

## Safer Communities Partnership Board

28<sup>th</sup> April 2023

<b>Title</b>	Director of Public Health Report on Performance and Delivery Progress on drug and alcohol misuse services
<b>Report of</b>	Chair of the Safer Communities Partnership Board
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	None
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### Summary

This report provides an overview and update to the Safer Communities Partnership Board on key areas of the Directorate of Public Health Performance and delivery of substance misuse services and, these are:

- Barnet Combating Drugs Partnership (BCDP).
- Funding of Substance Misuse Services.
- Substance Misuse Treatment & Recovery Services.
- Number of People Accessing Treatment and Outcomes.
- Data on Structured Treatment – Adults and Young People.
- Outreach and Community Engagement.
- Recovery Orientated Treatment.
- Feedback on service user stories.

### Officers Recommendations

- 1. The Safer Communities Partnership Board to consider and note the progress being made to Deliver a world-class Drug and Alcohol treatment and recovery system, including setting up of the Barnet Combating Drugs Partnership (BCDP).**
- 2. The Safer Communities Partnership Board to agree oversight of BCDP delivery plan.**

## 1. Why this report is needed

- 1.1 This report provides the Safer Communities Partnership Board with progress on Public Health Performance and Delivery on drug and alcohol misuse services, which include update on the already set up Barnet Combating Drugs Partnership (BCDP).

## 2. Reasons for recommendations

- 2.1 To update the Safer Communities Partnership Board (SCPB) regarding the progress made in relation to the delivery of the various work strands of the Substance Misuse services which include the following; Barnet Combating Drugs Partnership (BCDP), Funding of Substance Misuse Services, Substance Misuse Treatment & Recovery Services, Number of People Accessing Treatment and Outcomes, Data on Structured Treatment – Adults and Young People, Outreach and Community Engagement and, Recovery Orientated Treatment

### **Barnet Combating Drugs partnership and Substance Misuse Services Update**

- 2.2 **Overview:** The national drug strategy, 'From Harm to Hope', was published in December 2021. It sets out the government's 10-year plan to tackle harm caused by illegal drug use and related crime. The strategy was the government's response to two independent reports produced by Dame Carol Black in 2020 and 2021.
- 2.3 From Harm to Hope benefited from cross-government sponsorship, being signed off by the Home Secretary, the Secretary of State for Health and Social Care, and the Combating Drugs Minister. Delivery of the strategy was supported by considerable additional funding (almost £900m over three years) and the establishment of the cross-government Joint Combating Drugs Unit (JCDU).

In keeping with prior drug strategies, From Harm to Hope sets out three strategic priorities:

1. Break drug supply chains
  2. Deliver a world-class treatment and recovery system
  3. Achieve a generational shift in the demand for drugs
- 2.3 Currently there is no national alcohol strategy and no plans have been announced to publish such a strategy. The most recent alcohol strategy was published for the period of 2012 to 2015. It is expected that local areas consider alcohol prevention and treatment as an integrated part of local substance misuse strategies.
  - 2.4 To ensure delivery of the national strategy, in addition to the JCDU, the government set out a framework of national and local accountability. This includes the setting up of Combating Drug Partnerships at each locality (to be locally determined), with Senior Responsible Officers (SROs), and a set of national performance measures. In London, all Combating Drugs Partnerships are at the borough level and, across the country, over 70% of SROs are Directors of Public Health. Some CDPs have Directors of Children Services, elected members or Police as designated SROs. In Barnet, Director of Public Health is an SRO for the Partnership, and it is chaired by elected member, Chair of the Health and Wellbeing Board.

## **2.5 Barnet Combating Drugs Partnership (BCDP)**

2.5.1 The Barnet CDPB launched in November 2022 and has had two meetings to date. The CDPB aims to address the following key outcomes:

- Reduce drug related crime
- Reduce harm
- Reduce supply
- Increase treatment engagement
- Increase long-term recovery
- Reduce the number of people developing problematic substance misuse

2.5.2 Whilst the Barnet CDPB will report to the Health and Wellbeing Board (HWBB), there will be strong oversight from the Barnet Safer Communities Partnership Board (SCPB), with an expectation that relevant partners of the BSCP will take leadership of key elements of the CDP Delivery Plan especially, on actions relating to breaking drug supply chains and addressing offending behaviour whilst working closely with the wider partnership. Other strategic boards will be asked to take ownership of areas that relate to their core business.

2.5.3 The Barnet CDPB is currently finalising a local “From Harm to Hope” needs assessment which assesses Barnet’s delivery of the three strategic priorities. Following the needs assessment, a delivery plan will be agreed by the CDPB and HWBB. SCPB will receive agreed delivery plan, for noting and support for delivery.

2.5.4 Creation of the CDPBs across the Country, brings together key partners to work together in combating drug relating crime whilst providing world class treatment and support to residents with addiction challenges.

2.5.5 In Barnet, Public Health continue to work closely with other key departments of the Council to achieve and deliver on the main objectives of the CDP. Children and Families Department for example will play a key role on the Barnet CDPB given that they have a duty on tackling/addressing serious violence in the Borough, including their remit and role on reducing reoffending, tackling domestic abuse and violence against women & girls. These and other related elements of the national drug strategy via implementation and/or delivery of the local Barnet CDP Action Plan, will go a long way in ensuring that there is in place a coordinated and ambitious delivery plan focused on prevention, reducing harm, violence, exploitation, offending and treatment.

2.5.6 This report asks the SCPB to note that it will be a good idea to keep the CDPB elements discussed as a standing update at the statutory working group of the SCPB.

## **2.6 Funding**

2.6.1 In recent years, publicly funded alcohol and drug treatment has largely been commissioned using funding from the annual public health grant, overseen by Directors of Public Health within local authorities. In 2022/23, the budget for substance misuse

treatment services was £2,349,399.34 for adults and £199,540.46 for young people. Both services are delivered by [Change Grow Live](#).

2.6.2 Following the publication of the 2021 drug strategy, a new Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) was announced. This has provided Barnet with £381,264 in 2022/23 and £390,000 for 2023/24. There is a further £41,000 available for inpatient detoxification. This is managed via a London consortium. A requirement for receipt of these grants is that public health grant investment in substance misuse is not reduced.

2.6.3 Additional drug strategy-related grants to support rough sleepers (RSDATG) have also been made available to selected local authorities. This has provided Barnet with £398,121 of funding to support people rough sleeping in 2022/23 and 2023/24.

2.6.4 The SSMTRG in 2023/24 provides 10 additional roles to support the delivery of the current adult and young people's services. These include:

- 1 x Lead substance misuse commissioner (Barnet Council)
- 1 x Early engagement worker
- 1 x Young persons worker
- 2 x Recovery worker apprentices
- 0.5 x Non-medical prescriber
- 1 x Aftercare practitioner
- 1 x Criminal justice practitioner
- 0.6 x Criminal justice admin
- 1 x Quality lead

2.6.5 The RSDATG funding has enabled the recruitment and development of a specialist homelessness and substance misuse outreach team. This includes:

- 1 x Public Health officer (Barnet Council)
- 1 x Romanian speaking worker
- 0.5 x Psychologist
- 1 x Floating Support worker
- 1 x Outreach worker
- 1 x Complex needs outreach nurse
- 1 x Outreach team leader

## **2.7 Substance Misuse Treatment and Recovery Services**

2.7.1 Barnet Public Health commissions a range of interventions for people whose life is impacted by substance misuse. This includes friends and families of people using substances as well as the person misusing the substances.

2.7.2 These services include:

- Barnet Drinkcoach – commissioned on an annual basis
  - o Online and app-based alcohol questionnaire
  - o Online and app-based e-resources
  - o Online coaching sessions for people who are not alcohol dependant but in need of some additional support
- Change Grow Live Young People's Service – currently in year 4 of a 5-year contract
  - o Support and in-reach for schools
  - o 1:1 psychosocial intervention

- Support and education for parents
- Transitional work for young people reaching adult age
- Change Grow Live Adult's Service - currently in year 4 of a 5-year contract
  - Harm reduction advice
  - Needle exchange
  - Overdose prevention and Naloxone distribution for service users and professionals
  - 1:1 psychosocial intervention
  - Access to substitute medication
  - Referrals to residential and community detoxes and residential rehab
  - Counselling
  - Group work
  - Employment, Education and Training support
  - A range of health and wellbeing services including support to stop smoking, blood borne virus assessment/vaccination/treatment, health checks
  - Support for friends, families and carers
  - Education and information for professionals including GP's and other health professionals
  - Support for parents who use drugs or alcohol, including co-location with children's centers and family services
  - Prison release support
  - Support throughout the criminal justice system including police custody, courts, and prison
- Change Grow Live Rough Sleeping Drug and Alcohol Project - grant funded on an annual basis
  - Romanian speaking outreach
  - Outreach and community engagement
  - Floating support for people at risk of homelessness due to their substance use

## **2.8 Number of People Accessing Treatment and Outcomes**

### **2.8.1 Identification And Brief Advice (IBA)**

2.8.1.1 Currently Barnet's brief intervention is delivered via the [DrinkCoach](#) service. The service encourages residents to complete an Alcohol Use Disorders Identification Test (AUDIT) alcohol test and gives advice and information based on the person's score. For those eligible, it also offers access to one-to-one virtual "coaching" sessions from a trained counsellor.

2.8.1.2 The AUDIT ( ) is a simple and effective method of screening for unhealthy alcohol use, defined as risky or hazardous use.

2.8.1.3 For the 12-month period of January 2022 to December 2022 there were:

- 5,348 visits to the Drinkcoach test
- 1,647 AUDIT's complete

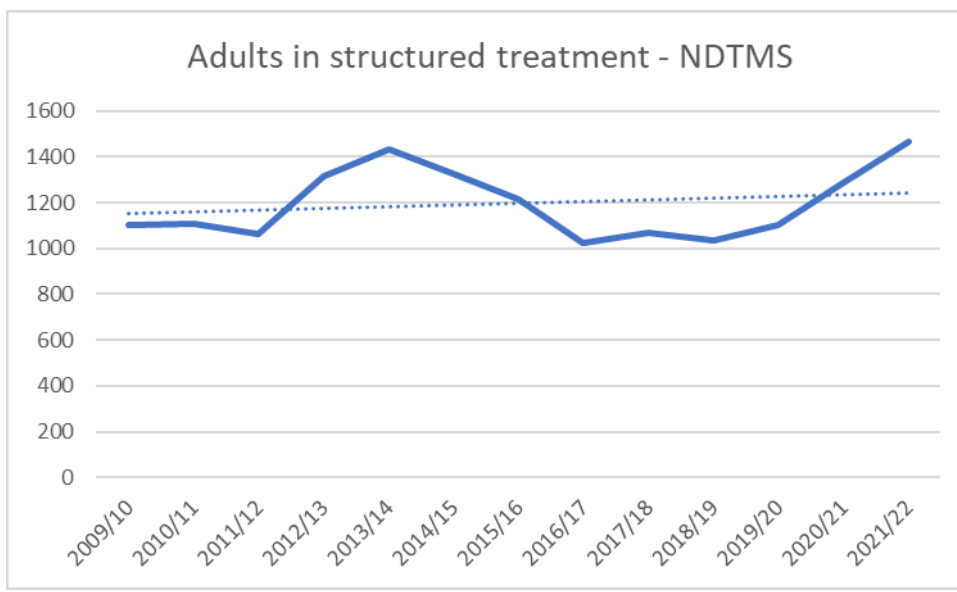
Low Risk Audit's Completed		Increasing Risk AUDIT's Completed	
480	29%	623	38%

Higher Risk Audit's Completed		Possible Dependence Audit's	
193	12%	388	24%

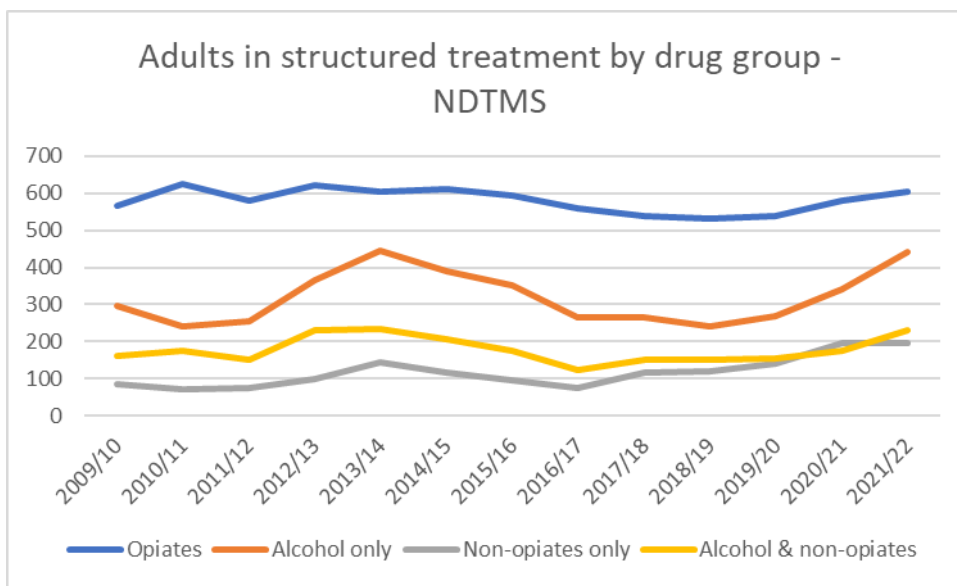
### 2.8.2 Structured Treatment – Adults and Young People

2.8.2.1 The following data is reported via the National Drug Treatment Monitoring System (NDTMS). NDTMS collects person level, patient identifiable data from drug and alcohol treatment providers at a national level.

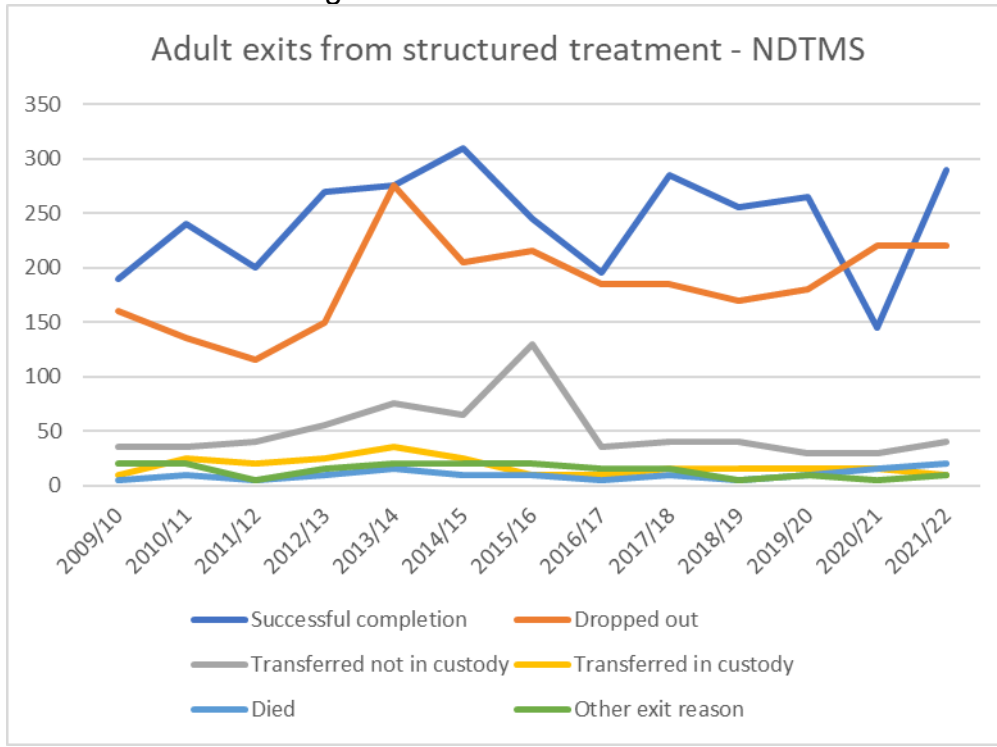
2.8.2.2 The number of adults over 18 in structured treatment recorded by NDTMS shows an increasing trend and a more rapid increase from 2018-19 onwards. Numbers in treatment in 2021-22 were slightly higher than the previous peak in 2013-14.



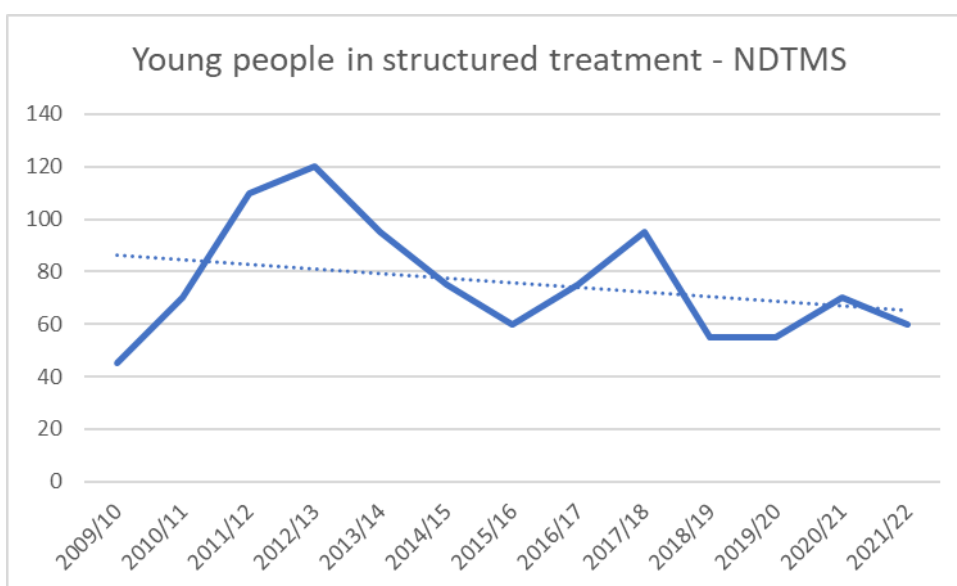
2.8.2.3 Most adults in treatment are being treated for opiate use. People who are only using alcohol make up the second-largest group, which has been increasing since 2018-19.



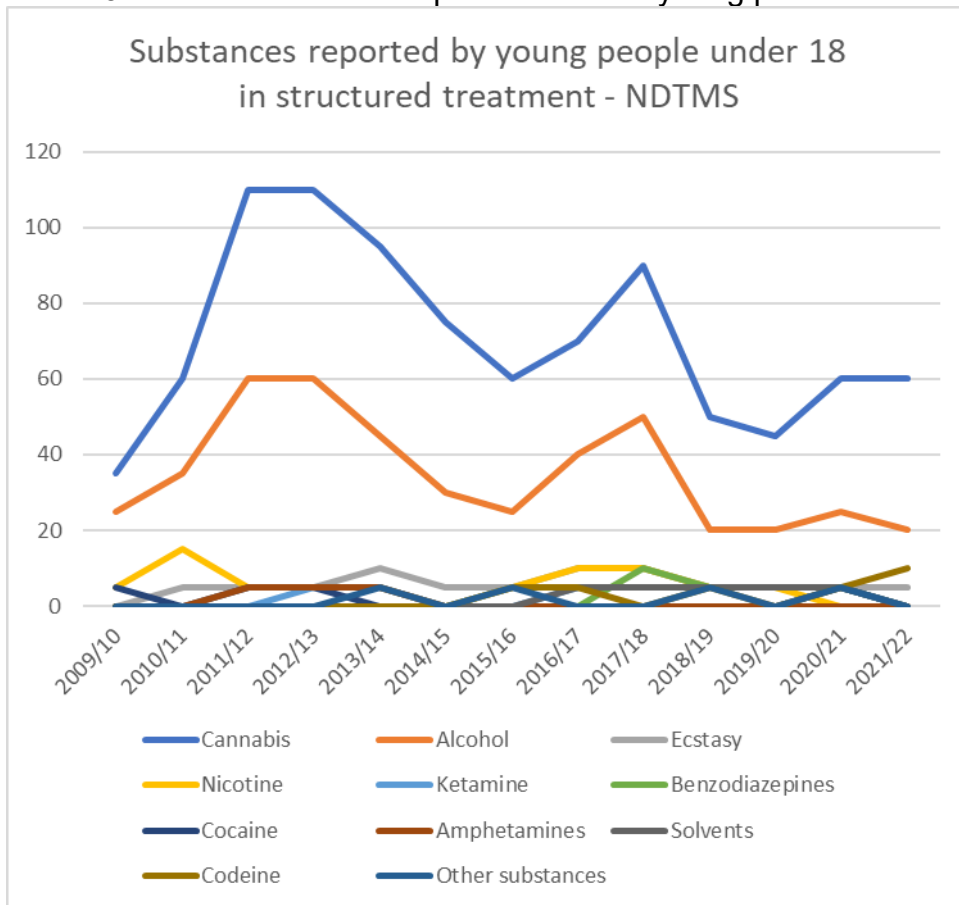
2.8.2.4 The main reason for adult treatment exits has been that people successfully completed their treatment, except in 2020-21 when more people continued their treatment to ensure they had support during COVID-19 lockdowns. The peak for 'Transferred not in custody' in 2015-16 reflects a transfer between service providers during a previous recommissioning of the service.



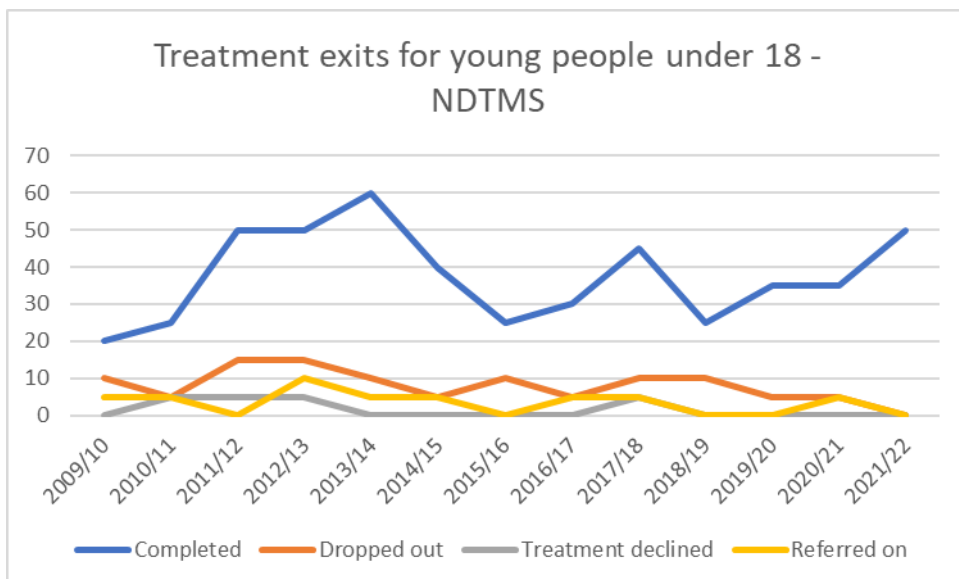
2.8.2.5 The NDTMS data below shows that the number of young people under 18 in structured treatment has declined since 2012-13, this is a trend reflected in national data.



2.8.2.6 The main substances reported by young people are cannabis and alcohol, this is also reflected nationally and has been a long-term trend. The graph below shows the substances reported to NDTMS for young people under 18 in structured treatment; up to 3 substances can be reported for each young person.



2.8.2.7 The majority of young people under 18 complete their treatment, with smaller numbers dropping out, declining treatment or being referred on.





2.8.2.8 More detailed analysis will be available in the Barnet substance misuse needs assessment which is currently in development for the Combating Drugs Partnership.

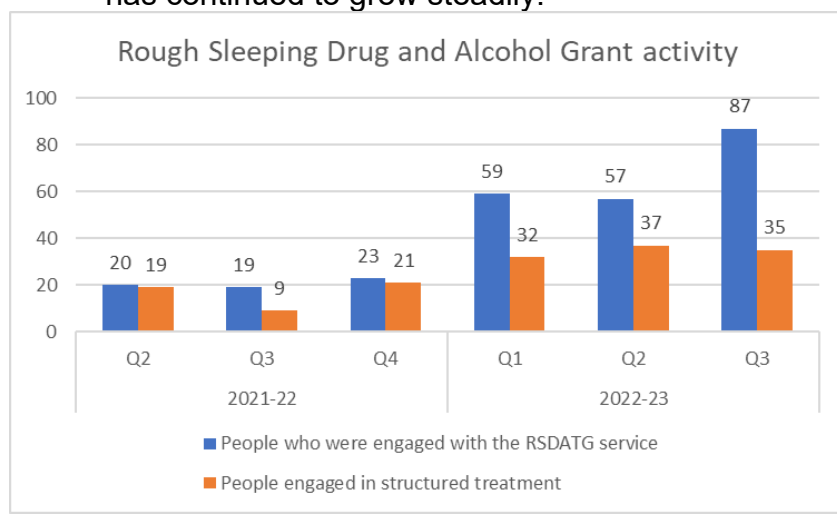
## 2.9 **Outreach and Community Engagement**

2.9.1 Barnet received grant funding in 2021 to deliver a project to support people who are rough sleeping or at risk of rough sleeping who have substance misuse issues. The grant was given to fund specialist support for individuals to access and engage with drug and alcohol treatment and move towards longer-term accommodation, supporting the work of wider homelessness and rough sleeping funding. The grant is managed and coordinated by Office for Health Improvement and Disparities (OHID).

2.9.2 Rough Sleeping Grant Funding is annually agreed as from 2021 to 2025 at least. Indications of funding beyond 2025 are not known at this time.

2.9.3 The caseworkers in the teamwork in partnership with Barnet Homes and Homeless Action in Barnet (HAB) to deliver multifactorial interventions to people who would ordinarily find it more challenging to access treatment services due to their homelessness and other related problems.

2.9.4 Since the launch of the project in 2021, the number of people engaged through outreach has continued to grow steadily.



2.9.5 Additionally, the team co-ordinate regular community events offering health checks, stop smoking interventions, COVID and flu vaccinations, Hepatitis C screening, naloxone distribution as well as haircuts, hot food and other services.

## 2.10 **Recovery Orientated Treatment**

2.10.1 Successful substance misuse treatment is so much more than addressing a person's drug and alcohol problems. Addiction can be incredibly isolating, and to address this the Change Grow Live service has visible recovery at its heart. Recovery which provides people with the skills, tools, and mechanisms to be part of a community.

2.10.2 Some examples of this are:

- Safe Saturday Project – a recovery focussed spaced led by peers

- Allotment Project – a community allotment where service users grow vegetables and learn about food, nutrition and budgeting
- Photography club and other creative activities
- Flower arranging and Christmas wreath making
- Celebrating diversity – Hosting events for key dates such as Black History Month and International Women’s Day
- Boxercise sessions
- Yoga classes

# Service User Stories

## We asked and our service users in their own words...

**Our service user who has recovered of heroin for over 13 years shared his inspiring story with us.**

*I started smoking heroin when I was 16 and then I used drugs for 40 years.*

### **Did you try to stop?**

*Many times. I asked help from an addiction service in my country, prescribed with Methadone. But every three to six months, I always went back to heroin. Then, I moved to the UK. I was in my early 20s*

### **So what was your moment of clarity?**

*One day I had a big concert, I smoked heroin before coming to the venue, and when I entered, I couldn't recognise anyone who was talking to me. Then I went on the stage and I fainted. I was very disappointed in myself. I knew it was time to stop. It was very hard but I persisted. I kept trying. I knew that my character changed, I kept questioning myself, and I lost a lot of money and time. Every time I tried, I got closer being mentally ready. Having a target is very important. I set myself a target, I have stopped and now I won't touch it for 2 days, then 2 months and then 2 years, and then 3 years and now it's over 13 years. And never forget, if you don't save yourself, nobody can save you.*

### **When did you come to CGL for help and how did CGL help you?**

*14 years ago. Someone I know mentioned to me about CGL and told me they were really helpful. I've met so many good people; the doctors, nurses, other service users. Nishma is a great keyworker, always supporting me. CGL never put pressure on me to stop. After the tests, the doctor prescribed me Subutex and it is working very well for me. I have no more cravings. They always prescribed me the right dosage and we worked together. If you put time pressure, people go back. Everyone respected my decisions at CGL and I did stop when I was ready. I felt empowered.*

### **What motivated you to ask for help?**

*Number one is my son. I was divorced with my wife and my son was 8 years old. I said to myself, I do not want him to see me like this. The second reason was, I got so tired. I couldn't do anything without thinking about drugs. Every time I wanted to go somewhere, I always thought about when I was going to smoke, where I was going to buy it.*

### **What is life like today for you?**

*I see life very different now. I say to myself wow, life is so nice. The colours are nicer, the sun looks better. Everything looks clear. I see it now, I wake up, life is different. I used to think, if I don't use I can't play my music, but I am playing better now. During the lockdown, I learned to play a very difficult instrument on my own. So I am now doing positive things. I travel, I learn new things... Everything is in your mind. It's your brain only. Maybe you don't realise now but when you give up, a few months later you realise how wrong your brain was and how better life is around you. I hope everything goes well for other people.*



**Our service user who has recovered of cannabis and crack cocaine is sharing her inspiring story.**

*I left home when I was 16 and then one year later I was hooked. I came into treatment for cannabis use but in the past I used crack cocaine addictively. I am free of it for 12 years now, and I am free of cannabis as well.*

**How did smoking cannabis affect you?**

*It affects you mental health, I had many mood swings. I kept smoking on the weekends, then Monday, Tuesday, Wednesdays I wasn't really feeling well. Thursday, Fridays I felt better but then it was the weekend the next day. So I was in a loop and had a lot of ups and downs. Then my circumstances changed and life became too stressful and I started to smoke everyday until I had a mental breakdown and that's how I got to CGL. It was so chaotic.*

**How did CGL help you?**

*My keyworker Ronnie was brilliant. He told me to write down my patterns of smoking cannabis and it made me aware of why I was smoking. He gave me tips, books to read, gave me very useful advice. Then I started Tacko's Boxercise class, it was great to be out in the community. Yet, I was smoking before going to the class and I was out of breath, so I started not to smoke in the mornings before the class. And just like that my patterns started to change. Eventually no smoking on Thursdays, no smoking on mornings. So I cut down slowly. I took it slowly because I was also facing my emotions I have been keeping under for decades. Then I had an hospital admission for two weeks I did not smoke when in hospital. After I was out, it was very hard but each day I chose not to use. Another day, you know. I am choosing everyday to*

*live a life that my daughter will be proud of. CGL also helped me with other things. The allotment is great to be out in the fresh air, different plants, gardening are very helpful. I do also yoga at the allotment. SMART group is very helpful too. Yvette is very good. The Photography Club is great to do something different. I also want to start my own class which is nerve wrecking but also very exciting.*



**What is life like today for you?**

*It's beautiful to see with clear eyes. Everything looks brighter, I'm noticing so many new things now. My head is not down looking on the pavement anymore. Recovery is possible and there is good life outside of addiction. There is still fun times to be had. You're going to get the reward. You get out what you put in.*

### **3. Alternative options considered and not recommended**

3.1 Not relevant in relation to this report.

### **4. Post decision implementation**

4.1 Not relevant in relation to this report

### **5. Implications of decision**

#### **5.1 Corporate Priorities and Performance**

5.1.1 Substance misuse service commissioned activity form part of the Council's statutory

duties under the Health and Social Care Act 2012 to commission and provide appropriate public health services.

## **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 There are no current financial implications associated with the recommendations of this report.

## **5.3 Legal and Constitutional References**

5.3.1 There are no current legal implications associated with the recommendations of this report.

## **5.4 Social Value**

5.4.1 Social Value was considered as part of the substance misuse services Contract award criteria, to ensure maximum benefits can be achieved via the agreed and approved financial spend on commissioned services but not relevant to this specific report.

## **5.5 Risk Management**

5.5.1 There is in place a Performance Framework agreed to monitoring substance misuse services and set KPIs, including performance and outcome measures which we continue to monitor and reviewed through contract management on a quarterly basis.

## **5.6 Corporate Parenting**

5.6.1 There are no direct implications for children and, the young people's drugs and alcohol services are open to young people under 25.

## **5.7 Consultation and Engagement**

5.7.1 Not relevant in relation to this report

## **5.8 Environmental Impact**

5.8.1 Not relevant in relation to this report

# **6. Background papers**

6.1 None