

Safer Communities Partnership Board

24th November 2023

Title	Update on Combating Drugs Partnership Board progress
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
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Summary

This report provides an overview and update to the Safer Communities Partnership Board on progress and delivery of Barnet Combating Drugs Partnership (BCDP) and substance misuse services and, these are:

- Barnet Combating Drugs Partnership (BCDP) / Key Achievements.
- 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.
- Continuity of Care.

Officers Recommendations

1. The Safer Communities Partnership Board to consider and note the progress being made by the Barnet Combating Drugs Partnership Board (BCDPB).
2. BCDPB needs assessment and delivery plan to be noted and support to be provided in relevant areas of work

1. Why this report is needed.

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

3 Barnet Combating Drugs partnership and Substance Misuse Services Update

3.1 The release of the national drug strategy, 'From Harm to Hope', published in December 2021 and setting out the government's 10-year plan to tackle harm caused by illegal drug use and related crime prompted the establishment of Joint Combating Drugs Unit (JCUD) and local Combating Drugs Partnerships.

3.2 Barnet Combating Drugs Partnership has continued to develop and grow since its establishment in late 2022 and operates in alignment with the three strategic priorities set out in the drug strategy:

3.2.1 Break drug supply chains

3.2.2 Deliver a world-class treatment and recovery system.

3.2.3 Achieve a generational shift in the demand for drugs.

3.3 The Barnet CDPB launched in November 2022 and meets quarterly. Since the last update to the SCP in April 2023, the CDPB has met twice in July and October. 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.

3.4 The Barnet CDPB has completed a local "From Harm to Hope" needs assessment which assesses Barnet's delivery of the national drug strategy's three strategic priorities. The report was presented to The Health and Wellbeing Board in July and agreed by the board. The report is attached as an Appendix I.

3.5 Following the completion of the needs assessment, a delivery plan was developed, focusing on the three priority areas, supporting the implementation of the actions identified in the needs assessment. The delivery plan is attached as an Appendix II.

3.6 The Barnet CDPB has also commenced development of localised CDPB metrics and dashboard. The metrics are divided into the key priorities and use a mixture of publicly

available and restricted data. Most metrics have been agreed, with some still being discussed with relevant partners.

3.6.1 Agreed metrics include:

- Drug trafficking and possession offences and sanction rates
- Number of prison leavers successfully transferred to community treatment within 3 weeks of release.
- Numbers in treatment for young people and adults, by drug group
- Treatment effectiveness
- Alcohol and drug deaths in treatment
- Alcohol use in GP registered population
- Number of people subject to Drug Treatment requirement (DRR) and Alcohol Treatment Requirement (ATR) orders
- Number of people on the probation caseload with an identified substance misuse need
- Number of people with a probation licence condition to engage in treatment.
- School suspensions and exclusions with substance use cited as the reason.
- Number of prevention/education sessions delivered by Change Grow Live (CGL)
- Number of parents known to children and family services identified as having a substance misuse issue.

3.7 CDPB meetings in July and October focused on sign off of the needs assessment and agreement of the delivery plan by all partners. The Board also received presentations from Rescue and Response (Pan-London County lines support service), Drinksafe (anti drink spiking organisation) and the Met Police updating on Operation Dakota. The focus on the Board has moved to implementation of the delivery plan by all partners.

3.8 Key achievements

3.8.1 Priority One (*Break drug supply chains*)

3.8.1.1 Ongoing Metropolitan Police operations across Barnet contribute to priority one aims for reducing drug related crime, reduce supply, disrupt, or roll up county lines. In the most recent CDPB the Police delivered a presentation on the impact of Operation Dakota, a targeted operation on Grahame Park which CDPB partners (Community Safety, Public Health, CGL and Barnet Homes) have worked closely with the Police on. Those partners are also supporting targeted work in other areas of the Borough including Burnt Oak. This operation achieved significant outcomes thus far, represented in a visible reduction in offences related to substance misuse including a disruption of five county lines.

3.8.1.2 CDPB partners have also contributed to the Serious Violence Duty needs assessment due to the significant intersection between the themes of CDPB and Serious Violence Duty.

3.8.2 Priority Two (*Deliver a world-class treatment and recovery system*)

3.8.2.1 A Criminal Justice and Substance Misuse Sub-group was established with membership from Public Health, CGL, Probation, HMP Wormwood Scrubs, Dependency and Recovery team (Forward Trust). The Police have also been invited to join the subgroup.

- 3.8.2.2 Key areas of work for the subgroup have been the establishment of a task and finish group focused on Willesden Magistrates Court to launch face to face drug and alcohol workers in court daily, with the aim of increasing drug and alcohol treatment orders. This involved close working with Brent and Harrow Public Health, treatment, and probation teams. Onsite staffing went live in October with all three Boroughs working with shared paperwork and information sharing agreements to provide a streamlined service for the public and court. Currently underway is programme of promotion of the new service to all court staff. Additionally, training was delivered to 40+ magistrates at the magistrates AGM in October.
- 3.8.2.3 The Criminal Justice Sub-group has worked extensively on improving the engagement of substance using offenders when transferring from prison to community. This is currently an Office of Health Inequalities and Disparities (OHID) priority area and a focus for the sub-group. A continuity of care self-assessment has been completed by the group and actions are monitored via monthly meetings. Improvement activities include increased in-reach to prisons, data quality work, increased correspondence with prison residents and pro-active engagement. This work continues to be an area of focus as Barnet still has some work to reach the stretching national OHID target of 75%, and performance data from OHID (which cannot be published as they are restricted statistics) are monitored and acted upon by the sub-group.
- 3.8.2.4 Sub-groups have additionally been established for workforce development and co-occurring conditions. The Co-occurring Conditions Sub-group has membership from LB Barnet (Public Health/ASC/Mental Health Commissioner), Barnet, Enfield, and Haringey Mental Health Trust (BEH MHT), CGL, Barnet Homes, Homelessness Action Barnet, and English as a Second Language. The Group is currently agreeing terms of reference and will be focussed on systems, pathways and ways of working relating to people with dual diagnosis and multiple and complex needs. The NCL Workforce Development Sub-group has membership from Public Health in all NCL boroughs and will focus on the development, retention, and recruitment of substance misuse treatment staff across the NCL footprint.

3.8.3 Priority Three (*Achieve a generational shift in the demand for drugs*)

- 3.8.3.1 Development has recently commenced on the young people education and prevention workstream, reviewing PHSE provision for substance misuse and other prevention or education work taking place by CGL in schools/PRU/ youth centres. CDP aims to support and improve existing work, look for gaps, increase offers of training to teachers and parents and ensure substance misuse education is linked as appropriate to sexual health and mental health support for young people.
- 3.8.3.2 Public health and Children and Family Services have been working jointly to review data available on substance use in parents and children and apply learning from this to identify actions for the delivery plan.

4. Funding

- 4.1 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 2023/24, 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](#).

4.2 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, which 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. The grant amount for 2024/25 is due to be announced in November 2023.

4.3 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 £410,889 in 2023/24.

5 Number of People Accessing Treatment and Outcomes

5.1 Identification And Brief Advice (IBA)

5.2 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.

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

5.3.1 For the 6-month period of June to October 2023 there were:

- 496 visits to the Drinkcoach test
- 211 AUDITs complete

Low Risk AUDITs Completed	Increasing Risk AUDIT’s Completed
43	63
Higher Risk AUDITs Completed	Possible Dependence AUDITs
30	75

5.4 Structured Treatment – Adults and Young People

5.4.1 Please note that due to the restricted nature of the National Drug Treatment Monitoring Service (NDTMS) data, recent data cannot be shared publicly until it is formally published by NDTMS. There has been no new data published since the last report to SCPB in April 23.

5.4.2 Unpublished NDTMS data has been viewed and discussed by CDPB members in order to support the aims and implementation of the delivery plan.

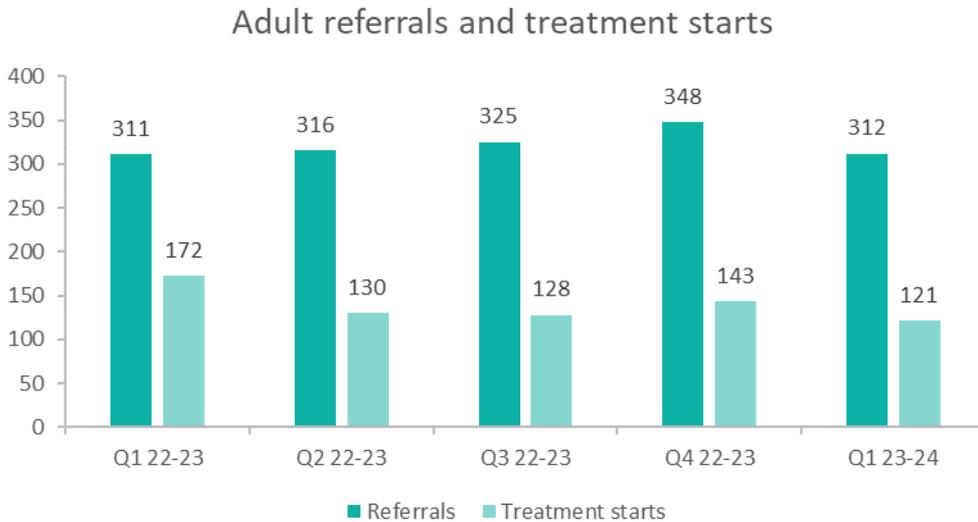
5.4.3 Currently OHID has a national focus on two key areas: Numbers in treatment and continuity of care. Performance relating to both of these areas of work is scrutinised via CDPB and contract monitoring.

5.4.4 Numbers in treatment

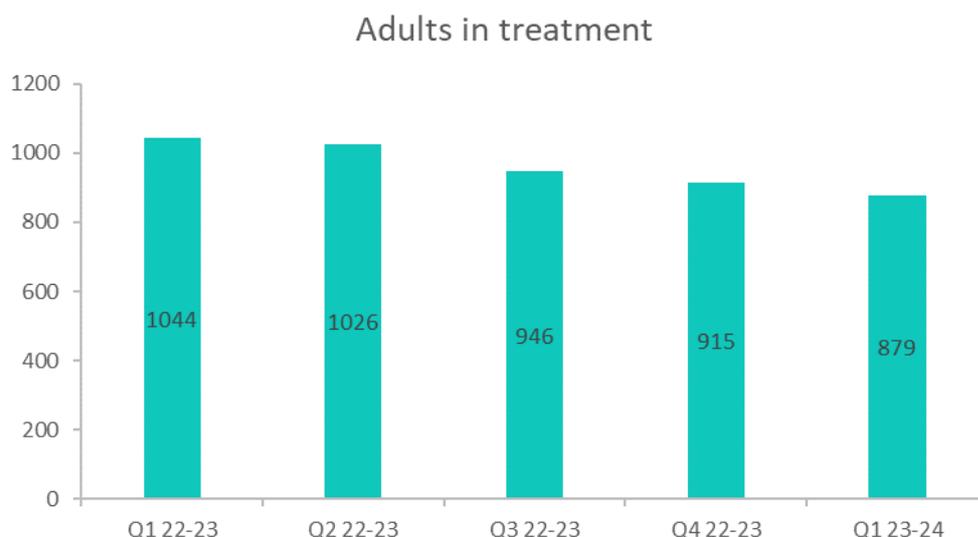
5.4.4.1 Barnet has a targeted number of individuals to engage in structured treatment which is measured over a 12-month rolling period. This was established against a baseline set in March 2022, at a time when numbers in the service were at exceptionally high levels compared to preceding years. Currently Barnet is working towards meeting the target and there is an associated action plan in place to support this.

5.4.4.2 Identifying individuals who are using substances problematically and supporting their referral and engagement into treatment services requires a whole partnership approach. New prevalence data was released in October dating back to 2019-20 for opiate and crack use, and 2018-19 for alcohol use. The data cannot be shared here due to its restricted nature, but it is informing the work of the partnership by targeting efforts to engage people with an identified substance misuse treatment need who have not yet received treatment.

5.4.4.3 Local data is available showing numbers of adult referrals and number of treatments starts (below). Referrals and treatment start numbers remain fairly consistent over the past year. There is ongoing action taking place to increase referrals and engagement into treatment.



5.4.4.4 In the below graph we can see local data indicating adult numbers in treatment. Here the gradual reduction in numbers over the previous year can be seen, illustrating the importance of the partnership work to increase referrals and engagement into treatment.



6. Continuity of Care

- 6.1 Public Health Outcomes Framework (PHOF) 2.16 measures the continuity of care for people released from prison with a substance misuse treatment need who are released from prison and are referred to, and subsequently engage with, a community treatment provider.
- 6.2 Nationally OHID have set a target of 75% engagement which is not yet being met in any London boroughs. Barnet has completed a self-assessment and is monitoring related actions via the criminal justice and substance misuse sub-group. Key partners in this area of work are Probation, Dependency and Recovery team, CGL and HMP Wormwood Scrubs which is the main feeder prison for Barnet. Barnet are making significant progress in this area of work and continue to view it as a priority area of work.

7 Alternative options considered and not recommended.

- 7.1 Not relevant in relation to this report.

8 Post decision implementation

- 8.1 Not relevant in relation to this report

9 Implications of decision

9.1 Corporate Priorities and Performance

- 9.1.1 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.

10 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

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

11 Legal and Constitutional References

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

12 Social Value

12.1 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 is not relevant to this specific report.

13 Risk Management

13.1 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.

14 Corporate Parenting

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

15 Consultation and Engagement

15.1 Not relevant in relation to this report

16 Environmental Impact

16.1 Not relevant in relation to this report

17 Background papers

17.1 None