

Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 31st October 2023

Ward(s): all wards

Subject: Drugs & Alcohol – Partnership and Delivery

1. Synopsis

- 1.1. At the Health and Wellbeing Board in October 2022, Public Health summarised the current national strategic context to drugs and alcohol, how we will structure our work to meet the objectives of the National Drugs Strategy, and the partnership arrangements that will support this. The Board agreed to receive, review and provide input and guidance into the local needs analysis and the Combating Drugs Partnership's plans for taking forward the national strategy, and to receive annual updates on progress once plans are agreed. This paper provides an update on this work and on some of the challenges to delivery.
- 1.2. The local governance structure prescribed by the national strategy is Combating Drugs Partnerships, by which senior representatives of relevant services and teams come together in order to deliver strategic goals. Islington's Combating Drugs Partnership will have its first meeting in December 2023. The work of this strategic group will be supported by data and intelligence products (including a local needs analysis) to illustrate local need and interventions (in development) and by a small number of operational sub-groups (established) focusing on care pathways and workforce.

2. Recommendations

- 2.1. To note progress against the National Drugs Strategy objectives and the current areas of Public Health focus around drugs and alcohol, in particular increasing the numbers of people accessing structured treatment and improving the continuity of care between criminal justice settings and the community.
- 2.2. To note that the Combating Drugs Partnership will meet in December 2023.

3. Background

- 3.1. Alcohol and drug use remain an important cause of preventable harm in Islington. As well as health and wellbeing, it has social, housing, economic, crime and community safety impacts affecting individuals, families and communities, and is a cause and consequence of health inequalities. Understanding and reducing the health harms of drug and alcohol use is a longstanding area of focus for Public Health.
- 3.2. Responsibility for drug and alcohol misuse services transferred to local government as part of the NHS and public health changes under the Health and Social Care Act 2012. Services in Islington are provided through the NHS by Camden & Islington NHS Foundation Trust (in partnership with two third sector organisations – Humankind and Via, formerly known as Westminster Drug Project) – Better Lives, in primary care through general practice and community pharmacies, the community and voluntary sector, and Islington Council.
- 3.3. In December 2021 the Government published a 10- year, national drug strategy [From Harm to Hope](#) (“the strategy”). The strategy outlines the Government’s ambition to break drug supply chains, develop a world class drug and alcohol treatment system, and to achieve a generational shift in demand for drugs.
- 3.4. The strategy, which responds to [Professor Dame Carol Black’s independent review of drugs](#), is regarded as the first national drugs strategy which is cross-government, setting out its vision and requirements for how public services need to work together to address shared goals. The strategy was followed by detailed guidance for implementation, including requirements for local partnership arrangements (establishment of “Combating Drugs Partnerships”), and development of local delivery and spending plans to meet national programme objectives.

4. Drug and Alcohol Services in Islington

- 4.1. Islington's current integrated drug and alcohol treatment service, [Better Lives](#) ("the service"), operates from three locations in the borough, supporting people that use drugs, as well as their families and carers. Islington also commissions Via to deliver outreach support for people sleeping rough, or at risk of sleeping rough, and to deliver Islington's Individual Placement Support programme (supporting people into employment).
- 4.2. Drug and alcohol use is complex, and evidence shows individuals are more likely to benefit from a multi-faceted approach to their treatment and recovery. The treatment and recovery system reflects this diversity of need and multiple treatment options are made available, delivered by multi-disciplinary teams – including but not limited to, one to one key-working, counselling, psychological therapy, group work, day programme(s), self-help and mutual aid groups¹, pharmacological treatments², and residential rehabilitation.
- 4.3. The service also provides physical health support, including blood borne virus testing and treatment, and social support including housing and debt advice, skills coaching and Education, Training and Employment (ETE) support. Better Lives Family Service supports children and adults that are affected by drug or alcohol use by a parent or other family member(s).
- 4.4. The **Individual Placement and Support (IPS)** programme for people with drug and alcohol treatment needs has been operating in Islington since December 2022. IPS work with individuals for up to 12 months, providing support, advice and liaison to help people identify employment or voluntary opportunities suited to them. They then help with all stages of the applying for and starting a job. The service is provided by Via and is funded by the national IPS Grant, also administered by OHID.
- 4.5. The Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG), also a national grant, has enabled Islington to commission the **In-Roads** service from Via. In operation since 2021, the service provides psychosocial support and prescribing outreach to people sleeping rough or at risk of sleeping rough in Islington. In-roads provide one-to-one key-working, connect people to health services, provide harm-reduction support, including Naloxone³, and make referrals to a range of other support services.

¹ Narcotics Anonymous and Alcoholics Anonymous are examples of mutual aid groups.

² For example, opiate substitution therapy (OST) such as methadone.

³ Naloxone is a life-saving medication that reverses the effects of opiate overdose. Administered by injection or nasal spray, it works within minutes to reverse the effects of an opiate overdose, pending substantive medical treatment.

- 4.6. Islington has this year commissioned an additional programme to provide culturally competent holistic support to men of Black African or Black Caribbean background who are in contact with the criminal justice system and who have non-opiate substance use needs. **SWIM** (Support When It Matters) will deliver its 10-week structured support programme for up to 60 Islington residents, following its Prepare, Adjust, Contribute, Thrive (PACT) model. The programme is well-established in Hackney and is also being delivered in Camden and in Barking & Dagenham.
- 4.7. Service-user involvement. Service-user involvement in the design and delivery of drug and alcohol services is an essential part of quality assurance. Public Health are directly supporting the re-launch of its long-standing and highly valued service user group **Islington Clients of Drug and Alcohol Services (ICDAS)**. The relaunch will increase participant numbers, build resilience and improve diversity, so the group better represents the service user population and can be a more effective critical friend to commissioners and providers. This supports our ambition to achieve recognisable co-production in our commissioned services, improving their reach and outcomes.
- 4.8. Links to Community Safety. Public Health are working closely with colleagues in Community Safety to support the Combating Drugs element(s) of the **Safer Islington Partnership Plan 2023-26**, including supporting the facilitation of the SIP's August workshop session on strategy development. We recognise the many shared aims and common stakeholders of our work and the opportunities to align our efforts to deliver improvements for Islington residents.

5. Grant income and delivery plans

- 5.1. To support local authorities with the delivery of the outcomes outlined in the strategy, every local authority in England has been awarded the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) – this funding is focused on treatment and recovery. The grant is awarded by and managed by the Department of Health and Social Care/Office of Health Improvement and Disparities (OHID).
- 5.2. Local authority areas identified as having the highest levels of need have been prioritised for early investment, including Islington. Indicative funding allocations published by OHID state that Islington will receive just over £4.9 million over three years from 2021/22.
- 5.3. The SSMTR grant is received in addition to funding through the Public Health Grant. Alcohol and substance misuse is the single largest area of expenditure, within the local Public Health Grant, accounting for around £7.1 million (25%) of this budget. In addition to these funding streams, separate funding is also being disseminated for policing and related activities around the objective of action on

drug supply chains and related harms (this investment is through a programme called Project Adder). Other nationally funded drug and alcohol programmes being implemented in Islington include Individual Placement and Support (IPS), which provides tailored employment support to people in recovery, and activities under the Rough Sleeping Drug and Alcohol Treatment Grant programme.

- 5.4. Islington's SSMTR grant income for the financial year 2023/24 is £1,399,416 (including underspend of £44,895 from 22/23). Officers were notified of the grant allocation in late February 2023. Officers subsequently liaised with key delivery partners and grant leads at the Office of Health Improvement and Disparities to agree how the grant could be spent to support the council in achieving the outcomes outlined in the national Drug Strategy.
- 5.5. During this planning phase, OHID notified Islington that it had been designated a "priority partnership", i.e. that the Council has been identified as an area where the greatest gains in achieving particular outcomes of the strategy have been identified. These outcomes are: "*increasing the numbers of people accessing substance misuse treatment and improving the number of people engaging with substance misuse treatment on release from prison*". Officers were encouraged by OHID Leads to develop interventions to use the SSMTRG fund to focus on achievement of those two outcomes.
- 5.6. To that end, Islington's agreed grant spending plan includes a large number of additional staff posts within its existing integrated treatment service (Better Lives). This will provide additional out-reach capability to reach more people in contact with other services (particularly criminal justice system and acute or secondary care) who have drug and alcohol treatment needs and will increase capacity in the service to safely and effectively manage their care. Some of these additional roles will be co-located with key delivery partners including the local probation service, in-reach to prisons and police custody suites, co-location with mental health core community teams and increasing in-reach to supported accommodation sites.

6. Progress against the National Drugs Strategy

- 6.1. We have invested in a number of outreach roles which will provide greater opportunity to connect people with drug and alcohol services when they present in other areas of the system, particularly police and prison custody, and in healthcare. We have added strategic capacity to the Public Health team by funding a Public Health Strategist post specifically focused on drug and alcohol needs in Islington and developing the Combating Drugs Partnership.
- 6.2. Given all local authority areas are working towards similar objectives around drugs and alcohol, we are identifying areas for regional collaboration. Our Combating Drugs Partnership sub-group for workforce was formed from cross-borough

discussions in NCL around career pathways and recruitment challenges, and we anticipate partnering with other North London boroughs around prison pathways.

- 6.3. We recently led a self-assessment exercise to evaluate the continuity of care received by drug and alcohol users leaving custody. Our service provider was very keen to engage in this work, and the process helped us connect with the right people in the prison and probation services who are able to make changes. As anticipated, the process highlighted opportunities to improve several aspects of the pathway and information-sharing between partners. We have formulated an action plan, which will be owned by the Combating Drugs Partnership CJS sub-group.
- 6.4. We will host the first meeting of Islington's Combating Drugs Partnership (CDP) in early December 2024, which will focus on establishing the partnership and securing buy-in from colleagues across the system. Combating Drugs Partnership sub-groups are established and mobilising, and to date we have three groups - Criminal Justice System and Healthcare groups, focusing initially on treatment pathways, and the pan-NCL Workforce group, looking at resources.
- 6.5. We are developing our data and reporting framework, starting with a comprehensive local area profile, which will outline local need and services. The national focus on combating drugs and improving treatment outcomes appears to have directed resources into improving national data sets and to certain data products being generated or updated to support local teams. For example, drug and alcohol needs prevalence data has recently been refreshed, which will enable us to better estimate needs in Islington and how we might configure services to respond.
- 6.6. Over the next 6-12 months we will continue work with partners to focus on increasing the numbers of people accessing structured treatment, improving treatment outcomes, and improving the continuity of care for people with drug treatment needs that are exiting criminal justice settings.
- 6.7. Despite uncertainties around funding allocations, we are planning for next year, based on indicative figures and our learning from this year's investment.

7. Challenges in 2022/23

- 7.1. Internal resourcing challenges. In March 2023, the previously shared Camden & Islington Public Health service separated into two borough-based teams. The restructure required us to recruit to several key positions within the department, necessitated a degree of restructuring in our commissioning roles, and some interim staffing arrangements. We have now successfully recruited to our

vacancies in commissioning, strategy and contract support and have a clearly defined operating model to take us through the next phase of our work.

- 7.2. Governance challenges to timeliness. Islington's SSMTR grant allocation for 2023/24 was £1.4m. In accordance with OHID's delivery and spend guidance ("menu of interventions"), Commissioners' local delivery plans focussed on increasing numbers accessing treatment by increasing outreach and service capacity by creating new staff roles with the existing provider (Camden & Islington NHS Trust), thus allocating £1.1m of the grant to the Trust.
- 7.3. The funding will be issued to the provider as a grant, as agreed by Executive Decision in July 2023.
- 7.4. Whilst we do not anticipate receiving confirmation of the 2023/24 grant amount until the early months of 2024, we intend to formulate draft spending plans on the basis of indicative figures in good time. 2024/25 spending plans will be a key agenda item for the first Combatting Drugs Partnership meeting, which will take place before the end of the calendar year 2023.
- 7.5. The amount of funding we will receive from OHID for 2024/25 remains unconfirmed. This presents a challenge to our ability to work strategically and plan effectively – particularly with external partners and prospective recipients of funding, i.e. service providers. Islington's status as an OHID 'priority partnership', i.e. area with the potential to make greater gains in the absolute numbers of people in treatment, increases the requirement.
- 7.6. Workforce availability is a challenge to the programme in all regions, and particularly in London, where most people live within commuting distance of a range of local authorities, NHS Trusts and other provider organisations advertising vacancies. We might reasonably anticipate a 'seller's market' in front-line and specialist roles and some reliance on agency staffing, which can affect consistency of delivery. The short-term funding timeframes may compound this by reducing opportunities for smaller service providers, for whom it can be challenging to scale up their operations for short contracts.

8. Implications

8.1. Financial Implications

- 8.1.1 There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. If recommendations are subsequently made about the use of any money or grants, this will require a full set of Financial Implications.

8.2. Legal Implications

- 8.2.1 The council has a duty to improve public health under the Health and Social Care Act 2012, section 12.
- 8.2.2 The council must take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way), as well as providing services or facilities for the prevention, diagnosis or treatment of illness (National Health Service Act 2006, section 2B, as amended by Health and Social Care Act 2012, section 12 and Regulation 2013/351 made under the National Health Service Act 2006, section 6C).

8.3. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

- 8.3.1 There are no environmental implications as a result of this report.

8.4. Equalities Impact Assessment

- 8.4.1. The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.
- 8.4.2 An Equalities Impact Assessment is not required in relation to this report.

9. Conclusion and reasons for recommendations

9.1 That the Health and Wellbeing Board notes the recommendations and updates from this report.

Final report clearance:

Signed by: **Charlotte Ashton, Assistant Director of Public Health**

Date: **4th October 2023.**

Report Authors: Miriam Bullock, Assistant Director, Public Health - Islington Council.

Tel: 0207 527 8770

Email: miriam.bullock@islington.gov.uk

Financial Implications Author: Shalem Miah, Senior Finance Officer – Islington Council.

Tel: 0207 527 6737

Email: shalem.miah@islington.gov.uk

Legal Implications Author: Stephanie Broomfield, Principal Lawyer – Islington Council.

Tel: 020 7527 3380

Email: stephanie.broomfield@islington.gov.uk

