

<b>Title of Report</b>	Combating Drugs Partnership and Substance Use Support Update
<b>For Consideration By</b>	Health and Wellbeing Board
<b>Meeting Date</b>	25th January 2024
<b>Classification</b>	Public
<b>Ward(s) Affected</b>	All
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Is this report for:

<input checked="" type="checkbox"/>	Information
<input type="checkbox"/>	Discussion
<input type="checkbox"/>	Decision

Why is the report being brought to the board?

To provide an update on current government policy on drugs, our local Combating Drugs Partnership, and progress against a range of metrics for substance use support.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

No

## **Summary**

This paper provides an update on current government policy on drugs, our local Combating Drugs Partnership, and progress against a range of metrics for substance use support.

### **The Board are asked to:**

- **Note the contents of the report**

#### **1. Introduction**

- 1.1. Since 2021 there has been a significant increase of focus on Substance use support nationally.
- 1.2. Following on from [Dame Carole Black's independent review of drugs](#)<sup>1</sup> in 2021, the government responded with an increase in funding for Local Authorities to help support service and system development for people with problematic drug and alcohol use.
- 1.3. Alongside increased funding, Central Government has also released a ten year drug strategy, titled ['from harm to hope'](#)<sup>2</sup>, outlining its ambitions to reduce the harms of illegal drug use.
- 1.4. The strategy aims are:
  - Reducing drug use
  - Reducing drug-related crime
  - Improving recovery outcomes
- 1.5. These aims are further supported by more immediate outcomes:
  - Reducing drug supply
  - Increasing engagement in treatment
  - Improving recovery outcomes
- 1.6. All local authorities have been tasked to support in delivering these aims.
- 1.7. To monitor success against these aims, Central Government has laid out 11 headline and 22 subsidiary metrics which all Local Authorities are measured against.
- 1.8. These metrics include:
  - Increasing numbers of individuals engaging in substance use treatment ('tier 3')
  - Increasing the percentage of individuals leaving prison with a drug treatment need entering community provision
  - Increasing the number of young people entering treatment
  - Increasing the number of individuals engaging in residential placement for detoxification and rehabilitation

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<sup>1</sup><https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

<sup>2</sup><https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

- Increase in the number of individuals showing ‘substantial progress’ whilst engaging with treatment
- 1.9. Central Government has instructed that areas form local ‘Combating Drugs Partnerships’ (CDP) to help monitor and drive success against these measures.

## **2. The City and Hackney Combating Drugs Partnership**

- 2.1. The City of London (CoL) and London Borough of Hackney (LBH) formed their CDP in late 2022. The CDP is responsible for delivering against the national strategy, setting local objectives, and overseeing the use of funds from the government’s Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR).
- 2.2. Dr Sandra Husbands, the Director Public Health for both authority areas, was named as the senior responsible officer. Other members of the Public Health team have key roles in coordinating and developing the CDP.
- 2.3. The public health team commissions local substance use services, and our lead provider is currently Turning Point. Following a period of service improvement, a recent CQC inspection rated the service as ‘Good’ across all domains. The public health team also provides intelligence functions to monitor outcomes at the service and population levels.
- 2.4. As such, the public health team has been well positioned to initiate the CDP and support joint decision making around local priorities. It is also able to ensure close liaison with the Office for Health Improvement and Disparities, which oversees the additional funding being made available to LBH and ensures continued adherence to the World Health Organisation’s international directive to take a health-led approach to drug-related harms.
- 2.5. The CDP is a broad partnership, with members including but not limited to:
- Adult Social Care
  - Children’s Social Care
  - Community Safety
  - Drug treatment provider
  - Integrated Care Board
  - Local metropolitan police
  - Young person’s services
  - Other local third sector organisations
- 2.6. Governance and delivery within the CDP is overseen by a Strategy Group (CDPSG) of senior leaders that meets quarterly and a series of working groups that meet as required, focusing on specific topics.
- 2.7. The CDPSG has defined strategic outcomes for the overall CDP. These outcomes take into account both the key aims of Central Government as well as both LBH and CoL’s vision for reducing drug related harms.
- 2.8. The top level strategic aims are:

- Reducing the premature deaths of people who use drugs
  - Reducing the impacts of drugs on our communities
  - Improving the wellbeing of people exposed to the harms of drugs
  - Reducing inequalities in substance use support
- 2.9. In order to help meet these aims working groups currently focus on substance use and:
- Mental Health
  - Equalities in access and treatment
  - Social care needs, including homelessness
  - Physical Health
  - Premature death, and end of life care
  - The City of London
  - Criminal Justice
- 2.10. Although the main focus of the drug strategy and funding has been towards drugs other than alcohol, Turning Point continues to work with the Alcohol Care Team at Homerton hospital, to provide support for those with problematic alcohol use. We will shortly commence an Alcohol Working Group and ensure it is well connected to the broader CDP.

### 3. **Current Position**

- 3.1. Delivery against aims so far has been positive, particularly when compared to other London Authorities. Across London and the country we are seeing many metrics decline, and in several areas we are experiencing the same locally. However, we are also seeing major improvements in several key areas and outperforming peer LAs.
- 3.2. Whilst most London Authorities have seen decreases in their numbers in treatment, LBH has seen a small increase against its baseline of 2,014, with 2,024 individuals having received support for substance use between October 2022 and September 2023.
- 3.3. In comparison Tower Hamlets reduced from 2,166 to 1,891 and Islington reduced from 1,707 to 1,658 individuals in the same reporting period/same baseline period. London as a whole saw reduction in numbers in treatment , from 40,229 to 39,687 for the same period.
- 3.4. Continuity of Care (CoC), the percentage of individuals accessing community treatment following prison discharge, has seen a significant increase in LBH.
- 3.5. The CoC baseline for the authority area is 18%. From July 2022 to June 2023 the CoC has risen to 43%. This compares to 29% for London as whole and 45% nationally. Looking at rolling three month figures (Jun 23 to Aug 23) suggests further improvements are being made, as LBH currently sits at 59%, which is above the national figure of 48%.
- 3.6. The percentage of individuals engaged in treatment showing substantial progress has declined slightly, from 34% in March 2022 to 30% in September

2023. This is a national trend, with the national figure falling from 40% to 38% for the same period.

- 3.7. Successful treatment completions have also slightly declined, from 17% in March 2022 to 15% in September 2023. Again, this echoes the national trend which has seen a slight decline from 21% to 20%.
- 3.8. Although there are clear targets for further improvements, our successes have been recognised by OHID, and they have confirmed that Public Health will receive the full £2.9 Million of additional substance misuse grant funding in 24/25, to further enhance and develop the substance use system. Other authorities who have not performed as well face a 10% reduction in the overall envelope allocated to them.

#### 4. **Next Steps**

- 4.1. Planning for the use of further SSMTR funding in 24/25 is currently underway.
- 4.2. All workstreams delivered as part of the funding received in 23/24 are likely to continue, this includes:
  - Increased numbers of frontline practitioners in our core treatment service
  - The provision of culturally sensitive support for individuals identifying as Black
  - Complex employment and developmental support for individuals furthest from the employment market
  - Enhanced local authority oversight and coordination
  - Prison outreach services
- 4.3. As the funding is increasing significantly for the authority area there will be further workstreams brought online in 24/25.
- 4.4. In consultation with the CDPSG and working groups, as well as with OHID, we will likely focus on:
  - Developing access to and provision of mental health support for individuals using substances
  - Increasing the availability of inpatient detox and rehabilitation
  - Further developing mobile, outreaching approaches to support to engage underserved populations
  - Developing and working with local, grass roots organisations working with individuals who face significant barriers to substance use treatment
  - Increasing the clinical capacity, and oversight, of our core treatment provider
  - Develop further work to focus on drug use amongst LGBTQ+ populations, including our work to support individuals engaged in chemsex
- 4.5. Focusing on these areas will help us to continue to deliver increases in numbers in treatment, as well as help support us in developing more meaningful engagement with our treatment services and meet the holistic needs of people using substances.

4.6. The initial submission for the award is to be made at the end of January, with OHID confirmation of the final award expected soon after. The CDPSG will ratify the submission before it is made in order to ensure that all partners are supportive of the plan.

## 5. **Conclusion**

5.1. There has been a significant increase in focus on reducing drug related harms nationally, accompanied by a 10-year strategy and increased local funding.

5.2. The formation of the local Combating Drugs Partnership, and its associated governance structures has helped develop a set of locally relevant strategic aims to reduce drug related harms.

5.3. Work to deliver against these aims continues at pace, with clear success across key metrics, notably Numbers in Treatment and Continuity of Care.

5.4. Some areas of delivery require further improvement, particularly treatment progress and successful completions of treatment.

5.5. Our successes and strong performance relative to other LAs has secured our full grant allocation for LBH in 24/25.

5.6. This grant funding will be used to continue work already delivered, as well as make improvements across the system in key areas identified by the CDP.

5.7. Confirmation of the specific work in scope of the grant will be made by OHID following LBH submission to be made in late January.

## **Appendices**

No appendices