce the likelihood that they will start drinking alcohol or taking drugs. This will involve a response from the local partnership board but also ensuring that universal initiatives that address the risk factors associated with childhood drug and alcohol use are promoted.

The factors that increase childhood risk for drug and alcohol use are also related to poor academic performance, mental health problems and harm to self and others. As a partnership, we will promote and advocate for non-drug focussed prevention programmes and services that address the risk factors associated with childhood drug and alcohol use. These risk factors include chaotic, unrewarding environments, unremitting stress, social exclusion, and individual risk factors such as having difficulty managing emotions, coping with challenges, and exercising behavioural self-control (DHSC, 2021).

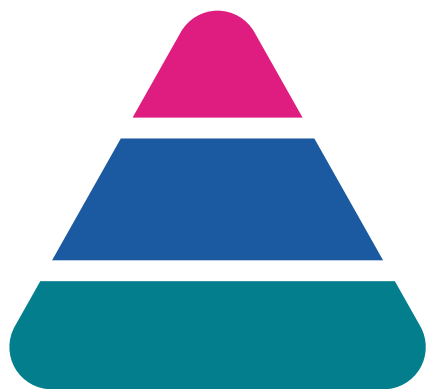
As a partnership, we recognise that improving outcomes in relation to drug and alcohol use does not sit within the partnership board alone. We will endeavour to actively represent the partnership board and its aims on the relevant boards within Worcestershire. This will include building on the desire of the Health and Wellbeing Board to improve the mental health of the population of Worcestershire.

Harm reduction continues to be a key part of our approach to helping those with drug and alcohol use needs. We will continue to develop our naloxone programme and our needle exchange programmes to ensure they are more visible and available to all who need them. The programme will be aimed at staff and peer champions.

Delay: taking action to support individuals and families to manage long term health needs, preventing complications and improve, as much as possible, people's quality of life. For example, rehabilitation programmes to support people with a mental health condition to return to or stay in work.

Reduce: taking action to reduce the impact of problems at the earliest possible stage. Stop them getting worse and/or targeting actions at groups who have an increased risk of developing needs. For example taking measures to reduce high blood pressure, support for families affected by substance misuse.

Prevent: taking action to prevent problems and reduce risk before they even happen across the whole population. For example, vaccination programmes or supporting people to make healthier choices through education programmes about healthy eating and being active.



HEALTH AND WELLBEING COMMITMENTS

COMMITMENT 1

We will consider the latest evidence-based practice to encourage people to change their attitudes and behaviour by making sure that the significant risks and harms - to themselves and others - involved with drug and alcohol use are fully promoted to drug and alcohol users. This will include reviewing the delivery of drug focused prevention programme in schools, in alignment with RSE guidance. Where appropriate, there should be explicit mention in school's RSE policies as to how needs relating to drug and alcohol use are addressed.

COMMITMENT 2

As a partnership, we will work strategically to ensure that the aims and priorities of the partnership are represented at other partnership boards within Worcestershire. This includes but is not limited to the Health and Wellbeing Board and Combatting Drugs Partnership.

COMMITMENT 3

The partnership commits to all prevention work being monitored and evaluated in a way that promotes continuous improvement.

COMMITMENT 4

We commit to a partnership approach to the drug and alcohol component of school's RSE policies and programmes. This can include but is not limited to joint development of RSE programmes, outreach work in schools to deliver parts of RSE programmes, and training and upskilling of teachers in relation to drug and alcohol issues. To build resilience amongst young people, we will promote and advocate for non-drug focused programmes that address the risk factors associated with childhood drug, alcohol, and tobacco use.

COMMITMENT 5

We will support primary care networks, neighbourhood teams and district collaboratives so that they can offer brief interventions to service users/ patients on drug and alcohol related concerns, including the Alcohol AUDIT screen

COMMITMENT 6

As a partnership, we will increase our work with key vulnerable groups such as looked after children, and care leavers. We will use the latest data and guidance to develop our support for vulnerable groups

COMMITMENT 7

We will increase the availability and visibility of naloxone through providing more peer naloxone training and training for appropriate staff. We will increase the availability of our needle exchange offering through working closely with providers, such as pharmacies. Further develop a digital drug and alcohol offer

COMMITMENT 8

We will continue to investigate the reasons behind drug and alcohol-related deaths in the county and work towards reducing them.

Key Priority 3 – TREATMENT

We will build on our existing high-quality treatment services to ensure that there are a full range of services that meet the needs of the local population.

As a partnership, we are committed to improving the quality of treatment services. We will increase the drug and alcohol service workforce within the county and reduce the caseloads held by caseworkers. We will aim to increase the skills and professional mix of the workforce. We will also build on our existing services and ensure that there is a full range of evidenced based harm reduction and treatment services in place to meet the needs of the local population.

We recognise the recurring problems of people cycling in and out of prison without achieving rehabilitation or recovery. As a partnership, we support the use of police diversions and community sentences with treatment as an alternative to custody. We will monitor additional demand for treatment places and strive to ensure that there are treatment places to accommodate this demand.

As a partnership, we wish to improve the experience of treatment services for prisoners with drug or alcohol needs. We wish to ensure that those with a drug dependence are helped to continue with drug treatment in the community as soon as possible. It is known that for those with a drug need, the period immediately after release from prison is challenging. There can be a high risk of overdose and reoffending. To improve outcomes for those leaving prison, all partners will need to work closely together to ensure that those with a drug dependence access and receive treatment in the community.

We understand how important psychosocial interventions are for those with a drug problem, and particularly for those with a non-opioid need for whom there are no effective pharmacological interventions. We want to ensure that there are flexible psychosocial interventions available that meet the needs of all those with a drug problem, including crack cocaine users, people who use image or performance enhancing drugs or people engaging in chemsex.

Nationally, there has been an increase in drug use among children. This increase is seen across a wide range of substances and socio-economic groups. It is also alarming that there is widespread involvement of vulnerable children and young people in drug supply, often through 'county lines'. As a partnership, it is necessary for us to build on our existing services and ensure that there are appropriate interventions in place for young people with treatment requirements. This includes meeting multiple needs including poor mental health, self-harm, and sometimes criminal or sexual exploitation.



TREATMENT COMMITMENTS

COMMITMENT 1

As a partnership, we aim to ensure that there is a full range of evidenced based treatment services in place to meet the needs of the local population. We will increase the engagement with and strive to improve the experience of treatment services for prisoners with drug and alcohol needs. This approach will be extended to the wider criminal justice system including those on community sentences.

COMMITMENT 2

We will engage with people with lived experience to strengthen our pathways into treatment services and the services themselves.

COMMITMENT 3

We commit to enhancing the quality of treatment provision by reviewing our workforce plan, with a view to reducing caseloads of practitioners, increasing our drug and alcohol workforce, and increasing the skills and professional mix of our workforce.

COMMITMENT 4

As a partnership, we will promote the use of police diversions and community sentences with treatment as an alternative to custody. We will monitor additional demand for treatment places and strive to ensure that there are treatment places to accommodate this demand.

COMMITMENT 5

We want to ensure that there are flexible psychosocial interventions available that meet the needs of all those with a drug or alcohol problem, including those with non-opioid problems such as crack cocaine users, people who use image or performance enhancing drugs or people engaging in chemsex.

COMMITMENT 6

We will continue to develop our aftercare provision for those who exit treatment.

COMMITMENT 7

We will continue to develop our response for those who require inpatient detoxification and residential rehabilitation. This will include regional commissioning of services, where appropriate.

COMMITMENT 8

We will continue to strengthen partnership working for adults and young people with co-occurring mental health and drug or alcohol conditions.

COMMITMENT 9

We will further develop opportunities for brief interventions and co-ordinated support for people who are admitted to hospital with a drug and/or alcohol use related condition. This will include further increasing the use of the AUDIT-C screening tool and enabling communication with community services following patient discharge.

YOUNG PEOPLE COMMITMENTS

COMMITMENT 10

We will build on our existing services and ensure that there are appropriate services in place for young people with treatment requirements. This includes meeting multiple needs including poor mental health, self-harm, and sometimes criminal or sexual exploitation.

COMMITMENT 11

We will continue to review services for children and young people affected by parents who misuse drugs or alcohol and ensure quality service delivery.

COMMITMENT 12

Our training offer will include training and upskilling programmes for partners in relation to identifying children and young people affected by drugs or alcohol.

Key Priority 4 - RECOVERY

In Worcestershire, we will work as a partnership to continue to develop our recovery model so that there is a county wide offer of world class recovery support.

The process of reaching recovery takes time to achieve, and effort to maintain. In Worcestershire, we will work towards achieving a Recovery-Orientated System of Care (ROSC). The UK government's Drug Recovery Champion stated that the creation of a ROSC offers the best chance for helping people to move on from drug dependence. At its best, ROSC is built on person-centred services and supports multiple non-linear pathways to recovery.

In Worcestershire, we will build on our current recovery services which see those with lived experience of drug dependence working as recovery champions and recovery coaches. We would like there to be networks of peer-based recovery support, communities of recovery, and mutual aid groups available in areas of need across the county.

RECOVERY COMMITMENTS

COMMITMENT 1

The partnership will actively engage, promote, and enable recovery-oriented systems of care (ROSC) so that there is a hope and ambition for every person who enters treatment to recover and live a life independent of services.

COMMITMENT 2

We will work to ensure that those with a drug and alcohol problem have equitable access to health services. This includes support address mental health and physical needs of services users .

JOBS, HOMES AND FRIENDS COMMITMENTS

COMMITMENT 3

We will continue to explore opportunities for people in recovery to access meaningful activities. This includes employment support, volunteering and peer support opportunities.

COMMITMENT 4

We will continue to develop our response to those with drug or alcohol problems and ensure that people's ability to engage in treatment is not hampered by their need for support with housing.

COMMITMENT 5

We will ensure that peer-based recovery support services and communities of recovery are linked to and embedded in Worcestershire's drug and alcohol treatment system.



Delivering the Strategy

PARTNERSHIP AND GOVERNANCE

This strategy is the overarching document that demonstrates a collective understanding and commitment from local partnership members to address drug and alcohol use across Worcestershire. Accountability for this strategy sits with the local partnership board. This strategy will be supported by a joint action plan agreed to and championed by each partner within the partnership.

The action plan will be directly linked to our identified priorities and commitments, with progress measured against an outcomes framework linking to the CDP framework. Below this, each partner will choose whether to develop bespoke, or adopt existing individual action plans to capture the actions that they as an organisation will have responsibility for. The local partnership board will oversee the action plans arising from this strategy.

Feedback from those who use interventions and services will form a vital part of service development, our commissioning which includes joint commissioned activity with the key partners, and our monitoring procedures. We will work to ensure that the voice of those with lived experience of drug and alcohol issues informs and continually improves our provision.

The local partnership board will provide annual monitoring reports to the Worcestershire Safer Communities Board, setting out progress against our priorities and identified outcomes. The strategy and joint action plan will be regularly reviewed by the board.

Delivery of this Strategy will require sustained commitment from all partners, if we are to continue to make a measurable difference to the lives of those impacted by drug and alcohol use. We are focused on delivering real change, strengthening the coordination of services, learning from the latest research, and continuing to develop and respond to the needs of our community.

LOCAL PARTNERSHIP BOARD MEMBERS

- Cranstoun
- Cranstoun Here 4YOUth
- Public Health, Worcs. CC
- WCC Adult Social Care
- North Worcs. CSP
- South Worcs. CSP
- West Mercia Office of the PCC
- West Mercia Police
- Herefordshire & Worcestershire ICB
- Herefordshire & Worcestershire Health and Care NHS Trust (MH)
- NHS England Liaison and Diversion
- Worcs. Children First
- National Probation Service, West Mercia
- OHID
- DWP
- People with lived experience
- Worcs. Acute Hospitals NHS Trust

PARTNERSHIP COMMITMENTS

In addition to the commitments attached to the four priorities, we have created a set of partnership commitments that will inform all areas of our work as a partnership. They are informed by the National Commissioning Quality Standard (CQS) for drug and alcohol treatment and recovery and supported by all partners.

COMMITMENT 1

We commit to ensuring that the local partnership board includes all relevant local members detailed in the draft CQS. The board will run regularly and be accompanied by joint delivery and commissioning plans. Partners, including those with lived experience, must ensure that their organisational approaches align, incorporate, and complement the partnership's activity to reduce drug and alcohol harm, and opportunities to jointly commission services are pursued where appropriate. Above all, there should be a strategic and collaborative relationship with alcohol and drug treatment providers.

COMMITMENT 2

The partnership ensures there is sufficient strategic and commissioning capacity to coordinate partnership delivery, and that commissioners and coordinators are supported to develop and maintain specialist knowledge of problem alcohol and drug use. Representatives from the local partnership board will display an active involvement in other relevant strategic groups and feed back to the partnership.

COMMITMENT 3

The local partnership board will ensure that performance is regularly reviewed against agreed outcomes and appropriate actions are taken. The board will identify, agree, and publicise its priorities and develop mechanisms to monitor and report on progress.

COMMITMENT 4

The board will ensure that it has a sufficient and shared understanding of local need, including the experiences of diverse and protected populations.



Glossary

CCG	Clinical Commissioning Group
CDP	Combatting Drugs Partnership
CQS	Commissioning Quality Standards
CSP	Community Safety Partnership
DLUHC	Department for Levelling Up, Housing and Communities (formerly MHCLG)
IPS	Individual Placement and Support
MHCLG	Ministry for Housing, Communities, and Local Government
OHID	Office for Health Improvement & Disparities
ROSC	Recovery Orientated Systems of Care
RSE	Relationships and Sex Education
SMOG	Substance Misuse Oversight Group

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Appendix

WEST MERCIA POLICE FORCE DRUGS DELIVERY PLAN 2021-24

Force Drugs Delivery Plan 2021-24

Work with our local partners, NCA, ROCU, BTP and Prisons Establishment to reduce the harm associated to the supply of illicit drugs



PURSUE

- Resource drugs expert witness and proactive investigation assets proportionate to the demand
- Seek to expedite PWITS and drugs conspiracy investigations
- Seek to recover financial assets from those convicted of PWITS and drugs conspiracy investigations

PREPARE

- Develop and maintain a current market profile to understand the Force's picture of demand, dependency and consumption
- Embed partnership pathways for referrals and diversion
- Develop a structured CPD process for Drug expert witnesses thus ensuring continued credibility of status
- Identify and disseminate relevant learning throughout the organisation

PROTECT

- Seek to engage and align with regional and national campaigns targeting illicit drugs supply (examples - County Line Intensification Weeks and Naloxone capability & Government 10yr Drugs Strategy "From Harm to Hope")
- Work with partners and 3rd sector organisations to identify online opportunities that reduce risk

PREVENT

- Have in place early warning mechanisms to identify emerging trends and risks
- Develop and promote education opportunities with children and young persons
- In conjunction with PCC's office, Partners & 3rd sector organisations develop, implement and maintain diversionary schemes
- Utilise out of court disposals where appropriate to educate, rehabilitate and prevent further offending
- Drugs testing on arrest

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OVERVIEW AND SCRUTINY PERFORMANCE BOARD 30 JANUARY 2023

SCRUTINY CHAIRMEN (AND LEAD MEMBER) UPDATE, WORK PROGRAMME AND CABINET FORWARD PLAN

Summary

1. Members of the Overview and Scrutiny Performance Board (the Board) are asked to provide feedback on the work within their Scrutiny remit, Panels and Task Groups. This should include suggestions for Work Programmes and items to be considered from the latest Cabinet Forward Plan.

Member Updates

2. In order to ensure that Members of the Board are fully informed about issues relating to scrutiny in Worcestershire, communication between Members is essential.
3. Members of the Board are therefore invited to feedback on recent Scrutiny meetings (including performance and budget monitoring), Task Groups and emerging issues and developments within their remit. Regard for the Council's statutory requirements in relation to access to information will be critical.
4. Board Members' areas of responsibility are as follows:
 - Adult Care and Well Being Overview and Scrutiny Panel – Shirley Webb
 - Children and Families Overview and Scrutiny Panel – Steve Mackay
 - Corporate and Communities Overview and Scrutiny Panel – Emma Stokes
 - Economy Overview and Scrutiny Panel – Matt Dormer
 - Environment Overview and Scrutiny Panel – Alastair Adams
 - Health Overview and Scrutiny Committee (HOSC) – Brandon Clayton
 - Crime and Disorder – Richard Udall
5. To assist in their role, scrutiny lead members have the benefit of regular briefings from the Directorates they are shadowing, something which was put into place by the Strategic Leadership Team (SLT). These briefings, alongside the Forward Plan (see below), can be used to help identify any emerging issues that may be appropriate for future scrutiny. Recognising that work across the County Council is of interest and value to all Board members, the notes from these briefings (where produced) are available to all members electronically.

Work Programme

6. From time to time the Board will review its work programme and consider which issues should be investigated as a priority.

7. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny, which is agreed by Council on an annual basis. The last programme was agreed on 14 July 2022.
8. The Board is asked to consider its 2023 Work Programme (attached at Appendix 1) and agree whether any amendments are needed.
9. The main responsibilities of the Board are:
 - Commissioning work for Scrutiny Panels
 - Establishing Scrutiny Task Groups (agreeing Terms of reference and Reports)
 - Advising on Council's Policy Framework ie Sustainable Community Strategy (if any), Corporate Plan, Children and Young People's Plan, Local Transport Plan, Youth Justice Plan, 'Act Local in Worcestershire' framework, such other plans and strategies as required by law to form part of the Policy Framework or which may be and have been adopted to be part of that Framework eg Corporate Plan, Budget
 - Call-ins
 - Designated by the Council as its statutory Crime and Disorder Committee and must meet at least annually.
10. The Board agreed to use a set of criteria (listed below) to help determine its scrutiny programme. A topic does not need to meet all of these criteria to be scrutinised, but they are intended as a guide for prioritisation.
 - Is the issue a priority area for the Council?
 - Is it a key issue for local people?
 - Will it be practicable to implement the outcomes of the scrutiny?
 - Are improvements for local people likely?
 - Does it examine a poor performing service?
 - Will it result in improvements to the way the Council operates?
 - Is it related to new Government guidance or legislation?

Cabinet Forward Plan

11. The Board will wish to consider any issues arising from the Council's Forward Plan. The latest version of the Plan available at the time of Agenda despatch is (attached at Appendix 2 (to follow)) for consideration.

Purpose of the Meeting

12. Members of the Board are asked to feedback on:
 - the work within their Scrutiny remit, Panels and Task Groups;
 - key issues from the Directorate that may be appropriate for future scrutiny;
 - performance information they have queries or concerns about;
 - any issues to be added to the Work Programme;
 - items in the Forward Plan which they consider may be possible issues to scrutinise; and
 - any other issue which they feel is relevant/of interest to the OSPB.

Supporting Information

- Appendix 1: OSPB 2022 Work Programme
- Appendix 2: Forward Plan [Forward Plan 2022](#)

Contact Point for the Report

Samantha Morris, Overview and Scrutiny Manager - Tel: 01905 844963
Email: sjmorris@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Democratic Governance and Scrutiny Manager) there are no background papers relating to the subject matter of this report:

[All agendas and minutes are available on the Council's website.](#)

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Overview and Scrutiny Performance Board – 2022/23 Work Programme

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
30 January 2023	Budget Scrutiny		
	Drugs and Alcohol Strategy		
	Scrutiny Chairmen (and Lead Member) Update, Work Programme and Cabinet Forward Plan		
27 February 2023	Member Substitution at Scrutiny meetings		
	Draft Scrutiny Report: Developer-Funded Highways Infrastructure and Section 278 Technical Approval	19 November 2020	Task Group started October 2021
	Draft Scrutiny Report: Children and Adolescent Mental Health Services (CAMHS)	10 December 2019	Task Group started December 2021
	Scrutiny Chairmen (and Lead Member) Update, Work Programme and Cabinet Forward Plan		
29 March 2023	Update on the Worcestershire Response To Invasion of Ukraine	23 March 2022 26 April 2022 29 September 2022	
	Scrutiny Chairmen (and Lead Member) Update, Work Programme and Cabinet Forward Plan		
27 April 2023	Review of the Overview and Scrutiny Work Programme	30 September 2021 29 June 2022	To be endorsed by Council in May 2023
	Scrutiny Chairmen (and Lead Member) Update, Work Programme and Cabinet Forward Plan		

Date of Meeting	Agenda Item(s)	Date of Last Report	Notes/Follow-up Action
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Possible Future Items			
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26 June 2023	Update on the 2022-27 Corporate Plan		
TBC	Update on the relocation of Redditch Library	25 October 2022	
TBC	Draft Scrutiny Report: Education, Health and Care Plans (EHCPs)		
TBC	Draft Scrutiny Report: Elective Home Education	10 December 2019	Scrutiny Task Group paused due to COVID-19
TBC	Crime and Disorder - Safety of Worcestershire Parks and open spaces (Crime and Disorder)		Suggested at 30 September 2021 Meeting
TBC	Income Generation		Suggested at 17 March 2020 meeting
TBC	Update on Trading Standards (including reporting mechanisms)		Suggested at 22 July 2020 meeting

Standing Items			
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Each meeting	Scrutiny Chairmen (and Lead Member) Update, Work Programme and Cabinet Forward Plan (including Quarterly Performance and In-Year Budget Monitoring - Feedback from Scrutiny Panels where appropriate)	Each meeting	
November – January (as appropriate)	Budget Scrutiny	Annually	

Date of Meeting	Agenda Item(s)	Date of Last Report	Notes/Follow-up Action
April	Review of Overview and Scrutiny Work Programme	Annually	To be endorsed by Council in May
October	Annual Crime and Disorder Meeting	20 October 2022	
September	Annual Update from Worcestershire Local Enterprise Partnership (LEP)	29 September 2022	
As necessary	Call-ins		
As necessary	Commissioning work for Scrutiny Panels		
As necessary	Establishing Scrutiny Task Groups (agreeing Terms of reference and Reports)		
As necessary	Advising on Council's Policy Framework ie Sustainable Community Strategy (if any), Corporate Plan, Children and Young People's Plan, Local Transport Plan, Youth Justice Plan, 'Act Local in Worcestershire' framework, such other plans and strategies as required by law to form part of the Policy Framework		

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