

<b>TITLE OF REPORT</b> ADDER Accelerator: Reducing Death and Crime Related to Substance Misuse	
<b>Report for-</b>  <b>Health and Wellbeing Board- 10th November 2021</b>	<b>CLASSIFICATION:</b>  <b>Public</b>
<b>WARD(S) AFFECTED</b>  N/A	
<b>Group Director</b>  Dr Sandra Husbands, Director of Public Health	

## 1. INTRODUCTION AND PURPOSE

- 1.1. This paper outlines the Central Government ADDER (Addiction, Diversion, Disruption, Enforcement and Recover) and ADDER Accelerator initiatives, focussing on the approach the London Borough of Hackney has taken in its delivery of this.
- 1.2. The project is now establishing itself, and early data is already demonstrating an increase in activity to support individuals with substance misuse issues.
- 1.3. With the increased scrutiny concerning significant harm related to substance misuse at a national level, this paper aims to ensure that Members and the public are informed of how these resources are being deployed locally to deliver better outcomes for service users.
- 1.4. Further detailed within the paper is brief data related to substance misuse within the borough, alongside discussion of specific delivery and operational developments related to ADDER Accelerator funding.

## 2. RECOMMENDATIONS

### 2.1. Members are asked to note the report

## 3. BACKGROUND

- 3.1. In late 2020 Public Health England and the Home Office initiated the ADDER programme of financial and strategic support for local authorities with high levels of substance misuse, with particular focus on criminality and death related to drug usage.
- 3.2. Authorities chosen as part of this initial wave of funding neglected any London based authorities. In early 2021 the ADDER programme was expanded to include a number of other authorities identified as having an increased level of need related to substance misuse.
- 3.3. As part of this second tranche of funding and support (dubbed ADDER Accelerator), the London Borough of Hackney (LBH), alongside London Borough of Tower Hamlets (LBTH) and the overarching Borough Command Unit (BCU, the Metropolitan Police team covering both authority areas) were identified as requiring support and investment.
- 3.4. LBH submitted a project plan resulting in an approximate £900k grant each year for two years, from Public Health England (now OHID, Office for Health Inequalities and Disparities). Partners in the BCU and Tower Hamlets received approximately the same level of funding, though the enforcement provision is funded via the Home Office.
- 3.5. LBH grant funding was awarded to increase operational and strategic capacity, as well as developing a more diversity sensitive and reflective substance misuse support system.
- 3.6. Specific approaches receiving funding in order to develop commissioned services include:
  - Increasing the number of professionals and operations within the predominant Substance Misuse service within the borough by:
    - Increasing the number of Criminal Justice Recovery workers within the commissioned Turning Point service, including a more senior role to help better departmental and service engagement
    - The sub contracting of an additional LGBTQ\*+ role, delivered by specialist organisation London Friend
    - Increasing the number of prescribing professionals available to the service
    - Creating a Criminal Justice specific psychologist role to

support with prolific offenders

- Commissioning three new 'through the gates' workers to be embedded in dominant 'feeder' prisons for the authority
  - Developing the peer mentor approach within the service
  - Commissioning SWIM (Support When It Matters) to deliver their PACT programme of support for older black men with substance misuse and criminal justice related support need
  - Increasing St Giles' employment support offer, specifically targeting individuals problematically misusing substances within the borough
  - Commissioned training in the innovative 'Good Lives Model' of person centred support
  - Development of legal surgeries to support substance misusers, delivered by Substance use legal charity Release
- 3.7. In addition to developing commissioned provision, LBH has also been awarded funding to increase its capacity through:
- An additional worker based in housing teams
  - Increasing Public Health oversight and control of systemic developments through the creation of a health systems coordinator role
  - Developing the approach to collaboration with probation, and the monitoring of offending/offender data, through a Criminal Justice coordinator/analyst role
- 3.8. Service commissioning and development began in April/May 2021, with the Health Systems coordinator starting in post in June 2021.

#### **4. CURRENT DELIVERY POSITION**

- 4.1. As of 15th October 2021 the majority of funded services and developments have come online, including:
- SWIM's service operating at full staffing, and beginning to deliver services to individuals identified through the central substance misuse team cohort
  - St Giles service fully staffed and beginning to take referrals
  - The senior practitioner within the Turning Point Criminal Justice team commencing and working to support team development

## OFFICIAL

- The Turning Point peer mentor service is identifying and training individuals to act as peer supporters for the authority area
- Release are delivering weekly legal surgeries for substance misusing individuals
- All new Criminal Justice recovery worker posts have been filled, with staff inductions having commenced on 11th October 2021
- London Friend LGBTQ\* worker starts in post on 18th October
- LBH Criminal Justice Coordinator starts in post on 1st November

### 4.2. Operations in a positive state of development close to delivery include:

- *'Through the gates'* workers have been identified and start dates are being arranged; the service currently awaiting criminal record checks and enhanced clearance in order for this to occur
- An additionally funded scoping and evaluation exercise delivered by the London Joint Working Group for Hep C elimination has conducted focus groups in partnership with the Hep C Trust and is currently developing a report to inform potential developments in approach to needle exchange
- Whilst funding came in too low to develop an LBH role in the housing team, it has been agreed that pivoting to deliver an additional member of staff in the Greenhouse service would meet the need of the authority; a round of recruitment for this role proved unsuccessful, and the position is back out to market.
- Good Lives Model training is organised for later in the year

### 4.3. Two aspects of the approach are currently subject to significant slippage, and are at risk of non-delivery. OHID (formerly PHE) and Home Office (HO) are aware of these challenges, and are supportive of the current approach taken by the authority to deliver aims effectively, as well as offering routes to further application for specific changes in approach within current funding allocation. This includes discussion about the potential to train members of staff currently working within services in Opiate Maintenance Therapy (OMT) prescribing.

### 4.4. Services currently at risk of non-delivery include:

- Forensic psychologist role; this has had an unsuccessful round of recruitment and is presenting as a challenging position to fill within a suitable time frame
- Non-medical prescriber roles have also been unsuccessful in recruitment so far. OHID have reflected, alongside out commissioned provider, that there is a national shortage of

individuals within these roles and this is a challenging deliverable for all ADDER/ADDER Accelerator sites

## **5. Strategic developments**

- 5.1. A core approach taken to ensure that ADDER Accelerator successfully enables the authority area to meet its aims of reducing drug related deaths, and ensuring that the health and wellbeing of substance misusers within the borough can be improved, is for an increase in strategic developments of all substance misuse workstreams overseen by public health, alongside embedding a whole systems approach to delivery.
- 5.2. Strategic developments began before ADDER Accelerator funding was announced, openly communicated with the public through the 2020 DPH report (Appendix 3).
- 5.3. Further developments have been initiated and developed, predominantly through new governance structures to oversee strategy setting, specific strategic delivery and its translation into operational practice and development. Appendix 1 highlights the overall new structure of strategic and operational oversight.
- 5.4. In order to ensure strategic developments reflect a whole system, authority-wide approach, critical engagement with adult social care and the Safeguarding Adults Board has occurred, ensuring that both departments sit on strategic groups.
- 5.5. Further departments with significant stake in substance misuse are also reflected in strategic oversight, including Housing and Community Safety. This ensures that the overall impact of substance misuse in the borough is thought about and utilised to ensure a joint approach to tackling challenges and supporting individuals.
- 5.6. ADDER Accelerator specific governance has created clear lines of accountability to both OHID and the HO, these lines are inclusive of senior leaders within the Metropolitan police.
- 5.7. Strategic developments, and the specific whole systems approach, has been praised by OHID/HO and has been utilised by these agencies to highlight best practice to other authority areas.

## **6. Operational developments**

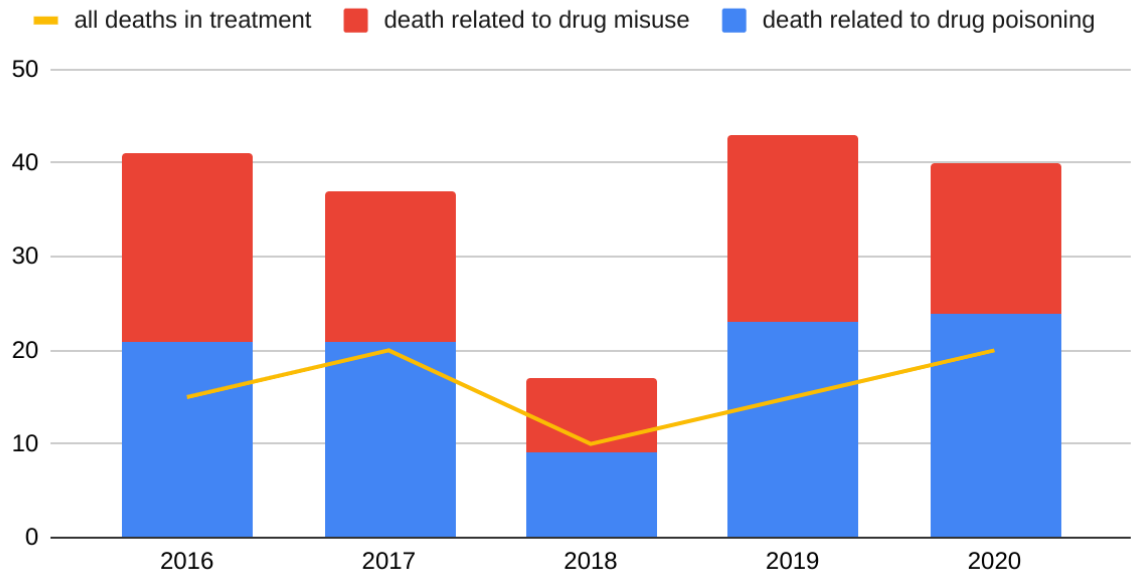
- 6.1. It has been identified through strategic oversight that operational developments are needed and form an integral role in ensuring outcomes are achieved effectively.

- 6.2. Echoing strategic lines of governance, new operational development forums and oversight groups have been initiated. This includes performance specific groups co-chaired between LBH, LBTH and the Metropolitan Police.
- 6.3. Key to ensuring that a whole systems approach is embedded in service operation a core ADDER Accelerator delivery group has been formed; this meeting is attended by all ADDER accelerator funded services, and includes membership of operational management teams from across the authority and wider stakeholder groups.
- 6.4. There are specific key operational focuses on the intersection between enforcement approach and support, this includes a Criminal Justice action group focussed on developing the use of Out of Court Disposals, and other legislation, in a support focussed manner. So far an increase in numbers of referrals through the police MERLIN system for individuals whose vulnerability arise from substance misuse has been anecdotally noted.

## 7. **Data and continuous improvement**

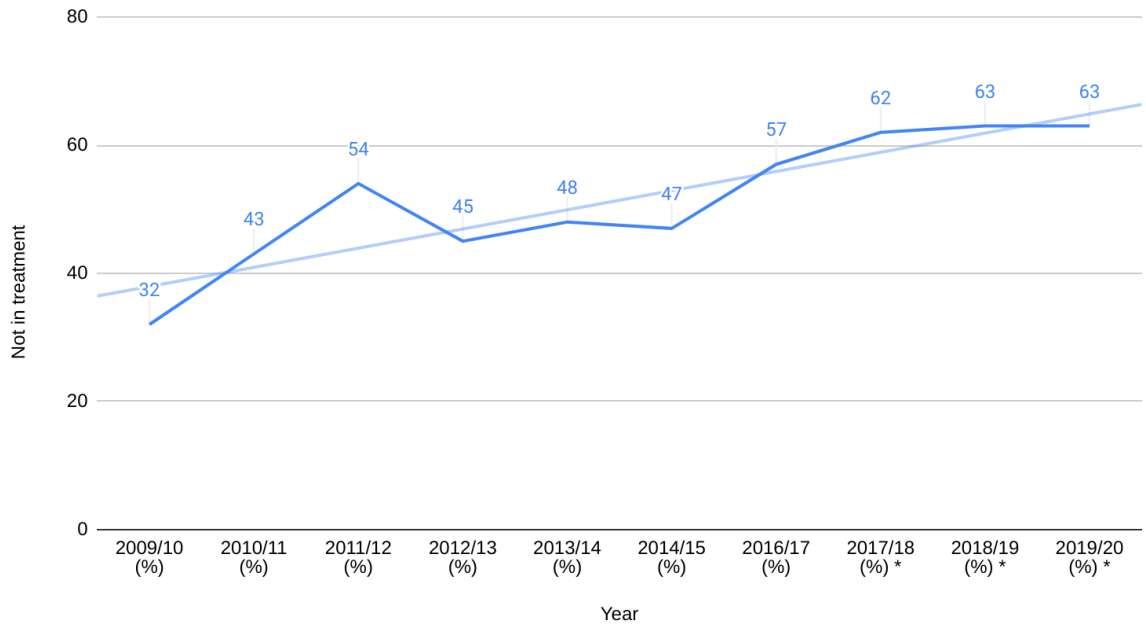
- 7.1. Data within the borough is similar to that currently utilised nationally. Substance Misuse data is recorded and secured generally through the National Drug Treatment Monitoring System (NDTMS).
- 7.2. NDTMS data has recently been questioned as part of the Central Government review of substance misuse, undertaken by Dame Carol Black (Appendix 2) . Within the borough we concur that the data does not offer the level of texture, detail and reflexivity needed as commissioners to ensure that systems of operation are performing effectively.
- 7.3. In order to address this we have requested new measures from across our commissioned providers. Much of this data is not routinely recorded at present, and the data which is recorded is not easily aggregated. We are addressing this with partners so as to ensure we can confidently reflect on detailed and verifiable data to help us steer strategic and operational developments.
- 7.4. The table below outlines the previous 5 years' recorded drug related deaths, with an overlay of the previous 5 *financial* years worth of deaths in treatment. Whilst the time periods do not match entirely this data is helpful in understanding trends in the differences/similarities between the total number of individuals reported as having passed away in relation to drug use and the number of individuals who have passed away whilst working with our treatment services.

### 5 year Drug related Deaths with Financial Year all Death in treatment overlay



- 7.5. This chart shows that the number of individuals reported as dying directly due to substance misuse outweighs the number passing away in treatment.
- 7.6. In reality, this disparity is likely to be even higher than the numbers suggest. This is because the figures related to total drug deaths are published by the Office of National Statistics (ONS) and cover all deaths in which drug poisoning, or a drug misuse related death have been recorded by a coroner. The death in treatment data comes from NDTMS and records all deaths of individuals from within treatment services, with no distinction as to the cause of death.
- 7.7. Within LBH we operate a Death in Treatment Panel, in which individuals who have passed away whilst in treatment (or shortly after closure to services) are discussed to ascertain whether systems could have worked more effectively with an individual. Most individuals discussed at this forum have not passed away as a direct result of substance misuse, and would not have had any record of their death being drug related. As such these individuals would not be included in the overall ONS figures.
- 7.8. The above indicates that the significant level of drug death within Hackney, which occurs at a rate of around 5.5 individuals per 100,000 (approximately 2 individuals per 100,000 higher than the rest of London), arise overwhelmingly from within the population of substance misusers who do not work with our treatment services.

7.9. Given this, it is important to understand the current picture of engagement in treatment services. The table below outlines the estimated level of unmet need arising within the population of Opiate and Crack Cocaine users in the borough, in percentages from 2009/2010 to 2019/2020



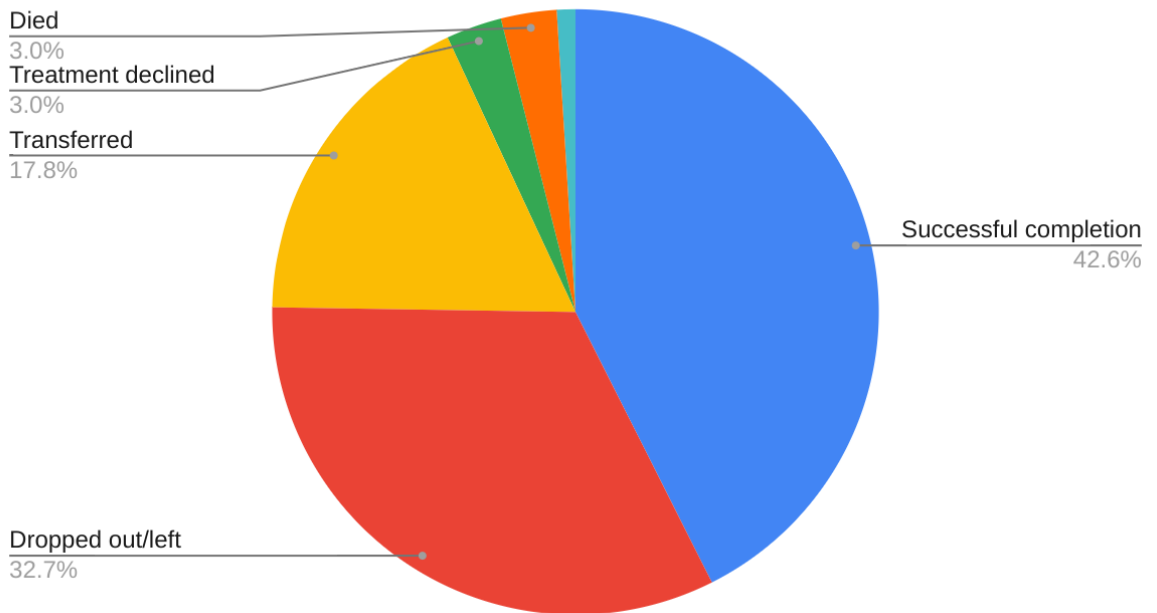
7.10. Estimates were previously conducted by Liverpool Watt University, with the last estimate being made for 2016/2017. This estimate has been utilised by NDTMS to provide an estimate based on trends for the years 2017/2018, 2018/2019 and 2019/2020. As such, and as with the previous data used in this paper, it is important to understand that these figures are subject to some uncertainty but do provide a helpful indication as to potential issues.

7.11. It is clear from this data that there is a very high level of unmet need in the borough, with only an approximate 37% of all Crack and Opiate users engaged in treatment services. Applying this percentage breakdown to current levels of engagement with services this gives us an estimated figure of approximately 1650 individuals resident in the borough who are currently using opiates and/or Crack who are receiving no support for their usage.

7.12. The below chart outlines the treatment exits seen in the borough across the previous financial year.

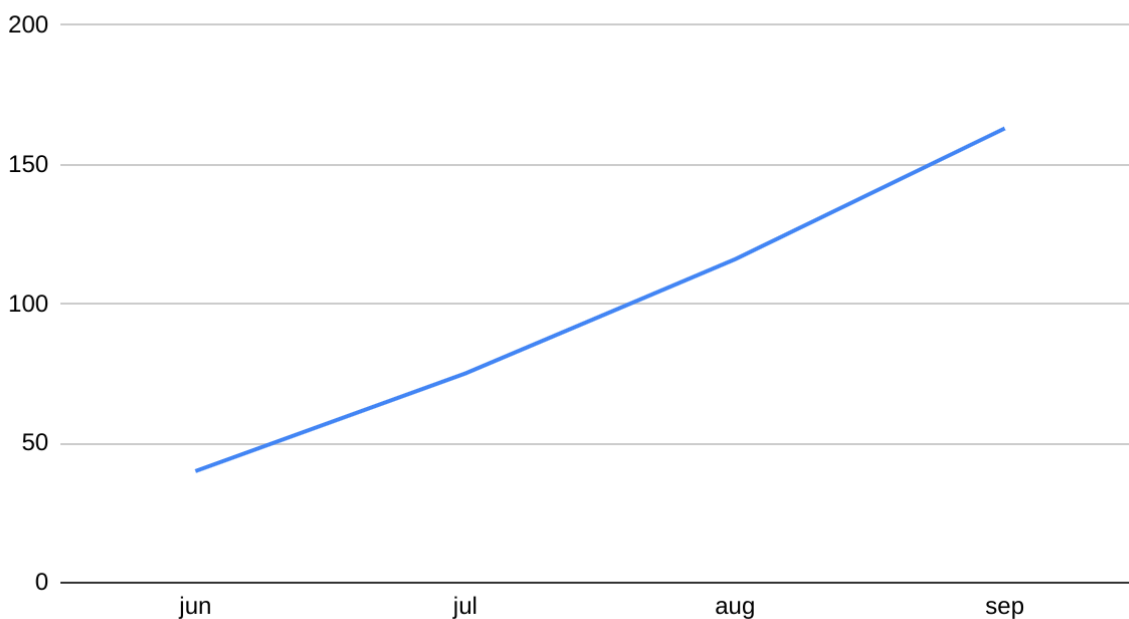


### Treatment exits in FY 2019/20



- 7.13. This shows a significant number of individuals leaving treatment did so because they ‘dropped out’ or abandoned service. Looking further into this data the picture is worse for opiate users, with 42% of all opiate users who leave treatment doing so due to abandonment, compared to 20% leaving due to a successful completion.
- 7.14. Taken together, these issues make clear that we must develop the system to ensure that more people are engaged with services, and remain engaged with services, or successfully complete their treatment. ADDER Accelerator funded services are looking to first and foremost address this.
- 7.15. It will be achieved through increasing the capacity of services to proactively work with individuals, creating a focus on person centred, diversity sensitive, practice and ensuring that the overall systemic approach to tackling substance misuse harm is harmonised and of a low threshold for access. Additionally, there is a focus on ensuring that lifesaving naloxone, and soft touch intervention (without necessarily registering someone as an individual who is receiving support), are available for all individuals wherever they come into contact with a setting which can provide this support.
- 7.16. The development of proactivity of services in ensuring engagement of individuals is well reflected through an increasing number of individuals seen away from central services on an outreach basis. The table below includes outreach figures from Turning Point, St Giles and SWIM. It is interesting to note that a sharp increase in outreach occurred in September, this occurred directly after the start date of some of the new Criminal Justice Recovery Workers.

## Total Substance Misuse Outreach Contacts



## 8. CONCLUSION

- 8.1. Central Government grant funding through the ADDER accelerator programme has brought the opportunity for LBH to significantly increase the efficacy and capacity of its substance misuse system.
- 8.2. LBH has utilised this funding to ensure that operational aspects of service delivery have more capacity and are more reflective of and sensitive to the diverse needs of the authority's population.
- 8.3. Alongside operational expansion, LBH have invested in developing strategic oversight of the substance misuse system, ensuring that a whole systems approach can be embedded to maximise positive outcomes for individuals with substance misuse support needs.
- 8.4. A fundamental aspect of the whole systems approach is the use of data to help drive and monitor success. Data currently available does not entirely enable the level of oversight wanted by the public health team and work is underway to improve this.
- 8.5. Whilst data is not currently at the level of detail wanted it does indicate some significant areas of focus to help reduce negative outcomes across the borough, including the high level of unmet need and the high number of individuals abandoning services.

- 8.6. There has been early progress in developing proactive methods of engagement with individuals, this is well reflected in data related specifically to outreach sessions undertaken.
- 8.7. In addition to the investment in LBH, the local Metropolitan Police team have also received funding, enabling a greater degree of operational and strategic partnership between LBH and the police. This is bringing a focus on ensuring that vulnerable individuals are supported into services, and enforcement measures drive this rather than criminalise where this is appropriate.

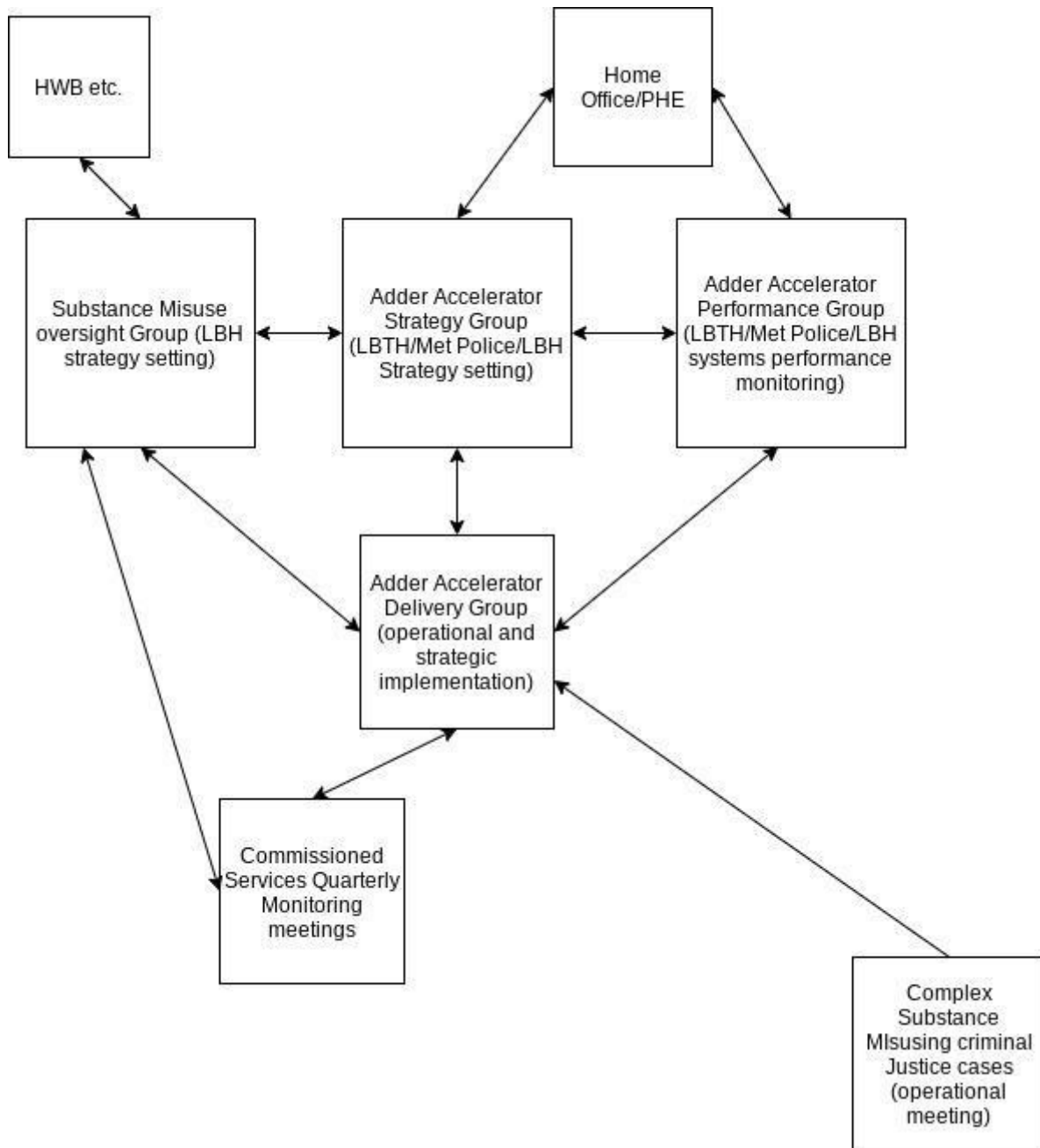
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**9. BACKGROUND PAPERS/APPENDICES**

**In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required**

**Appendix 1- Structure of strategic oversight and governance**



*Accountability travels up- with dual connectors used to demonstrate both oversight and key collaboration of intention (EG. strategy group determines the focus on the delivery group, as well as overseeing it's approach)*

**Appendix 2**

Background Paper

*Please see additional attachment- Part 2 of the Dame Carol Black Review into Substance Misuse.*

**Appendix 3**

Background Paper

*Please see additional attachment- 2020 LBH DPH report*