

SUPPORTING ISLINGTON RESIDENTS WHO NEED SUPPORT WITH THEIR DRUG AND ALCOHOL USE

December 2021





Key areas for presentation

- Facts and figures:
 - KPIs
 - Impact of Covid
- Service recovery:
 - Learning from covid
 - Limitations of covid experience
 - New investment
 - Dame Carol Black review
 - Priorities for the next 12 months
- Inequalities:
 - Drug related deaths
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- Appendix (included as a separate document and for reference only)

Facts and figures

Key Performance Indicators

New to treatment – the numbers of new people entering treatment in the year

| | 2019/20 | 2020/21 |
|-----------------------------|---------|---------|
| All substance misuse groups | 516 | 636 |

Unplanned Exits – the number of people who leave treatment in an unplanned way e.g. discharged after non-engagement

| | 2019/20 | 2020/21 |
|-----------------------------|---------|---------|
| All substance misuse groups | 35.1% | 35.5% |

I Statements – I Statements are a qualitative tool used to measure an individual's goals. Service users rate certain statements from 1 – 20 including:

- I have a personal support network,
- I know how to manage the risk of my substance use,
- and I am working towards a goal.

Recent data (Sept 2021) from the service suggests that from treatment start to treatment exit **service users increased their rating by an average of 8 points** across all measures.

Facts and figures

Impact of COVID

PHE developed a range of reports which demonstrated the impact of COVID on drug and alcohol services. Below is a summary of the most recent report with a comparison to London and National averages. (NDTMS 2021)

| | Change in activity (Compares Feb 2020 – Aug 2021 vs Feb 2018 – Aug 2018 plus Feb 2019 – Aug 2019 combined) | | | |
|-----------|---|---|--|--|
| | Change in number in treatment | Change in number of deaths in treatment | Change in number of successful completions | Change in number with any housing need |
| Islington | 9.1% | -2.7% | -10.1% | -29.9% |
| London | 7.7% | 25.0% | -8.0% | -6.4% |
| National | 6.3% | 28.0% | 1.3% | -6.4% |

- Islington saw a greater increase in the numbers in treatment compared to regional and national averages and there was a particularly significant increase in opiate users (already a much higher proportion of service users in the borough compared with London and England).
- The “Everyone In” initiative increased the numbers of those seeking treatment (some for the first time). The challenge for the service is to retain those people in treatment.
- Successful completions have also been affected by COVID, this has been partially caused by the service actively retaining people in treatment and not discharging them. Islington is still performing better than London and national averages. See above for the % changes in successful completion
- Those entering treatment with no housing need dropped dramatically during this period, which again can be attributed to the efforts of the council to accommodate as many people rough sleeping and experiencing homeless as possible via “Everyone in”.

Service recovery

Learning from the impact of and response to COVID

Commissioners are continuing to work with Better Lives and service users to fully understand the learning from COVID. However some learning has already been identified including:

- Service users say they have benefitted from having more responsibility and control of when they collect medication.
- The “Everyone In” initiative demonstrated how true partnership working can achieve significantly better outcomes. This has led to substance misuse services and their partners exploring ways in which support can be offered in a more multi-disciplinary way.
- A focus on better supporting people who experience multiple disadvantage. There has been a shift towards services being able to deliver support using trauma informed approaches. Officers are keen to further develop this with the service going forward.
- Development of digital solutions to delivering services has provided an opportunity to explore how services can enhance their digital offer, and enable them to continue to deliver support if there are further waves of the pandemic.
- The pandemic has seen a national, regional and local rise in drug related deaths. Understanding and addressing this is a priority for both commissioners and the service.

Limitations of COVID Experience

Although learning from the pandemic is still ongoing, COVID has resulted in a number of challenges to service delivery which have impacted on the service offer and experience of service users:

- Lack of face-to-face appointments were easier to manage in the earlier stages of the lockdown which was supported by national guidance. The guidance stated that face-to-face contact should be avoided where it would be unsafe or unnecessary; telephone or other remote or virtual support should be provided as an alternative. NHS provided services, such as Better Lives, are continuing with restrictions on face-to-face access in order to ensure infection control and prevention measures.
- Partnership working with Primary Care and Acute Trusts has been more challenging whilst these sectors have needed to prioritise Covid care and managed their own responses to the impacts
- Lack of access to other community based support services
- Increase in drug related deaths
- With the introduction of more online activity, issues for digital exclusion and IT literacy have been more impactful on those affected
- Feelings of social isolation and loneliness have increased, adversely impacting on motivation levels
- Increase in alcohol use and alcohol related mortality

New investment

- During 2020/21 Islington received two significant grants from the Ministry of Housing, Communities and Local Government (MHCLG) and Public Health England (PHE).
- In January 2020, Islington received £490K from the **Rough Sleeping Grant allocation**. This funding has been used to commission a dedicated drug and alcohol service for rough sleepers. The new service comprises a nurse prescriber, specialist women's worker and mental health worker. The team became operational in late September 2021 and is working with rough sleepers and those at risk of rough sleeping. The new service will work alongside Islington's street outreach team and existing drug and alcohol services.
- In July 2021, Islington received £530K from PHE in the form of a **Universal Grant**. The purpose of the grant is to support local areas to drive down the crime associated with the drug market, particularly acquisitive crime and violent crime, and the rise in drug-related deaths.
- The grant is being predominantly used to fund a new criminal justice team to increase integration and improved care pathways between criminal justice settings and drug treatment.
- Other pilots funded by this grant include:
 - increasing the distribution of naloxone amongst other stakeholders e.g. hostels, which can be administered to people experiencing an overdose to reduce the risk of death
 - developing a peer support network for those with drug and alcohol needs leaving the criminal justice system
 - enhancing the services offered by community pharmacies including the distribution of wound care packs to injecting drug users.

Dame Carol Black's Independent Review of Drugs

In July 2021, Professor Dame Carol Black published the findings of the second part of her independent review into drug prevention, treatment and recovery, commissioned by the government.

The purpose of the review was to inform the UK government's strategy on how to reduce the harm that drugs cause and help people with drug misuse problems receive the support they need to recover and turn their lives around, both in the community and prison.

The review found many examples of hard work to meet the needs of communities and of good practice but concluded that overall the public provision of drug treatment, recovery, and prevention is "not fit for purpose, and urgently needs repair", and suggests a number of recommendations to achieve the following objectives:

- **To increase the proportion of people misusing drugs who access treatment and recovery support**, including more young people, and earlier interventions for offenders to divert them away from the criminal justice system, particularly prison.
- **To ensure that the treatment and recovery package offered is of high quality and includes evidence-based** drug treatment, mental and physical health interventions, and employment and housing support.
- **To reduce the demand for drugs and prevent problematic drug use**, including use by vulnerable and minority groups and by recreational drug users.

Commissioners will work with service providers in the coming months to fully explore all 32 recommendations from the review and how these can be developed and implemented.

Priorities for next 12 months

Commissioners will work with Better Lives in the coming months on a number of priorities including but not limited to:

- Targeting priority groups e.g. opiate users who also use alcohol
- Implement learning from Covid / recovery planning
- Develop systems and partnerships to address co-morbid trauma and mental ill-health in people who use substances
- A 'deep dive' analysis of deaths of people in treatment, in order to identify themes or issues to support improvements in services
- Address recruitment, retention and well-being of the workforce
- Review and respond to Dame Carol Black's recommendations



Inequalities

The impact of the health inequalities associated with drug misuse is most clearly demonstrated by mortality rates.

- High-risk drug users have **a three to 20 times higher mortality risk** than their peers of the same age and gender in the general population - [Drug-related deaths and mortality in Europe \(europa.eu\)](#)
- ONS analysis by deprivation shows that, in the last decade, **rates of drug poisoning deaths have been higher in the most deprived areas of England and Wales compared with the least** - [Deaths related to drug poisoning in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)
- 2019 (the most recent reported year) saw the **highest number of drug related deaths in England since the data time series began** in 1993 (the most significant increase occurred in 2018). This trend is mirrored in Islington and concerningly appears to be continuing (using local data reports).

Hospital admissions as a result of alcohol are also greater in those living in the most deprived areas of Islington:

- The rate of hospital admissions (after controlling for age) among residents living in the most deprived quintile of Islington was **2.4 times greater** when compared to those living in the least deprived quintile.
- **33% of residents who were admitted to hospital three or more times** due to alcohol in 2019/20 lived in the most deprived quintile of Islington, compared to 12% in the least deprived quintile

Service user perspectives



The following feedback was provided by ICDAS (Islington Clients of Drug and Alcohol Services) who are a forum of service user representatives.

Challenges

Due to Covid and Better Lives decreasing footfall into their buildings, ICDAS members have struggled to get feedback from Better Lives' clients compared with previous years.

Clients have feedback to ICDAS members that they want more structured groups to return to the service, which is not happening currently.

There have been some clients who have feedback to ICDAS members that they feel once they have left Better Lives, they felt isolated.

ICDAS Development

ICDAS have increased their membership this year and have a vibrant team in place.

ICDAS have defined roles and responsibilities for their members and additional training needs have been identified. This has allowed ICDAS to continue to work with Better Lives to address any challenges.

ICDAS has an Action Plan; this allows members to work towards their independence as a Peer Lead Co-Production group.