



ISLINGTON

# **WORKING WITH ISLINGTON RESIDENTS WHO NEED SUPPORT WITH THEIR DRUG AND ALCOHOL USE DURING COVID**

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# Key areas for presentation

- Background information:
  - Prevalence of alcohol and drug misuse in Islington
- Critical services during Covid
- Highlight area: support to people sleeping on the streets
- Issues and opportunities arising from Covid
- Performance
- Next steps

Not for presentation: An accompanying appendix with supporting information

# Local Prevalence

New estimates of the number of crack and/or opiate users (OCUs) and alcohol in Local Authorities taken from Diagnostic Outcomes Monitoring Executive Summary 2019/20.

Unmet need is the estimated proportion of people in your area who are dependent on opiates and/or crack cocaine or alcohol and not in the treatment system

Data Source NDTMS

Cohort and estimated number	Islington unmet need	National unmet need
OCUs – 2168	60.2%	53.9%
Opiate – 1749	56.1%	47.1%
Crack – 1642	60.4%	58.5%
Alcohol - 3674	84.7%	82.6%

Increasing numbers in treatment has always been one of the main focal points of commissioners and local providers. Covid gave a unique opportunity to draw people into treatment, particularly opiate users, who may have chosen to decline previous offers of support.

# Critical services during Covid



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At the beginning of the Covid period it was vital to identify the critical services that needed to be maintained throughout the lockdown. The main areas identified for Better Lives were:

- Assessment
- Treatment starts and restarts
- Substitute prescribing

Other areas of urgent work included:

- Following individual risk assessment, and where clinically safe to do so, reducing the frequency of opiate substitute medication dispensing. This was required to ease pressures on community pharmacies and in conjunction with the Local Pharmaceutical Committee
- Increasing the provision of naloxone to opiate users and their family members (naloxone is an injectable medication administered to reverse the effects of opiates)
- Supporting rough sleepers accommodated as part of 'Everybody In' (see next slide)



# Highlight area: support to people sleeping on the streets

## Feedback from Better Lives

- **Outreach.** Better Lives outreach worker continued to focus on engaging people on the streets and in hostels
- **Training other frontline staff.** Training was set up for outreach staff from other agencies to enable them to complete drug and alcohol assessments in order to streamline and speed up engagement into treatment
- **Partnership working.** Joint working approach taken with delivery partners to address physical/emotional/social needs. The service also attended partnership meetings (police, local authority, housing, other agencies) to contribute to a holistic approach in supporting service user needs
- **Rapid access.** Better Lives “fast tracked” people with complex needs to substitute prescribing
- **Establishing a SPOC.** Lead worker linked to street outreach as a Single Point Of Contact making any communication easier for outreach partners to liaise with the service
- **Harm reduction.** Support for staff and service users placed into temporary housing, including provision of locked boxes; onsite assessments; and naloxone training for accommodation staff so that they could issue naloxone directly.

# Issues identified throughout the Covid period

## Feedback from Better Lives



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- Residential rehab and inpatient detox closures or access severely restricted which limited available treatment options especially for more complex cases who benefit from the 24 hour support provided in these settings
- Pressures on local pharmacies
  - long waits for collecting medication
  - All service users had to be risk assessed for suitability for a reduction in their dispensing regime to ease pressure on pharmacies (the CQC issued a performance notice on a provider in Manchester during the pandemic around this issue)
- Reduction in availability of other services such as GP and mental health support
- There was a need to identify the staffing resource to support for people who were rough sleeping in Islington but housed outside of the borough
- More challenging to identify safeguarding issues when people are not being met with face to face. This was a specific concern for those experiencing domestic violence and abuse and the service worked with DV partners to develop safe sentences for service users to use indicate to keyworkers if feeling unsafe.

# Issues identified throughout the Covid period – cont'd



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## Feedback from Better Lives

- There has been an increase in reported incidents related to domestic violence and abuse and safeguarding. Whilst this is concerning, it is positive to note that these issues are being identified and those involved appropriately supported
- More complex presentations which may be a consequence of the reducing availability of other support services or a delay in presenting/ deteriorating in mental and physical health due to Covid restrictions
- Access to essentials such as medication; food which was particularly challenging at the start of the pandemic whilst services such as We Are Islington were being set up
- In order to ensure that service users are safe over the Covid period, a decision was taken to delay any planned discharges from service. Alongside the increase in numbers of people presenting for opiate treatment in particular this has meant an increase in individual caseloads.

# Opportunities identified as a result of Covid - Feedback from Better Lives



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- Covid has resulted in a much quicker expansion of virtual and remote interventions
- Use of MSTeams / Zoom to connect with staff and service users
- Services have been encouraged to take a more flexible approach to dispensing regimes (risk assessment dependent) which has had significant benefits for some service users in terms of their recovery
- Reviewing “traditional” ways of working. The move towards less site based working means that we can start to consider a more flexible way of working and expanding the scope of how and where we work with service users
- By taking different approaches to care, services were able to engage with those individuals for whom service models were not working (ie: people who sleep on the streets)
- Building on improved partnership working. During Covid a lot of perceived organisational boundaries were dropped to speedup Covid responses.
- The Family Service has been able to continue to support families affected by substance misuse with a blended approach of face-to-face and virtual support. They have supported a small number of families to obtain reconditioned laptops free of charge, to allow them to access a range of digital support options. Parents have also been provided with extensive information of free activities and fun things to do in the local community.



# Borough performance

New to treatment	2019/20*				2020/21*	
	Q1	Q2	Q3	Q4	Q1	Q2
<b>Alcohol</b>	39	65	111	137	30	75
<b>Alcohol and Non Opiate</b>	22	46	96	126	17	48
<b>Non Opiate</b>	10	18	43	57	17	36
<b>Opiate</b>	32	63	146	196	83	129
<b>Total</b>	103	192	396	516	147	288

\*accumulative data

Numbers seeking support for their opiate use increased as a consequence of the reduced availability of street purchased drugs. This is a trend noted in drug services throughout London.

During lockdown there was a marked reduction in the numbers of people presenting for support around their alcohol. Whilst these numbers are now improving, commissioners are working with the service to encourage greater numbers into treatment, especially in light of the reported impact of lockdown on people's drinking.

# Next steps

Next steps have been planned but it has been difficult to sustain progress due to the changing nature of the pandemic.

These steps include:

- Planning for further waves of covid
- Delivering flu vaccinations to staff and vulnerable service users
- Ensuring that all critical face to face interventions are reinstated safely and as soon as possible. These include drug screening; blood borne virus screening
- Provider led workstreams on lessons learnt and to develop new ways of working post covid
- Commissioning the new support funded awarded by MHCLG/PHE to provide drug and alcohol support to rough sleepers (£498k). The funding was made available following the excellent work delivered by partnerships as part of 'Everyone In'
- Equality impact assessments for any of these new approaches to delivering support.

Public Health commissioners are also initiating discussions with colleagues across the council about how we can share learning and develop a framework for what does good look like in relation to online and phone based care.