

Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 12 March 2024

Ward(s): all wards

Subject: 1. Combatting Drugs Partnership

1. Synopsis

- 1.1. At the Health and Wellbeing Boards in October 2022 and October 2023, 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 Combatting 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 summarises proposals for 2024/25, now that the grants for 2024/25 have been confirmed.

2. Recommendations

- 2.1. To note progress against the National Drugs Strategy objectives and the current areas of national and local focus around drugs and alcohol, in particular Islington's Combatting Drugs Partnership, Community of Practice, and forthcoming service developments for 2024/25.
- 2.2. To note the increases in people in treatment and recovery and numbers of people starting treatment as additional resources and service improvement initiatives come into effect.
- 2.3. To note and support the activities to promote the services with health and social care and community and voluntary sector partners, and opportunities to increase referrals and access to treatment and help for people with, or affected by, drug and alcohol use.

3. Background

- 3.1. Alcohol and drug misuse are important causes of preventable harm, ill health and early preventable death in Islington. As well as health and wellbeing, there are social, housing, economic, crime and community safety impacts affecting individuals, families and communities. 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's Better Lives service, in partnership with the third-sector organisation, Humankind; in primary care through general practice and community pharmacies; outreach, in-reach and employment and recovery support through 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") which responded to [Professor Dame Carol Black's independent review of drugs](#). 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. Publication of the strategy was followed by detailed guidance for implementation, including requirements for local partnership arrangements (establishment of "Combatting Drugs Partnerships"), and development of local delivery and spending plans to meet national 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, training or voluntary opportunities suited to them. They then help with all stages of the applying for and starting a job. This is an important part of recovery for many people who have had drug and alcohol misuse problems, not least that they may have been long term workless or have lost previous employment due to drug and alcohol problems, among other issues. 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. There is a high risk of vulnerability to drug and alcohol problems among people in this position, and In-Roads provides one-to-one key-working, connects people to health services and other help, provides harm-reduction support, including Naloxone³, and makes referrals to a range of other support services.
- 4.6. As part of the increased SSMTRG grant in 2023/24, Islington has invested in a culturally competent holistic support service for 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) delivers its 10-week structured support programme to Islington residents, following its Prepare, Adjust, Contribute, Thrive (PACT) model. The programme has been establishing pathways and relationships with the prison, other parts of the criminal justice system and with treatment and recovery services alongside recruitment into its programme.

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.

- 4.7. Service-user involvement in the design and delivery of drug and alcohol services is an essential part of service quality and assurance. Public Health are directly supporting the re-launch of the long-standing and highly valued service user group **Islington Clients of Drug and Alcohol Services (ICDAS)**. The group has recently attracted several new members and is producing publicity materials to promote itself further across the different Islington services and encourage more involvement among people using the service.
- 4.8. Public Health are working closely with colleagues in Community Safety to support the Combatting Drugs element(s) of the **Safer Islington Partnership Plan 2023-26**. This included supporting the facilitation of the Safer Islington Partnership's August workshop session on strategy development, recognising the many shared aims and common stakeholders, the opportunities to align efforts to deliver improvements for Islington residents, and the importance of shared intelligence and insight in identifying trends and responding to issues. This includes expanding the links and presence of drug and alcohol services in criminal justice services improving continuity of care for people with drug and alcohol problems between criminal justice services and treatment and recovery services in the community and through co-ordinated and joint outreach with police and community safety services. The Central North Metropolitan Police Project ADDER team have particularly highlighted how joint visits to people who are being cuckooed and vulnerable are directly benefitting from the professional knowledge and experience, support and advice that the drug and alcohol service is able to provide on the spot, as well as through the outreach patrols being carried out jointly.
- 4.9. Islington's **Policy and Performance Scrutiny Committee** has been carrying out an inquiry into antisocial behaviour in Islington. Camden & Islington NHS Foundation Trust attended to discuss both drug and alcohol services and mental health services, the complex needs that often present in antisocial behaviour cases which involve those health conditions, and how treatment services work together to support those affected. The Committee also considered how preventive and early intervention approaches can be applied.

5. Grant income and delivery plans

- 5.1. To support local authorities to deliver the outcomes outlined in the national strategy, every local authority in England is now being awarded a Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). The early focus of the strategy is reflected in the current objectives for the grant which aims to boost capacity for structured treatment and recovery. There is a specific focus on promoting continuity of care for people with drug and alcohol needs between services and settings, particularly improving the links between the criminal justice system and drug and alcohol services in the community. The grant is awarded and managed nationally by the Department of Health and Social Care/Office of

Health Improvement and Disparities (OHID). The grant was first issued in 2021/22, with indicative funding commitment for two further years. Funding beyond 2024/25 has not been confirmed.

- 5.2. The SSMTR grant aims to supplement existing drug and alcohol spending made through the Public Health Grant. Local authorities are expected to ensure that existing levels of expenditure covered by the Public Health Grant are maintained as part of the conditions of the SSMTRG. Separately, funding is also being disseminated for policing and related activities to support the national strategy objectives to act on drug supply chains and related harms (this investment is made directly to police forces through a programme called **Project Adder**). There are high levels of need associated with drug and alcohol misuse needs in the borough, which nationally produced prevalence data estimates as the highest in London, and drug and alcohol treatment and support is the single largest area of expenditure within the local Public Health Grant, accounting for around £7.1 million (23%) of this budget. Given the high level of estimated need, Islington is assessed by OHID as one of the boroughs in London that could contribute the largest shares towards national goals for increasing people in treatment. Achievement of these goals underpin the local delivery plans, which require national approval and monitoring for use of the grant.
- 5.3. Islington's SSMTR grant income for the financial year 2023/24 is £1,399,416, which rises for the year 2024/25 to £2,700,656. Officers were notified of the 2024/25 grant value and requirements in December 2023, which is earlier than in the two previous years. This affords officers more preparatory time ahead of 2024/25 to implement spending and delivery plans with partners. Ahead of 2024/25, OHID has notified the Council that it is one of six boroughs in London that had been identified as an area with high levels of unmet need based on estimates and as such will be monitored closely throughout 2024/25 to ensure delivery of key outcomes of the strategy. This means that there is increased monitoring against milestones and progress on people in treatment. A financial conditionality is applied to the 2024/25 grant, which means that up to 10% of the grant may not be released in the second half of 2024/25 if in-year trajectories for the numbers of people accessing treatment are not being achieved.
- 5.4. **The local delivery plan** is organised under four key domains, which can broadly be described as capability, capacity, quality and pathways. The domains include the following:
 - 5.4.1. Capability
 - Ensuring the resources to manage grant delivery and progress on goals.
 - Continuation of the operational sub-groups of the Combatting Drugs Partnership, with a particular focus on Criminal Justice Pathways and Health.
 - Growing the recently established Community of Practice, which is focusing initially on services and staff who work with the highest need and most complex residents and settings.

- Developing and making best use of data, including a new surveillance tool to enable system-wide monitoring and response to drug-related deaths and non-fatal overdoses.

5.4.2. Capacity

- Analysis of staffing structure within treatment service to identify opportunities to increase delivery and continuously improve outcomes.
- A Programme Manager and Data Manager post within the Better Lives service to provide additional programme coordination and reporting capacity.
- Investment in physical improvements to service premises to make the service environment more inviting for service users and prospective clients.

5.4.3. Quality

- Enhancing local data and quality monitoring through a revised suite of Key Performance Indicators, the introduction of a referral log system to better understand why people leave the service in an unplanned way, and improved collection of data around deaths of people who are in treatment.
- Introduction of a caseload monitoring indicator, to complement the service's own recent work around caseload segmentation.
- Working with system partners and service users to identify additional service elements that may improve the local offer. This includes use of remote / digital options, building on experience gained during Covid; same-day prescribing as part of initiation of treatment; enhanced outreach based on intelligence about key areas for focus in the community and working with local partners.

5.4.4. Pathways

- Development of a Drug and Alcohol Liaison Team in partnership with the Wittington Hospital and Better Lives.
- Criminal Justice System pathway development, including co-location and in-reach at Islington custody suites, building on the work to date.
- Promote the services to NHS and social care, encouraging referrals into drug and alcohol treatment from primary care, urgent and emergency care, mental health services and local integrated health and social care networks, among other services.
- Strengthen links and joint working with the Voluntary and Community Sector and with faith organisations to raise awareness of what services and help are available and help promote access to services to currently underserved community groups.

5.5. **Islington's 2024/25 SSMTRG spending plans** focus on increasing the numbers of people accessing drug and alcohol treatment in the borough, both in the community and via the criminal justice system. The grant requires full investment

and delivery within the financial year, and up to 10% of its value is conditional on achieving target increases to the numbers of people in treatment. Commissioners therefore intend to invest the majority of this year's grant into capacity within the Better Lives service. This will help to expand existing pathways, as well as develop new pathways to support greater access to treatment and recovery. There is a particular focus to deepen and develop further pathways with the criminal justice system. Work with other parts of the health and social care sector will include introduction of a new drug and alcohol liaison service through the Whittington's A&E and investment in more senior support for people with dual mental health and drug and alcohol conditions in the mental health service.

- 5.6. The Grant will provide continued investment into young people's services, peer-led and -delivered services to reduce harm and support recovery, and the Support When It Matters support for men of Black African and Black Caribbean heritage moving from prison to the community. Complementing existing outreach work, additional investment will focus on outreach capacity for people who use opiates and crack, and for hostel in-reach to connect hostel residents into treatment and recovery. Investment will also enhance promotion and access and referral into the service, with a programme to build more links with the community and voluntary sector.
- 5.7. The Grant will also support further work to reduce the risk of drug related deaths in Islington. This includes the provision of Naloxone (overdose reversal drug) via pharmacies, including continued roll-out of nasally administered formulations; expansion of the use of long-acting Opiate Substitution Treatment which helps manage withdrawal symptoms; and a monitoring system to track fatal and non-fatal overdose reporting to help identify any local trends and emergent risks where action is needed.

6. Progress against the National Drugs Strategy

- 6.1. The first meeting of Islington's Combatting Drugs Partnership (CDP) was held in December 2023, with good attendance from partners across health and social care, criminal justice, community safety, VCS and a range of local authority teams. The Partnership considered the Islington Local Area Profile which provided an assessment of local needs. This summarised the published estimates of drug and alcohol need in the borough, the current service provision, and opportunities for development across the system as a whole. Subgroups on criminal justice and health had been established during the year, as well as a joint North Central London group on workforce, and updates were provided on progress made. The next CDP meeting will take place in Summer 2024. A workshop session is planned for Spring 2024, to allow the partnership to spend time focused on the areas for development identified in the Local Area Profile.

- 6.2. In Autumn 2023, Islington Public Health launched a Drugs and Alcohol Community of Practice to bring together colleagues working with our most vulnerable and/or complex cohort, who tend to have multiple health and social needs. Improving access to drug treatment support for those in supported or temporary accommodation has been an early focus, which stands to benefit all residents in a setting and promote feelings of safety for staff and for those living in the community. To further this, Public Health is also working closely with Islington's commissioners of mental health accommodation – having recently joined its Provider Forum – to understand and help address the challenges co-occurring mental health and substance misuse needs can present for residents and for accommodation providers.
- 6.3. Service performance is showing encouraging improvements as service improvement initiatives, new or expanded pathways and other new grant-funded investments begin to come into effect. There was an increase of 12% in the overall number of people in treatment in 2023 compared with the year before (1,732 compared with 1,540). The number of people entering treatment over the same period increased considerably faster, rising from 497 new starters in 2022 to 791 in 2023, an overall increase of 59% year on year. This shows the size of the treatment cohort has grown as a result of people starting new courses of treatment, rather than people staying in treatment for longer periods.
- 6.4. Commissioners continue to work closely with Better Lives to monitor existing contract performance and delivery of the additional grant-funded elements. As noted, the 2024/25 grant period starts in a more favourable position than 2023/24 owing to earlier confirmation of the grant allocation and approval of plans by OHID has already been gained. This is enabling earlier and substantial progress with internal governance, recruitment to roles and implementation of new contracts before the new financial year.

7. Challenges and looking ahead

- 7.1. Despite the National Strategy's 10-year timeframe, the initial funding commitment was announced for three years only, the last year of which is 2024/25. There is no information about intentions for the grant beyond the forthcoming financial year.
- 7.2. As noted, Islington's 2024/25 grant allocation is subject to conditions, with up to 10% of the grant withheld if programme targets are not achieved. This creates a potential 'Catch 22' challenge in planning for 2024/25 activities which support achievement of said targets, since there is a risk that Islington does not receive the full grant funding. Consequently, commissioners have carefully profiled activities and investments through the financial year to minimise the risk if grant income is reduced, ensuring that earlier funding concentrates on those activities and

pathways which will contribute the greatest support to the trajectory achievements needed during the year.

- 7.3. Workforce availability continues to challenge the combatting drugs programme in all regions of the country, and especially in London, where staff working in drug and alcohol services are more likely to live within commuting distance of a range of local authorities, NHS Trusts and other provider organisations all of whom may be advertising vacancies. Better Lives has been successful in recruiting to the majority of grant-funded roles, but some posts have proved more difficult or taken longer to fill. Islington will continue to contribute to longer term workforce development working with other councils across North Central London.
- 7.4. In February 2024, the Metropolitan Police confirmed that Nitazenes (potent synthetic opioids) had been detected in multiple substances recently seized from drug users and dealers across London. Four fatal overdoses occurred in neighbouring areas between December 2023 and February 2024, and whilst toxicology reports are awaited, there is concern that synthetic opioids may have been involved in those deaths. Commissioners and services are publicising the risks and harm reduction advice to users and issuing additional Naloxone (overdose reversal medication) to service users. Through the new Community of Practice and other networks, Commissioners are raising awareness of the risk with providers of supported and temporary housing, street outreach, and other front-line teams.

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).

8.2.3 The council may, therefore provide integrated drug and alcohol services as proposed in this report.

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.

9. Conclusion and reasons for recommendations

9.1 There is a significant programme of local work underway to take forward the goals of the national strategy for drug and alcohol misuse and make best use of the Supplementary Substance Misuse Treatment and Recovery Grant to improve access and continuity of care in treatment. There are early signs of improvement in numbers of people in treatment, and a notable increase among all categories of need in numbers of people starting treatment. Pathways with criminal justice services have been an early priority focus, and this is expanding out more widely to health and social care and community and voluntary sector services. These pathways will support continued and increasing partnership opportunities to improve health and health inequalities, address community safety needs and reduce other impacts and harms caused by alcohol and drugs in Islington.

Appendices:

None

Background papers:

None

Final report clearance:

Signed by: Jonathan O'Sullivan

Director of Public Health

Date: 29 February 2024