City and Hackney Combating Drugs Partnership:

Drug-Related Death Review Panel

Terms of Reference

---

1. Background

1.1. On 22 May 2023 Central Government published the National Combating Drugs Outcomes Framework Supporting metrics and technical guidance as part of its ten year drug strategy.

1.2. One of the key strategic outcomes is to **reduce drug-related deaths and avoidable deaths of drug users in treatment.**

1.3. Local authorities are expected to help meet this national target and have been directed by the Central Government to operate 'combating drugs partnerships' (CDPs).

1.4. CDPs provide strategic focus, helping to develop and embed best practice approaches to minimising the harms of drug use.

1.5. DRDs in the London Borough of Hackney (LBH) have risen by 50% between 2021 and 2022. DRDs have also increased in the City of London (CoL), but remain low, comparatively.

1.6. Drug-related death review panels are seen as best practice in assessing trends and formulating both strategic and operational responses in relation to DRDs.

1.7. A Drug-Related Death Review (DRDR) Panel consisting of multi-agency stakeholders will enable immediate and confidential reflection and expert consultation on individual cases following a death caused directly by drug use. Information and recommendations stemming from this panel will enhance the DADU working group's efforts to implement and monitor actions and developments for partners to help ensure best practice to reduce avoidable deaths of people who use drugs.

2. Purpose

2.1. The purposes of the DRDR Panel are to:

- Conduct multidisciplinary, multi-agency reviews of available information about deaths suspected to be directly attributable to drug use;
- Identify points of contact between deceased individuals and healthcare, social services, criminal justice, and other systems;

- Identify the specific factors that put individuals at increased risk for drug-related harms, including death;
- Improve coordination and collaboration between member agencies/entities that investigate drug-related deaths and provide services to individuals who use drugs;
- Make recommendations to the DADU working group for changes to agency policies and procedures, partnership work, and strategic priorities of LBH to further the development of drug-related death prevention initiatives;
- Advise key local and national stakeholders, including coroners, the Office of Health Improvement and Disparities (OHID), and Central Government on findings to enhance the national response to drug-related deaths; and
- Inform key public health and public safety partners about suspected high-harm substances needing attention of the Local Drug Information System (LDIS).

3. Membership

3.1. The meeting will be chaired by the Substance Use Operational Delivery & Development Coordinator for City and Hackney Public Health, who may deputise to another member of the substance use team, when necessary.

3.2. The standing membership of the DRDR Panel will include:

- Substance Use Operational Delivery & Development Coordinator for City and Hackney Public Health (chair)
- City and Hackney Recovery Service (Turning Point) Quality & Governance Manager
- Metropolitan Police Central East BCU - Lead ADDER officers
- City of London Police representative
- London Ambulance Service representative
- Homerton Accident & Emergency representative
- City and Hackney Probation Delivery Unit representative
- Adult Social Care representative
- East London Foundation Trust representative
- North London Coroner’s office representative

3.3. The DRDR Panel may request the presence of other individuals who possess information relevant to the cases being discussed at specific meetings. Invited individuals must sign a Confidentiality Agreement.

4. Procedure

4.1. Two meetings will be held following the notification of the death of an individual in LBH or CoL which is suspected to be directly related to drug use, either from intentional or unintentional overdose or misadventure by drug use.

4.2. The first meeting (Rapid Meeting) will be conducted within 24-48 hours following the notification of a DRD in LBH or CoL. The purpose of this meeting will be to convene stakeholders involved in the initial discovery and notification of the decedent to ascertain suspected involvement of high-harm substances needing the attention of the LDIS panel.

- In the event that it is not possible to meet, intelligence and information will be shared through email.
- Following the meeting, the DRDR Panel chair will pass any information relevant to the LDIS onto the LDIS coordinator.

4.3. The second meeting (Panel Meeting) will be held monthly on the fourth week of each month to discuss all DRDs that occurred in LBH or CoL during the previous months.

4.4. Meetings will be no more than 2 hours.

4.5. Meetings will be closed to the public.

4.6. Immediately following notification of a DRD, the DRDR Panel chair will:

- Create a case record for the new decedent in the secure data repository.
- Convene individuals involved in the discovery and notification of DRD for a Rapid Meeting.
- Disseminate any information obtained about the circumstances of the DRD, including information of suspected high-harm substances in circulation, to the LDIS coordinator.
- Send a confidential email to all standing DRDR Panel members to: alert them of the death, schedule a time within 3 weeks for the DRDP to convene to review the death, and request any information that DRDR Panel members may have about the decedent's interactions with services.

4.7. Two weeks before the Panel Meeting, the DRDR Panel chair will:

- Send the Panel Meeting agenda to all invited individuals
- Send a confidential email to all invited individuals summarising the information gathered by the chair about the decedent
- Invite standing members and invited members to attend the meeting

4.8. One week before the Panel Meeting, the DRDR Panel Members will: Within 1 weeks following the notification of a DRD, the DRD Panel chair will:

- Send the Chair relevant service-level information regarding the cases to be discussed at the Panel Meeting
- Send signed confidentiality agreements to the Chaire

4.9. The meeting agenda will be structured as follows:

- Reminder of meeting goals and ground rules
- Summary of decedent's case
- Report-outs from panel members to develop timeline
- Group discussion to clarify case timeline and risk factors
- Formulation of recommendations to propose to the DADU working group
- Summary and adjournment

4.10. Within 1 week of a DRDR Panel meeting, the chair will:

- Disseminate meeting minutes to all invited members
- Update the decedent's case record in the data repository
- Coordinate any action items stemming from meetings
- Discuss panel recommendations with the chair of the DADU working group

5. Roles & Responsibilities

5.1. The DRDR Panel chair will be responsible for:

- Facilitating DRDR Panel meetings and Rapid Meetings
- Recruiting DRDR Panel members
- Orienting new DRDR Panel members
- Maintaining appropriate Confidentiality Agreements with DRDR Panel members and invited individuals
- Obtaining and sharing case information with DRDR Panel members

- Reviewing data and reports from DRDR Panel meetings
- Drafting DRDR Panel meeting agendas
- Delegating one DRDR Panel member (typically other Public Health Operational Coordinator) to take minutes
- Managing meeting logistics
- Updating the LDIS Coordinator of any information related to potential high-harm substances suspected to be in circulation
- Updating the DADU working group and DADU working group chair of data and recommendations stemming from the DRDR Panel meetings
- Coordinating progress on action items following meetings
- Maintaining appropriate information on cases in the data repository
- Drafting formal recommendations for presentation to DADU working group

5.2. DRDR Panel members and invited individuals will be responsible for:

- Disclosing any potential conflicts of interest related to case discussions
- Providing the DRDR Panel chair with information on cases when requested in advance of meetings
- Attending DRDR Panel meetings and contributing to discussions during meetings to enhance understanding of the risk factors associated with DRD and develop recommendations
- Carrying out any relevant action items resulting from meetings

6. Data Collection Information Sharing

6.1. Data concerning individuals who have passed away present no GDPR concerns, but in order to respect the ongoing dignity of individuals, all standing DRDR Panel members will submit a signed Confidentiality Agreement in advance of the first meeting.

6.2. All individuals invited to DRDR Panel meetings will submit a signed Confidentiality Agreement to the chair in advance of the meeting.

6.3. Any data that is reported to the DADU working group and working group chair will be anonymised and stripped of any identifiable information.

6.4. No information containing identifiable information of individuals who are still living will be shared at DRDR Panel meetings.

6.5. Data collected in advance of and during DRDR Panel meetings and associated with a specific case will be stored in a password-protected central data repository that can be accessed only by the chair and the Public Health Operational Coordinator.

6.6. The data collected and stored in the data repository will follow a standard format for each case record and will broadly include information on the decedent's:

- Name and aliases
- Demographics
- Suspected cause of death
- Death scene investigation
- Interventions following death
- History of life circumstances and stressors before death
- Interactions with various health and social services, criminal justice system, and other public services
- Community context

7. Governance

7.1. The DRDR Panel is a panel convened on an ad hoc basis and reports to the DADU working group of the CDP on key findings and recommendations for system enhancement based on the review of DRDs.

7.2. The DADU working group and leadership of the CDP may direct the DRDR Panel to investigate and explore specific deaths of interest and report on key findings and recommendations for consideration by the DADU working group.

7.3. In developing and presenting recommendations, the DRDR Panel may advise the DADU Working Group that other CDP working groups or external bodies, including but not limited to the Local Drug Information System (LDIS), CDP Criminal Justice Working Group, CDP Mental Health Working Group, CDP Physical Health Working Group, and the CDP Equalities Working Group, review and take up implementation of system recommendations.

7.4. The DRDR Panel will review its ToRs and procedures on an annual basis.

7.5. Progress of the DRDR Panel will be monitored and assessed by the DADU Working Group and reported to the CDP Steering Group on an annual basis.

7.6. With oversight from the DADU Working Group and CDP Steering Group, the DRDR Panel will develop a suitable process evaluation framework within its first year of existence to evaluate the panel's progress against its stated purpose (2.1).

8. Declaration of Interests

8.1. All DRDR Panel members and invited individuals will be required to disclose any potential conflicts of interest as they relate to the discussion of specific cases and development of recommendations in advance of panel meetings.

8.2. DRDR Panel members and invited individuals will be excluded from making any decision connected with the declared interest.