

Director of Public Health

Meeting of:	Date	Agenda item	Ward(s)
Health Scrutiny	2 nd July 2015		All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: Reducing alcohol-related harm in Islington – report on progress
1. Synopsis

- 1.1 Substance misuse has a substantial and significant impact on Islington residents. Substance misuse is one of Public Health's core transformation programmes. To support delivery of this, a significant programme of work has been instigated to ensure we are maximising positive recovery outcomes among substance misusers. There have been some substantial and rapid improvements in outcomes for those in treatment services. For instance the level of successful treatment completions among non-opiate users in Islington is now in the top quartile of performance when compared to boroughs with similar treatment populations. The transformation programme will support a sustained improvement in these outcomes, whilst ensuring we maximise value for money.
- 1.2 The paper provides a brief summary of the impacts of substance misuse in Islington, the size of the treatment population and outcomes amongst this group. The paper outlines the work that is happening to redesign the treatment pathway as well as describing the key work streams for the next 12-18 months. We also highlight the key challenges which we need to address.

2. Recommendations

- 2.1 To note the work which is already underway, as well as the work planned to tackle the detrimental impacts of substance misuse in Islington.

3. Background

- 3.1 Alcohol and substance misuse are both cause of considerable harm to the health and well-being of Islington residents. One in three residents are estimated to be drinking at increased or high risk levels. The borough also has one of the highest levels of incapacity benefit claimants for alcoholism in London. In terms of other substance misuse Islington has the second highest rate of opiate and crack use in London; although data suggests a downward trend in the local prevalence rate.
- 3.2 The impacts of substance misuse are felt across the population, and the evidence base shows investment in drug and alcohol services results in a strong and substantial return on investment. For example:
- The National Audit Office estimates £2.50 is saved for every £1 invested in treatment services,
 - It is estimated nationally if all drug users who started their recovery in 2010-11 sustain it, the estimated benefit would be £2.6bn

- For every £100 invested in drug treatment services a crime is prevented
- 3.3 Substance misuse service performance is monitored nationally and locally using the National Drug Treatment Monitoring System (NDTMS) which is overseen by Public Health England (PHE). During 2014/15 there were concerns about the security of the data transfer process from service providers to NDTMS. As a result NDTMS was unavailable for most of 2014/15. In Islington we have relied on local contract monitoring and performance management arrangements to be assured about the effectiveness of services. Locally reported performance has been positive with an increased number of successful treatment completions. However, due to the complexity of data matching it was not possible to use this local data to produce borough wide information similar to that available on NDTMS. Whilst NDTMS has recently become available again there is a backlog uploading data and cleansing it. This means that we are limited in terms of the data we can report for 2014/15 and are therefore using 2013/14 data in this report, whilst the national issues with the NDTMS system are resolved.
- 3.4 Based on information available for 2013/14, there are an estimated 1930 opiate users, 1820 crack cocaine users and 570 injecting drug users living in the borough. In 2013-14 there were 1287 people in Islington effectively engaged in drug treatment. In 2012/13 there were 916 people in treatment for alcohol. In terms of the treatment population there has been a significant change in the case mix with and an increasing proportion on non-opiate users.
- 3.5 The drug and alcohol treatment pathway in Islington has been developed in line with what the evidence base shows to work best in maximising positive outcomes for those who are substance misusers or affected by someone else's substance misuse. The aim of the approach is to impact positively on health, social and economic outcomes across the borough through sustained recovery. There are three core strands to the treatment model – prevention, treatment and recovery. Underlying these three strands is the importance of ensuring effective integration with other services, both within the council (e.g. social care, housing and community safety) and the wider public sector (police, health and probation).
- 3.6 There have been some significant improvements in outcomes of those in the drug and alcohol treatment system over the last couple of years. For instance completions for non-opiate users has increased by 14% from 2012-13 to 2013-14. Whilst for those in alcohol treatment, 59% of those who left alcohol treatment became abstinent in 2013-14, with the number reporting a housing problem reducing from 15% at entry to treatment to 5% when leaving alcohol treatment services and 100% of those who reported offending linked to key offences (shoplifting, assault, other theft, drug selling) at the start of treatment ceasing offending by treatment exit.
- 3.7 It is important that the work that has been occurring to support improved outcomes over the last couple of years continues to be developed in order to meet the high and changing need in the borough. Our key priorities over the next 24 months are aligned to the Public Health Transformation programme. Our approach has been informed by a number of factors, in particularly supporting residents with different patterns of drug and alcohol use; increasing uptake of treatment among underrepresented groups, including young people who misuse alcohol and drugs; and supporting the treatment system to improve recovery outcomes in the opiate using population. Our approach to transformation has identified the following objectives:
- A treatment pathway that is adaptive to the changing needs of the population of drug and alcohol users e.g. addressing the impact of legal highs, increasing uptake of treatment services for underrepresented groups such as young people
 - Developing a more flexible and personalised service with greater emphasis on community based programmes and wider recovery support
 - Strengthening pathways into employment and engagement with housing and other agencies relevant to effective and sustained recovery
 - Ensuring families and those affected by someone else's substance misuse are effectively supported
 - Need to ensure effective, evidence-based treatment services available in Islington that can demonstrate value for money
- 3.8 The work programme is involving a full review of the treatment pathway, including service redesign & review of ways of working. The review will ensure a model of delivery which improves outcomes in drug and alcohol services, whilst delivering substantial efficiencies and maximising value for money. A project plan has been developed and is being implemented to review all services within the drug treatment system and a clear forward plan is in place. Key workstreams currently being taken forward are the re-procurement of the complex needs drug service and remodelling of the primary care based

drug and alcohol services; development of an approach for re-procuring the residential detoxification and rehabilitation services; and a review of the local day programmes for substance misuse.

3.9 A number of challenges need to be addressed as we take forward these priorities, some of the key challenges and areas to be aware of include:

- Recognising that those in treatment services are the 'tip of the iceberg' (especially alcohol)
- Early intervention, and the importance of looking across all council services to identify opportunities for heading off problems before they escalate – across the lifecourse, including children's services and YOS
- Recognising that not all those affected by substance use will be dependent on drugs or alcohol - often individuals/families at risk of harm are 'invisible' and we need to ensure this group are well supported.
- Ensuring a sustained recovery, for instance supporting those in treatment services back into employment.
- Ensuring we do not address substance misuse in isolation, one particular area of focus is the overlap with mental health. There are substantial opportunities for working collaboratively with a cohort of individuals, to support a more sustained and joined up approach for delivery of services
- It is important we seize opportunities offered by national and regional work programmes/initiatives. For instance exploring how we can ensure impacts of substance misuse are acknowledged and included within work such as that happening around employment support.
- Substance misuse is clearly an area which impacts across a range of service areas – all areas of the council are affected. It is important we consider how we can better quantify cross-over of service use in Islington. For instance if we can apply an approach similar to that used to look at youth offending to understand and model through a cohort to quantify what services they are coming into contact with.

4. Implications

4.1 **Financial implications: to be added when received**

4.2 **Legal Implications: to be added when received**

4.3 **Environmental Implications: to be added when received**

4.4 **Equality Impact Assessment:**

Resident Impact Assessments will be completed as part of the tendering of each of the different of the different services.

5. Conclusion and reasons for recommendations

5.1 The committee are asked to note the work which is already underway, as well as the work planned to tackle the detrimental impacts of substance misuse in Islington

5.2 It is important that substance misuse commissioners and public health continue to work collaboratively with partners to develop a treatment pathway that is adaptive to the changing needs of the population of drug and alcohol users and which therefore maximises good treatment outcomes and sustained recovery, whilst also maximising value for money and efficiencies within the system.

Appendices

Background papers: presentation: substance misuse in Islington, July 2016

Final report clearance:

Signed by:



Received by: Director of Public Health

Date 23rd June 2015

Head of Democratic Services

Date

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