Camden & Islington Public Health
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Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 8th November 2022

Ward(s): All

Subject: Partnership arrangements for the new national alcohol and drugs misuse strategy

1. Synopsis

1.1 Substance and alcohol misuse are important causes of preventable harm for the health and wellbeing of people in Islington, bringing wider social, housing, economic, criminal and community safety impacts. Central government published a new drugs and alcohol misuse strategy earlier this year, From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk). It aims to tackle drug supply chains, significantly increase the capacity for treatment and recovery, and make a long-term preventive shift to reduce the demand for drugs in order to improve health, save lives and reduce criminal activity.

1.2 Local areas need to establish new or refreshed drug and alcohol misuse partnership arrangements, ensuring that senior representatives of relevant services and teams come together in order to deliver strategic goals, involving service users, people with lived experience and those affected by the drug and alcohol misuse of others. This local partnership needs to link into local borough partnership arrangements. It is proposed that Islington Health and Wellbeing Board would be the board that this partnership would formally report into, with a parallel 'dotted line' for plans and updates with the Safer Islington Partnership.

2. Recommendations

2.1. To note the contents of this report, including the priorities for the new national strategy and the requirement to establish a new, senior level Partnership for local implementation

2.2. To agree to be the formal reporting line from the Partnership into the wider local borough partnership, with the Partnership working in close communication and co-operation with the Safer Islington Partnership

2.3. To agree to receive, review and provide input and guidance into the local needs analysis and the Partnership's plans for taking forward the national strategy, to be shared also with the Safer Islington Partnership, once developed

2.4. To agree to receive annual updates on progress once plans are agreed, and more frequently if the Senior Responsible Officer and Partnership and/or the Health and Wellbeing Board identify the need, shared also with the Safer Islington Partnership

3. Background

3.1. Substance and alcohol misuse are important causes of preventable harm for the physical and mental health and wellbeing of people in Islington (Appendix 1). These harms extend to wider social, housing, economic, safeguarding, criminal and community safety impacts. There are strong links to deprivation and other inequalities, and the effects of alcohol and drugs misuse transmit through the generations, perpetuating harm and disadvantage.

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 Westminster Drug Project), in primary care through general practice and community pharmacies, the community and voluntary sector, and Islington Council. There is a well-established service user group and forum.

National Strategy and Dame Carol Black's Independent Review

3.3. The new national drugs and alcohol misuse strategy was published earlier this year, From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk). It sets out a long term, ten-year programme of major change against three overarching priorities, which the strategy describes as:

- Breaking drug supply chains – with actions for the Home Office and Ministry of Justice.
- Delivering a world-class treatment and recovery system – to fall within the responsibilities and influences of the Department of Health and Social Care, Ministry of Justice, Department for Levelling Up, Housing and Communities, and Department for Work and Pensions.
- Achieving a generational shift in demand for drugs – to be focussed on by the Home Office, Department for Education, Department of Health and Social

Care, Ministry of Justice, Departmental for Culture, Media and Sport, Department for Levelling Up Housing and Communities.

3.4. The content and priorities are in part the government's response to the independent review carried out by Dame Carol Black (2021). The review was commissioned by the government in order to inform its strategy for how to reduce the harm that drugs cause and to help people with drug misuse problems receive the support they need to recover and turn their lives around, both in the community and prison.

3.5. In summary, her national review into drug prevention, treatment and recovery found many examples of hard work and good practice to meet the needs of communities. However, she concluded that overall the provision of drug treatment, recovery, and prevention nationally was "not fit for purpose, and urgently needs repair".

3.6. The review found that spending on treatment was under significant pressure as local government and public health budgets have been cut and as central government funding and oversight has fallen away. The review concluded, based on current estimates of drug and alcohol misuse prevalence, that an additional £552 million each year is needed from the Department of Health and Social Care (DHSC) within the next five years in addition to the current national annual expenditure of £680million, to provide a full range of high-quality drug treatment and recovery services.

3.7. The review identified the following key objectives for investment:

3.7.1. **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.

3.7.2. **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.

3.7.3. **To reduce the demand for drugs and prevent problematic drug use**, including use by vulnerable and minority groups and by recreational drug users.

3.8. Underpinning these objectives, the review made a wide range of recommendations covering areas such as: levels of investment; treatment and recovery pathways and services; workforce development; housing needs; employment; mental health; investment in educating children and young people; and research. All recommendations were based on the need for a collaborative approach to achieving the best outcomes.

3.9. Reflecting the cross-cutting approach of the review, the strategy 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 has subsequently been followed by a series of detailed and prescriptive guidance for local areas regarding the roll-out of the strategy, planning

trajectories and requirements for local partnership arrangements ("Combating Drugs Partnerships") to take forward and support actions.

Additional investment

3.10. Additional funding (through a new Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG)) is being made available to local authorities over the next three years to deliver the early ambitions of the national strategy.

3.11. The purpose of the SSMTR grant is to directly address the aims of the treatment and recovery section of the drug strategy, offering a full range of evidence-based interventions available to anyone experiencing substance addiction, from long term heroin users and people with cocaine, cannabis, and alcohol problems, to young people using psychoactive substances. On a national basis, the additional funding over the first three years of the national strategy is intended to deliver:

- An increase in treatment capacity, including:
    - new places for opiate and crack users, expanding access to cover at least 53% of opiate and crack users in treatment
    - a treatment place for every offender with an addiction
    - new treatment places for non-opiate and alcohol users
    - more young people in treatment
- An increase in the numbers of people in long-term recovery from substance dependency
- Development of the workforce, with more medical, mental health and other professionals and an increase in additional drug and alcohol and criminal justice workers
- Commissioning and co-ordination capacity to deliver change.

3.12. System development and transformation needs to focus on meeting the needs of all communities, particularly inequalities in access and outcomes within current treatment and recovery systems – including people from ethnic minority backgrounds and women. A rapid, updated needs assessment is in development locally to assist with informing local actions to address the above national requirement. There is also the need for plans to reduce the risks of drug and alcohol-related deaths, which have been the subject of a recent local audit.

3.13. Areas of highest need have been prioritised for early investment – this includes Islington. In total, this represents a cumulative grant of just over £4.9 million over three years, reaching £2.7 million in Financial Year 2024/25, with the first tranche of funding this year. This first year is significantly offset by reductions in other grant income which had been provided over the past two years to drive down the crime associated with the drug market, particularly acquisitive crime and violent crime, and address the rise in drug-related deaths. These activities have been supported through the new grant in 2022/23, with some additional investment in key areas of need for young people. This new grant is in addition to funding through the Public Health Grant, where alcohol and substance misuse is the single largest area of expenditure, accounting for £7.1 million (25%) of the local grant.

3.14. As well as the SSMTRG grant funding through local authorities, which is focused on treatment and recovery, separate funding is also being disseminated for policing and related activities around the objective of action on drug supply chains and related harms.

Governance

3.15. National guidance was published over the summer detailing expectations for local governance for partnership and delivery of the strategic goals. In common with other areas in North Central London, Islington has opted for a borough-level partnership; the Senior Responsible Officer is the Director of Public Health, who as well as ensuring partnership and delivery arrangements are in place, will be responsible for reporting on progress to central government. The remit of the local partnership is to bring together senior elected members, senior officers of the council and of other partners, and local people who use services or are affected by drug and alcohol misuse, in order to cover all three of the strategic priorities articulated in the strategy. A summary of the remit of partnerships as set out in the national guidance is included as Appendix 2.

3.16. The Partnership Board will focus on a shared purpose to improve the lives of people affected by problem alcohol and drug use. It will facilitate a collaborative view on how to plan for future changes in drugs and alcohol support, as well as for partners to work cooperatively to shared goals and to constructively hold each other to account to ensure improvements in resident and community safety, prevention, access, outcomes and equity. It will allow options for pathways and future models to deliver improvements to be considered in the light of the requirements of the national strategy, local needs analysis, new investments and changes in practice and delivery implemented through Covid, as well as taking account of wider system changes such as Integrated Care Systems for health and social care.

4. Implications

4.1. Financial Implications

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.

4.2. Legal Implications

4.2.1. The council has a duty to improve public health under the Health and Social Care Act 2012, section 12. 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). Therefore the council may provide integrated drug and alcohol recovery services as proposed in this report.

4.2.2. In addition to the above, it must be noted that relevant provisions of Health and Care Act 2022 are now in force which has placed Integrated Care Systems (ICS) on a statutory footing. Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. The purpose of integrated care systems is to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and help NHS support broader social and economic development. Moving forward, the aims of the Safer Islington Partnership should be considered in line with the wider aims of NCL ICS.

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

4.3.1. There are no anticipated environmental implications. The implementation of this strategy and related commissioned services will promote environmental friendly practices such as the requirement for providers to have in place a registered, hazardous waste collection service to dispose of used injectables.

4.4. Equalities Impact Assessment

4.4.1. 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.

4.4.2. An Equalities Impact Assessment is not required in relation to this report, which seeks agreement to reporting arrangements into Islington's wider borough partnership governance for a new, senior level partnership to address local implementation of the national drug and alcohol misuse strategy. Local plans for implementation, as developed, will be informed by and accompanied by Equalities Impact Assessment/s.

5. Conclusion and reasons for recommendations

5.1. There are significant benefits and opportunities to improve access to treatment services and improve long term recovery outcomes for people with drug and alcohol misuse problems afforded by additional grant funding for these services anticipated over the next three years. Greater access and more people

successfully achieving recovery will facilitate wider benefits and reductions in harm across the community, economy and upon other public and community services.

5.2. The many contributing causes, as well as impacts of, drug and alcohol misuse go far beyond the health and criminal justice systems which has often been the focus of previous national strategies, which means that cooperation and action across a wide range of sectors is needed. Locally, a senior level partnership group is needed to help steer implementation, focused on improving the lives of residents and communities affected by drug and alcohol misuse, addressing inequalities, and ensuring the lived experience and views of people affected by, or at risk of, drug and alcohol misuse are central to local plans and delivery.

Appendices:

- **Appendix 1. A brief overview of estimated prevalence and health harms associated with substance and alcohol misuse**

- **Appendix 2. Overview of the purpose and remit of the Partnership for local implementation of the national drug and alcohol misuse strategy**

Background papers

- National drugs strategy:
  From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk)
- Dame Carol Black review:
  Review of drugs: phase two report - GOV.UK (www.gov.uk)
- Public Health Institute. Liverpool John Moores University:
  Opiate and crack cocaine use: prevalence estimates by local area - GOV.UK (www.gov.uk)

Final report clearance:

Signed by: 

Director of Public Health

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Appendix 1. A brief overview of estimated prevalence and health harms associated with substance and alcohol misuse

The illicit nature of drug misuse means that routine local data is often not available in the same way as for other health or social issues. However, prevalence based on national methodologies indicated a central estimate of 2,308 opiate and crack cocaine users in Islington in 2016/17 (range 1,810 to 2,830). This is equivalent to a rate of 13.1 per 100,000, which is the fourth highest in London. Based on that central estimate, it was calculated that 39% of opiate and crack cocaine users were in local treatment in 2020/21 compared to a national average of 47%.

National and regional trends in drug-related deaths highlight significant inequalities:

- 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)

- 2021 (the most recent reported year) saw the **highest number of drug related deaths in England since reporting began in 1993**, with 4,859 deaths attributed to drug poisoning. Where further information was provided, 84% were specifically attributed to drugs misuse. Deaths have been rising through the last decade after having previously peaked in the mid-2000s. This overall trend in drug-related deaths has been mirrored in Islington.

It is estimated that there are approximately 3,600 dependent alcohol users in the borough. It is also estimated that 20% of the adult population are drinking at levels above the lower risk consumption levels set out in national guidance (i.e. more than 14 units of alcohol a week). Binge drinking is estimated at 16%. It is estimated that 17% of dependent alcohol users were in local treatment in 2020/21, which was similar to the national average of 18%.

In general, Islington experiences a higher level of alcohol related harms compared to London. For example, key indicators for hospital admissions and early, preventable death include:

- In 2020/21, estimates of alcohol-related admissions among Islington residents were **423 per 100,000** (narrow definition) and **1,756 per 100,000** (broader definition)[1]. On both measures, this was significantly higher than the London averages (348 and 1,409 per 100,000), and on the broader measure significantly higher than England (456 and 1,500 per 100,000). The overarching trend indicates a decline in the admissions rate in Islington residents since the mid-2010s which continued into 2020/21.

[1] Alcohol-related conditions include all alcohol-specific conditions plus those where alcohol contributes to a greater or lesser degree to the disease. A death or admission that is partly caused by alcohol can include, for example, high blood pressure, breast cancer, falls and accidents, among other alcohol-related causes. The narrower and broader definitions use differing estimates of those impacts on different conditions to produce the two different estimates.

- There were on average **10 admissions** each year as a result of alcohol in those aged under 18 years during 2018/19 to 2020/21. The rate of 23.5 per 100,000 was the third highest in London (regional average of 14.3), but not significantly different from the national average of 29.3 per 100,000.

- In 2020, there were an estimated **1,344 potential years of life lost due to alcohol related conditions** among local residents, with a rate roughly twice as high among men as women. Rates for both men and women were similar to London and England as a whole.

There are significant inequalities associated with alcohol harms. For example, hospital admissions as a result of alcohol misuse are significantly greater among people 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 is **2.4 times greater** when compared to those living in the least deprived quintile.

- **33% of residents admitted to hospital three or more times** due to alcohol live in the most deprived quintile of Islington, compared to 12% in the least deprived quintile.

Appendix 2. Overview of the purpose and remit of the Partnership

1 Purpose and role

1.1 The partnership's overarching responsibility is to oversee the local implementation and delivery of the national combatting drugs strategy objectives, focussed on addressing the needs and improving the experience and outcomes for residents and communities. This includes as a minimum to:

A. Oversee the development and delivery of:
   i. Terms of reference
   ii. Joint needs assessment
   iii. Local strategy and delivery plans
   iv. Progress reports

B. Monitor impacts of the work of the partnership, including equality impacts and progress on tackling health inequalities.
C. Identify key issues and risks, establishing and maintaining a risk register.
D. Ensure the lived experience and views of those affected by drugs and drug related harm are central to the work of the partnership
E. Oversee the development and delivery of relevant programme sub-groups as and when required.

2 Drugs strategy commitments for local partnerships to cover in their plans

2.1 Break drug supply chains

A. targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
B. going after the money – disrupting drug gang operations and seizing their cash
C. rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
D. tackling the retail market – improving targeting of local drug gangs and street dealing
E. restricting the supply of drugs into prisons – applying technology and skills to improve security and detection

2.2 Deliver a world-class treatment and recovery system

A. delivering world-class treatment and recovery services – strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes
B. strengthening the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy
C. ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery

D. improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing

E. improving employment opportunities – linking employment support and peer support to Jobcentre Plus services

F. increasing referrals into treatment in the criminal justice system – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment

G. keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community

2.3 Achieve a generational shift in the demand for drugs

A. applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm

B. delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs

C. supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

3 The Partnership

3.1 There is a strategic and commissioning partnership, with a shared purpose to improve the lives of people affected by problem alcohol and drug use.

A. There are partnership structures that include relevant local organisations that represent the needs of people affected by problem alcohol and drug use. For example, this could include:
- people with lived experience, such as lived experience recovery organisations (LEROs)
- local authority officials, such as elected members, public health, safeguarding and housing
- crime and justice partners, such as police and crime commissioners and representatives from the police, probation, prisons, and youth offender services and institutions
- partners from the voluntary sector and other services that reflect the target treatment populations, such as those working with young people, people experiencing rough sleeping, people affected by domestic abuse, people from ethnic minority backgrounds and LGBT+ communities
- education and employment partners, such as Jobcentre Plus, schools and further education
- other health partners, such as NHS strategic leads, NHS England and Improvement, primary care, alcohol and drug treatment providers, mental health treatment providers, OHID regional alcohol and drug leads.

B. There are regular partnership meetings, accompanied by commissioning and delivery plans.

C. Each partner ensures that their organisational service delivery plan and associated activity incorporates and complements the partnership's plan to reduce alcohol and drug harm. Partnerships jointly commission services where appropriate.

D. There is a strategic and collaborative relationship with alcohol and drug treatment providers.

3.2 The partnership ensures there is enough strategic and commissioning capacity and competence.

A. The partnership ensures there is sufficient capacity to coordinate strategy and planning, proportionate to local budget and activity.

B. Partnership representatives or commissioners are actively involved in other relevant strategic groups, and feed back information from those groups to the partnership. Strategic groups may include those for:

- integrated care
- mental health
- criminal justice
- young people
- housing and homelessness