



Cabinet Agenda

Date: Thursday 14 November 2024

Time: 6.30 pm

Venue: The Auditorium - Harrow Council Hub,
Kenmore Avenue, Harrow, HA3 8LU

Membership:

Chair: Councillor Paul Osborn (Leader of the Council)

Portfolio Holders:

Councillor Marilyn Ashton
Councillor David Ashton
Councillor Stephen Greek
Councillor Hitesh Karia
Councillor Jean Lammiman
Councillor Janet Mote
Councillor Mina Parmar
Councillor Pritesh Patel
Councillor Norman Stevenson

Portfolio:

Deputy Leader of the Council and Portfolio Holder for
Planning & Regeneration
Finance & Highways
Performance, Communications & Customer Experience
Children's Services
Adult Services & Public Health
Community & Culture
Housing
Cleaner Streets & Public Safety
Business, Employment & Property

Non-Executive Members:

Role:

Councillor Christopher Baxter
Councillor Thaya Idaikkadar
Councillor Ameet Jogia MBE
Councillor Kanti Rabadia
John Higgins

Non-Executive Cabinet Member
Non-Executive Cabinet Member
Non-Executive Cabinet Member
Non-Executive Cabinet Member
Non-Executive Voluntary Sector Representative
Harrow Youth Parliament Representative

Quorum 3, including the Leader and/or Deputy Leader

Contact: Andrew Seaman, Senior Democratic & Electoral Services Officer
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Useful Information

Joining the Meeting virtually

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You will be admitted on a first-come-first basis and directed to seats.

Please:

- (1) Stay seated.
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- (3) Put mobile devices on silent.
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This meeting may be recorded or filmed, and if you choose to attend, you will be deemed to have consented to this. Any recording may be published on the Council website.

Agenda publication date: Wednesday 6 November 2024

Agenda - Part I

1. Apologies for Absence

To receive apologies for absence (if any).

2. Declarations of Interest

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from all Members present.

3. Petitions

To receive any petitions submitted by members of the public or Councillors.

4. Public Questions

To note any public questions received.

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, Monday 11 November 2024. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. Councillor Questions

To receive any Councillor questions.

Questions will be asked in the order agreed with the relevant Group Leader by the deadline for submission and there be a time limit of 15 minutes.

[The deadline for receipt of Councillor questions is 3.00 pm, Monday 11 November 2024].

6. Key Decision Schedule November 2024 - January 2025 (Pages 5 - 12)

7. Progress on Scrutiny Projects (Pages 13 - 14)

For consideration

Housing & Regeneration

KEY 8. Local Areas of Special Character (LASC) - recommendation to designate two areas following consultation (Pages 15 - 48)

Report of the Chief Planning Officer

Adults & Public Health

KEY 9. Mental Health Community Services (Pages 49 - 72)

Report of the Strategic Director for Adults and Public Health

KEY 10. Children and Young People (CYP) & Adults substance misuse services commissioning intentions post 31 March 2025 (Pages 73 - 158)

Report of the Director of Public Health

11. Any Other Urgent Business

Which cannot otherwise be dealt with.

Agenda - Part II - Nil

Data Protection Act Notice

The Council will record the meeting and will place the recording on the Council's website.

[Note: The questions and answers will not be reproduced in the minutes.]

Deadline for questions	3.00 pm on 11 November 2024
Publication of decisions	15 November 2024
Deadline for Call in	5.00 pm on 22 November 2024
Decisions implemented if not Called in	23 November 2024

London Borough of Harrow

Key Decision Schedule (November 2024 – January 2025)

November 2024

This is a list of Key Decisions which the Authority proposes to take at the above Cabinet meeting. The Cabinet agenda containing all the reports being considered will be published 5 clear days before the meeting.

☞ A Key Decision is one which is likely to:

- (i) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to its budget for the service or function to which the decision relates. A decision is significant if it involves expenditure or the making of savings of an amount in excess of £1m of capital or £500,000 of revenue or where savings or expenditure are less than these amounts but they constitute more than 50% of the budget attributable to the service in question; or
- (ii) be significant in terms of its effects on communities living or working in an area of two or more wards of the Borough.

Decisions which the Cabinet intends to make in private

The Cabinet may meet in private to consider reports which contain confidential information. A private meeting of the Cabinet is open only to Members of the Cabinet, other Councillors and Council officers. This Schedule also contains non-Key Decisions which involve Cabinet meeting in private. Any person can make representations to the Cabinet if they believe the decision should instead be made in the public Cabinet meeting by emailing democratic.services@harrow.gov.uk.

The membership of the Cabinet is:

[Councillor Paul Osborn](#) (Leader), (Strategy)

[Councillor Marilyn Ashton](#) (Deputy Leader, Planning & Regeneration)

[Councillor David Ashton](#) (Finance & Highways)

[Councillor Stephen Greek](#) (Performance, Communications & Customer Experience)

[Councillor Hitesh Karia](#) (Children's Services)

[Councillor Jean Lammiman](#) (Adult Services & Public Health)

[Councillor Janet Mote](#) (Community & Culture)

[Councillor Mina Parmar](#) (Housing)

[Councillor Pritesh Patel](#) (Cleaner Streets & Public Safety)

[Councillor Norman Stevenson](#) (Business, Employment & Property)

Subject	Nature of Decision	Cabinet Member / Lead officer	Open or Private Meeting	Additional Documents to be submitted and any Consultation to be undertaken
November				
Children and Young People (CYP) & Adults substance misuse services commissioning intentions post 31 March 2025	Approval to direct award contracts for the provision of Substance Misuse Services for Children and Young People (CYP) and adults in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR).	Councillor Jean Lammiman Carole Furlong, Director of Public Health Oasis Azeez-Harris, Senior Public Health Commissioner, oasis.azeez-harris@harrow.gov.uk	Open	
Mental Health Community Services	Approval from Cabinet to commence the procurement of a mental health community service and to appoint a provider to deliver the service.	Councillor Jean Lammiman Sarah Ives, Strategic Commissioning Manager, Sarah.ives@harrow.gov.uk	Open	

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Subject	Nature of Decision	Cabinet Member / Lead officer	Open or Private Meeting	Additional Documents to be submitted and any Consultation to be undertaken
<p>Local Areas of Special Character (LASC) - recommendation to designate two areas following consultation</p>	<p>To consider consultation responses and agree to designate the two proposed areas as Local Areas of Special Character.</p>	<p>Councillor Marilyn Ashton</p> <p>Emma Talbot, Acting Strategic Director of Housing and Regeneration</p> <p>Viv Evans, Chief Planning Officer, viv.evans@harrow.gov.uk</p>	<p>Open</p>	
<p>December</p>				
<p>Review of Consultation and adoption/rejection of proposed new Council Tax Support Scheme for 2025/26</p>	<p>To approve the Council's revised Council Tax Support Scheme for 2025/26</p>	<p>Councillor David Ashton</p> <p>Sharon Daniels, Strategic Director of Finance (S151 Officer)</p> <p>Fern Silverio, Assistant Director- Collections and Benefits, Fern.silverio@harrow.gov.uk</p>	<p>Open</p>	

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Subject	Nature of Decision	Cabinet Member / Lead officer	Open or Private Meeting	Additional Documents to be submitted and any Consultation to be undertaken
Calculation of Business Rates Retention Amounts for 2025-2026	To approve the Council's Business Rates Retention amount for 2025-26	<p>Councillor David Ashton</p> <p>Sharon Daniels, Strategic Director of Finance (S151 Officer)</p> <p>Fern Silverio, Assistant Director- Collections and Benefits, Fern.silverio@harrow.gov.uk</p>	Open	
Estimated Surplus / (Deficit) on the Collection Fund 2024-2025	To agree the Council's collection fund position and to allow the appropriate transfers to the general or collection fund to clear surplus or deficit.	<p>Councillor David Ashton</p> <p>Sharon Daniels, Strategic Director of Finance (S151 Officer)</p> <p>Fern Silverio, Assistant Director- Collections and Benefits, Fern.silverio@harrow.gov.uk</p>	Open	

Subject	Nature of Decision	Cabinet Member / Lead officer	Open or Private Meeting	Additional Documents to be submitted and any Consultation to be undertaken
Calculation of the Council Tax Base for 2025-2026	To approve the Council's Council Tax Base for 2025-26	<p>Councillor David Ashton</p> <p>Sharon Daniels, Strategic Director of Finance (S151 Officer) Fern Silverio, Assistant Director- Collections and Benefits, Fern.silverio@harrow.gov.uk</p>	Open	
Fees and Charges 2025-26	To agree the Fees and Charges to be implemented from April 2025 for the 2025-26 Financial Year	<p>Councillor David Ashton</p> <p>Sharon Daniels, Strategic Director of Finance (S151 Officer) Jessie Man – Interim Head of Strategic and Technical Finance, jessie.man@harrow.gov.uk</p>	Open	

Subject	Nature of Decision	Cabinet Member / Lead officer	Open or Private Meeting	Additional Documents to be submitted and any Consultation to be undertaken
Revenue & Capital Budget Monitoring Report Q2 2024-25	To note the forecast Revenue & Capital Outturn positions for 2024-25 and to approve amendments to the Capital Programme if applicable.	Councillor David Ashton Sharon Daniels, Strategic Director of Finance (S151 Officer) Usha Chauhan – Service Accountant, Usha.Chauhant@harrow.gov.uk	Open	
Draft Revenue Budget 2025-26 and draft Medium-Term Financial Strategy to 2027-28	To approve the Draft Budget for 2025-26 and MTFS to 2027-28 for general consultation and to note proposal for the Council Tax for 2025-26.	Councillor David Ashton Sharon Daniels, Strategic Director of Finance (S151 Officer) Sharon.Daniels@harrow.gov.uk	Open	

Subject	Nature of Decision	Cabinet Member / Lead officer	Open or Private Meeting	Additional Documents to be submitted and any Consultation to be undertaken
Draft Capital Programme 2025-26 to 2027-28	To Note the Draft Capital Programme 2025-26 to 2027-28, the Final Capital Programme will be brought back to Cabinet in February 2025 for recommendation to Council.	Councillor David Ashton Sharon Daniels, Strategic Director of Finance (S151 Officer) Jessie Man – Interim Head of Strategic & Technical Finance, Jessie.man@harrow.gov.uk	Open	
Procurement of contractor for mobility assessments for Concessionary Travel	Ask for approval to procure a contract for a Concessionary Travel Mobility Assessment supplier and to ask for authority to award the new contract to the successful bidder.	Councillor Stephen Greek Jonathan Milbourn, Director for Digital, Data & the Customer Experience Jonathan.milbourn@harrow.gov.uk	Open	
January				

PROGRESS ON SCRUTINY PROJECTS

Review	Methodology	Type of report	Expected date for report to Cabinet	Comments
<p>North West London Joint Overview & Scrutiny Committee (JHOSC)</p>	<p>Joint Committee</p>	<p>Update reports provided to Health & Social Care sub committee (for information)</p>	<p>As required</p>	<p>The North West London (NWL) JHOSC last met on 22nd October. Key agenda items included North West London Adult Community-based Specialist Palliative Care Review, North West London Mental Health Strategy and North West London Primary Care Access. The committee’s next meeting for the municipal year is on 5th December.</p> <p>There are regular update reports on the JHOSC to Harrow’s Health and Social Care Scrutiny Sub-Committee so that there is a formal feedback loop between regional and local health scrutiny. Councillor Chetna Halai, chair of Health Sub, is Harrow’s member on the JHOSC.</p>

Contact: Nahreen Matlib, Deputy Head of Policy

Email: nahreen.matlib@harrow.gov.uk

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Report for: Cabinet

Date of Meeting:	14 November 2024
Subject:	Local Areas of Special Character (LASC) – recommendation to designate two areas following consultation.
Key Decision:	Yes
Responsible Officer:	Viv Evans, Chief Planning Officer
Portfolio Holder:	Councillor Marilyn Ashton, Deputy Leader of the Council, Planning & Regeneration Portfolio Holder
Exempt:	No
Decision subject to Call-in:	Yes
Wards affected:	West Harrow and Pinner South
Enclosures:	Appendix 1 – Consultation responses (received by email) (July-September 2024) Appendix 2 – Maps of Areas Proposed for Adoption Appendix 3 – Recommendation from Planning Policy Advisory Panel, 8 October 2024

Section 1 – Summary and Recommendations

Cabinet considered two proposed Local Areas of Special Character (LASC) at its meeting on 21st May 2024 and resolved to undertake public consultation on these prior to considering whether to designate the areas. This report feeds back representations received to consultation on the proposed areas and recommends one minor change (clarification) to proposed area arising from this. It then recommends that Cabinet agrees them for adoption.

Recommendations:

Cabinet is requested to consider the report and:

- 1) note the consultation responses on the two proposed 'Local Areas of Special Character' summarised in section 5 below and at Appendix 1;
- 2) note the Planning Policy Advisory Panel's considerations as set out in paragraph 6.18 and Appendix 3 of the report; and
- 3) agree that the areas shown in Appendix 2, namely: in West Harrow: 3-29 (odd) and 2-40 (even), Butler Avenue and 2-26 (even) 1-33 (odd), Lance Road and West Harrow Recreation Ground, and in Pinner: 1 and 3 - 40 (all) West End Avenue, 1-38 (all) Meadow Road and 24-38 (even) Eastcote Road are designated as Local Areas of Special Character (LASC).

Reason:

Harrow benefits from an exceptionally diverse historic environment. It includes conservation areas designated under the Planning (Listed Buildings and Conservation Areas) Act 1990 as 'areas of special architectural or historic interest, the character or appearance of which it is desirable to preserve or enhance'. The National Planning Policy Framework [NPPF] cautions against 'the concept of conservation not [being] devalued through the designation of areas that lack special interest'. At the same time the NPPF and Historic England's national guidance recognise the importance and necessity of identifying and maintaining up to date records of the significance of local heritage assets. There are many local areas in Harrow that might not meet the strict criteria for conservation area status but do have local heritage interest. Accordingly, this report proposes the designation of two LASCs. These proposed designations are parallel to the existing local designations of locally listed buildings and locally listed parks and gardens in Harrow for those buildings and areas that do not meet the strict criteria for national heritage designation. The local consultation undertaken was in accordance with national best practice.

Section 2 – Report

1.0 Introduction

- 1.1 The report incorporates the corporate priority concerning:
- Putting Residents First

It also reflects the overarching objective of Restoring Pride in Harrow.

- 1.2 Should the two Local Areas of Special Character [LASC] be designated, this will provide improved protection to help maintain the unique historical local character of areas or neighbourhoods within Harrow which residents cherish and value.

2.0 Options considered

- 2.1 The option of not implementing the outcome of the character assessment of the areas and subsequent consultation on the proposal to introduce these areas as LASC was considered. but this would be contrary to the obligations placed on the Council under the NPPF which states in paragraph 198 that 'Local planning authorities should maintain or have access to a historic environment record. This should contain up-to-date evidence about the historic environment in their area and be used to: a) assess the significance of heritage assets and the contribution they make to their environment'. It would also be at odds with the approach Harrow takes to buildings and landscapes of local interest but not worthy of national interest via national versus local listing, as reflected in the approach adopted by Cabinet's decision in September 2023 to agree criteria for locally designated LASCs.
- 2.2 The option of not proceeding to designate the two areas following consultation was considered and rejected as there were positive responses to the consultation and an expectation created that the Council would continue the process if feedback was positive.

3.0 Background

What is a Proposed Local Area of Special Character?

- 3.1 Cabinet agreed to the criteria for a new local heritage designation of: Local Areas of Special Character (LASC) at its meeting on 14 September 2024. Such areas are to be seen as a lower level of heritage interest to those of statutory Conservation Area status. The new heritage designation is designed for areas with a level of local interest / significance that would benefit from formal recognition to help assessment of planning applications. The implication is that once designated this would be a material consideration for any planning applications in terms of whether what is special about the heritage interest of that area is preserved by the proposal,

either via a direct impact on it or via impact on its setting. Relevant heritage policies relating to non-designated heritage assets in the NPPF and Local Plan would apply i.e. the Core Strategy policy CS1: Overarching Policy and Development Management policy DM7: Heritage Assets. NPPF paragraph 209 would apply which states:

‘The effect of an application on the significance of a non-designated heritage asset should be taken into account in determining the application. In weighing applications that directly or indirectly affect non-designated heritage assets, a balanced judgement will be required having regard to the scale of any harm or loss and the significance of the heritage asset’.

Criteria for designation

3.2 The criteria adopted by Cabinet are:

- 1) *The area must be of heritage significance (as defined in the National Planning Policy Framework (2021) or any subsequent replacement).*
- 2) *One or more of the following criteria need to be met:*
 - a. *Townscape of locally cohesive, well-preserved quality.*
 - b. *Architecture of locally cohesive, well-preserved quality.*
 - c. *Landscape of locally distinctive and well-preserved quality.*

Overall, an area must have discernibly higher quality and degree of intactness than other parts of the borough (other than designated conservation areas, that have special architectural or historic interest), thereby demonstrating distinctiveness.

3.3 In December 2023, the NPPF was updated. The definition of ‘heritage significance’ did not change within it so the above is unaffected. The draft proposed changes to the NPPF currently being consulted on also do not propose any changes to the definition / heritage provisions.

What areas to consider for designation?

3.4 During the public consultation undertaken March to April 2023 regarding the proposed criteria for the designation of LASC, a number of areas were suggested by respondents for consideration. One comprised parts of Butler Avenue, Lance Road and West Harrow Recreation Ground (West Harrow), whilst the other area comprised the eastern half of West End Avenue and Meadow Road, and 24-38 (even) Eastcote Road (Pinner).

3.5 Since then others have been suggested for consideration. Where there is a high concentration of locally listed buildings, further areas have also been identified as potential LASCs for review. Areas will be considered in due course.

What areas have been subject to public consultation for designation?

- 3.6 At its meeting on 21 May 2024, Cabinet agreed to consult on the potential designation of two areas within West Harrow and Pinner as potential LASC. This resolution followed a recommendation from the Planning Policy Advisory Panel at its meeting on 21 March 2024, with the outcomes of the consultation to be reported back to the Panel and Cabinet.

Pinner: Why was the Eastern half of West End Avenue and Meadow Road, and 24-38 (even) Eastcote Road proposed?

- 3.7 This is outlined in full within the report to the Planning Policy Advisory Panel Cabinet at its meeting on 21 May 2024 (see background papers). In summary: The Edwardian and pre-World War I houses along 1-38 Meadow Road and 24-38 Eastcote Road and 1-39 (odd) and 4-40 (even) West End Avenue have a locally cohesive and well-preserved townscape and architectural quality, that is not found in surrounding roads. It has historic interest as early (pre-1914) speculative housing built following the arrival of Pinner Station. It was resolved that the area be taken forward for consultation as a LASC.

West Harrow: Why was Butler Avenue, Lance Road and West Harrow Recreation Ground proposed?

- 3.8 As set out in the report to Cabinet in May 2024, based on the site and photographic survey, local history search and consideration of the criteria for designating a LASC, it was also agreed that numbers 3-29 (odd) and 2-40 (even) Butler Avenue and 2-26 (even) and 1-33 (odd) Lance Road and West Harrow Recreation Ground should be subject to consultation as a LASC as:
- (a) There is a relatively strong locally cohesive, well-preserved quality to the townscape and architecture given the high concentration of consistently good quality decorative Victorian architecture. In Butler Avenue this comprises red brick detached houses/maisonettes of a single type and Edwardian terraced houses of a single type including a two storey bay window. These feature relatively consistent and good quality decorative features such as delicate timber windows, front doors, gauged brickwork detail, open porches with carved timber work and applied black timber and white render detail and moulded and gauged brickwork. In Lance Road this is terraced red brick two storey cottages with some original timber sash windows, and consistent porch and bay window details. The extent of alterations is too high and consistent for conservation area status but there is nevertheless a local distinctiveness and cohesion to an original quality and distinction of design that ensures the street stands out from surrounding ones.
 - (b) This area has additional historic merit given the association with the Harrow School masters who the streets are named after.

- (c) West Harrow Recreation Ground retains some of its original 1920s layout and features marking it out to an extent versus some other public green spaces in Harrow.

4.0 Process and timeframes for consultation undertaken

4.1 There are no statutory requirements to consult. In line with best practice, this took place for eight weeks from 8th July to 3rd September 2024 (consultation was deferred due to the calling of the General Election). At least one site notice was placed in each street or public recreation ground within the proposed areas. Emails were sent to the local and national heritage groups and letters sent to each owner/occupier. The local and national heritage groups comprised:

- the Harrow's Conservation Area Advisory Committee.
- West Harrow Community Forum
- Pinner Association
- Pinner Local History Society
- Society for the Protection of Ancient Buildings
- Victorian Society
- Georgian Group
- Twentieth Century Society
- Gardens Trust
- Council for British Archaeology
- Historic England

4.2 The email, letter and site notice each provided a link to the Council's engagement website (MyHarrow Talk) which contained further details (including the full assessment of the areas i.e. this report) and a short survey.

5.0 Responses to consultation process

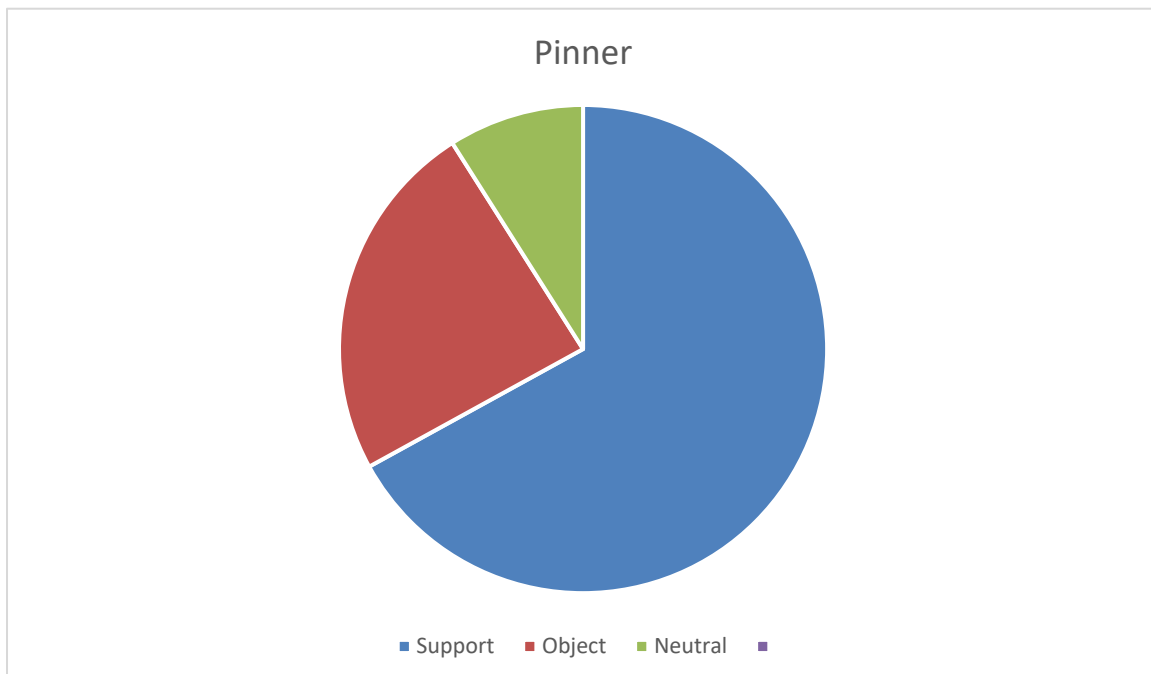
5.1 These are summarised below, including those received by email and those received online via the MyHarrow Talk webpage. Appendix 1 provides further detail with respect to responses received by email.

5.2 In total, 55 responses were received including one each from Historic England, Conservation Area Advisory Committee, West Harrow Forum, and Pinner Local History Society. 14 responses were received by email and 41 by the 'MyHarrowTalk.gov.uk' online survey.

5.3 Of email replies, nine related just to Pinner, three (including one petition signed by 63 people) just to West Harrow and two to both. Of the online survey replies, 21 related just to Pinner, 15 just to West Harrow and two to both.

Pinner

- 5.4 For Pinner, of the emailed replies, six were in support the proposed inclusion of the area as a Local Area of Special Character, two objected/raised concerns and three replies were neutral. Of the online survey, 17 replies supported the proposed inclusion of the area as a Local Area of Special Character and 6 objected. One expressed strong support for inclusion and another thanked the Council. In total then, of the 34 replies concerning Pinner, 68% support the proposed designation (including Historic England, the Conservation Area Advisory Committee, and Pinner Local History Society), whilst 24% object and 8% were neutral (see pie chart below).



Support

- 5.5 Historic England's response raised their support for proposals. They noted the conformity with the NPPF's requirements for: a positive strategy for the conservation of the historic environment; up to date evidence against which to assess significance; and a clear definition of significance. Historic England note any such areas should be assessed using local expertise, against clear and consistent criteria and that designation is supported by a clear statement of significance (referring to their Advice Note 7 in relation to Local Listing: <https://historicengland.org.uk/images-books/publications/local-heritage-listing-advice-note-7/>). Historic England state the areas potentially fall short of conservation area status but that the analysis undertaken 'represents a very thorough and clear assessment of the character and appearance of the areas'.
- 5.6 The Conservation Area Advisory Committee stated they consider the area worthy of designation and the Pinner Local History Society stated they fully

support proposals. The Pinner Association enclosed a document providing additional history concerning the heritage value of Meadow Road: 'Diamond Jubilee and Meadow Road – 100 years', which another resident refers to in providing supporting information for designation.

- 5.7 Reasons given for the support by other respondents include: houses being well designed; protecting cultural and architectural heritage; council will ensure alterations are in keeping; identifying and preserving local architectural features; unsightly changes e.g. plastic windows/doors; rendering of Victorian to early 20th century brick properties has blighted character; Meadow Road is special with a unique consistent look; the borough has become concrete jungle; try to preserve beauty; Meadow Road on cusp of losing character; and protection needed for Meadow Road's house fronts, drives and gardens.

Objections/concerns

- 5.8 Reasons given for objections are: planning restrictions are unclear; planning judgements would be subjective; how would LASCs be put into practice; can it accommodate technologies e.g. solar panels, heat pumps; this would give residents an excuse to suppress housing supply and increase costs; would will increase bureaucracy and related costs for owners; feels too late e.g. modern house with black windows, bungalow style opposite; disagree with the LASC restrictions and added costs and seems too late – many houses already have knocked down front walls, paved drives or changed windows, so, why not let others also? Residents would resent this. Only about 5 have not had loft extensions. Questions raised were: what constraints will be applied? What guidelines? How will this be enforced?
- 5.9 One respondent wrote that despite their support for the proposal, they only considered it a 'maybe' that the criteria for the designation of LASC was met.

Should a Wider Area be Designated?

- 5.10 Of those commenting about Pinner, eleven replied to the online survey's question as to whether other areas should be included in the Local Area of Special Character. Most who replied to this query did not propose broadening the area. Four stated the area should not be widened, one noting that it should not be until the criteria are clearer. One replied 'no strong feelings' on the matter and another replied 'not sure'.
- 5.11 Four said other areas should be included and one said 'probably' they should but it 'depends what they look like'. Areas named were: Cecil Park, Elm Park Road, Love Lane, Paines Lane, Waxwell Lane, Grange Gardens, High View, West End Lane, West Way, North Way, Church Lane, High Street, Northfield [sic] Ave, Wentworth Way, Cuckoo Hill Road, Cuckoo Hill Cranbourne, Rochester, Winchester Malpa [sic], High Street Pinner, Moss Lane, Church Lane, Pinner Memorial park, West End Avenue to the junction of Marsh Road should be included in the LASC was named 'as it is the

appearance of the avenue as a whole which gives the area its character as well as the individual houses’.

Discrepancy in map and list of properties upon consultation

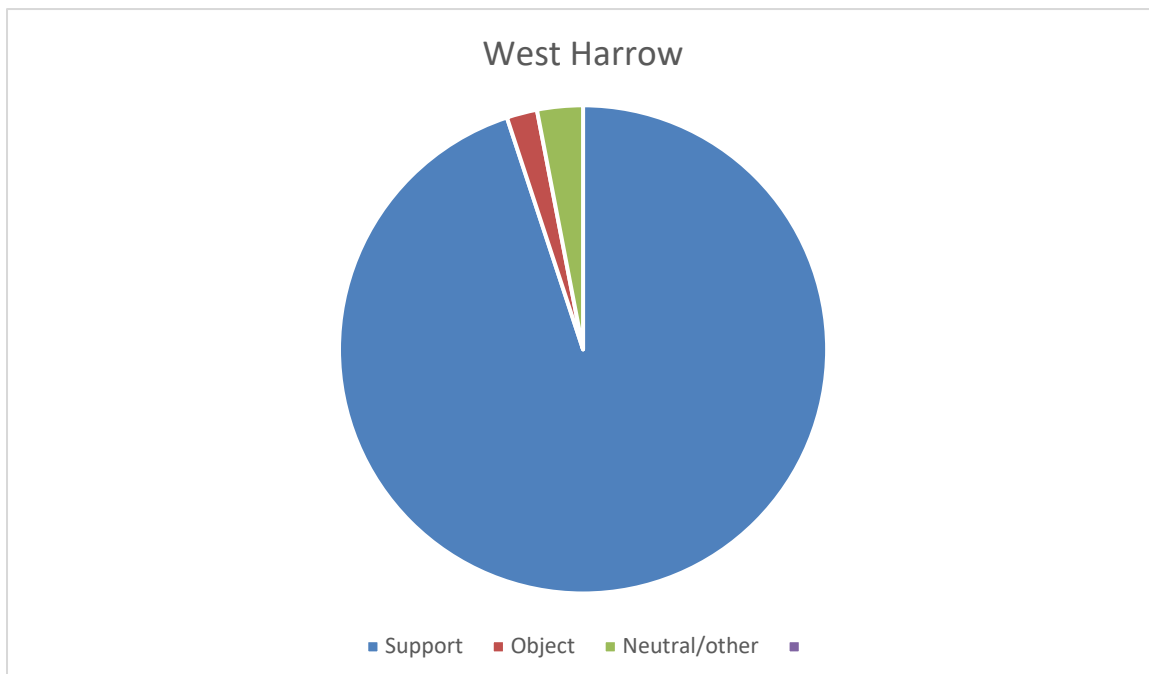
- 5.12 A respondent noted that houses numbered 1-40 of Meadow Road (all) were listed as houses to be sited within the proposed LASC but the map provided did not include numbers 39 or 40. These two properties have been written to by letter indicating that their inclusion on the proposed list was an error and that there is no intention to include them. Two weeks were given for a response but none was received. The proposed houses on Meadow Road within the LASC are then number 1-38 rather than 1-40.

Other

- 5.13 Other general comments were: changes to granite pavement edges has been harmful with Highways works; desire to keep granite in the area; and along West End Avenue how about continuing the pavement renewal? The comments reading paving works have been passed to the Highways Team. They have confirmed that they will retain the granite kerbs in the area.

West Harrow

- 5.14 For West Harrow, of the emailed replies, most were in support of the proposed inclusion of the area as a Local Area of Special Character (three plus a petition of support signed by 63 people). Otherwise two responses were neutral. Similarly, of the online survey, the majority (15) supported the proposed inclusion of the area as a Local Area of Special Character. Otherwise, two objected/raised concerns and one noted that ‘it depends’. In total then, of the 86 replies concerning West Harrow, 94% support the proposed inclusion of the area as a Local Area of Special Character, 4% were neutral/noted ‘it depends’ and 2% objected or raised concerns (see pie chart below).



Support

- 5.15 Historic England and the Conservation Area Advisory Committee responded with their support for the proposal as per paragraphs 5.5 and 5.6 above.
- 5.16 The West Harrow Forum replied that comments were ‘unanimously’ positive when they: ‘discussed this proposal at a recent community meeting and held extensive informal conversations with much wider groups at the July community party in West Harrow park’. They enclosed a petition of support whose cover letter stated:
- ‘We the undersigned are in favour of Harrow’s current plan to recognise parts of West Harrow as Areas of Special Character. Furthermore we would ask the council to actively consider extending their proposal beyond Butler Avenue, Lance Road and the Park. We believe that it would be appropriate to consider a wider area of West Harrow given that it was all developed from the mid 1890s up until the beginning of the First World War and remains substantially unaltered.’*
- 5.17 Otherwise, support for the designation referenced: the double fronted Edwardian exteriors, connection and history with Harrow school should be celebrated on Butler Ave; looking forward to the council taking an interest in the quality of the environment and ensuring the home improvements are in keeping and this allowing a level of monitoring regarding what is allowed to the local aesthetics.
- 5.18 One respondent noted that their support is conditional on the Council approving electric vehicle charging infrastructure lampposts in the road as there are none (or permitting home charger use) and confirming there will be

no new restrictions due to an LASC designation on energy efficient home improvements eg solar panels, heat pumps, air source heat pumps.

Objections

- 5.19 Objectors noted: housing is greatly needed and prices have increased designation allows residents to suppress supply; neither Butler Avenue or Lance Road is pretty enough and West Harrow Recreation Ground has a lot of potential for improvement which shouldn't be hindered.

Wider area

- 5.20 The petition asked 'the council to actively consider extending their proposal beyond Butler Avenue, Lance Road and the Park. We believe that it would be appropriate to consider a wider area of West Harrow given that it was all developed from the mid-1890s up until the beginning of the First World War and remains substantially unaltered.' It was requested it be considered in a second phase of the LASC rollout. The cohesion of design gives the wider area its special character. Another respondent asked why the Local Area of Special Character is 'restricted to three such small areas of the wider historic community?' Twelve replied to the online survey's query as to whether other areas should be included in the Local Area of Special Character. Eleven replied 'yes', with one more stating 'probably', whilst just one stated none should be as 'there are roads in West Harrow which look a lot better and are therefore more worthy of protection than what is being proposed'.
- 5.21 Comments of support for a broader area being included in the Local Area of Special Character were that: the wider area is similarly unchanged and cohesive; it would encourage harmonious development; some neighbourhoods of Edwardian houses haven't been subdivided; it is an issue to allow change without consideration of historic character and too many buildings are being ruined with poor unsympathetic design.
- 5.22 Areas suggested as other LASC: wider area of historic West Harrow (Butler Road, Vaughan Road, Sumner Road, Bowen Road, Merivale Road, Sumner Road, Heath Road, Drury Road), areas nearby with early 20th century architecture e.g. The Gardens, all Edwardian and Victorian houses of West Harrow and another suggested most of West Harrow. It was queried why 1 Butler Avenue is not included.

Other

- 5.23 The remaining ten comments/queries received, alongside council responses are provided in the table below:

Consultation response	Council response
1) Where are the earlier assessments for all the	The Council undertook an assessment of a broader area to identify which areas met the criteria as LASC, before

Consultation response	Council response
Edwardian streets referenced in the report? No evidence of this.	consulting on the proposed areas. These can be found in the background papers accompanying this report.
2) Driving app 'shortcuts' send far too much traffic through West Harrow, including Butler Av. Additional traffic controls such as ANPR filtering would help preserve the area's special character. Also recommending low-cost hides for unsightly wheelie bins.	This comment has been passed to our Highways department.
3) Please start enforcing the laws regarding littering, fly tipping, anti social behaviour and illegal parking.	This comment has been passed to our Parking and Environmental Health Departments.
4) LASC status should be marked out with street signage.	This request is noted. It would add to street clutter which could have a deleterious impact on the streetscene. Conservation Areas are not distinguished in this way.
5) The missing street trees in the LASC areas should be replanted	This comment has been passed to the Highways Trees team.
6) What is the difference between a conservation area and a LASC?	A Conservation Area provides national statutory protection (and has a higher threshold of historic and architectural significance for designation), whereas a Local Area of Special Character is a local planning designation only.
7) What in practical terms does the LASC designation mean to the park?	Designation would not change the requirements for planning permission. If a planning application is submitted preserving the local heritage merit would be a factor in considering appropriateness in the planning balance. Any works within the park would need to have regard to its historic significance (i.e. layout, remaining original features).
8) For Lance Road, would the following works still be acceptable: replacement door/windows, front porch, replacement front wall, solar panels on the roof, air source heat pump, charging points for EVs in lamp posts, reinstating tiled front paths.	Designation would not change the requirements for planning permission. These works could likely be undertaken without the need for planning permission subject to meeting the relevant requirements / parameters for this. If planning permission were needed, a balanced judgement would be needed in line with policy taking account of

Consultation response	Council response
	sustainability gains versus any harm to character (as identified by the area's designation as a LASC).
9) Would grants be available as a result of an LASC designation?	The Council do not hold any grants that would be available upon designation.

6.0 Recommendations for proposed areas for designation following consultation

6.1 Pinner

Appraisal of responses

- 6.1 The majority support for the designation is noted (68%), including the support from Historic England and the Conservation Area Advisory Committee. Both agree that the criteria for designation is met and Historic England note designation would comply with the NPPF's requirements regarding local heritage. The Pinner Local History Society's support for the proposal is noted, as is the supporting document from the Pinner Association from 2012 which expands and reinforces understanding of the historic development of Meadow Road since its origins in the 1880s, and its character. It outlines its growth related to the Metropolitan Railway by architect JE Henderson built as semi-detached houses for middle class families, and architectural details such as 40 and 50 degree roofs, ridge tile stopper and decorative base to oriel windows, historic drain cover in the pavements and some Arts and Crafts detailing to windows.
- 6.2 A resident noted this shows 'historical aspects of Meadow Road dating as far back as 1908 when it was a picnic ground and includes a photo from 1910 showing the first houses being built with examples of original fixtures and fittings still in our houses today' and a lifestyle record of the residents some of whom would have had servants and Mabel Wilkinson of no 7 who participated in the suffragette movement and was imprisoned along with others for smashing windows in the West End in 1912. A resident noted the book Metro-Land (1924 edition) published in association with London's Transport Museum has a photo of Meadow Road on page 42 showing the road as an example of the Metro-land beginnings. Other reasons for support relate to the desire to help protect the area and recognise local character and prevent harmful changes.
- 6.3 The objections are noted and addressed here.
- 6.4 A principal concern related to what designation would mean in practice (partly for energy efficiency measures), the introduction of bureaucracy, costs, housing supply suppression, and subjective decisions on suitability

and queries regarding guidelines for the area and how designation would be enforced. It should be noted that designation would not introduce any new requirements for planning permission. Installation of energy efficiency measures currently covered by permitted development rights would still be able to be installed without recourse to the Local Planning Authority e.g. solar panels, heat pumps, would remain so. Where a planning application is submitted, designation would mean that a balanced judgement would be required to be taken with regards to the nature of the proposal and its impact on the heritage value of the area in line with NPPF paragraph 209 which states:

'The effect of an application on the significance of a non-designated heritage asset should be taken into account in determining the application. In weighing applications that directly or indirectly affect non-designated heritage assets, a balanced judgement will be required having regard to the scale of any harm or loss and the significance of the heritage asset.'

- 6.5 Any breaches of planning decisions would be subject to the usual Planning Enforcement measures just with the additional consideration that the area has Local Heritage value and the need for this balanced judgement in accordance with the NPPF paragraph 209. Guidelines for designation would be provided on the Council's webpages along with reference to the individual designation reports taken to Planning Policy Advisory Panel and Cabinet.
- 6.6 Other concerns related to the designation being too late given changes already in place e.g. window replacement. However, it is for this reason that the area is not proposed as a Conservation Area and the manner in which the area meets local designation criteria has been set out, which Historic England support. The NPPF, Planning Practice Guidance and the Historic England Local Heritage Listing Advice Note 7 require that there be an up to date recognition of heritage assets supported by good evidence.

Should a wider area be considered?

- 6.7 Only 11 of 34 replies commented on this. The majority of responses on this question were not in support of a broader area being included. However, the other areas in Pinner and surrounding area suggested are noted. Many of these are already designated Conservation Areas or Locally Listed Park and Garden (in whole or in part). Otherwise, areas named were: Grange Gardens, High View, West End Lane, West Way, North Way, Northfield [sic] Ave, Wentworth Way, Cuckoo Hill Road, Cuckoo Hill Cranbourne, Rochester, Winchester Malpa [sic], West End Avenue to the junction of Marsh Road. These areas are noted and will be added to the list of areas to consider in future.

Recommendation

- 6.8 It is considered that the area proposed as a LASC should be designated with one minor amendment to the proposed boundary ie omit numbers 39 and 40

Meadow Road which were erroneously included in the list of properties. The residents in these houses have been notified.

West Harrow

Appraisal of responses

- 6.9 The overwhelming support for the designation is noted (94%), including the support from Historic England, the Conservation Area Advisory Committee and West Harrow Community Forum. Both Historic England and the Conservation Area Advisory Committee agree that the criteria for designation is met and Historic England note designation would comply with the NPPF's requirements regarding local heritage. In general, support for the designation referenced: desire to protect the double fronted Edwardian exteriors, connection to Harrow School and that recognition of heritage value would help with preserving this.
- 6.10 One respondent noted that their support is conditional on the Council approving electric vehicle charging infrastructure lampposts in the road as there are none (or permitting home charger use) and confirming there will be no new restrictions due to an LASC designation on energy efficient home improvements eg solar panels, heat pumps, air source heat pumps.

Objections

- 6.11 The objections are noted and addressed here. First that the designation would restrict housing supply. However, given the nature of existing terraced housing development that is proposed to be designated as a Local Area of Special Character, it is unlikely that designation would impact housing supply. Second, a concern that Butler Avenue and Lance Road are 'not pretty enough', however, the ways in which the local criteria are considered to be met are set out above. Lastly that West Harrow Recreation Ground potential for improvement shouldn't be hindered. It should be noted that designation would not introduce any additional requirements for planning permission. Where a planning application is submitted, designation would mean that a balanced judgement would be required to be taken with regards to the nature of the proposal and its impact on the heritage value of the area in line with NPPF paragraph 209 (see paragraph 6.5 above).

Should a wider area be considered?

- 6.12 In total 74 responses requested a broader area of West Harrow be considered for designation with a further one stating it 'probably' should be considered. It was noted that this is: 'given that it was all developed from the mid-1890s up until the beginning of the First World War and remains substantially unaltered'. Reference is made to architectural cohesion. Named streets were: Butler Road, Vaughan Road, Sumner Road, Bowen Road, Merivale Road, Sumner Road, Heath Road, Drury Road, The Gardens,

- 6.13 Given local interest, a broader area has been surveyed. This area comprised: Butler Road, Vaughan Road, Sumner Road, Bowen Road, Merivale Road, Sumner Road, Heath Road and Drury Road. Attention was given to a wider area of West Harrow more generally. The area was surveyed in relation to the adopted criteria for designation of a Local Area of Special Character (paragraph 3.2 above) and due regard to local history research which found historic photographs and OS maps of these streets as originally constructed and determined their date of origin being turn of the century.
- 6.14 Inspection found that houses in these streets, whilst pleasing Metroland for which Harrow is famed, were either more altered and/or without the same distinctive decorative architectural features and design as the proposed LASC areas, to distinguish them from any other street in Harrow. Their heritage significance relative to other streets within Harrow cannot then be clearly defined, contrary to the NPPF requirement of paragraph 209 that for local heritage assets a clear definition of significance should be defined, against which planning proposals can be weighed. Consequently, designation of such streets would undermine the value of the recently introduced designation 'Local Area of Special Character', such that its intention and purpose could not be fulfilled.
- 6.15 Designation would then also be contrary to Historic England's consultation response which notes: 'Our principal recommendation is that local heritage assets should be assessed against clear and consistent criteria and that any designation is supported by a clear statement of significance' using 'local using 'local expertise' and an 'understanding of local heritage'. It would conflict with their adopted Advice Note 7 regarding Local Heritage Listing which states: 'nominations need to be backed by information of sufficient detail and accuracy to demonstrate that they meet the requirements set by the selection criteria and by national planning policy'.
- 6.16 It was otherwise questioned by one resident why 1 Butler Avenue is not included. It was noted upon inspection of the street that it has a large two modern storey side addition along with complete front garden hardstanding and loss of most of the front boundary wall. The proposed designation has focused on a coherent and cohesive grouping that is less interrupted by modern additions or alterations. Houses of a similar Edwardian age with similar noticeable alterations are similarly omitted at the other end of Butler Avenue.

Recommendation

- 6.17 It is recommended that the proposed LASC be designated without change to the proposed boundary.

Planning Policy Advisory Panel (PPAP)

- 6.18 The consultation outcomes and recommendation were considered by the Planning Advisory Panel at its meeting on 8 October 2024. Apart from

contextual comments and clarifications in relation to the consultation period (over the summer holidays, with the period being extended to reflect this and a good level of response being received) and proposed minor change to the list of addresses included in the proposed areas in Pinner (to accurately reflect the accompanying maps), the Panel agreed to recommend the areas to Cabinet for designation. The full reference from the Panel is attached at Appendix 3.

- 6.19 It should be noted that the recommendation to PPAP (and subsequent resolution) included the erroneous inclusion of numbers 39 and 40 Meadow Road; this has been corrected in the recommendation to Cabinet.

7.0 Next Steps

- 7.1 Formal identification of LASCs will assist in the application of Policy DM7: Heritage Assets to any proposals within these areas. Policy DM7, despite not specifically referring LASCs, is sufficiently broad to be a relevant policy 'hook' as it refers to 'heritage assets' (which LASCs are a new category) and the level of significance of the assets (which as noted above, will be less than that of statutory Conservation Areas). The New Local Plan will include reference to Local Areas of Special Character within the any heritage policies.
- 7.2 The recommendations will assist the Council with commencing the adoption of Local Areas of Special Character, a local heritage designation the criteria for the adoption of which were agreed at Cabinet in their meeting on 14th September 2023. The Council can then begin to consider further suggestions for possible Local Areas of Special Character.
- 7.3 It is noted that this consultation process has resulted in a number of further suggestions for possible LASC as outlined in paragraph 5.11 and 5.22 above. Some have been considered in this report (paragraphs 6.7 and 6.12-6.17 above). Others will be considered in due course. In the context of limited resources, the Local Planning Authority cannot commit to a programme for reviewing these areas at this time. However, the suggestions are welcomed and noted. They will be kept on file, along with any future recommendations, with a view towards assessing them in future with the findings and recommendations brought forward to the panel.

8.0 Performance Issues

- 8.1 The new designation will assist in protection of Harrow's local heritage.

9.0 Procurement Implications

- 9.1 There are no procurement implications in the new local heritage designation.

10.0 Environmental Implications

10.1 The designations would not have a direct environmental implication since it would be a heritage designation. But it may result in the preservation of landscape of locally distinctive and well-preserved quality which may have a positive environmental implication.

Ward Councillors' comments – Ward members will be advised of this report before Cabinet meets to consider it and formal comments invited as part of the formal consultation process.

Risk Management Implications

Risk included on Directorate risk register? No

Separate risk register in place? No

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below. **n/a**

The following key risks should be taken into account when agreeing the recommendations in this report:

Risk Description	Mitigations	RAG Status
Consultation not undertaken in accordance with statutory requirements	<ul style="list-style-type: none"> ▪ There are no statutory consultation requirements. ▪ Appropriate requirements were reviewed (i.e. Harrow's Statement of Community Involvement) and followed where relevant. ▪ Any 'minimum' standards were exceeded (i.e. emails to 6 national amenity societies and to the Conservation Area Advisory Committee). 	GREEN
The agreement of the LASC is later challenged	<ul style="list-style-type: none"> ▪ This report shows how designation relates to national heritage policy and guidance on the heritage significance of heritage assets including the NPPF and Historic England the guidance document entitled Local Heritage Listing Historic England Advice Note 7 which provides a list of various criteria likely to indicate the nature of heritage significance/interest. ▪ Consultation was undertaken and responses (including support from Historic England) informed the final recommendation. 	GREEN

Risk Description	Mitigations	RAG Status
There are insufficient conservation officer resources to assess the additional areas highlighted in the report for consideration as LASC	<ul style="list-style-type: none"> ▪ Whilst a programme for assessment cannot be committed to at this stage the matter will be kept under review, and areas assessed where possible. ▪ Awareness by the Local Planning Authority (LPA) of potential areas for consideration for LASCs is helpful. Should a planning application be received that would effect an area considered to be of heritage significance by the LPA but has no formal heritage designation, it may still be assessed in the context of NPPF paragraph 203 which states: 'The effect of an application on the significance of a non-designated heritage asset should be taken into account in determining the application' and requires 'a balanced judgement ...having regard to the scale of any harm or loss and the significance of the heritage asset'. 	GREEN

Legal Implications

The Council has a statutory duty and is required under section 69(2) of the Planning (Listed Buildings and Conservation Areas) Act 1990 to carry out reviews 'from time to time' to determine whether any parts of their area should be designated as conservation areas; and if it so determines, that part(s) shall be so designated. It follows that those parts determined not to be Conservation Areas but still good examples of areas of local heritage value could potentially be recognised as Local Areas of Special Character. This supports the NPPF paragraph 198's requirement that: 'Local planning authorities should maintain or have access to a historic environment record. This should contain up-to-date evidence about the historic environment in their area and be used to: a) assess the significance of heritage assets and the contribution they make to their environment'.

This report and recommendation was considered by the Planning Policy Advisory Panel by virtue of the delegated power granted to the Panel by the Council's Constitution under part 3, page 40, para 2: "2. *To provide input into all other planning policy matters such as the designation of Conservation Areas and amendments to their boundaries and the designation of locally listed buildings*". The Planning Policy Advisory Panel is appointed by the Executive to assist the Executive by making recommendations on any matters within their terms of reference

Financial Implications

The costs of appraising the two areas and progressing the recommendations and subsequent consultation (and if agreed, designation) have been met from within the existing revenue budgets of the Council's Planning Policy team.

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

EqlA is not considered necessary in respect of the designation of a Local Area of Special Character. Such a proposal is based on the architectural and historic merit of an area. Furthermore, the higher order Local Plan policy that contains the criteria against which development within LASC is assessed was subject to an equalities impact assessment prior to its adoption.

Council Priorities

The decision sought will help the Council meet the priority of improving the environment by helping ensure the attractiveness of the borough as a place to live and demonstrating that the Council seeks and listens to the views of its residents (by Putting Residents First).

Section 3 - Statutory Officer Clearance

Statutory Officer: Archa Campbell

Signed on behalf of the Chief Financial Officer

Date: 16 October 2024

Statutory Officer: Simon Alley

Signed on behalf of the Monitoring Officer

Date: 10 October 2024

Chief Officer: Viv Evans

Signed by Chief Planning Officer

Date: 17th October 2024

Director: Emma Talbot

Signed by the relevant Director

Date: 17 October 2024

Head of Procurement: Nimesh Mehta

Signed by the Assistant Director of Procurement

Date: 15 October 2024

Has the Portfolio Holder(s) been consulted? Yes

Mandatory Checks

Ward Councillors notified: Yes

EqIA carried out: NO - see above

EqIA cleared by: N/A

Section 4 - Contact Details and Background Papers

Contact: Lucy Haile, Principal Conservation Officer, lucy.haile@harrow.gov.uk

Background Papers:

Historic England: 'Local Heritage Listing Historic England Advice Note 7' (2nd edition) - <https://historicengland.org.uk/images-books/publications/local-heritage-listing-advice-note-7/>

Harrow Conservation Areas and Supplementary Planning Documents (SPDs) - <https://www.harrow.gov.uk/planning-developments/biodiversity-conservation>

Report to Planning Policy Advisory Panel – 3rd March 2023 - [Agenda for Planning Policy Advisory Panel on Monday 6 March 2023, 6.30 pm – Harrow Council](#)

Report to Planning Policy Advisory Panel – 13th July 2023 [Agenda for Planning Policy Advisory Panel on Thursday 13 July 2023, 6.30 pm – London Borough of Harrow](#)

Report to Planning Policy Advisory Panel – 21st March 2024 - [Agenda for Planning Policy Advisory Panel on Thursday 21 March 2024, 6.30 pm – London Borough of Harrow](#)

Report to Planning Policy Advisory Panel – 8th October 2024 - [Agenda for Planning Policy Advisory Panel on Tuesday 8 October 2024, 6.30 pm – London Borough of Harrow](#)

Cabinet – 14th September 2023 - [Agenda for Cabinet on Thursday 14 September 2023, 6.30 pm – London Borough of Harrow](#)


Cabinet – 21st May 2024 - [Agenda for Cabinet on Tuesday 21 May 2024, 6.30 pm – London Borough of Harrow](#)

Call-in waived by the Chair of Overview and Scrutiny Committee:
NO

Appendix 1 - Consultation responses (received by email) (July-September 2024)

Date	Name of respondent (initials for individuals)	Response – email unless indicated otherwise	Support?	Area
1) 9/07/2024	M.W.	Who will be consulted on the park and what would designation mean for it?	Neutral	West Harrow
2) 9/07/2024	V.P.	What does the proposal mean for how planning applications will be assessed and the supporting information required? Concern about what is perceived to be a subjective approach to assessing 'protecting the character' and implications of this for decisions on applications.	Questions and concern	Pinner
3) 11/07/2024	P.C. on behalf of the Pinner Local History Society	The Pinner Local History Society provide full support.	Support	Pinner
4) 17/07/2024	C.W., Pinner Association	Indicated they will email through an electronic copy of 'Meadow Road - 100 years' which includes interesting images of house plans perhaps from the RIBA drawings archive.	Neutral	Pinner
5) 20/07/2024	J&S S.	Sought clarification as to whether 39 and 40 Meadow Road are included?	Neutral (questions)	Pinner
6) 24/07/2024	Pinner Association	Enclosing 'Meadow Road 100 year history' publication.	Neutral (providing information).	Pinner
7) 31/07/2024	Conservation Area	Conveyed that they consider the areas are worthy as 'local areas of special character'.	Support	Pinner and

Date	Name of respondent (initials for individuals)	Response – email unless indicated otherwise	Support?	Area
	Advisory Committee			West Harrow
8) 18/08/2024	Mr & Mrs D.	<p>As part of the Diamond Jubilee celebrations a brochure was produced by a resident detailing historical aspects of Meadow Road as far back as 1908 when it was a picnic ground and a 1910 photo showing the first houses with examples of original fixtures and fittings still here. It provides a record of past residents some of whom would have had servants and some, such as Mabel Wilkinson of no 7, participated in the suffragette movement and imprisoned with others for smashing windows in the West End in 1912.</p> <p>The book Metro-Land (1924 edition) published in association with London's Transport Museum has a photo of Meadow Road (page 42) showing the road as an example of Metro-land beginnings.</p>	Support	Pinner

Date	Name of respondent (initials for individuals)	Response – email unless indicated otherwise	Support?	Area
9) 21/08/2024	S .P.	 <p data-bbox="692 970 1592 1007">If designated can these works with/without planning permission:</p> <ol data-bbox="692 1050 1211 1313" style="list-style-type: none"> 1. Change the front door 2. Add a modern external porch door 3. Replace the front wall 4. Double glazed windows 5. Solar Panels 6. Air source heat pump 7. Electric charging points. <p data-bbox="692 1358 1727 1388">Would there be any grants available as a result of an LASC designation?</p>	Neutral (asking questions)	West Harrow

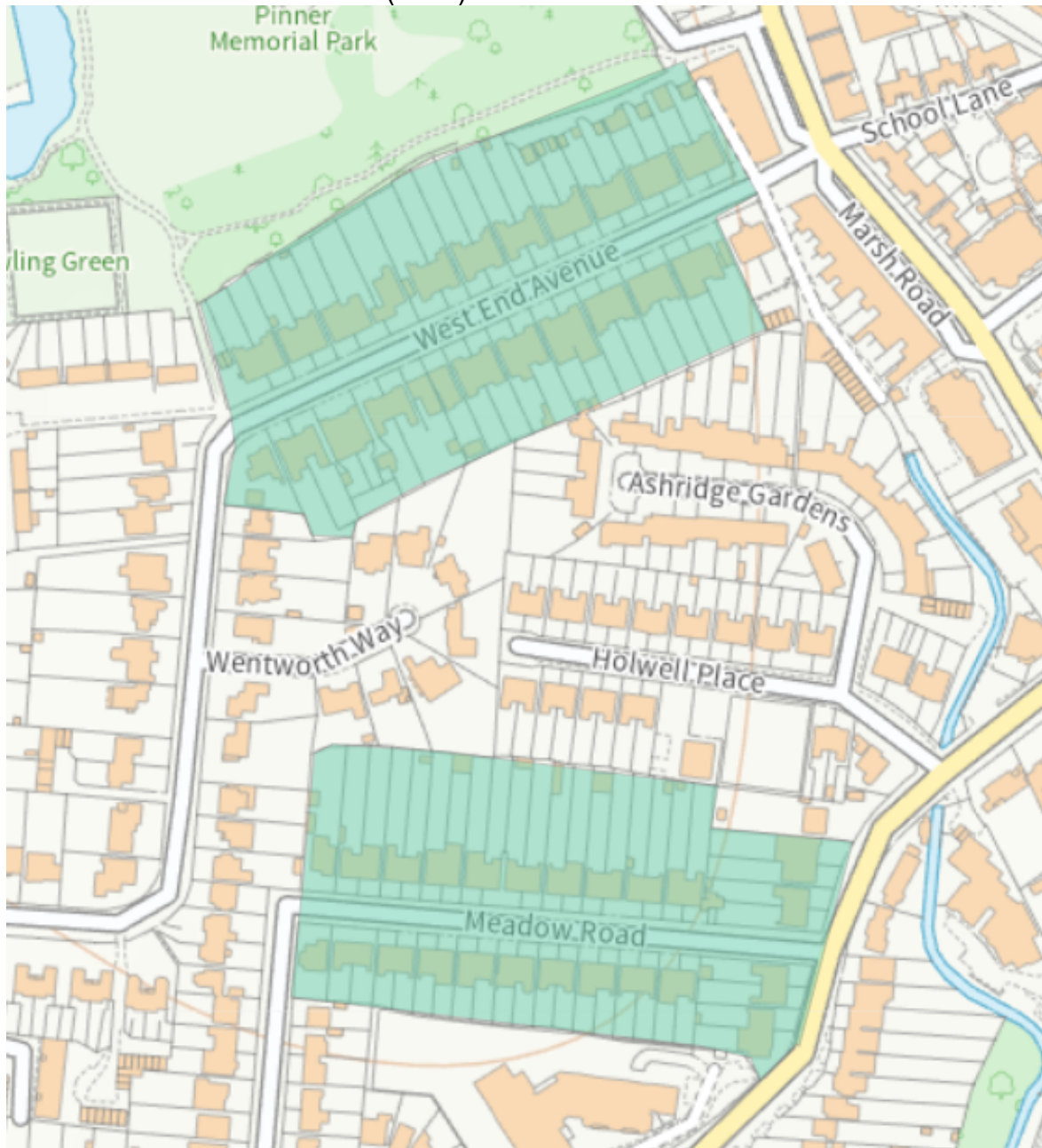
Date	Name of respondent (initials for individuals)	Response – email unless indicated otherwise	Support?	Area
10)21/08/2024	N. L.	<p>Notes from a phone call:</p> <p>What is the difference to a conservation area? It is too late to protect heritage value and not fair to those that have not yet made changes. Extensions are important. Would it affect value of houses? There are other streets just as nice.</p>	Object	Pinner
11)29/08/2024	T. R.& P. S. 16 West End Avenue Pinner HA5 1BJ	<p>Strong support.</p> <p>We would draw your attention to a plan notified to us by Harrow Council to make Footway improvements. The proposed replacement of the dropped granite kerbs with concrete is not in keeping. Please liaise with the Harrow Highways Team.</p>	Support	Pinner
12)2/09/2024	M. W. West Harrow Community Forum	<p>Letter enclosing a petition:</p> <p>The WHCF Trustees discussed with wider groups at the July community party in West Harrow park. The response is unanimously positive. A few questions to understand the difference between a conservation area and a LASC.</p> <p>Questioned why the proposed LASC designation was restricted to three small areas. The whole area was developed from the mid 1890s to the commencement of the First World War and remains largely unaltered. A second phase of the LASC rollout should be considered. We would welcome an opportunity to show you the area and discuss extension of the designation.</p>	Support	West Harrow

Date	Name of respondent (initials for individuals)	Response – email unless indicated otherwise	Support?	Area
		<p>Petition signed by members of the public:</p> <p>‘We the undersigned are in favour of Harrow’s current plan to recognise parts of West Harrow as Areas of Special Character. Furthermore we would ask the council to actively consider extending their proposal beyond Butler Avenue, Lance Road and the Park. We believe that it would be appropriate to consider a wider area of West Harrow given that it was all developed from the mid 1890s until the beginning of the First World War and remains substantially unaltered.’</p>		
13)3/09/2024	R.	I think West End Avenue is beautiful full of historic houses and the entire road should be an area of special character.	Support	Pinner
14)9/08/2024	Historic England	<p>The proposals comply with the NPPF including policies 196, 198 and 209 which require a positive up to date strategy and clear definition of significance. The areas should be assessed using detailed understanding of local heritage.</p> <p>Our principal recommendation is that local heritage assets should be assessed against clear, consistent criteria and supported by a statement of significance. Refer to our advice note. https://historicengland.org.uk/images-books/publications/local-heritage-listing-advice-note-7/</p> <p>Agree the areas are potentially not eligible for conservation area status. But we consider the analysis undertaken is very thorough.</p>	Support	Pinner and West Harrow

Appendix 2 - Maps of Areas Proposed for Adoption

Pinner: Map of proposed West End Avenue, Meadow Road and Eastcote Road Local Area of Special Character

1 and 3 - 40 (all) West End Avenue, 1-38 (all) Meadow Road and 24-38
(even) Eastcote Road:

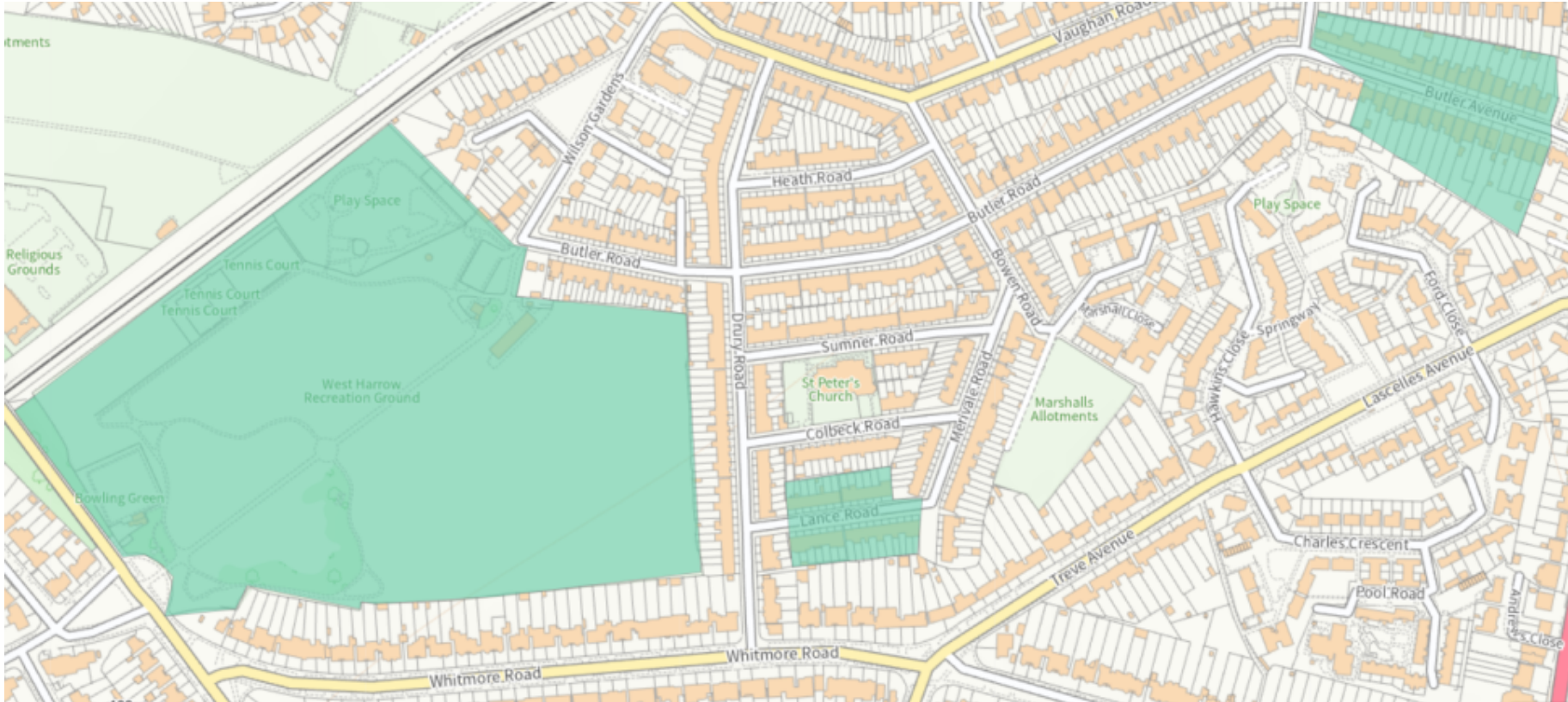


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West Harrow: Map of proposed Butler Avenue, Lance Road and West Harrow Recreation Ground Local Area of Special Character

3-29 (odd) and 2-40 (even) Butler Avenue and 2-26 (even) and 1-33 (odd) Lance Road and West Harrow Recreation Ground

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Planning Policy Advisory Panel

Minutes

8 October 2024

Present:

Chair: Councillor Marilyn Ashton

Councillors: Christopher Baxter Nitin Parekh
Stephen Greek David Perry
Graham Henson Zak Wagman

Recommended Items

87. Local Areas of Special Character - outcomes of consultation on the two proposed areas within West Harrow and Pinner

The Principal Conservation Officer presented the consultation responses regarding two areas proposed for designation as Local Areas of Special Character. These areas were highlighted for their architectural and/or historical significance. The consultation responses were detailed in Section 5 of the report, with additional details in Appendix 1 of the report.

The report recommended that the Panel supported the adoption of these areas and recommend them to the Cabinet. The areas under consideration were shown in the attached map in the report.

The Officer explained that Local Areas of Special Character were a form of heritage designation based on local architectural and historic interest. Criteria for these designations included architecture and landscapes that were locally distinctive, well-preserved, and of heritage interest. Such areas must stand out from other parts of the Borough.

The consultation process ran from 8 July to 3 September 2024. Key respondents included Historic England, the West Harrow Community Forum, and the Pinner Association. In the case of Pinner, there was strong support for the designation. Historic England and the Conservation Advisory Committee agreed that the proposals aligned with existing policy. The Pinner Association provided additional documentation regarding the heritage value of Meadow Road.

While support for the designation was largely focused on preserving the area's design and heritage quality, there were also objections. Some concerns centred on what the designation would mean for local properties. One respondent raised the issue of properties on Meadow Road (specifically numbers 39 and 40) being mistakenly excluded from the map. The Officer confirmed that these properties were mistakenly included in the list of proposed properties (and correctly left out of the area shown on the map), and letters were sent to the owners clarifying this and seeking any further comments. With no response received within the designated two-week period, it was confirmed that the corrected list of properties would include only numbers 1 to 38 of Meadow Road (.).

Other comments included concerns over the potential removal of granite curbs by the highways department, as well as requests to extend the designated area. Support for the designation referenced the quality of Edwardian double-fronted houses and their historical significance, while objections raised issues related to housing supply and recreational space.

The Officer noted that the concerns were acknowledged but reiterated that the designation would not preclude future development, as any proposals requiring planning permission would be assessed in accordance with national and local heritage policies in the context of the designation. The Officer also clarified that the designation does not equate to conservation area status.

For West Harrow, the Officer highlighted that the proposed designation was unlikely to impact housing supply and would not limit the potential of the recreation ground. The Officer also addressed suggestions to broaden the designated area, noting that the matter was discussed at the start of the meeting and could be considered further.

The majority of respondents supported the designation of the proposed areas.

The formal identification of these areas as Local Areas of Special Character would assist in applying national and local policy guidance.

The following questions were asked and answered.

The Panel enquired about the timing of the consultation period, noting that it ran from 8 July to 3 September, which included school holidays. They questioned whether the timing might have affected the consultation, as people may not have been available to comment during the holiday period. The Conservation Officer responded that the response rate was good, and no specific concerns had been raised regarding the consultation period. She

added that, despite the holidays, there was no indication that the timing had negatively impacted participation.

The Chair acknowledged the Panel's point but mentioned that it was unlikely people would be away for the entire six-week period. She agreed that the consultation timing was not perfect but emphasised that the good number of responses received suggested it had not been a significant issue. The Conservation Officer further explained that the consultation period had been extended to meet the council's communication standards.

The Panel also raised concerns about potential confusion for residents regarding which houses were included in the Local Area of Special Character (LASC) designation, particularly referencing the inconsistency with house numbers 39 and 40 on Meadow Road in Pinner. The Conservation Officer clarified that the issue had been addressed. The map and list of addresses were now consistent, and the owners of the affected properties had been contacted. No responses were received, and the matter was considered resolved.

The Panel discussed the report, and consequently, unanimously recommended it to Cabinet for adoption.

Resolved to RECOMMEND: to Cabinet

- (1) the consultation responses on the two proposed 'Local Areas of Special Character' summarised in section 5 of the report and at Appendix 1 in the report be considered.

RESOLVED: That

- (2) the areas shown in Appendix 2 of the report, were adopted namely: in West Harrow: 3-29 (odd) and 2-40 (even) Butler Avenue and 2-26 (even), 1-33 (odd) Lance Road and West Harrow Recreation Ground, and in Pinner: 1 and 3 - 38 (all) West End Avenue, 1-38 (all) Meadow Road and 24-38 (even) Eastcote Road.

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Report for: Cabinet

Date of Meeting:	14 November 2024
Subject:	Mental Health Community Support Services
Key Decision:	Yes
Responsible Officer:	James Mass, Strategic Director for Adults and Public Health
Portfolio Holder:	Councillor Jean Lammiman, Portfolio Holder for Adult Services & Public Health
Exempt:	No
Decision subject to Call-in:	No
Wards affected:	All wards
Enclosures:	Appendix 1: EQIA

Section 1 – Summary and Recommendations

This cabinet report sets out the background, current commissioning arrangements and the proposal to seek authority to commence procurement for a Mental Health Community Service to the Council.

Recommendations:

Cabinet is requested to:

1. Approve the commencement of a procurement for a mental health community service.
2. Delegate authority to the Strategic Director for Adults and Public Health, following consultation with the Portfolio Holder for Adult Services & Public Health, to make any changes required to the tender documents following approval.
3. Delegate authority to the Strategic Director for Adults and Public Health following consultation with the Director of Finance, the Portfolio Holder for Adult Services & Public Health and the Portfolio Holder for Finance and Highways to award the contract.

Reason: (for recommendations)

To enable the Council to meet its statutory responsibilities under the Care Act 2014, the Mental Health Act 1983 (amended 2007) (MHA) and the Health and Social Care Act 2012. These responsibilities include:

- A statutory duty under the Care Act 2014, is for local authorities to make sure that people living in their areas, receive services that prevent their care needs becoming serious, or delay the impact of their needs
- Section 117 of the MHA puts a duty on the local authority and the NHS to provide free after-care services for people being discharged from a qualifying section of the MHA. Aftercare services are defined in the Care Act 2014 as being services:
 - which are designed to meet the needs arising from a person's mental health condition; and
 - that help to reduce the risk of deterioration of the condition (i.e. prevent a person from being admitted to hospital again).
- A series of engagement events that took place with Harrow residents ^{1 2} at the beginning of 2024 identified the need to improve the community service model to one which offers a more preventative approach, guiding people experiencing challenges into the services they need as well as harnessing their recovery by supporting people to live as independently as possible, at home, with good access to wider community assets. This procurement focuses on securing a new contractual arrangement for services identified as being needed for Harrow, so they can respond to the changing mental health needs of residents. The voice of people who use services has informed the service specification.

¹ [People Services Directorate - Commissioning Team - Projects: - Mental Health Engagement Report-Mind in Harrow .pdf - All Documents \(sharepoint.com\)](#)

² Mental Health Matters in Harrow. National Development Team for Inclusion (NDTi)

Section 2 Report

2 Introduction

- 2.1 The service supports Adult Social Care duties and obligations under the Care Act 2014 to support people with mental health under a section 117 aftercare plan to be supported to recover at home in the community, with good access to a wider range of community support.
- 2.2 The service received funding support from public health and primary health partners based on specific joint packages of section 117 aftercare with health and social care assessed needs.
- 2.3 The recommendation is to procure and appoint a provider to deliver a mental health community support service that focuses on prevention, early intervention and recovery.
- 2.4 This supports the London Borough of Harrow's vision to ensure all services for Harrow residents, offer value for money, provide appropriate support to promote wellbeing, reduce inequalities and prevent hospital admissions for those suffering with mental ill health.

3 Options Considered

Two options have been considered:

- 3.1 **Option One:** Do nothing – Not an option as there is a need for a preventive service to support the mental health social work team within adult social care, preventing mental health crisis and promoting wellbeing for Harrow residents. Lack of services taking a preventative and recovery approach can lead to increased hospital admissions into acute mental health wards with increased costs of care packages and increased access to adult social care services.
- 3.2 **Option Two:** Commence the procurement for the new service using an open market competitive tender process as the preferred option as this will support the Council to deliver its statutory responsibilities and enable the commissioning of the new service that was identified as being needed in Harrow.
- 3.3 Note Option two will also address the access to community assets concerns that were identified within the engagement events about mental health community services and from the voice of people who access and use services. The new service will have a focus on improving access for all of Harrow's diverse residents who would benefit from it. There will also be ongoing monitoring of the service to ensure it positively impacts social care inequalities.

4 Background

- 4.1 The Harrow and Wellbeing Strategy 2022–2030 is committed to *keeping residents feeling good and functioning well and focussing on the prevention of mental health issues which includes raising awareness and anti-stigma campaigns as well as supporting people with mental health problems to stay well.*
- 4.2 Harrow aims to develop responsive and well-coordinated mental health services that empower residents to thrive. This can be achieved by reshaping services to provide personalised support based on individual strengths and community resources, thus reducing loneliness and aiding individuals during crises.
- 4.3 Mental illness is the leading cause of disability in the UK, leading to significant inequalities in health outcomes. Individuals suffering from mental illness often face a greater risk of poor physical health, reduced life expectancy, diminished educational and employment opportunities, and discrimination.
- 4.4 **Importance of Prevention**
Research indicates that promoting positive wellbeing and resilience can directly prevent mental illness and improve outcomes for those affected. Individuals with serious mental illnesses and recurrent depressive disorders are particularly vulnerable, experiencing higher relapse rates due to lower quality of life prior to their condition.
- 4.5 **Economic Implications**
The economic burden of mental health conditions extends beyond healthcare costs, encompassing broader social costs that can be mitigated. For instance, individuals in debt are 33% more likely to suffer from anxiety and depression, which can lead to financial instability and loss of housing. Moreover, social isolation costs an estimated £9,900 per person annually, impacting overall health and productivity.
- 4.6 **Social Determinants of Mental Health**
The likelihood of developing mental health problems is influenced by biological factors and socio-economic conditions. Disadvantaged individuals face the highest risks. The Marmot Review (2020) highlights that persistent social factors contributing to poor mental health include low educational attainment, low-quality employment, and income inequality.
- 4.7 **Need for Timely Care**
Access to timely and appropriate treatment is crucial for individuals with mental health conditions. Delays in treatment can exacerbate their conditions, necessitating more complex interventions.

Through engagement with Harrow residents, it was identified that there is a significant need to ensure mental health community services are accessible to the whole population of Harrow. There needs to be a keen focus on reducing health and social care inequalities by working closely with key partners. This will help us to understand and respond to the needs of the communities we know do not access early intervention and prevention services routinely. These same communities are over overrepresented in our crisis services and their

initial experience of mental health services is often via the criminal justice system.

5 Current Situation

5.1 Current Landscape

Currently, Harrow Local Authority does not have community-based mental health services that emphasise prevention and early intervention. A previous contract with Rethink Mental Illness, which naturally ended on 31 July 2024, highlighted gaps in service provision.

5.2 Identified Needs

- **Enhance Accessibility:** Engagement with residents highlighted significant gaps in accessibility to mental health services, especially for vulnerable populations.
- **Economic Impact:** Mental illness is the leading cause of disability in the UK, contributing to poorer physical health and reduced life opportunities. Financial burdens associated with mental health conditions extend beyond healthcare costs, emphasising the need for effective preventive measures.
- **Preventive Strategies:** Evidence suggests that early intervention can significantly reduce the risk of severe mental health issues. Focused investment in community mental health can yield substantial economic returns and improved quality of life for residents.

5.3 The Local Authority is developing its strengths-based approach to social work and social care. The approach supports people to identify their own strengths and assets, empowering them to set their own goals, solve difficulties and sustain positive change in their lives, with proportionate support when it's needed.

5.4 This way of working is clearly set out in the Care Act 2014 and is critical to realising a more personalised model of care and support. Commissioned services as well as social work practice are changing, and we are moving towards developing flexible services that are tailored to individual needs.

6 Demography of Harrow

6.1 Harrow is a culturally diverse London Borough with 63.54% of the residents of Harrow coming from a Black and Minority Ethnic background, and just over half the population of Harrow were born abroad.

6.2 The demographics of Harrow encompassing factors such as sex, gender, ethnicity, age, sexuality, and socio-economic status play a significant role in how residents' access and experience health and social care services. These factors not only influence service access, but also affect health outcomes, ultimately impacting the mental health and wellbeing of the community.

6.3 Current Mental Health Landscape

Harrow exhibits lower levels of common mental disorders (CMD) compared to the rates in London and England, with similar levels of serious mental illness (SMI). This relative advantage is largely attributed to the borough's lower rates of socio-economic deprivation. However, there are still areas within Harrow experiencing significant poverty, especially considering the ongoing cost-of-living crisis and high housing costs. Furthermore, the diverse population of Harrow often faces various forms of discrimination, which can adversely affect mental wellbeing throughout residents' lives.

Table 1: Prevalence of Common Mental Health Disorders

Metric	Harrow - Count	Harrow - Rate	London - Rate	England - Rate
Estimated prevalence of CMDs (16 years and over, 2017)	30,724	15.6%	19.3%	16.9%
Estimated prevalence of CMDs (65 years and over, 2017)	3,679	9.6%	11.3%	10.2%
Depression QOF prevalence (18+, 2021/22)	17,221	8.1%	9.0%	12.7%
Depression QOF incidence (18+, new diagnosis, 2021/22)	2,489	1.2%	1.3%	1.5%
Self-reported wellbeing: people with a high anxiety score (2021/22) *	-	24.5%	23.8%	22.6%

*Source: PHE Fingertips accessed July 2023. Note: These figures are based on a small sample and should be interpreted with caution.

Table 2: Quantified Need for Mental Health Services

Indicator	Period	Harrow Count	Harrow Rate	London Rate	England Rate
People in contact with adult MH services (rate per 100,000 aged 18+)	2019/20 Q2	3,725	1,942	2,201	2,381
Mental health service users in hospital (percentage)	2019/20 Q2	115	3.1%	2.4%	2.0%
People on a Care Programme Approach (rate per 100,000 aged 18+)	2019/20 Q2	400	209	424	357
Persons detained under MHA (rate per 100,000 population aged 18+)	2019/20 Q2	255	532	511	383
Persons detained under MHA (% of people in contact with services)	2019/20 Q2	90	1.92%	1.28%	1.04%
GP prescription items for psychoses*	6/2022-5/2023	44,913	0.15	0.19	0.21

*Rate expressed as a fraction of all prescriptions and GP registered population.

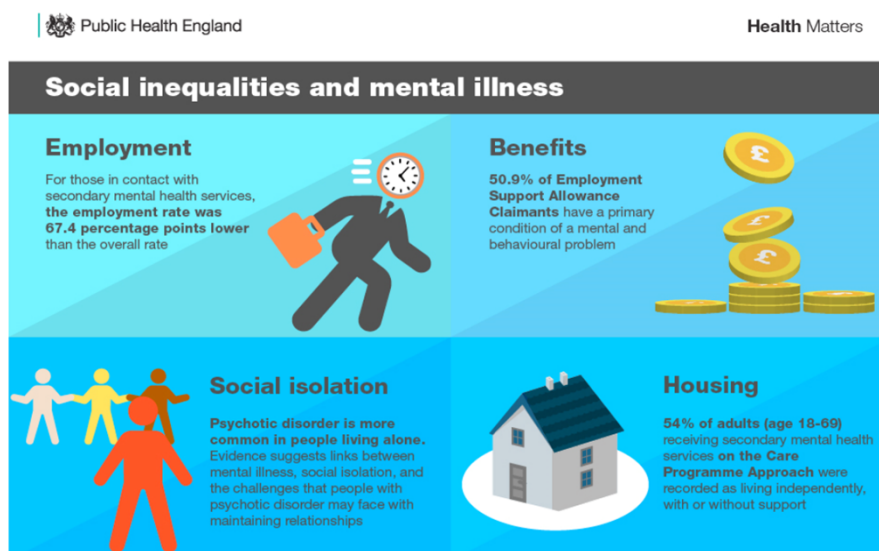
7 Demand and Future Context

- **Youth Mental Health:** Recent data indicates that hospital admissions for mental health conditions among individuals under 18 were the second highest in London during 2022/23, highlighting a potential future demand for adult mental health services as these young people transition into adulthood.
- **Economic Impact:** While Harrow has a relatively low rate of premature mortality among adults with serious mental illness, the rising number of diagnoses of depression and SMI necessitates a responsive and supportive mental health framework.
- **Community Diversity:** Harrow's population has grown by 9.3% from 2011 to 2021, exceeding the London average of 7.7%. This growth, combined with a rich tapestry of ethnicities, religions, and languages, necessitates mental health services that are inclusive and adaptive to the community's diverse needs.

Social Inequalities

7.1 Social disadvantage is a common factor among groups with a higher prevalence of mental illness. These disadvantages directly impact mental health, access to care, and the overall experience of the services received. Key social inequalities include:

- **Exclusion and Isolation:** Many individuals become socially isolated due to systemic barriers, which can lead to loneliness - a significant risk factor for various mental health issues, including depression and anxiety.
- **Economic Disparities:** Wealth inequality often manifests as debt and housing insecurity, which substantially affects mental health outcomes. Recent estimates suggest that up to 82% of homeless individuals in England suffer from mental health problems.



8 Proposed Mental Health Community Service

- 8.1 The planned community mental health service in Harrow aims to address these social inequalities effectively. The service will:
- **Promote Early Intervention:** Implement preventative strategies to help residents manage their mental health challenges and build independence and resilience.
 - **Encourage Outreach:** Actively engage with underrepresented groups to reduce the number of individuals entering hospitals due to mental health crises.
 - **Facilitate Supportive Networks:** Foster social inclusion by connecting residents to community activities and resources.
- 8.2 There are a range of evidence-based social care interventions that the mental health community service will be commissioned to provide which include:
- 8.3 **Peer support** which has been shown to be mutually beneficial for peer support workers and people needing support. Research has identified that peer support helps mental health recovery, improves the impact of depression and increases self-belief ³. In addition the financial benefits of using peer support workers has been shown to exceed their cost ⁴
- 8.4 **Social inclusion activities** – investing in relatively low-cost interventions to support people into wider activities already available in Harrow and across London is likely to provide a positive return on investment. A 2017 return on investment paper ⁵ identified a return of £2-3 for every £1 invested in signposting/navigation services. Befriending initiatives have been shown to have a return of between £5 - 24 for every £1 invested.
- 8.5 **Floating (accommodation) support** services support people (who otherwise would struggle) to live independently, sustain their own tenancies and to be an inclusive part of their communities. The cost of supporting people in their own homes is significantly lower than providing supported accommodation or funding residential care.
- 8.6 The new service will be monitored via the contract management processes which reviews key performance indicators, including case studies and surveys, the area below will be reviewed in order to see whether the service is delivering what is required.
- The impact on the wider health and care pathway by comparing numbers of people accessing the Harrow mental health social work team (aim to reduce)
 - The numbers of people accessing the community service from communities that have not previously engaged with prevention services

³ [The effectiveness, implementation, and experiences of peer support approaches for mental health: a systematic umbrella review | BMC Medicine | Full Text \(biomedcentral.com\)](#)

⁴ A study in Nottingham identified that peer support workers contributed to a 14% reduction in inpatient stays saving an estimated £260,000

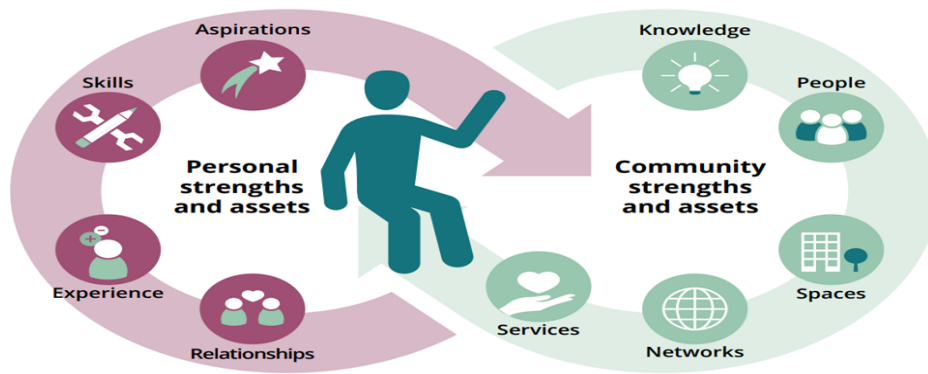
⁵ [making-the-economic-case-for-investing-in-actions-to-prevent-and-or-tackle-loneliness-a-systematic-review.pdf \(lse.ac.uk\)](#)

(aim to increase) by collecting information on people accessing the service broken down by protected characteristics and analysis

- Number of people who are supported to and have maintained a housing tenancy for more than 12 months (aim to increase)
- Satisfaction survey of people using the service to measure self-reported improvement(s) in managing their mental health and overall satisfaction.
- Professional staff survey to gauge the view of staff as to the impact of the new service

9 Why is change needed

- 9.1 Having the right services that focus on prevention and recovery support can have a significant impact on the use of more intensive and expensive service provision. It is well documented that the more time passes before a person accesses the right intervention for their mental health problem, the greater the likelihood their condition will become more chronic and difficult to treat. This leads to a need for more complex packages of care and specialist treatment and worse outcomes for the individual.
- 9.2 In addition, research shows that particular social and demographic factors increase vulnerability to mental health problems and hinder accessing the right care and support in a timely way. People affected by this include those living in deprivation or poverty; Black, Asian and other minoritised ethnic groups; older people; people with dementia; combat veterans; people with a learning disability and autistic people and people with substance misuse problems.
- 9.3 Developing services that are accessible and can support the changing needs of people in Harrow, will help to prevent unnecessary hospital admissions and reduce the burden on already over-subscribed primary and secondary mental health services.
- 9.4 The new service will focus on a preventative outcomes model and aim to deliver better quality of life for people. In developing a mental health community service, that focusses on prevention, early intervention and recovery, we can make better use of limited funding and deliver better outcomes in the medium and longer term. To achieve this the new provider will follow evidence-based practice in terms of delivering strengths and asset-based outcomes.



6

10 Risk Management Implications

10.1. Risks included on corporate or directorate risk register? No

Separate risk register in place? No

10.2. The relevant risks contained in the register are attached/summarised below. N/A

10.3. The following key risks should be taken into account when agreeing the recommendations in this report:

Risk Description	Mitigations	RAG Status
Funding for the contract is insufficient to deliver the expected level of service	<ul style="list-style-type: none"> Potentially reduce the parameters (activity levels) of the service 	AMBER
A suitable provider cannot be found in the market for the service	<ul style="list-style-type: none"> Market engagement exercise completed. On-going negotiation with potential providers 	AMBER
Without this service statutory social work capacity would not be reduced causing longer waiting lists and higher caseloads leading to adverse health impacts for residents	<ul style="list-style-type: none"> Design and commission a new borough wide-mental health community service as outlined in this report. 	GREEN
More people become chronically unwell and need more expensive packages of care because of the current gap in preventative and recovery focused community service	<ul style="list-style-type: none"> Approval to commence an open competitive procurement with the aim of awarding a new contract to address this in early 2025. 	GREEN
Harrow communities in need of this service remain over-represented in crisis services and underrepresented in	<ul style="list-style-type: none"> Appointment of a new provider for the mental health community service that delivers a service in line with the service specification. 	GREEN

⁶ [strengths-and-asset-based-outcomes-quick-guide.pdf \(nice.org.uk\)](https://www.nice.org.uk/strengths-and-asset-based-outcomes-quick-guide.pdf)

Risk Description	Mitigations	RAG Status
preventative services because of continuing inequalities in the access to health and social care services	<ul style="list-style-type: none"> ▪ Ongoing monitoring of agreed KPIs and outcome measures that are designed to focus on reducing health and social care inequalities 	

11 Procurement Implications

- 11.1 The contract value for this service is £238,471 per annum. The contract term will be for an initial two years commencing in April 2025, with the option to extend for a further two years in periods at the Council’s discretion. The total contract value will be £953,884.
- 11.2 The contract will be competitively procured under the “Light Touch Regime” (LTR) using the OPEN Procedure in accordance with the Council’s Contract Procedure Rules and the Public Contract Regulations 2015
- 11.3 The light-touch regime (LTR) is a specific set of rules for certain service contracts that tend to be of lower interest to cross-border competition. Those service contracts include certain social, health and education services, defined by Common Procurement Vocabulary (CPV) codes. The list of services to which the Light-Touch Regime applies is set out in Schedule 3 of the Public Contracts Regulations 2015.

12 Legal Implications

- 12.1 The Care Act 2014 highlights prevention as one of the seven key responsibilities for local authorities.
- 12.2 It is a statutory duty under the Care Act 2014, for local authorities to make sure that people living in their areas, receive services that prevent their care needs becoming serious, or delay the impact of their needs.
- 12.3 Section 117 of the Mental Health Act puts a legal duty on Councils to provide free after-care services for people being discharged from a qualifying section of the Mental Health Act. Aftercare services are defined in the Care Act 2014 as being services:
- which are designed to meet the needs arising from a person’s mental health condition; and,
 - that help to reduce the risk of deterioration of the condition (i.e. prevent a person from being admitted to hospital again).
- 12.4 The duty to provide free aftercare services begins at the point of discharge from hospital and ends once a person is discharged from section 117. Both the NHS and Social Care services must agree that a person no longer needs section 117 aftercare before a discharge can happen.

- 12.5 This procurement is an above threshold procurement under the Public Contracts Regulations 2015 (“**PCR 2015**”) and subject to the Light Touch Regime (“**LTR**”). This means the Council has some flexibility as to how they design the procurement and how the PCR 2015 is complied with. An open tender process is an appropriate procurement process.
- 12.6 HBPL will support the service in drafting a contract which is to form part of the tender advertisement and provide general support throughout the procurement process.

13 Financial Implications

- 13.1 Funding of £238,471 per annum has been allocated to support the provision of Mental Health Community Services within the Contracts & Voluntary Sector budget within Adult Services.
- 13.2 The allocation is a combination of base budget and contribution from the Wider Determinants Funding from the Public Health Service. Both funding streams would need to be maintained for the length of the contract award.
- 13.3 The funding allocation will be static for the length of the contract, and any inflationary or service change costs would need to be met within this budget envelope.
- 13.4 This award of this contract is not linked to any current MTFs savings target, will have no staffing implication on the LB Harrow staffing establishment, or require any capital funding.

14 Equalities implications/Public Sector Equality Duty

- 14.1 By commissioning a new approach to mental health community services, the council is looking to improve outcomes for residents experiencing mental ill health, reduce hospital admissions and address wider social inequalities. This includes focusing on socio-economic deprived populations, people with protected characteristics, geographical composition and other vulnerable groups. Services will reach residents who require support under the prevention duty of the Care Act 2014 and as part of a Mental Health Act Section 117 aftercare plan, supporting recovery and moving away from crises.
- 14.2 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).
- 14.3 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. An EQIA has

been undertaken and no negative impacts on particular groups have been identified.

15 Council Priorities

1. A council that puts residents first

The provision of a community mental health services will enable the council to put residents first by ensuring there is a service that supports people to live as independently as possible in the community and improves access for all residents to obtain such support.

2. A borough that is clean and safe

Research shows that people with mental health problems experience high rates of crime and are more likely to be victims of crime than the general population. A mental health community support service will have the opportunity to work with partners to highlight this issue and work with Harrow residents to support people who are dealing with this issue as well as support people (or direct them to other services) that can provide specific interventions aimed at reducing crime against individuals.

3. A place where those in need are supported

Commissioning a new mental health community-based service demonstrates that the council is focussing on reducing the number of people who may go on to become chronically unwell as a result of not being able to access support at an early stage of becoming distressed or unwell.

16 Section 3 - Statutory Officer Clearance

Statutory Officer: Belvin Corriette

Signed on behalf of the Chief Financial Officer

Date: 08.10.2024

Statutory Officer: Mariam Khan

Signed on behalf of the Monitoring Officer

Date: 03.10.2024

Chief Officer: Alex Dewsnap

Signed off by the relevant Director

Date: 01.11.2024

Statutory Officer: Lisa Taylor

Signed on behalf of the Assistant Director of Procurement

Date: 04.10.2024

Has the Portfolio Holder(s) been consulted? Yes

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards
EqIA carried out: YES
EqIA cleared by: Jennifer Rock

Section 4 - Contact Details and Background Papers

Contact: Sarah Ives, Strategic commissioning Manager (adult mental health).
Sarah.Ives@harrow.gov.uk

Background Papers:

- Adult Mental Health in Harrow April 2020: [Adult Mental Health Report 2020 \(harrow.gov.uk\)](#)
- Mental Health Engagement Report. Mind in Harrow [Mental Health Engagement Report- Mind in Harrow - Adobe cloud storage](#)
- Mental Health Matters in Harrow. National Development Team for Inclusion (NDTi) [Mental Health Matters in Harrow. Themes reflections and insights .pdf](#)
- The Harrow Health and Wellbeing Strategy 2022 – 2030 [Harrow Health and Wellbeing Strategy](#)

Call-in waived by the Chair of Overview and Scrutiny Committee: NO

Appendix 1: Mental Health Community Service. Equality Impact Assessment (EqIA)



You will need to produce an Equality Impact Assessment (EqIA) if:

- You are developing a new policy, strategy, or service
- You are making changes that will affect front-line services
- You are reducing budgets, which may affect front-line services
- You are changing the way services are funded and this may impact the quality of the service and who can access it
- You are making a decision that could have a different impact on different groups of people
- You are making staff redundant or changing their roles

Guidance notes on how to complete an EqIA and sign off process are available on the Hub under Equality and Diversity. You must read the [guidance notes](#) and ensure you have followed all stages of the EqIA approval process (outlined in appendix 1). Section 2 of the template requires you to undertake an assessment of the impact of your proposals on groups with protected characteristics. Equalities and borough profile data, as well as other sources of statistical information can be found on the Harrow hub, within the section entitled: [Equality Impact Assessment](#) - sources of statistical information.

Equality Impact Assessment (EqIA)		
Type of Decision:	<input checked="" type="radio"/> Cabinet <input type="radio"/> Portfolio holder <input type="radio"/> Other (state)	
Title of Proposal	Decision to procure a mental health community service	Date EqIA created: 17/09/2024
Name and job title of completing/lead Officer	Sarah Ives. Strategic Commissioning Manager Mental Health	
Directorate/ Service responsible	Adult Social Care and Public Health Directorate, Strategy and Commissioning	
Organisational approval		
EqIA approved by the EDI Team:	Name: Jennifer Rock Partnerships and Inclusion Officer Policy, Partnerships & Cohesion	Signature <input checked="" type="checkbox"/> Tick this box to indicate that you have approved this EqIA Date of approval:11.10.24

1. Summary of proposal, impact on groups with protected characteristics and mitigating actions

(to be completed **after** you have completed sections 2 - 5)

a) What is your proposal?

To procure a mental health community service that is recovery focussed, providing prevention and early intervention and prevention. The service will take an assets/strengths based approach to support Harrow residents struggling with mental health problems to be more resilient and avoid the need for crisis and inpatient services.

b) Summarise the impact of your proposal on groups with protected characteristics

The mental health community service will have a significant focus on empowering people, providing targeted interventions to reduce health and social care inequalities and specifically target groups that are currently underrepresented in our existing prevention services.

c) Summarise any potential negative impact(s) identified and mitigating actions

Currently there is a gap in provision for preventative recovery focussed community services which creates a risk that people will become chronically unwell and need more expensive packages of care. It has also been identified that there has been inequality of access to mental health community services with some Harrow communities being overrepresented in crisis services and underrepresented in prevention based services. Therefore the service specification for this new service has been coproduced with Harrow residents and gives a focus to reducing inequality around access and ongoing monitoring of the service will take place to ensure all communities in Harrow are supported.

2. Assessing impact					
You are required to undertake a detailed analysis of the impact of your proposals on groups with protected characteristics. You should refer to borough profile data , equalities data , service user information, consultation responses and any other relevant data/evidence to help you assess and explain what impact (if any) your proposal(s) will have on each group. Where there are gaps in data, you should state this in the boxes below and what action (if any), you will take to address this in the future.		What does the evidence tell you about the impact your proposal may have on groups with protected characteristics? Click the relevant box to indicate whether your proposal will have a positive impact, negative (minor, major), or no impact			
Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
Age	<p>A review of mental health community services in Harrow identified that younger people were not accessing services. Therefore the new service has been designed to ensure that it is better linked with other services to target younger age groups. The impact of previous covid restrictions impacted on the whole population including children, families and people with mental health ill health and led to an increase in presentation of people seeking support for their mental health. This was particularly apparent for younger people.</p> <p>Our own local engagement with residents identified that people wanted more support to combat loneliness and social isolation There is strong national evidence that older people are particularly vulnerable to loneliness and social isolation which in turn has a significant impact on both mental and physical health, such as higher risks of anxiety and depression, memory issues, risk of high blood pressure and heart disease amongst others.</p> <p>There is a requirement for the new service to ensure its communication and promotional literature reaches all groups and ensure there is equity of access for all age groups in Harrow. Contract KPIs will be monitored to measure impact and remedial action will be agreed with the provider as required.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	Mental health illness represents a significant disability whereby people with a serious mental illness die approximately 15-20 years earlier than the general population. There are a number of health measures in place to address this, however people often need social care support to access these wider services and opportunities. The new service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	being proposed will prioritise supporting Harrow residents with mental illness to access other services to reduce the negative impact of disability.				
Gender reassignment	Transgender people can be disproportionately affected by poor mental health outcomes as a result of stigma and discrimination. The new service will be commissioned to ensure that all Harrow communities are welcomed and feel comfortable within the new service. The service will also be expected to sign post people to specialist support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage and Civil Partnership	No specific issues have been identified as a result of people being married or in a civil partnership in relation to this new service. However we know that people who experience domestic abuse have an increased risk of developing depression, an anxiety disorder or post-traumatic stress disorder. Whilst this doesn't have a specific focus on working with people who have or are experiencing domestic abuse, it will have a role in sign-posting people to more specialist services and providing all groups with more general preventative and recovery focussed mental health social care support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and Maternity	Whilst there can be specific mental health issues relating to pregnancy and maternity these are likely to require specialist interventions that the service will not be commissioned to provide. However, the new service can signpost to other services and will be required to know what is available to Harrow residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Race/ Ethnicity	A review of mental health community services in Harrow identified that young black men from African and Caribbean were overrepresented in our crisis services and underrepresented in our prevention support offer. The new service will be commissioned to specifically target underrepresented groups to ensure that they are supported at an early stage so that they can access the right care at the right time. As part of the procurement process commissioners will be looking for organisations who have appropriate cultural competencies to work with all of our Harrow residents. We will also expect consideration to be given to how the new service can work in partnership with specific cultural groups and organisations currently working in Harrow to maximise their ability to work with all of our residents. This will be monitored via the contract we put in place and data will be collected and feedback sought from people accessing the service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	Research shows that spirituality and religion can be a protective factor against poor mental health. Religion affiliation is high in Harrow, with Harrow having the 2nd lowest number of residents who stated they have no religion. In the 2011 Census, Christianity was ranked as the common number of followers with 37% (59% nationally). Hinduism is the second most common religion and ranked highest nationally. Harrow has the highest proportion of Hindus, Jains and Unification churches in London and the second highest for Zoroastrianism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex	There are no identified issues in Harrow of inequity of access to mental health community services on the grounds of sex. However, we will monitor whether issues arise in relation to who is accessing the service and ensuring any chosen provider is aware of how to manage problems that relate to either men or women not wanting to accept support because they are underrepresented in the service and feel excluded or unwelcome as a result.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Orientation	Mental health problems can be more common among people who are LGBTIQ+ as a result of discrimination, stigma and social isolation. The new service will be commissioned to ensure that all Harrow communities are welcomed and feel comfortable within the new service. The service will also be expected to sign post people to specialist support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.1 Cumulative impact – considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on groups with protected characteristics?

Yes No

If you clicked the Yes box, which groups with protected characteristics could be affected and what is the potential impact? Include details in the space below

2.2 Any other impact - considering what else is happening nationally/locally (national/local/regional policies, socio-economic factors etc), could your proposals have an impact on individuals/service users, or other groups?

Yes No

If you clicked the Yes box, Include details in the space below

3. Actions to mitigate/remove negative impact

Only complete this section if your assessment (in section 2) suggests that your proposals may have a negative impact on groups with protected characteristics. If you have not identified any negative impacts, please complete sections 4 and 5.

In the table below, please state what these potential negative impact (s) are, mitigating actions and steps taken to ensure that these measures will address and remove any negative impacts identified and by when. Please also state how you will monitor the impact of your proposal once implemented.

State what the negative impact(s) are for each group, identified in section 2. In addition, you should also consider and state potential risks associated with your proposal.	Measures to mitigate negative impact (provide details, including details of and additional consultation undertaken/to be carried out in the future). If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.	What action (s) will you take to assess whether these measures have addressed and removed any negative impacts identified in your analysis? Please provide details. If you have previously stated that you are unable to identify measures to mitigate impact please state below.	Deadline date	Lead Officer

4. Public Sector Equality Duty

How does your proposal meet the Public Sector Equality Duty (PSED) to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
2. Advance equality of opportunity between people from different groups
3. Foster good relations between people from different groups

The new service will be commissioned with a specific agenda around reducing inequalities which has been coproduced with Harrow residents. The service will be required to ensure everyone in Harrow has the opportunity to reach their potential. The provider of the new service is specifically asked to ensure they:

- Do not discriminate based upon peoples protected characteristics under the Equality Act 2010.
- Tailor support to meet people's differing needs, encouraging people to take control of their journey to wellbeing through offering choice and control in accessing a wide range of opportunities activities and resources.

- Address and reduce health inequalities for population groups who experience greater barriers to accessing mental health services.

The new provider of the service is also required to

- Ensure that Equal Opportunities and their implications in practice are intrinsic to the delivery of the service (this includes people who use the service, their carers, staff and volunteers) in line with this specification.
- The Service Provider must undertake to keep up to date records on service users' protected characteristics in order to report on these as required.

5. Outcome of the Equality Impact Assessment (EqIA) click the box that applies

Outcome 1

No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed

Outcome 2

Adjustments to remove/mitigate negative impacts identified by the assessment, or to better advance equality, as stated in section 3&4

Outcome 3

This EqIA has identified discrimination and/ or missed opportunities to advance equality and/or foster good relations. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below.

Include details here



Report for:

Cabinet

Date of Meeting:

14 November 2024

Subject:

Children and Young People (CYP) & Adults substance misuse services commissioning intentions post 31 March 2025

Key Decision

Yes

Responsible Officer:

Carole Furlong - Director of Public Health

Portfolio Holder:

Councillor Jean Lammiman – Portfolio Holder for Adult Services & Public Health

Exempt:

No

Decision subject to Call-in:

Yes

Wards affected:

All

Enclosures:

Appendix 1: Draft substance misuse needs assessment dated Sept 2024

Appendix 2: EQIA

Section 1 – Summary and Recommendations

This report sets out and seeks approval to direct award contracts for the provision of Substance Misuse Services for Children and Young People (CYP) and adults in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR).

Recommendations:

Cabinet is requested to:

1. Approve the direct award of the children and young people substance misuse contract to incumbent provider 'Compass - Services to Improve Health and Wellbeing' (Charity no. 518048) for a term of 3 years from the 1 April 2025 until 31 March 2028; and
2. Approve the direct award of the adult's substance misuse contract to incumbent provider, Via Community Ltd for a term of 3 years from 1 April 2025 until 31 March 2028 with the option to extend for a further 2 years until 31 March 2030.

Reason: (for recommendations): The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR), which came into force on 1st January 2024, applies to the arrangement of relevant health care and public health services arranged by the Council. This includes substance misuse services. The Council has identified that direct award process C is applicable, enabling the Council to award new substance misuse contracts to the existing providers.

Section 2 – Report

Introductory paragraph

The decision to direct award substance misuse services to COMPASS and VIA, by applying direct award process C of the PSR, will ensure that resident support is maintained through continuity of the services. This is in line with the council's priority of putting residents first by ensuring that those in need are supported.

The term 'substance' refers to drug and alcohol.

Harrow Public Health commissions substance misuse services with aims and objectives to:

- **Prevent Problematic Substance Misuse:** Focus on prevention strategies.
- **Education and Early Intervention:** Services for children and young people.
- **Community-Based Addiction Treatment:** High-quality, evidence-based treatment for adults with substance dependence and co-morbidity issues.

- **Harm Reduction:** Reduce substance misuse-related harm to individuals, their children, children and young people and the wider community.
- **Crime Reduction:** Efforts to reduce substance misuse-related crime.
- **Health and Well-being Promotion:** Support long-term recovery and social reintegration for people affected by substance misuse in Harrow.
- **Health protection:** Additionally, **BBV testing** (Blood Borne Virus testing) is included in health services to screen for viruses like Hepatitis B, Hepatitis C, and HIV, which can be transmitted through blood and other bodily fluids.

Please see summary below of the **Tiers of care** used to deliver substance misuse services in Harrow:

- **Tier 1: Advice and Information:** Basic support and information on substance misuse.
- **Tier 2: Open Access Services and Harm Reduction:** Services that are easily accessible and focus on reducing the harm caused by substance misuse.
- **Tier 3: Structured Community-Based Treatment Services:** More intensive, structured treatment provided within the community.
- **Tier 4: Community and Specialist Substance Misuse Treatment:** Includes specialized services such as residential treatment for alcohol and drug misuse.

CHILDREN AND YOUNG PEOPLE`S SERVICE OFFER.

The service delivered by COMPASS for children and young people (CYP) includes:

- **Targeted and Specialist Interventions:** For ages 5-24, focusing on those affected by their own or another's substance misuse (Tiers 2 and 3).
- **Tier 1 Services:** Training and advocacy in schools, colleges, youth clubs, and other venues.
- **Non-Structured Interventions:** Brief interventions focusing on education and signposting.
- **Referral to VIA:** For Tier 4 specialist interventions.
- **Innovative Projects:** Includes a cycling project where young people learn to fix bikes and receive them as rewards, and art projects to support engagement.
- **Prevention and Early Intervention:** Aimed at preventing young people from transitioning to stronger drugs or becoming alcohol and or drug dependent.
- **Outreach and Support:** Deliver outreach sessions in various settings.
- **Training:** Provide training to other professionals

Performance:

Please see summary below of the performance metrics for the CYP substance misuse services for 2023/24:

Referrals

- Total Number of Referrals into Service for treatment: 151
- Total New Presentations (Tier 2): 86
- Total New Presentations (Tier 3): 45

Presentations and Group Work

- Outreach Sessions Delivered (Vulnerable and Targeted): 66
- Attendees at Outreach Sessions: 2453
- Groupwork/Workshops: 49
- Attendees at Groupwork/Workshops: 1812
- Drop-in Sessions Completed: 67
- Promotional Events Attended: 33
- Public Health Campaigns: 37

Workforce Development

- Professionals Training Events: 13
- Professionals Receiving Training: 166

ADULTS SUBSTANCE MISUSE OFFER.

VIA offers a comprehensive range of services for adults in Harrow, for those dealing with drug and alcohol issues. Please see their offer for Harrow residents below:

- **Integrated Treatment:** Comprehensive services from assessment to aftercare.
- **Accessibility:** Available to Harrow residents over 18, with late openings on Tuesdays and Thursdays.
- **Multi-disciplinary Team:** Includes doctors, nurses, recovery practitioners, and more.
- **Community Support:** Offers detox, rehab, and peer support.
- **Health Services:** Blood borne Virus (BBV) testing, vaccinations, smoking cessation, and naloxone provision.
- **Employment Support:** Access to Individual Placement & Support (IPS) with a dedicated employment specialist.
- **Criminal Justice Support:** Includes prison in-reach and probation satellites.
- **Family and Carers' Service:** Support for families and carers, including volunteer counselling.
- **Assessments:** Available both face-to-face and digitally.
- **Personalised Care:** Tailored care planning and risk management.
- **Detox Services:** Community and inpatient detox, and residential rehab.

- **Peer Support:** Weekend services provided by BoB (Build on Belief)
- **Reintegration and Aftercare:** Peer mentoring, mutual aid groups, and volunteer counselling.
- **Training Partnerships:** Drug and alcohol/naloxone training.

Performance of the adult’s substance misuse service:

In March 2024, the service had **686 individuals in structured treatment**,
 **based on 12 month rolling data from March 2023

Table 1: Adults in Treatment, Harrow 2009-10 to 2022-23

Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Opiate	410	380	405	400	385	360	295	255	210	210	215	260	280	285
Non-opiate only	115	95	105	70	80	100	65	85	60	45	50	85	105	75
Alcohol only	240	250	250	235	290	265	250	280	210	160	160	225	270	260
Non-opiate & alcohol	120	130	155	140	170	140	105	130	125	105	105	120	125	95

Table 2: Successful treatment outcomes, Harrow 2009-10 to 2022-23

Treatment Exits	Area	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)	2021/22 (%)	2022/23 (%)
Successful completion	England	43	49	53	53	53	52	51	49	48	48	47	50	49	46
Successful completion	London	41	47	50	50	53	53	52	52	51	51	51	52	50	48
Successful completion	Harrow	54	63	72	67	69	58	36	53	49	47	55	53	57	53

Please see summary below of the above data on substance misuse treatment in Harrow:

- **Fluctuating Demand:** Significant increase for all substances in 2020/21 after consistent numbers between 2017/18 to 2019/20.
- **Higher Success Rates:** Harrow consistently shows higher percentages of successful treatment completions compared to England and London.
- **Recent Statistics:** In 2022/23, Harrow had a 53% successful completion rate, higher than England (46%) and London (48%).

This highlights the need for ongoing monitoring and adaptation of treatment services to meet the changing needs of the population.

Summary of the community and residential detox figures from the last two years:

- **Community Detoxes:** 29 completed.
- **Inpatient Detoxes:** 11 completed.

Options considered:

Commissioners have considered the provider selection processes under the PSR and have identified direct award process C is applicable (with the support of Procurement and Legal). Direct award process C can be followed as:

- the Council is not required to follow direct award processes A or B (see below).
- the terms of the existing contracts are due to expire;
- commissioners are of the view that COMPASS and VIA are satisfying the existing contracts according to the detail outlined in the contracts, and also taking into account the key criteria and applying the basic selection criteria;
- commissioners are of the view that COMPASS and VIA will likely satisfy the proposed new contracts to a sufficient standard taking into account the key criteria and applying the basic selection criteria; and
- the proposed contracting arrangements are not changing considerably (i.e. the considerable change threshold is not met).

The other options considered but not recommended include:

1. Direct award process A

Direct award process A must be used when the Council is satisfied that the health care services can only be provided by the existing provider due to the nature of the services. This option is not recommended because COMPASS and VIA are not the only capable providers for delivering the services. Therefore, direct award process A does not apply.

2. Direct award process B

Direct award process B must be used when patients are offered a choice of provider, the number of providers is not restricted by the Council and the Council will offer contracts to all providers to whom an award can be made. This option is not recommended because service users/patients do not have a choice of provider. Therefore, direct award process B does not apply.

3. Competitive process

The competitive process may be used when the Council is not required to follow direct award processes A or B and cannot or does not wish to follow direct award process C or the most suitable provider process. This option is not recommended, as the council can follow direct award process C. In addition, this option would result in a time and resource consuming process, as well as disruption of service provision and the service development to date.

4. The most suitable provider process

The most suitable provider process involves identifying the most suitable provider based on consideration of the key criteria and without running a competitive process. It is available when the Council is not required to follow direct award processes A or B and cannot or does not wish to follow direct award process C and the Council is of the view that it is likely to be able to identify the most suitable provider. Commissioners have reviewed the key

criteria and are confident that both Compass and VIA have delivered services satisfactorily. They believe these providers will be able to deliver the new contracts, hence they recommend Direct award process C.

Background

Public Health commissioned COMPASS to deliver CYP substance misuse services on a 3-year contract from April 2022 and VIA to deliver adults substance misuse services for a 5-year contract from April 2020. Both contracts end on 31 March 2025.

Current situation

The CYP and adults' substance misuse services have been operating effectively and monitored by commissioners regularly. With the contracts coming to an end in March 2025 there is need to ensure business continuity so that residents continue to receive substance misuse support.

Why a change is needed

We are recommending Direct award Process C under the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR), as our preferred option, to ensure services continuity.

The PSR is a set of rules for procuring health care services in England by:

- NHS England,
 - Integrated care boards, NHS trusts,
 - NHS foundation trusts,
 - local authorities
 - combined authorities
- The rules only apply to procurement exercises that started on/after 1 January 2024 and do not apply to procurements by the relevant authorities of goods or non-health care services.

Service improvement: Proposed changes to the service specifications.

To ensure services development and to meet current and emerging residents needs commissioners will be proposing some changes to the services offer.

Please see summary below of the proposed changes and considerations for the substance misuse services from April 2025:

- **Contract Adjustments:** Removal of smoking cessation element and potential increase in BoB contract value.
- **Service Specifications:** Changes to age group support per service, emphasise on joint working, system integration, outreach, and involvement of commissioners in Detox/rehab panels.
- **Support Enhancements:** Inclusion of digital support, on-call services, and clear transition age group plans.

- **Provider Considerations:** Potential contract value increases to account for inflation and staff pay awards.

Implications of the Recommendation Considerations

Resources, costs

Substance misuse services are commissioned through public health grant. The current annual budget for the services is £2,006,722 per year.

Provider	Service provision	Contract start date	Length of contract	Contract end date	Cost of contract for the contracted period
COMPASS	CYP service	2022	3 years	March 2025	£716,894.49
VIA	Adults	2020	5 years	March 2025	£8,332,464.00

**Please note that the funding for the services post March 2025 could be higher due to inflationary cost.*

Additional funding

In addition to the Public health grant funding of substance misuse services, the Office for Health Improvement and Disparities (OHID) has been providing grants to Local authorities (LAs) to improve outcomes.

Below is a summary of the funding and its utilisation for substance misuse outcomes for Harrow residents:

- **Funding Source:** The Office for Health Improvement and Disparities (OHID) provides additional funding to local authorities in England, contingent on maintaining public health spending on substance misuse.
- **Substance Misuse Supplementary Grant (SSMTR):** This was initiated in response to the 2021 drug and alcohol strategy, with the Department of Health and Social Care (DHSC) providing additional grants to all England LA's.
- **2023/24 Allocation:** Harrow received £233,810, primarily used to pay for frontline staff in Compass and VIA, and a portion allocated for public health commissioning capacity.
- **2024/25 Allocation:** London Borough of Harrow has been allocated £270,060.

To receive the Substance Misuse Supplementary Grant (SSMTR), local authorities must meet the following conditions:

- **Maintain Baseline Spending:** Local authorities are expected to maintain their 2021 Public Health grant spend on substance misuse as a baseline.

- **Unspent Funds:** Any unspent funds are deducted from the following year's grant funding.
- **Collaborative Efforts:** Local authorities must work collaboratively towards achieving the targets set by the Office for Health Improvement and Disparities (OHID) for their local population.

Ward Councillors' comments

Not applicable, as it impacts on all Wards

Performance Issues

- Both service providers are performing well and meeting key performance indicators for the core contract.
- Whilst both providers are satisfying the existing contracts, similar to most London councils, they are struggling to meet OHID targets.
- To mitigate this, both providers are working jointly with commissioners and the combating drugs partnership alliance stakeholders to improve on OHID targets.
- Providers raised concerns that the baseline set in 2021 was just after lockdown when more people required support with drugs and alcohol to enable them to go back to work and in the community and this has been acknowledged by OHID.
- Despite challenges, residents and other stakeholders have provided positive feedback about the services through the development of the substance misuse needs assessment 2024. Please see appendix 1 for more information.

Risk Management Implications

Risks included on corporate or directorate risk register. **Yes**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below.
Yes

The following key risk should be taken into account when agreeing the recommendations in this report:

Risk Description	Mitigations	RAG Status
Being challenged by other providers	Through PSR regime the mitigations below have been set out to manage challenges to decisions <ul style="list-style-type: none"> ▪ No direct route for aggrieved providers to challenge the decision through the courts ▪ Only route for challenge for decisions made following: <ul style="list-style-type: none"> ▪ Direct Award process C 	GREEN

Risk Description	Mitigations	RAG Status
	<ul style="list-style-type: none"> ▪ Most Suitable Provider Process ▪ Competitive Process ▪ is by way of representations to the Relevant Authority during the standstill period, following which the Council may decide to enter the contracts, re-run the procurement or abandon altogether. ▪ Providers have the option to make further representations to the PSR Review Panel however the Panel is only advisory, and if a provider was still dissatisfied with an outcome, they would have to challenge via judicial review. ▪ Commissioners are satisfied that the requirements are met to lawfully award the contracts to the incumbent providers under direct award process C. ▪ 	
There is no guarantee the incumbent providers will be interested in the contracts.	<ul style="list-style-type: none"> ▪ Commissioners have informed incumbent providers of our intentions subject to cabinet approval and they have confirmed they would like to continue delivering the service. 	GREEN
Incumbent providers being complacent if contracts are awarded directly without competitive process.	<ul style="list-style-type: none"> ▪ The direct award contracts will be short e.g., 3 years with possible extension built in to ensure providers continue to deliver against the contract requirements as contract extension is not guaranteed. 	GREEN
<p>Risks if going through competitive procurement:</p> <ol style="list-style-type: none"> 1. Amplifying risk of not meeting OHID targets linked to substance misuse supplementary grant 2. Commissioning capacity to reprocure new services 	<ul style="list-style-type: none"> ▪ Direct award process C is available therefore the Council does not need to follow a competitive process. ▪ Other potential providers e.g., CNWL have been informed of prospective plans and they agree with the new PSR regime and also fed back that the contract value would not be viable for the Trust 	GREEN

Procurement Implications

The Council can offer a compliant direct award, via Process C of the Provider Selection Regime 2023.

Award contracts to COMPASS to deliver CYP substance misuse services on a 3-year contract from 1st April 2025 until 31st March 2028, and VIA to deliver adults substance misuse services for a 3-year contract from 1st April 2025 until 31st March 2028 with the option to extend for a further 2 years in periods at the discretion of the Council.

Legal Implications

The Health and Social Care Act 2012 transferred statutory responsibility for the commissioning of public health services, including drug and alcohol services, to local authorities.

Although this service is not a statutory responsibility for councils, Public Health has a clear role in prevention, treatment and reducing the harm from substance use. This includes supporting work with families affected by substance use.

The Health and Care Act 2022 introduced a new procurement regime for health contracts from 1 January 2024, namely the Provider Selection Regime. Officers are required to procure relevant 'in-scope' health service under the Provider Selection Regime rather than under the Public Contracts Regulations 2015. An 'in-scope' health service is one that is provided as part of the health service, whether NHS or public health, consists of the provision of health care to individuals or groups of individuals and falls within one or more of the specified common procurement vocabulary (CPV) codes that are set out in Schedule 1 of the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR). Officers have determined that the services are within scope of the PSR. Where the services include both in-scope health services and non-health care services (a 'mixed procurement') the Council can undertake a mixed procurement under the PSR where the in-scope health services have the higher estimated lifetime value, and the Council is of the view that the other services could not reasonably be supplied under a separate contract.

For the reasons detailed in this report, officers recommend direct award to the incumbent providers (direct award process C) as officers are satisfied that the Council meets the requirements (as contained in Regulation 9 of the PSR) to do so.

The Council is required to publish an intention to award notice on the Find a Tender Service (FTS) website, in compliance with Regulation 9(3) PSR and the publication of that notice triggers the start of the standstill period to be observed by the Council, which permits any aggrieved provider of the services to whom the contract relates who believes there has been a failure to comply with the Regulations to make written representations to the Council.

Following the award of contract (if that is the decision following the standstill period) the Council must publish a confirmation of award on the FTS within 30 days of the contract being awarded.

Financial Implications

The table below sets out the funding for the contracts proposed within this report. The award of the Children's and Young adults Substance Misuse contract to Compass with require revenue funding of £1,011,513 over 3 financial years 2025-28.

The award of the Adults Substance Misuse contract to VIA with require revenue funding of £8,967,100 over 5 financial years 2025-30.

The current funding for these contracts is sourced through the Public Health Grant. That funding has been increased by a further £150,000 per annum to meet the required budget envelope for both contracts.

	2025-26	2026-27	2027-28	2028-29	2029-30
	Year 1	Year 2	Year 3	Year 4	Year 5
VIA	£1,710,134	£1,751,354	£1,793,513	£1,839,848	£1,872,252
Compass	£327,061	£337,038	£347,414	£357,414*	£367,414*
Total Costs	£2,037,195	£2,088,392	£2,140,927	£2,197,262	£2,239,666
Current budget	£2,000,034	£2,000,034	£2,000,034	£2,000,034	£2,000,034
Budget uplift	£150,000	£150,000	£150,000	£150,000	£150,000
	<u>£2,150,034</u>	<u>£2,150,034</u>	<u>£2,150,034</u>	<u>£2,150,034</u>	<u>£2,150,034</u>
Difference	<u>-£112,839</u>	<u>-£61,642</u>	<u>-£9,107</u>	<u>£47,228</u>	<u>£89,632</u>

**Assumes the continuation of the CYAD contract for an additional 2 years*

The funding allocation will be static for the length of the contract and include the annual inflationary increases within this budget envelope for year 1-3. At the conclusion of the Compass contract for years 4 & 5, future awards of that contract will likely need an additional funded to meet the budget requirement for the financial years 2028-30.

This award of this contract is not linked to any current MTFs savings target, will have no staffing implication on the LB Harrow staffing establishment, or require any capital funding.

Regarding value for money, the percentage increase for the total value of the Via contract award is 7.6% higher than the previous contract award. This calculates to an inflationary increase of 1.5% compounded inflation per annum.

The Compass contract award is 41% higher than the previous contract award. The increase however includes an additional Hidden Harm role that was not part of the previous contract.

Equalities implications / Public Sector Equality Duty

An Equality Impact Assessment has been completed for the recommendations set out in this report. A needs assessment is being developed to ensure services meet all resident's needs.

Council Priorities

Please identify how the decision sought delivers this priority.

- 1. A council that puts residents first**
The availability of substance misuse services for children and young people and adults ensures that residents needs are put first through education from young age and those who misuse substances are supported through treatment and recovery services.
- 2. A borough that is clean and safe**
The misuse of substances impacts on the environment through litter and also unsocial behaviour hence the provision of substance misuse services ensures that there is reduced impact on the environment and residents feel safe.
- 3. A place where those in need are supported**
People who misuse substances do so for various reasons, it is therefore important that they are supported holistically through expert led services and feel included in the community they live in.

Section 3 - Statutory Officer Clearance

Statutory Officer: Sharon Daniels
Signed by the Chief Financial Officer
Date: 22 October 2024

Statutory Officer: Melissa Trichard
Signed on behalf of the Monitoring Officer
Date: 21 October 2024

Chief Officer: Alex Dewsnap
Signed off by the relevant Director
Date: 22 October 2024

Head of Procurement: Lisa Taylor
Signed on behalf of / the Head of Procurement
Date: 22 October 2024

Has the Portfolio Holder(s) been consulted? Yes

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards

EqIA carried out: YES

EqIA was carried out and the EqIA did not identify any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed. While the substance misuse services are open to all Harrow residents, commissioners continuously work with providers to identify and address barriers to access when groups or individuals are identified as disproportionately represented, ensuring equitable service provision for all. Please see attached background paper.

EqIA cleared by: Jennifer Rock - Partnerships and Inclusion Officer

Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Director of Public Health, carole.furlong@harrow.gov.uk and Oasis Azeez-Harris, Senior Public Health Commissioner, oasis.azeez-harris@harrow.gov.uk .

Background Papers: None.

Call-in waived by the Chair of Overview and Scrutiny Committee (for completion by Democratic Services staff only): NO

Substance Misuse Health Needs Assessment



01 September 2024

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Definitions

Substance misuse – Substance abuse, also known as drug abuse, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others and is a form of substance related disorder.¹

National Drug and Alcohol Treatment Monitoring System (NDTMS) – collects person level, patient identifiable data from drug and alcohol treatment providers at a national level.²

Office for Health Improvement and Disparities (OHID) – nationwide approach at improving health so that people can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospect for a health life.³

Lived Experience Recovery Organisation (LERO) – is an organisation led by people with lived experience of drug and alcohol recovery.⁴

Substance Misuse Supplementary Grant (SSMTR) – funding to local authorities to help them improve their drug and alcohol treatment and recovery systems, from 2023 to 2025.⁵

Provider Selection Regime (PSR) – is a set of rules for procuring health care services in England by organisations termed relevant authorities.⁶

Drug Rehabilitation Requirement (DRR) – provides treatment to an offender who is dependent on drugs or has a propensity to misuse drugs.⁷

Alcohol Treatment Requirement (ATR) – is a court-ordered program aimed at addressing alcohol-related problems within the criminal justice system.⁸

Drugs and Alcohol Related Death (DARD) – a surveillance system to monitor death caused by drug and alcohol use.⁹

Combating Drugs Partnership (CDP) – is a collaborative initiative involving various stakeholders, including government agencies, law enforcement, healthcare professionals, community organisations, and other relevant entities, aimed at addressing drug-related issues comprehensively within a specific geographical area.¹⁰

Summary

This Needs Assessments on substance misuse commissioning in Harrow presents a comprehensive evaluation of the borough's existing services and identifies significant challenges in addressing the complex needs of its diverse population. The aim of this assessment is to inform the future commissioning intentions for the substance misuse contracts, VIA (Adult's substance misuse provider) and Compass Elevation (Children and Young People's Substance misuse provider) and to help shape the service specification ahead of procurement in March 2025.

Harrow faces notably high rates of alcohol-related issues and fluctuating demand for drug treatment, particularly among different substance categories like opiates, non-opiates, and alcohol. The assessment highlights several critical gaps in service provision, such as insufficient referrals from General Practitioners (GPs), which limit early intervention opportunities. There is also a marked underrepresentation of women and individuals with neurodiversity in treatment programs, pointing to a need for more inclusive and tailored services. Operational challenges, such as difficulties in implementing virtual assessment tools like Visionable, and engagement with community partners further hinder the effectiveness of adult services.

For children and young people, the assessment highlights the need for better integration of substance misuse services into school settings, where early intervention can be most effective. However, existing strategies often fail to engage students adequately, particularly those at risk or already involved in substance misuse. The transition from youth to adult services remains a challenge, with current systems lacking the support needed to ensure continuity of care, especially for young offenders. Additionally, Lived Experience Recovery Organisations (LEROs), which provide peer-led support, face challenges such as limited accessibility on weekends and high levels of social isolation among clients, particularly older adults.

To address these issues, the assessment recommends a multi-faceted approach that includes strengthening partnerships between community services, healthcare providers, and the criminal justice system, which the Combating Drugs Partnership can help foster. Enhancing outreach efforts to increase service uptake among underrepresented groups, such as women and ethnic minorities, is also crucial. The assessment advocates for improving the visibility and accessibility of services through better use of technology and more effective engagement strategies, particularly in educational settings. Furthermore, it would be beneficial for services to explore how they can best utilise the Supplemental Substance Misuse Treatment and Recovery Grant and ensure that strategic efforts are made to achieve the grant ambitions, to ensure continued investment in these services. It is also anticipated that adopting the provider selection regime to support procurement will offer benefits such as ensuring continuity and development of existing service, however it will be important to address any administrative challenges.

By implementing these recommendations, Harrow can build more responsive and inclusive substance misuse services that effectively meets the needs of its population, ensuring that all residents have access to the support necessary for recovery and well-being.

1. Background

This needs assessment delves into the issue of substance misuse in Harrow, aiming to identify areas where support services may be insufficient. Harrow's diverse demographic profile presents distinct challenges regarding drug and alcohol abuse. Therefore, this report will explore the present substance misuse need of the population and the existing landscape of substance misuse services. The overarching objective is the pinpoint areas for improvement in the current provision and inform strategic recommendations and resource allocation. This will further support the decision for the future of the contracts and the commissioning intensions. Employing a mixed-methods approach including qualitative and quantitative data analysis, this needs assessment will seek to capture a comprehensive understanding of the substance misuse landscape in Harrow.

The evidence base around substance misuse in the London Borough of Harrow highlights several key issues. According to the Harrow Substance Misuse Needs Assessment carried out in 2022, the borough faces significant challenges with both drug and alcohol misuse. Data from the Centre of Public Innovation indicated that Harrow has a higher prevalence of alcohol-related issues compared to the national average, with a notable impact on public health safety.¹¹ The local substance misuse services provided by substance misuse organisations including VIA (adults) and Compass Elevation (children and young people), offer a range of support including drug and alcohol testing, recovery programs, and dual diagnosis counselling.¹² These services are crucial in addressing the gaps identified in the needs assessment, such as the need for more comprehensive outreach and aftercare support.¹¹ Overall, the evidence suggests a pressing need for enhanced interventions and support mechanisms to effectively tackle substance misuse in Harrow. Therefore, it is crucial to review the current delivery of services and explore ways to enhance the services and ensure that residents are being offered a comprehensive service that meets their need.

2. Methodology

This needs assessment applied a blend of qualitative and quantitative data techniques. The methods used are described below.

2.1. Qualitative Data

Stakeholder consultations took place between April 2024-June 2024 were carried out with the commissioned substance misuse providers VIA (adults) and Compass (children and young people), as well as key stakeholders who collaborate with these providers and have an interest in the adult and children and young people treatment system. Interviews were conducted with:

1. Area Director and Service Manager, VIA
2. Service Manager, Team Lead and Service Users, Compass Elevation
3. Probation
4. Head of Service, Harrow and Barnet, London Probation Service
5. Head of Joint Commissioning, NHS North West London Integrated Care Board
6. Public Health Strategist and Tobacco Control Support Officer, Harrow Council
7. Chief Executive, Build on Belief

8. Clinical Director for Harrow Mental Health Services, CNWL NHS Trust
9. Harrow Primary Care Clinical Lead, Integrated Care Board

2.2. Quantitative Data

This evidence review was sought directly from [NDTMS - ViewIt - Adult](#), as well as the HAY Harrow survey and WSIC data from GP's. Using this dataset, comparisons with London were also included in the analyses. Caution in some of the interpretations is required as there can be low numbers reported in sub-categories which may fluctuate over time. In additions, due to the relatively small numbers in Harrow, no significance testing was undertaken.

3. Analysis of Quantitative Data

This section will look at a range of data that describe demand and service delivery in relation to substance misuse.

3.1. Drug Treatment Demand-Activity

Over 14 years from 2009/10 to 2022/23 there has been a fluctuating pattern in the number of individuals seeking treatment across different substance categories.

- **Opiate Treatment Demand:** The number of individuals seeking treatment for opiates fluctuates, with some years showing increase and others showing decreases. However there seems to be a slight increasing trend overall, particularly noticeable in the last few years, from 215 in 2019/20 to 285 in 2022/23.
- **Non-Opiate Treatment Demand:** The number of individuals seeking treatment for non-opiate substance only also fluctuates over the years, with no clear trend. However, there is a slight increase in the last few years, from 50 in 2019/20 to 75 in 2022/23.
- **Alcohol treatment demand:** Like opiates, the number of individuals seeking treatment for alcohol only shows fluctuations over the years. However, there seems to be a slight decreasing trend overall, particularly noticeable in the last few years, from 225 in 2020/21 to 260 in 2022/23.
- **Non-Opiate & Alcohol Treatment Demand:** The number of individuals seeking treatment for both non-opiates and alcohol also fluctuates over the years with no clear trend. However, there is a slight decrease in the last few years, from 105 in 2019/20 to 95 in 2022/23.

In summary, the data suggests that there are fluctuations in the demand for substance misuse treatment across different categories in Harrow. While the demand for opiates and non-opiates seems to show some increase in recent years, the demand for alcohol treatment has been slightly decreasing. However, the fluctuations indicate the need for ongoing monitoring and adaptation of treatment services to address the changing needs of the population. Data is set out in Table 1 and Figure 1-4 below.

Table 1 Adults in Treatment, Harrow 2009/10 to 2022/23

Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Opiate	410	380	405	400	385	360	295	255	210	210	215	260	280	285
Non-opiate only	115	95	105	70	80	100	65	85	60	45	50	85	105	75
Alcohol only	240	250	250	235	290	265	250	280	210	160	160	225	270	260
Non-opiate & alcohol	120	130	155	140	170	140	105	130	125	105	105	120	125	95

Figure 1 Trends in Non-Opiate Presentation, Harrow compared to London, 2009-10 to 2022-23

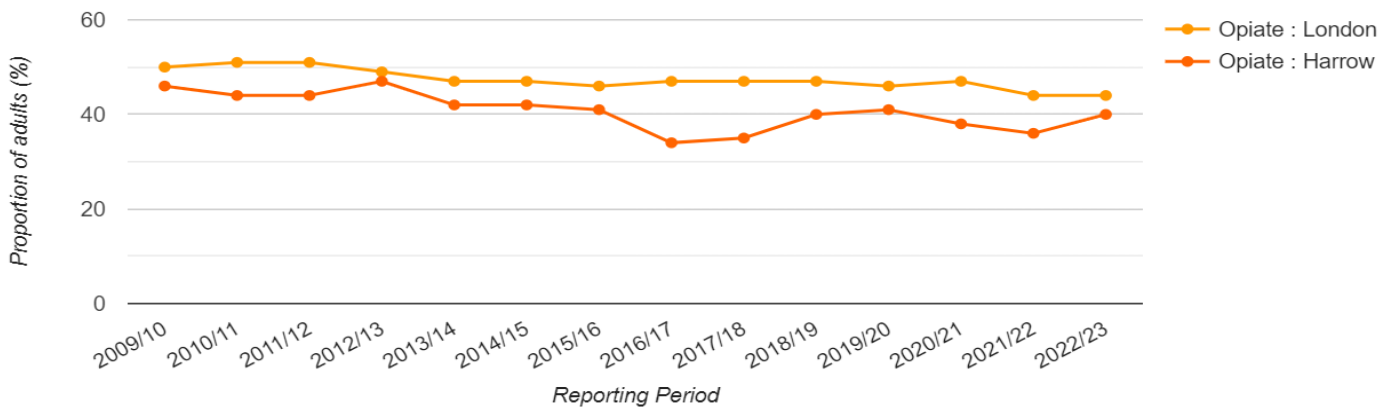


Figure 2 Trends in Non-Opiate only Presentation, Harrow compared to London, 2009-10 to 2022-23

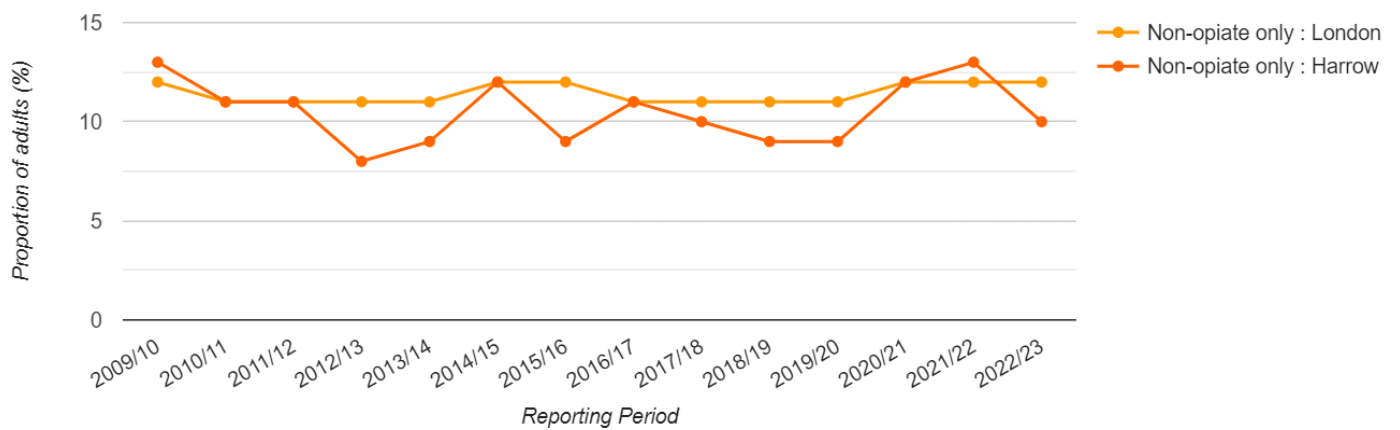


Figure 3 Trends in Alcohol only Presentation, Harrow compared to London, 2009-10 to 2022-23

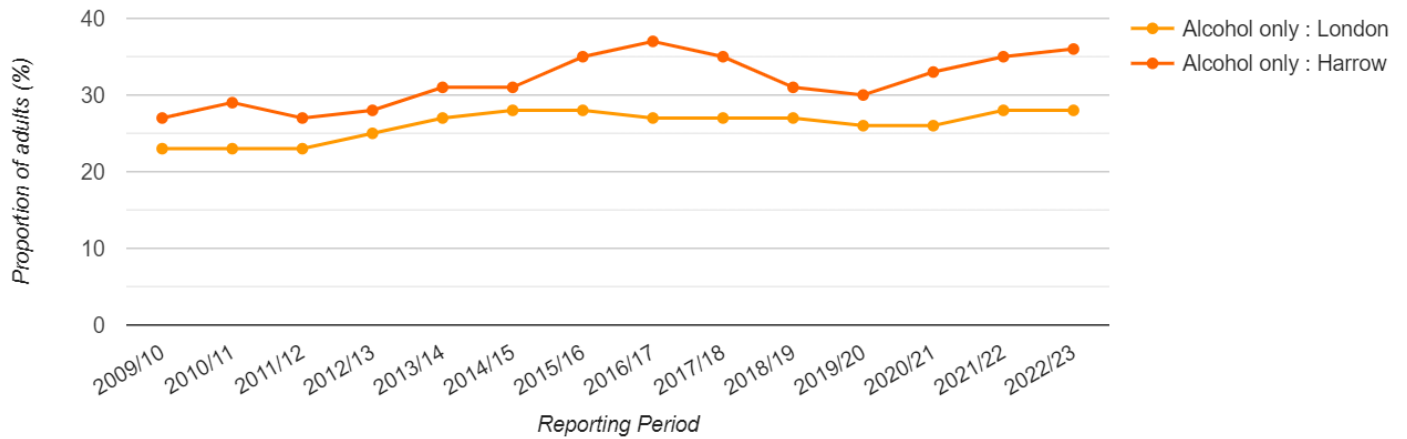
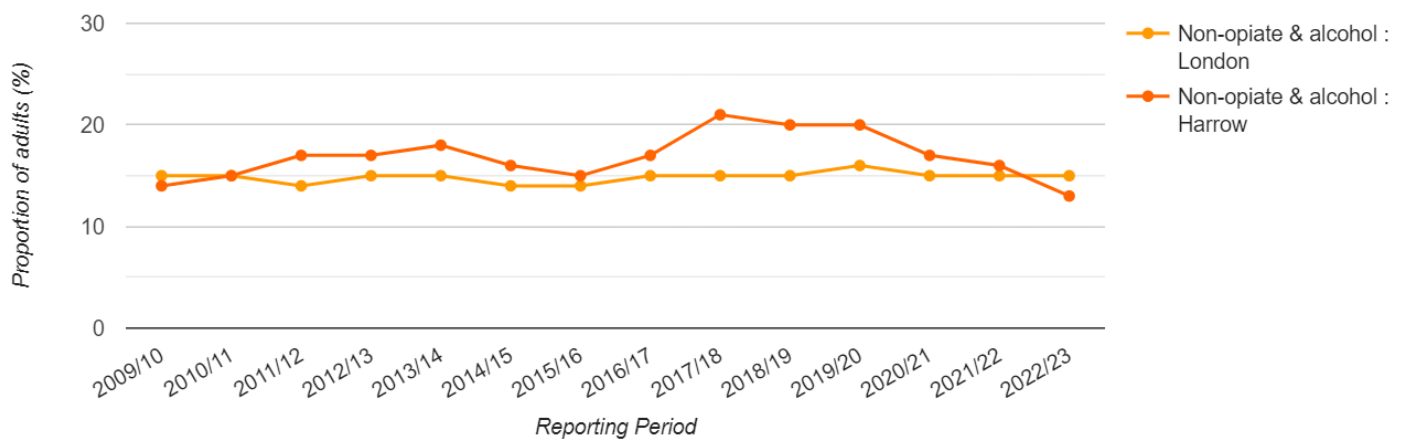


Figure 4 Trends in Non-Opiate & Alcohol Presentation, Harrow compared to London, 2009-10 to 2022-23



3.2. Profiles of those in treatment

This section will explore the profile of those in drug treatment in Harrow, looking at longer-term trends where data allows.

3.2.1. Age and Gender

Table 2 Age group of Service Users in treatment, Harrow 2009/10 to 2022/23

Age Group	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Number														
18-29	230	190	190	170	190	170	120	140	100	85	85	120	130	85
30-49	505	515	540	495	540	505	445	445	365	300	320	400	450	420
50+	150	155	190	175	195	190	150	170	145	130	130	170	200	215
Total	885	860	920	840	925	865	715	755	610	515	535	690	780	720
Percentage														
18-29	26	22	21	20	21	20	17	19	16	17	16	17	17	12
30-49	57	60	59	59	58	58	62	59	60	58	60	58	58	58
50+	17	18	21	21	21	22	21	23	24	25	24	25	26	30
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Number of service users:

- The total number of service users fluctuates over the years, with peaks and troughs observed in each age group.
- The 30-49 age group consistently has the highest number of service users throughout the years, followed by the 18-29 age group and then the 50+ age group.

Percentage of service users:

- The percentage of service users in each age group fluctuates over the years but remains relatively consistent in terms of distribution.
- The 30-49 age group consistently represents the largest proportion of service users, ranging from 57% to 62% of the total.
- The 18-29 age group represents the second largest proportion, ranging from 12% to 26%.
- The 50+ age group consistently represents the smallest proportion but shows a slight increase over the years, ranging from 17% to 30%.

Trends and Patterns:

- There is a general trend of decreasing numbers and percentages of clients in all age groups from 2009/10 to around 2017/18, followed by an increase in the last few years.
- The fluctuations in the numbers and percentages of clients across age groups may indicate shifts in the demographics of individuals seeking services over time.
- The 30-49 age group remains consistently prominent, suggesting that individuals in this age range are more likely to seek services.

Implications:

Understanding the distribution of clients across age groups can inform resource allocation and service provision tailored to the needs of different age demographics. The increasing percentage of older clients (50+) in recent years may require specialised services to address their unique needs, such as age-related health concerns or social support.

In summary, the data highlights the varying distribution of service by age group over the years, with the 30-49 age group consistently representing the largest proportion. Understanding these trends can aid in optimising service delivery and support strategies for different age demographics.

3.2.2. Ethnicity

Table 3 Ethnicity of Service Users in treatment, Harrow 2009/10 to 2022/23

Ethnicity	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Number														
White	500	490	530	515	555	525	435	435	355	310	315	365	405	365
Mixed/Multiple ethnic group	35	35	45	40	45	45	45	40	40	20	25	35	35	35
Asian/Asian British	145	150	150	155	185	170	140	165	135	120	130	185	190	175
Black/African/Caribbean/Black British	95	105	115	75	70	60	45	65	50	45	45	65	80	55
Other ethnic group	25	15	15	15	20	10	5	10	5	5	5	10	20	25
Percentage														
White	62	62	62	64	63	65	65	61	61	62	61	55	56	56
Mixed/Multiple ethnic group	4	4	5	5	5	6	7	6	7	4	5	5	5	5
Asian/Asian British	18	19	18	19	21	21	21	23	23	24	25	28	26	27
Black/African/Caribbean/Black British	12	13	14	9	8	7	7	9	8	9	9	10	11	8
Other ethnic group	3	2	2	2	2	1	1	1	1	1	1	2	3	4
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Number of service users:

- The total number of service fluctuates over the years across different ethnic groups.
- The White ethnic group consistently has the highest number of service users throughout the years, followed by the Asian/Asian British group and then the Black/African/Caribbean/Black British group.

Percentage of service users:

- The percentage of service users in each ethnic group fluctuates over the years but remains relatively consistent in terms of distribution.
- The White ethnic group consistently represents the largest proportion of service users, ranging from 56% to 65% of the total.
- The Asian/Asian British ethnic group represents the second largest proportion, ranging from 18% to 27%.
- The Black/African/Caribbean/Black British ethnic group consistently represents the third largest proportion, ranging from 7% to 14%.

Trends and Patterns:

- There is a general trend of decreasing numbers and percentages of service users in all ethnic groups from 2009/10 to around 2017/18, followed by an increase in the last few years.
- The fluctuations in the numbers and percentages of service users across ethnic groups may indicate shifts in the demographics of individuals seeking services over time.

Implications:

Understanding the distribution of service users across ethnic groups can inform culturally sensitive service provision and address potential disparities in access to services. The increasing percentages of clients from ethnic minority backgrounds in recent years may require targeted outreach and support initiatives to ensure equitable access to services.

In summary, the data highlights the varying distribution of clients by ethnicity over the years, with the White ethnic group consistently representing the largest proportion. Understanding these trends can aid in optimising service delivery and support strategies for different ethnic groups.

3.2.3. Employment Status

There are some differences in employment status trends between London and Harrow, but both areas show increasing trends in regular employment and decreasing trends in unemployment/economic inactivity over the years. However, the proportions of individuals in long term sick or disabled categories have shown fluctuations. In Harrow, there is fluctuation in the percentage of unemployed or economically inactive individuals, with no clear trend over the years. However, there's a slight decrease from 2018/19 to 2022/23, reaching 45%. Compared to London, where the percentage of unemployed or economically inactive individuals decreased initially but then increased from 2018/19 onwards, reaching 53% in 2022/23. In both London and Harrow, the percentage of individuals categorized as long-term sick or disabled shows an increasing trend from 2009/10 to around 2017/18, followed by a slight decrease in subsequent years.

3.2.4. Parental Status

Harrow generally has a slightly higher percentage of clients who are parents living with children compared to London, with some years showing more notable differences (e.g., 2011/12 and 2014/15).

However, both London and Harrow exhibit similar patterns of fluctuation over the years, with no consistent trend. In Harrow, the percentage follows a more varied pattern, with fluctuations between 19% and 25%. However, there is no significant trend of increase or decrease over the years.

3.2.4. Routes into Treatment

Table 4 Routes into treatment, Harrow 2009/10 to 2022/23

Source of Referral	Area	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)	2021/22 (%)	2022/23 (%)
Self, family & friends	England	40	39	41	42	45	47	51	55	58	62	65	61	59	59
Health services and social care	England	21	21	21	22	22	22	20	18	18	16	15	15	18	19
Criminal justice	England	20	20	20	19	18	17	16	15	14	13	13	12	13	13
Substance misuse service	England	13	14	13	11	10	9	8	7	6	4	4	1	4	4
Other	England	6	6	6	5	5	5	5	5	4	4	4	10	6	5
Self, family & friends	London	40	40	43	43	43	43	45	46	49	53	56	51	50	52
Health services and social care	London	20	20	20	20	21	22	23	24	25	25	25	22	28	29
Criminal justice	London	18	18	16	18	17	16	15	16	14	12	11	9	10	10
Substance misuse service	London	15	15	14	11	11	10	8	7	6	4	4	1	5	5
Other	London	7	7	7	8	8	8	8	7	6	5	5	16	8	5
Self, family & friends	Harrow	38	35	42	43	37	48	48	41	54	57	62	42	48	57
Health services and social care	Harrow	15	29	30	25	26	26	20	31	21	24	17	23	37	25
Criminal justice	Harrow	11	15	16	16	23	18	14	14	14	11	9	10	8	10
Substance misuse service	Harrow	33	16	11	14	12	7	9	1	2	2	5	0	4	6
Other	Harrow	3	5	1	3	2	1	9	14	10	6	7	26	3	1

Percentage of Referrals by Source:

- Across England, London, and Harrow, the primary sources of referral for substance misuse treatment include "Self, family & friends," "Health services and social care," "Criminal justice," "Substance misuse service," and "Other."
- In England, "Self, family & friends" consistently remains the largest source of referral, accounting for around 40% to 65% of referrals over the years. "Health services and social care" and "Criminal justice" follow, with percentages ranging from 13% to 21% and 12% to 20%, respectively.
- In London, "Self, family & friends" also comprises the largest portion of referrals, ranging from 40% to 62% over the years. "Health services and social care" and "Criminal justice" follow similar trends as in England, with percentages ranging from 15% to 29% and 9% to 18%, respectively.
- In Harrow, "Self, family & friends" and "Health services and social care" are significant sources of referral, with percentages ranging from 35% to 62% and 15% to 37%, respectively. Interestingly, the percentage of referrals from "Substance misuse service" is notably higher compared to England and London, ranging from 0% to 33%.

Trends and Patterns:

- Across all areas, there is a general trend of increasing referrals from "Self, family & friends" over the years, indicating a growing awareness and acceptance of seeking help for substance misuse issues within personal networks.
- Referrals from "Health services and social care" show some fluctuations but generally remain stable or decrease slightly over the years.
- Referrals from "Criminal justice" sources show a decreasing trend in most areas, suggesting potential changes in legal or enforcement practices related to substance misuse.

Implications:

Understanding the sources of referral for substance misuse treatment can inform outreach and intervention strategies to target specific populations or sectors where there is a need for increased awareness and support. The differences in referral patterns between areas may reflect variations in access to healthcare services, community support networks, and legal interventions related to substance misuse.

In summary, the data provides insights into the sources of referral for substance misuse treatment across different areas, highlighting variations in referral patterns and trends over time. These insights can inform targeted efforts to enhance access to and utilisation of substance misuse treatment services in each area.

3.2.5. Treatment Outcomes (for all)

Table 5 Treatment outcome for all, Harrow 2009/10 to 2022/23

Treatment Exits	Area	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)	2021/22 (%)	2022/23 (%)
Successful completion	England	43	49	53	53	53	52	51	49	48	48	47	50	49	46
Successful completion	London	41	47	50	50	53	53	52	52	51	51	51	52	50	48
Successful completion	Harrow	54	63	72	67	69	58	36	53	49	47	55	53	57	53

Percentage of Successful Completions:

- Harrow consistently exhibits higher percentages of successful completions compared to both England and London throughout most of the years. For instance, in 2011/12, Harrow achieved a remarkable 72% successful completion rate, surpassing England's 53% and London's 50%.
- In some years, Harrow's percentage of successful completions is notably higher than both England and London, such as in 2011/12 and 2019/20 when Harrow achieved 72% and 55%, respectively.
- Meanwhile, England and London typically demonstrate lower percentages of successful completions. For example, in 2022/23, England and London reported 46% and 48% successful completion rates, respectively, whereas Harrow maintained a higher rate at 53%.

Comparison between Areas:

- From 2009/10 to around 2015/16, there is some variability in the percentages across all areas, with fluctuations observed. During these years, Harrow consistently maintained higher percentages of successful completions compared to England and London.
- From around 2015/16 onwards, there seems to be a slight decline in the percentage of successful completions in England and London, while Harrow experiences a more pronounced decline before rebounding in later years. Despite this decline, Harrow's percentages remained notably higher compared to the national and London averages.

Implications:

The differences in the percentage of successful completions between Harrow, England, and London may be influenced by various factors, including differences in treatment approaches, availability of resources, and demographic characteristics of the population. Harrow's success may be attributed to tailored interventions or targeted support strategies. Understanding these differences can help identify areas for improvement in substance misuse treatment services across different areas. England and London may benefit from studying Harrow's practices to enhance their own treatment outcomes.

3.2.6. Substance Use Profile for Adults

Table 6 Substance Use Profile for Adults, Harrow 2009/10 to 2022/23

Substance Use	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Opiate and crack cocaine	195	191	207	201	223	200	173	151	122	126	130	161	166	170
Opiate (not crack cocaine)	214	191	197	201	163	161	123	102	90	86	86	98	114	117
Crack cocaine (not opiate)	26	36	43	37	44	45	35	31	25	16	23	20	21	26
Cannabis	242	203	229	229	262	257	191	207	179	139	143	187	205	172
Cocaine	135	121	137	126	130	139	117	108	90	79	75	88	102	81
Benzodiazepine	65	54	48	42	42	41	32	28	28	20	20	25	19	20
Amphetamine (not ecstasy)	10	12	14	15	21	23	10	9	8	5	7	8	7	4
Ecstasy	10	6	10	9	13	15	7	2	6	4	6	3	4	4
Mephedrone	-	1	1	0	2	2	1	2	0	0	0	0	0	0
NPS	-	-	-	-	0	0	0	1	0	0	0	0	0	1
Hallucinogen	2	2	2	2	5	5	0	1	0	2	3	4	6	6
Alcohol	452	490	529	489	577	518	445	497	405	325	326	410	462	422
Other	54	56	71	23	7	9	5	8	2	1	5	7	11	5

The overall trend suggests a reduction in substance use cases, particularly for opiates, cannabis, and benzodiazepines. Whereas alcohol remains the most significant substance of concern, despite the decline

in recent years. Moreover, Hallucinogens and other emerging substances like NPS show slight increases, though the numbers remain low.

Implications:

The significant decrease in opiate and crack cocaine cases is encouraging, but the stable or increasing trend in some substances like hallucinogens and NPS may require targeted public health interventions. Of significance is how alcohol-related cases consistently outnumber other substances, highlighting the need for ongoing alcohol misuse prevention and treatment strategies.

3.2.7. Young People in Treatment and Substance Misuse Profile

Table 7 Young People in Treatment, Harrow 2009/10 to 2022/23

No. of young people in treatment	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
No. of young people in treatment	106	120	138	151	151	128	116	105	95	92	79	49	30	8

Table 8 Substance Use Profile for Children and Young People, Harrow 2009/10 to 2022/23

Substance Use	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Cannabis	158	184	212	258	278	236	208	192	178	180	150	86	54	16
Alcohol	150	174	174	160	116	76	62	70	54	42	56	68	22	0
Ecstasy	0	2	4	6	24	6	0	6	8	4	4	4	2	2
Cocaine	4	6	14	12	22	8	10	8	0	4	4	2	0	0
Other	8	8	2	4	8	8	4	2	2	2	4	4	0	0
Benzodiazepines	0	0	0	0	2	0	0	2	2	2	0	4	2	0
Solvents	0	0	2	2	0	0	0	2	4	2	0	18	0	0
Other opiates	2	0	0	0	0	0	0	0	0	0	0	0	2	0
New psychoactive substances	-	-	-	-	0	0	0	0	0	0	0	0	0	0
Crack	2	4	0	0	2	4	0	2	2	0	0	0	0	0
Codeine	0	0	0	0	2	2	0	0	0	0	0	0	0	0
Ketamine	0	0	0	0	8	2	0	0	0	6	6	8	0	2
Heroin	2	6	0	4	6	2	0	0	2	2	0	0	2	0
Nicotine (adjunctive use only)	16	34	2	0	6	6	6	2	4	0	0	2	12	12

The data indicates a significant decrease in substance use among children and young people over the years, particularly for cannabis and alcohol. Many substances, including cocaine, ecstasy, and heroin, are

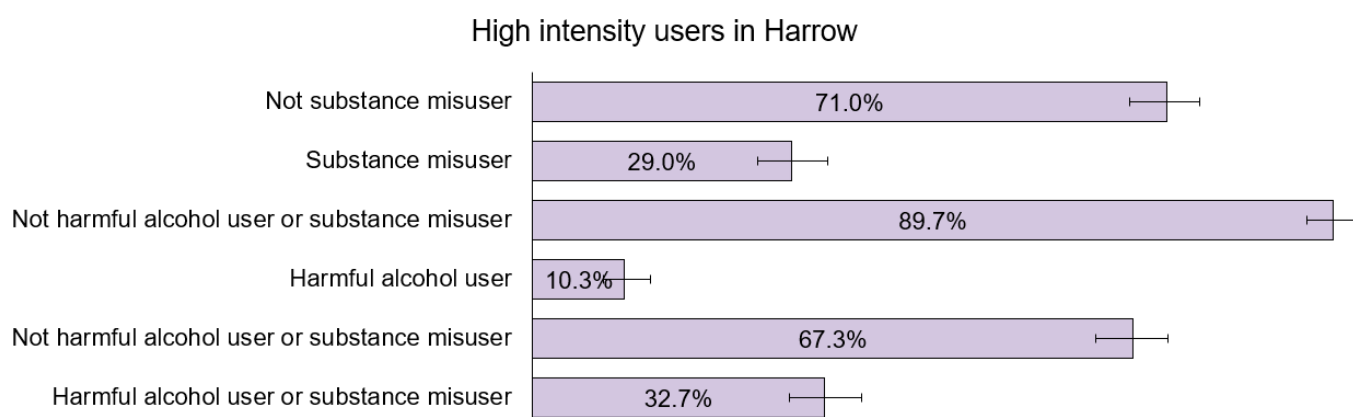
reported in very low numbers, suggesting they are not major issues in this age group. While some substances like ketamine and solvents show slight fluctuations, they are still relatively uncommon.

Implications:

The decrease in substance use may reflect successful prevention strategies and interventions. However, continued vigilance is necessary, especially for emerging substances and occasional spikes. Continued focus on cannabis and alcohol prevention could be beneficial, given their higher historical prevalence. Overall, the data suggests a positive trend in reducing substance use among children and young people, with most substances showing a decline or remaining at low levels.

3.2.8. WSIC Data for High Intensity Users in Harrow

Figure 5 High intensity Users in Harrow 2024



There were 514 high intensity users in Harrow, predominantly from Northwick Park Hospital.

3.2.8. HAY Harrow Survey, Substance Use Patterns

Substance Use Patterns 2021-22 and 2022-23:

Alcohol Consumption:

A significant majority of respondents, across various demographics, do not currently drink alcohol, with rates as high as 97-98% among some groups. However, smaller percentages, ranging from about 1.5% to 20%, reported current or past alcohol use. Interestingly, the highest reported alcohol use is among individuals who identify as straight or heterosexual and among those without Special Educational Needs (SEN).

Use of New Psychoactive Substances (NPS):

The data indicates very low current usage of new psychoactive substances (NPS) across most groups, with over 95% reporting no use. However, there are notable exceptions, such as higher usage among non-binary individuals and within certain educational levels (e.g., college students). The data also shows a relatively higher percentage of past users compared to those currently using NPS, indicating a decline in use over time.

Illegal Drug Use (e.g., Cannabis, MDMA):

Like NPS, most respondents do not currently use illegal drugs, with percentages around 94-98% across different groups. However, there are variations with some demographics, like non-binary individuals and

those identifying as bisexual, reporting higher usage rates. The data suggests that certain groups, such as those identifying as non-binary or those with Special Educational Needs (SEN), show higher engagement in illegal drug use.

Living with Someone with Substance Misuse Issues:

A smaller, yet significant, portion of respondents reported living with someone who has substance misuse issues. This is more common among certain groups, particularly within lower educational levels (e.g., students in years 10-12). The data also suggests that those from minority sexual orientations (e.g., gay, lesbian, bisexual) and some ethnic minorities are more likely to live with someone who has substance misuse issues.

Demographic Variations:

Gender Identity: Non-binary individuals show higher percentages of both past and current substance use, particularly with illegal drugs and NPS.

Sexual Orientation: Bisexual and gay/lesbian respondents report higher levels of substance use compared to their heterosexual counterparts.

Educational Level: Substance use behaviours vary across educational levels, with college students showing higher use rates of NPS and illegal drugs compared to younger students.

Special Educational Needs (SEN): Individuals with SEN are more likely to engage in substance use, particularly alcohol and illegal drugs, than those without SEN.

Implications:

The data highlights important trends in substance misuse that correlate with gender identity, sexual orientation, educational level, and SEN status. Non-binary individuals, bisexual respondents, and those with SEN appear to be at higher risk for substance misuse. Additionally, there is a notable presence of substance misuse within the home environment for some respondents, which could contribute to these behaviours.

These findings suggest the need for targeted interventions and support services that are sensitive to the specific needs of these at-risk groups, including tailored educational programs and outreach efforts that address both substance use and the challenges faced by those living with someone who has substance misuse issues.

4. Stakeholder Consultations

4.1. Adults Service Provision

In Harrow, the adult treatment service for drugs and alcohol misuse is delivered by VIA (formerly Westminster Drug Project or WDP). VIA rebranded and relocated towards the end of 2023, based on service user feedback for a more discrete name and the need for a more accessible and spacious service delivery location. VIA have moved from Bessborough Road to 97 Pinner Road; the new location is near the town centre and well-connected by transport and is close to the Twenty-One building where their partner, Compass Elevation, provides the Young Persons Drug and Alcohol service.

Service Offer:

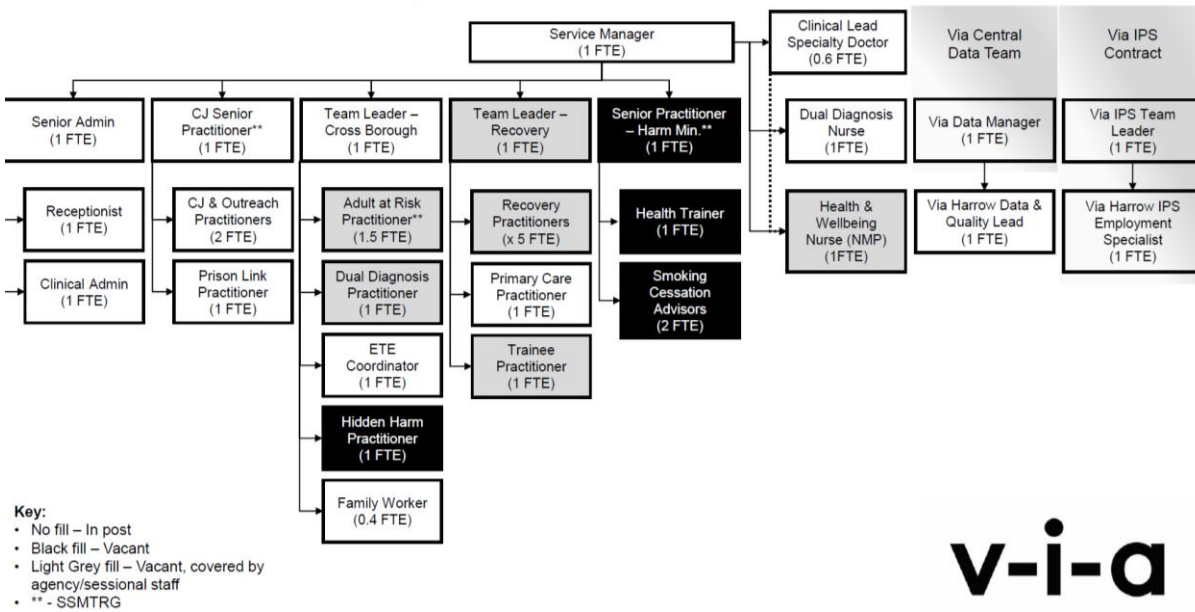
The VIA service in Harrow offers a comprehensive range of components designed to ensure effective support for individuals with substance misuse issues. These components include:

- Referral process: Acceptance of referrals from various sources, including self-referral.

- Information, Advice, and Assessment: Provision of detailed information, professional advice, and thorough assessment for service users.
- Drop-In and Open Access Services: Availability of drop-in sessions and open access support.
- Needle and Syringe Programme: Coordination of needle and syringe distribution both in-house and through pharmacies.
- Community-Based Detoxification: Support for detoxification processes within the community.
- Substitute Prescribing Options: Offering a variety of substitute prescribing options, including Buprenorphine (a long-acting opioid substitution therapy), and prescriptions to aid alcohol detoxification and relapse prevention.
- GP Shared Care Support: Assistance and collaboration with general practitioners in shared care arrangements.
- Inpatient and Residential Rehabilitation: Assessment for and access to inpatient detoxification and residential rehabilitation services.
- Advocacy and Liaison: Advocacy, liaison, and joint work with housing support services.
- Group Work: Facilitation of group work sessions, including specialized groups such as women's groups.
- Health Assessments and Services: Comprehensive health assessments, testing and vaccination for blood-borne viruses, and liaison with specialist hepatology services.
- Smoking Cessation Support: Assistance with smoking cessation.
- Keywork and Counselling: Provision of keywork and counselling services.
- Housing and Benefits Support: Assistance with housing and benefits.
- Mutual Aid Access: Facilitated access to mutual aid groups.
- Weekend Social Support: Sub-contracted social support during weekends, provided by Build on Belief.
- Criminal Justice Liaison: Collaboration with criminal justice partners.
- Education, Training, and Employment Support: Support for education, training, and employment opportunities.
- Family and Carer Support: A dedicated Family & Carer's practitioner provides individual support and facilitates a Families & Carer's group.
- Integrated Services: Liaison with criminal justice partners, children and adult services, and community and mental health teams.

Staffing:

Figure 6 VIA Harrow Staff Model 2024/25



This structure demonstrates the comprehensive support VIA provide, which is led by a service manager and includes various teams and roles, including the following teams: administration, clinical supervision, practitioners and outreach, recovery services, support services, data and quality, individual placement and support (IPS), dual diagnosis. Currently there is a gap in vacancy for a hidden harm practitioner, harm minimisation practitioner, health trainer and smoking cessation advisors.

Pan-London Inpatient Detoxification Consortium:

VIA offers assessments and access to inpatient detoxification and rehabilitation services. As part of this initiative, Harrow contributes £18,428 to the pan-London inpatient detoxification consortium. This consortium is supported by all London boroughs to cover the operational costs of elective inpatient detoxification and stabilization beds. These beds cater to individuals dependent on drugs and/or alcohol, who also have complex physical and mental health needs. The service is provided by Guy’s and St Thomas’ NHS Foundation Trust at St Thomas’ Hospital.

This service aims to fill the gap in complex inpatient detoxification provision in London, specifically for individuals with co-occurring physical and mental health conditions such as:

- Severe alcohol and/or polydrug dependence
- Diagnosed severe and enduring mental health illnesses
- A history of multiple detoxifications and relapses
- Alcohol-related liver disease
- Alcohol-related brain damage (ABRD)
- Chronic obstructive pulmonary disease (COPD)

London local authorities incur a per-night cost of £250 for accessing these beds. In the financial year 2023-24, Harrow clients utilized 14 bed nights per night. There is no waiting list for this provision; it can be accessed as needed, with flexible criteria if bed spaces are available.

Financial information

The core contract value from the Public Health Grant for VIA in 2023-24 was £1,646,538.19. An additional £184,702 in 2023-24 from the department of health and social care OHID supplementary substance misuse grant fund and, £18,428 in 2023-24 from the inpatient detoxification grant (Office for Health Improvement and Disparities) which contributed to a pan-London inpatient treatment service at Guys & St Thomas’

hospital. Lastly, £60,000 in 2023-24 was given from the section 106 funding for relocation and development, bringing it to a total of £1909668.19.

The additional grant funds in 2023-24 were used to increase the staff and resource of VIA as follows:

SSMRT grant (£184,702)

- 4.5 Drug and alcohol workers who does in-person and digital clinical work and holds a caseload of individuals in structured treatment.
- 1 Criminal justice drugs and alcohol worker who works with individuals involved in criminal justice system in order to facilitate their engagement and retention in treatment.
- 1 Other drug and alcohol workers who does in-person and digital clinical work and holds a caseload of individuals in structured treatment.

Inpatient detoxification funding (£18,428)

- Inpatient detoxification (medically managed) pan-London Consortium arrangement

Drug and Alcohol Related Death (DARD) Panel:

DARD is a panel chaired by VIA that consists of partners from substance misuse treatment services, LBH Commissioning team, social services, CMHT, care workers and strategic and operational staff from VIA. The panel looks to conduct a thorough review of drug/and/or alcohol related deaths in Harrow in order to better understand how and why people die and to take actions to prevent other deaths.

The key focus of the panel is to provide a space for multiagency review of VIA Harrow Death of Service user (DOSU) incidents. The panel highlights the learning and best practice from DOSU investigations. VIA share and review a variety of cases consisting of related inquests, serious case reviews (SCR;s), Ombudsman investigation and domestic homicide reviews (DHR's). The panel facilitated effective dissemination of learnings and best practice amongst the local staff team and support escalation of learnings and best practice to central support functions and the Operations Manager. Lastly, it Provide an opportunity for discussions in relation to staff wellbeing following DOSU incidents and any subsequent inquests/investigations including support with Coroners Court appearances.

The meeting takes place quarterly and looks to review trends and learnings from the reporting period and some specific cases will be brought to the meeting during which a more in-depth review of the case is conducted. Partners are invited to discuss the cases, providing a joined-up approach to identifying learning and best practice as well as actions to take forward these areas of learning.

Current alert system:

Currently, VIA sends the Harrow public health commissioning team an alert when there has been a DOSU incident; the window to report the incident is 72 hours. The notification is accompanied by a CQC notification and a confidential enquiry into drug related death 23hr report, outlining the details of the deceased, details of treatment, circumstances of deaths if known and whether the service user was known to any other agencies. These documents are then reviewed by PH commissioning team and filed away confidentially.

4.1.2. Current Landscape for Service Provision for VIA

A stakeholder consultation was carried out with VIA in April 2024 to gain an understanding of their main areas of priorities. They shared several key areas they plan to enhance, including service delivery and support to individuals struggling with drug and alcohol dependency. These priorities are central in ensuring that clients receive effective and continuous care.

- Increasing Numbers in Treatment (NiT):** VIA is dedicated to increasing the number of individuals entering and remaining in treatment. This involves not just getting more people into treatment but ensuring they stay engaged throughout their recovery journey. To support this, VIA have created a NiT tracker that they utilise to gather a broad picture how many people they have in tier 3 treatment (a structured community-based treatment service). This tracker also gives them a breakdown of the drug cohort in treatment to inform a targeted approach in increasing the numbers.

Table 9 Example of NiT tracker, VIA 2024/25

Harrow - Numbers in Treatment Tracker														
Drug cohort	Opened T3 caseload on 01/04/2023	Months remaining	April '23	May '23	June '23	July '23	Aug '23	Sept '23	Oct '23	Nov '23	Dec '23	Jan '24	Feb '24	Mar '24
Total	319	0	15	22	34	30	28	28	37	34	24	40	37	3
Alcohol	70	0	6	10	13	10	13	6	10	8	7	16	10	2
Non-Opiate	53	0	4	6	12	11	7	17	14	17	10	18	20	1
Opiate	196	0	5	6	9	9	8	5	13	9	7	6	7	0

- Improving Continuity of Care:** In addition to increasing Numbers in Treatment (NiT), continuity of care is a critical focus in substance misuse treatment. It plays a key role in preventing relapse by ensuring clients receive consistent support and services as they move through various stages of their recovery. Significant efforts are being made in this area, particularly through collaboration with the criminal justice system. This partnership aims to ensure that individuals in the criminal justice system who need drug and alcohol support receive adequate care upon their release into the community. Such support is needed to help individuals continue their treatment without interruption and is vital to reducing relapse rates and supporting long-term recovery; it is also essential in breaking the cycle that often leads these individuals back into prison. Additionally, VIA plan to implement weekly continuity of care meetings and audits. These will focus on monitoring client progress, ensuring data accuracy, and identifying areas where additional support might be needed. Lastly, VIA are exploring police custody sweep integration, where individuals in police custody will be assessed for substance misuse issues and looking to integrate the into continuity of care plans. The aim of this will be to identify and engage individuals with substance misuse issues early, providing them with immediate support and linking them onto treatment services.
- Structured Treatment Targets and improving assessment processes:** For the financial year 2024-2025, VIA has set a target to initiate 40 new clients into structured treatment each month. Structured treatment refers to a comprehensive approach that typically includes counselling, medical care, and psychosocial support, tailored to the individual's needs. Achieving this target is critical for expanding VIA's reach and impact. To meet the new treatment target and reduce drop-off rates, VIA is reviewing its assessment process. This includes considering the introducing of induction sessions, which could provide new clients with a clear understanding of the treatment process, what to expect, and how to stay engaged. Analysing attrition rates, or the rate at which clients leave the program before completion, is also a key focus to identify areas for improvement and to ensure more clients complete their treatment.
- Exploring Technology for Virtual Assessments:** VIA is exploring the use of technology, such as Visionable, for conducting virtual assessments. Visionable is a platform that facilitates secure video consultations, which could make assessments more accessible for clients who may face barriers to in-person meetings. However, operational challenges, such as ensuring staff are trained and technology is effectively integrated into existing workflows, need to be addressed.

- **Addressing Staffing Challenges:** VIA is actively addressing staffing challenges through recruitment and training. This includes providing peer mentoring courses, which empower individuals who have successfully navigated their own recovery to support others.
- **Cultural and Demographic Considerations:** VIA is focusing on addressing the cultural needs and demographics of Harrow's service user group. Harrow is a diverse community, and tailoring services to meet the unique needs of different cultural and demographic groups is crucial for effective treatment. This might involve offering language-specific support, culturally sensitive counselling, and outreach to underrepresented communities.
- **Launching a New Building and Brand:** Another priority for VIA is the launch of a new building and a refreshed brand identity. This initiative aims to enhance the visibility and accessibility of services, as well as strengthen engagement with local partners. A new, modern facility can provide a more welcoming environment for clients and these efforts hope to address the stigma often associated with seeking help for substance misuse.

4.1.3. Gaps in Provision for VIA

The stakeholder consultation with VIA helped to identify several gaps in its current service that needed to be addressed to improve outcomes for individuals struggling with drug and alcohol dependency. These gaps highlight areas where the service could be enhanced to better meet the needs of Harrow residents and ensure more comprehensive support across different stages of treatment and recovery.

- **Not Meeting Office for Health Improvement and Disparities (OHID) targets:** VIA is currently falling short of the OHID targets, particularly in terms of Numbers in Treatment (NiT). These targets are crucial for ensuring that enough individuals are entering and remaining in treatment, which is essential for reducing substance misuse at the community level. Furthermore, it is important to meet these targets to ensure future funding is evidenced.
- **Continuity of Care – Referrals from Prison to Community Services:** While continuity of care is a priority, challenges remain in ensuring smooth transitions from prison to community services. For individuals leaving prison, maintaining consistent care is essential to prevent relapse and reduce the likelihood of reoffending. However, there are operational difficulties in engaging with prisons for regular visits and receiving timely referrals before a prisoner's release, which hinders the effectiveness of this continuity.
- **Referral and Assessment Process:** The referral and assessment process also faces challenges, particularly with individuals who are referred but do not attend their scheduled assessments. This attrition, where clients drop out before even starting treatment, represents a significant barrier to increasing Numbers in Treatment and ensuring individuals receive the help they need.
- **Referrals from GPs:** There is a noticeable gap in the number of referrals coming from General Practitioners (GPs). GPs often serve as the first point of contact for individuals seeking help for substance misuse, making them a critical link in the referral process. Improving communication and collaboration with GPs could significantly increase the number of individuals entering treatment.
- **Criminal Justice and Outreach for Ethnic Minority Groups:** There is a gap in the provision of dedicated criminal justice resources and outreach services. VIA has identified the need for targeted outreach efforts to engage specific groups within the criminal justice system. Additionally, future planning is required to model and discuss how criminal justice provision can be better integrated into the overall service offering. Moreover, a gap has been identified in outreach efforts for individuals from the South Asian community. A Public Health Registrar carried out data analysis of

demographics data in early 2024, to understand access of treatment services in the South Asian community. The findings of this analysis suggested that there is an unmet need in this cohort, and it offered a variety of recommendations to address this issue.

- **Technology Challenges (Visionable):** The implementation of technology like Visionable for virtual assessments has encountered operational issues. Visionable could make assessments more accessible, particularly for those who cannot attend in person. However, technical difficulties and delays in integration have limited its effectiveness, which affects the overall continuity of care.
- **Engagement with Community Partners:** Another gap exists in the level of engagement with community partners. Effective substance misuse treatment often requires a collaborative approach involving the input of a multidisciplinary team. Strengthening these partnerships could enhance the support network available to clients and improve treatment outcomes.
- **Dual Diagnosis Pathways in Harrow:** Although there are existing pathways for individuals with dual diagnoses (co-occurring mental health and substance misuse issues), more work is needed to enhance these services. There is a need to improve support for individuals at transitional ages, such as young adults moving from adolescent to adult services, to ensure their unique needs are met.
- **Service User Involvement and Co-Production:** VIA recognises the need to enhance service user involvement in the design and delivery of services. Co-production, where service users are actively involved in shaping the services they receive, can lead to more tailored and effective treatment options. However, current efforts in this area are not yet fully developed.
- **Pathways for Individuals with Neurodiversity (Learning Disabilities and Autism):** Individuals with neurodiversity, such as those with learning disabilities and autism, often require specialised support that is not fully available within the current service framework. Improving pathways for these individuals is crucial for ensuring they receive the appropriate care and treatment.
- **Underrepresentation of Women in Treatment:** There is a significant underrepresentation of women in treatment. This gap suggests that current services may not be fully accessible or appealing to women, potentially due to barriers such as childcare responsibilities or the stigma associated with seeking help for substance misuse. Furthermore, there is a need to explore how women, including specific populations such as sex workers, access drug and alcohol treatment.
- **Lack of representation in the DARD panel:** There is currently insufficient representation from social services, the Community Mental Health Team (CMHT), care workers, and the clinical team. These groups could provide crucial insights into discussions around case management. VIA seeks to build stronger relationships with General Practitioners (GPs) to access broader healthcare data and better understand GP operations. Establishing a connection with GPs could also facilitate the sharing of health check data.
- **Need for Pain Management Policies:** There is a need to develop policies and procedures for pain management, as this is a significant issue for service users. There may be a lack of understanding regarding appropriate pain medications, and increased input from GPs is necessary to support users, raise awareness, and provide education.

4.1.4. Recommendations for VIA

This series of recommendations aim to address the gaps identified and to overall improve the accessibility, effectiveness, and inclusivity of VIA's service offer.

- **Strengthen Collaboration for Transitional Age Service Users:** It is recommended that VIA explore increasing joint working with partners such as Compass Elevation to better support service users in the "transitional age" group. These young adults, typically moving from adolescent to adult services, often face challenges in continuity of care. By collaborating with specialised services, VIA aims to provide seamless transitions and reduce the risk of disengagement during this critical period.
- **Increase Presence in GP Forums:** To improve referrals and early intervention, VIA plans to increase its presence in forums, particularly those involving General Practitioners (GPs). GPs are often the first point of contact for individuals struggling with substance misuse. By raising awareness of VIA's services and re-establishing strong ties with GPs, the provider can ensure that more individuals are referred to the appropriate treatment programs at an early stage.
- **Expand Community Outreach:** VIA recognises the need for more proactive outreach work within the community. Outreach is essential for engaging individuals who may not seek help on their own, particularly those from marginalized or hard-to-reach populations. By expanding outreach efforts, VIA can connect with more people in need, providing them with information and support to enter treatment. This is especially critical for underserved groups, such as ethnic minorities or those with limited access to healthcare. The recommendations produced from the Public Health Registrar's data analysis of South Asian community accessing treatment services, will be beneficial for VIA to take on board and explore how they can maximise outreach efforts to address the needs in this community. It would be important to use culturally sensitive approaches to reduce stigma and encourage individuals to access services. This could involve working with community leaders, offering language-specific support, and addressing cultural barriers to treatment. Furthermore, it would be important to learn from the approach other services or neighbouring boroughs take to increase uptake in the South Asian community group.
- **Enhance Online Presence to Promote Services:** Improving VIA's online presence is a key recommendation to increase visibility and accessibility of their services. A stronger digital presence can help reach a wider audience, making it easier for individuals to find and access the help they need. This includes updating the website, including case studies that individuals visiting the website can relate to, increasing activity on social media, and using digital marketing strategies to raise awareness about the available treatment options.
- **Improve Referral and Assessment Processes:** To reduce attrition and increase engagement, VIA recommends improving the referral and assessment process by introducing induction sessions for new clients. These sessions can provide a clear overview of what to expect from treatment, address any concerns, and build trust with service users, making them more likely to stay engaged throughout their recovery journey.
- **Enhance Collaboration with Prisons:** VIA aims to strengthen collaboration with prisons to ensure regular visits and better coordination for individuals transitioning from incarceration to community-based services. This includes addressing operational challenges, such as the implementation of technology like Visionable for virtual assessments. Effective collaboration is essential for maintaining continuity of care and reducing relapse rates among former prisoners.
- **Develop Additional Pathways for Women in Treatment:** Recognising the unique needs of women in treatment, VIA should look at developing additional pathways and resources to support them. This includes offering childcare support, which can be a significant barrier for women seeking treatment. By addressing these specific needs, VIA can increase engagement and retention of women in their service.
- **Implement Dedicated Referral Routes for Learning Disabilities and Autism Services:** To better support individuals with learning disabilities and autism, VIA recommends implementing dedicated

referral routes. These routes would ensure that clients with these conditions are directed to specialised services that can provide the necessary support, improving their overall treatment experience and outcomes.

- **Linking Service Users with Ethnic Minority Community Groups:** There is a need to connect service users with community groups that cater to ethnic minority populations, such as Eastern European immigrants, to provide culturally sensitive support

4.2. Children and Young People Service Provision

The children and young people's specialist service for drugs and alcohol in Harrow is run by the organisation Compass Elevation, formerly known as Compass. It operates a free, confidential service which can be accessed through self-referral or referral from a professional through:

- an online referral form (alternatively, a paper form can be completed and then emailed to the service),
- a weekday telephone hotline number (Mon-Thurs 9am-5pm, Fri 9am-4:30pm),
- a physical Hub based near Harrow on the Hill station (a major Underground tube station in the borough with access to National Rail from central London to Aylesbury).

The service is co-located with other providers of CYP health and wellbeing services with whom it may have joint working arrangements, such as those supporting issues of mental health, domestic violence, sexual health (for example, HIV testing and free condom provision), youth offending, and careers and employment opportunities. The service aims to build and maintain partnerships with key agencies (for example, Children's Services, Local Children's Safeguarding Board, the Youth Offending Team, local schools) to build awareness, offer training to frontline staff, encourage referrals (particularly for 'at risk' vulnerable groups), deliver aligned interventions and support advocacy/policy development for substance misuse prevention. Other than the Controlling Migration fund, the service is commissioned and funded entirely by Public Health at Local Authority.

Service Offer:

The service generally covers a service user population from ages of 5 to 24 years old.

The services available for young people include the following:

- Non-structured interventions (for example, brief interventions that centre largely on education and signposting, rather than counselling, behavioural therapies and/or pharmacological therapies) Tier 2
- Specialist substance misuse Hidden Harm work Tier 2
- Specialist substance misuse Harm Reduction support Tier 3
- Specialist substance misuse care-planned psychosocial interventions Tier 3
- Specialist substance misuse care-planned pharmacological interventions Tier 3
- Engagement work Tier 1
- Multi-agency working solutions Across tiers

The service provides targeted and specialist interventions for children and young people who are affected by their own or another's substance misuse across Tiers 2 and 3. The service does not do Tier 4 inpatient specialist interventions. It does support Tier 1 services through its training and advocacy/policy development work.

Staffing:

The service operates locally with a single Team Leader and currently 3 other Health & Wellbeing Practitioners, x1 Engagement worker (funded through OHID) and x1 Hidden Harm worker (funded through

project fund). A Service Manager (overseeing services for two boroughs, Warwickshire, and Harrow) and a clinical lead for the service are also supplied by the provider for purposes of operational management and clinical governance.

Financial information

Annual contract value of £251k funded by LA from Public Health grant and £49,108 for 2023/24 from Department of health and social care OHID supplementary substance misuse grant funding (subject to retaining council funded substance misuse contract), bringing this to a total of £300,108.

The additional grant funds in 2023-24 were used to increase the staff and resource of Compass Elevation as follows:

1 young peoples' drug and alcohol worker, who offers specialist substance misuse service, including face-to-face and digital clinical work, encompassing key work, harm reduction, outreach and psychosocial interventions, with young people who have or have had, drug and/or alcohol problems or are at risk of developing problems.

An additional £20k has been given to Compass Elevation from the Public Health underspend which they are utilising to smaller projects including a cycling project in partnership with Prospects.

4.2.1. Current Landscape for Compass Elevation

A stakeholder consultation was held with Compass Elevation in April 2024, where they shared their current priorities for the service. These priorities reflect a focus on enhancing service delivery in educational settings, collaborating with key partners, addressing hidden harm more widely and taking a dynamic approach to adapt to the constant changes in needs for young people facing substance-related challenges.

- **Enhancing Presence and Adjusting Interventions in Schools:** Compass Elevation recognise the importance of being accessible to students within schools, where early intervention can have the most impact. However, balancing these interventions with students' academic commitments, such as exam schedules, is crucial. The service is working on adjustments to ensure they are present at the most appropriate times, minimising disruption to students' education while maximizing the effectiveness of their interventions.
- **Reviewing School-Based Working Methods:** The approach to working within schools is under review to enhance engagement. This includes evaluating the effectiveness of drop-in sessions versus scheduled appointments. Drop-ins provide immediate support, but booked-out time slots may allow for more in-depth, structured sessions. The goal is to find the best method to meet the diverse needs of students while ensuring that those who require help can access it in a way that suits their schedules.
- **Improving Communication and Appointment Scheduling with Schools:** Contacting schools to arrange appointments and interventions has been identified as a somewhat cumbersome process. Compass Elevation is seeking to streamline communication channels, making it easier for schools to book appointments and collaborate with the service. This improvement aims to reduce delays in accessing support and ensure a smoother, more efficient process for both schools and students.
- **Strengthening Collaboration with Youth Justice Services:** Collaboration with youth justice services has been progressing well, with joint initiatives showing promise in addressing the complex needs of young people involved in the justice system. Compass Elevation prioritises this partnership to ensure that young people who encounter legal issues due to substance misuse receive the necessary support to prevent further involvement in the criminal justice system.

- **Ongoing Collaboration with CAMHS and Mental Health Services:** Working closely with Child and Adolescent Mental Health Services (CAMHS) and other mental health providers remains a critical priority. Many young people dealing with substance misuse also struggle with co-occurring mental health issues. By fostering strong collaboration with these services, Compass Elevation ensures that young people receive comprehensive care that addresses both their substance use and mental health needs.
- **Expanding Partnerships and Referrals with NPH (Northwick Park Hospital) and Other Agencies:** Continual development with NPH and the expansion of partnerships and referral pathways are key priorities. Strengthening these relationships allows Compass Elevation to tap into a broader range of resources and expertise, enhancing their capacity to support young people. Expanding referrals also helps ensure that young people are connected to the right services at the right time, whether within Compass Elevation or through external partners.
- **Positive Impact of Joint Patrols with Police:** Joint patrols with the police are seen as a positive strategy in managing and preventing substance misuse among young people. These patrols help in identifying at-risk youth and addressing issues in real-time. However, establishing clear boundaries during these patrols is crucial to maintaining trust between young people and the service, ensuring that the interventions are supportive rather than punitive.
- **Addressing Hidden Harm within Families:** Hidden harm refers to the impact of parental substance misuse on children and young people, which is often difficult to detect. Compass Elevation prioritises addressing hidden harm through targeted training and outreach efforts. By equipping professionals with the skills to identify signs of hidden harm, the service can offer timely support to these vulnerable young people, ensuring their safety and well-being.
- **Supporting Professionals in Identifying and Managing Hidden Harm Cases:** Training and ongoing support for professionals, including teachers, social workers, and healthcare providers, are essential in identifying and managing cases of hidden harm. Compass Elevation is committed to enhancing these professionals' capabilities, ensuring that they can recognise the signs of substance misuse in families and know how to intervene appropriately. This training not only helps protect young people but also ensures that they are referred to the appropriate services quickly.

4.2.2. Gaps in Provision for Compass Elevation

Through the stakeholder consultations, several gaps were identified, particularly in terms of integration, engagement, and outreach. These gaps highlight areas where improvements can be made to better support young people dealing with substance misuse.

- **Lack of Formal Integration into School Models:** While Compass Elevation provides support in schools, there is a lack of formal integration into the existing school frameworks. This means that their services are not seamlessly incorporated into the school environment, which can limit the effectiveness of their interventions. Formal integration would involve aligning their services more closely with school schedules, policies, and educational goals, ensuring that their presence is both accepted and maximized within the school setting.
- **Need for Clearer Pathways for Engaging Young People in Schools:** There is a need for more defined pathways to engage young people, particularly those in educational settings. Without clear, structured approaches, students may not fully understand how or when they can access support. Establishing clearer pathways would involve setting up more consistent and accessible channels, such as scheduled drop-ins, where students can seek help without feeling stigmatised or confused about the process.
- **Improving Engagement Strategies in Schools:** Current engagement strategies within schools could be enhanced. Suggestions include providing slips with QR codes that link to information about

drop-ins or other services, making it easier for students to access support discreetly. Additionally, offering group workshops in schools could foster a more open environment where students feel comfortable discussing substance misuse issues, thereby increasing overall engagement.

- **Ensuring Young People Understand Referrals and Available Support:** There is a gap in ensuring that young people fully understand why they are being referred to Compass Elevation and what support they can expect to receive. This lack of understanding can lead to resistance or disengagement from services. To address this, Compass Elevation needs to focus on clear communication, ensuring that referrals are explained thoroughly, and that young people feel informed and involved in their own care process.
- **Addressing Referral Gaps by Focusing on Consent and Visibility:** The service currently faces challenges related to referral gaps, particularly concerning the issues of consent and visibility. Some young people may not be aware of the services available to them, or they may be reluctant to consent to referrals due to privacy concerns or a lack of understanding. Compass Elevation needs to enhance the visibility of their services and work on building trust with potential clients, ensuring that young people are fully aware of their options and feel comfortable accessing support.
- **Lack of Resources to Work in Prisons and Provide Prevention Work:** Compass Elevation lacks the necessary contacts and resources to effectively work within prisons and provide preventive substance misuse work to young offenders. This gap is significant, as young people in the criminal justice system are at a higher risk of substance misuse and often require targeted interventions. Expanding their capabilities in this area would involve building partnerships with prison services and securing additional resources to offer prevention and early intervention programs within these settings.

4.2.3. Recommendations for Compass Elevation

Several key recommendations have been identified to enhance the service delivery and to better support young people facing substance misuse challenges. These recommendations are designed to address existing gaps, improve integration with other service, and provide more targeted and effective interventions.

- **Establishing a Formal Apprenticeship Scheme to Attract Volunteers:** To strengthen the workforce and ensure sustainability, Compass Elevation should establish a formal apprenticeship scheme. This scheme would attract volunteers who are passionate about supporting young people and could provide a pipeline of trained individuals who can later transition into full-time roles. Apprenticeships can also foster community engagement and bring in fresh perspectives to the service.
- **Improving Integration into School Models Using MHST Frameworks:** Compass Elevation should adopt Mental Health Support Teams (MHST) models to better integrate their services into school environments. The MHST model is designed to work within educational settings, providing mental health and substance misuse support directly to students. By embedding similar approaches, Compass Elevation can ensure their services are more seamlessly incorporated into the daily operations of schools, making them more accessible and less disruptive to students' academic routines.
- **Providing Clearer Pathways for Engagement with Young People:** Developing clearer and more structured pathways for young people to engage with Compass Elevation's services is crucial. This could involve creating easily accessible channels, such as dedicated school-based drop-in sessions or online platforms where students can confidentially seek help. Clear pathways help demystify the process of getting support, making it easier for young people to reach out when they need assistance.

- **Offering Group Workshops and Consultations Within Schools:** To increase engagement and awareness, Compass Elevation should offer group workshops and consultations within schools. These workshops can cover topics such as substance misuse prevention, harm reduction, and mental health awareness. Group settings can provide a supportive environment where students feel less isolated in their experiences, and consultations can offer more personalised guidance for those in need.
- **Ensuring Young People Understand Referrals and Available Support:** It is essential that young people understand why they are being referred to Compass Elevation and what kind of support they can expect. Clear communication should be a priority, with efforts made to explain the referral process and the benefits of engaging with the service. This understanding can help reduce anxiety, build trust, and encourage greater participation in the programs offered.
- **Focusing on Consent and Visibility to Address Referral Gaps:** To improve referral rates and service visibility, Compass Elevation should focus on ensuring that young people are fully informed and comfortable with the referral process. This includes emphasising the importance of consent, making the service more visible within the community, and using outreach efforts to raise awareness. Ensuring that young people and their families are aware of and agree to the support available is critical to successful engagement.
- **Developing a Strategic Approach for School Engagement:** Given the challenges of directly contacting and engaging schools, Compass Elevation should develop a more strategic approach to school engagement. This could involve collaborating with local police and education authorities to identify and target schools that have higher incidences of substance misuse. A focused strategy could increase the effectiveness of outreach efforts and ensure that resources are directed where they are most needed.
- **Exploring Creative Methods for Group Work and Collaborations:** Compass Elevation should explore creative ways to conduct group work, potentially working with education leads and the Metropolitan Police to develop targeted approaches. This could include setting up specialized group sessions for at-risk youth or collaborating on community projects that address substance misuse. Innovative methods can make group work more engaging and relevant to the participants' needs.
- **Collecting Data on Near Misses and Drug-Related Deaths for Targeted Work:** Gaining access to data on near misses and drug-related deaths from hospitals is crucial for mapping out where interventions are most needed. Compass Elevation should work closely with hospitals to collect and analyse this data, allowing them to focus their efforts on areas with the highest risk. This targeted approach could prevent further incidents and improve overall service efficacy.
- **Enhancing Support for the Transitional Age Group:** There is a need for more integrated support for service users in the transitional age group (typically 16-25 years old), often referred to as "minding the gap." Compass Elevation should establish clear criteria and tailored pathways for this group, ensuring they receive appropriate support as they move from adolescent to adult services (VIA). This focus can help prevent young people from falling through the cracks during this critical period.
- **Exploring a Separate Service Offer for Women:** Compass Elevation should explore the possibility of developing a separate service offer for women, particularly those involved in sex work, mothers, and those using drugs. Women in these circumstances often face unique challenges and stigmas, making it important to provide specialised, gender-sensitive support. This could include dedicated programs, support groups, and access to childcare to enable better engagement.

- **Distributing Naloxone to Young People:** Compass Elevation should explore the feasibility of distributing naloxone, an opioid overdose reversal drug, to young people, particularly those aged 16 and above. This could involve training young people on how to use naloxone safely and understanding the legal and practical implications of distributing the drug within this age group. Providing naloxone could be a life-saving measure, especially for those at high risk of opioid overdose.
- **Improving Hospital and A&E Engagement:** With low referral rates from Accident & Emergency (A&E) departments and paediatrics, there is a need to strengthen communication and understanding between these services and Compass Elevation. Integrating substance misuse services into A&E staff induction and training programs could help raise awareness and ensure that young people presenting with substance-related issues are referred to the appropriate support services.
- **Focusing on Prevention and Early Intervention:** Preventing young people from transitioning to adult services by providing early intervention is a key priority. This involves offering timely support, education, and harm reduction strategies to young people at risk of developing substance misuse issues. By addressing these issues early, Compass Elevation can help reduce the long-term impact of substance misuse and improve outcomes for young people.
- **Exploring relocating where the service is delivered from:** As Compass's building lease comes to an end in March 2025, the service will need to consider the future of where they would like their service to be delivered and how this will impact their service delivery.

4.2.4. Compass Elevation Service User Feedback

In a stakeholder consultation in June 2024 with service users of Compass Elevation several key insights were gathered. There was a common perception that smoking, including cigarettes, vapes, and weed, along with drinking, are the most prevalent substances used by CYP. Positive feedback emerged about the service's Hidden Harm (HH) offer, with many young people expressing that they were learning about hidden harms and discovering new coping strategies they hadn't previously considered. Conversations around social media (SM) and mental health, particularly in collaboration with the organisation Mind, were highlighted as crucial in addressing substance misuse in a more comprehensive way.

One service user shared that the referral process was straightforward and efficient, with their first appointment scheduled just a week after the referral, which they found convenient. They felt very supported within Compass, appreciating that they could receive appropriate care both during and outside of their scheduled sessions. The user highlighted the flexibility and personalisation of the sessions, particularly noting the positive experience of working with their service provider, who allowed them to guide the direction of each session. This level of involvement and the ability to continue receiving support remotely, even while abroad, greatly enhanced their trust in the service.

However, some gaps in support were identified. It became clear that there is a lack of awareness about the Compass service and the support it provides to CYP in schools. Currently, the service is introduced through school assemblies, where examples of substance misuse issues are presented, followed by possible solutions, including Compass as a resource for help. Despite this, it was noted that some CYP might struggle to accept they have a problem, possibly due to pride or the normalisation of substance misuse among their peers. The service user pointed out that drug and alcohol misuse has become so normalised through social media, peer influence, and music that many young people do not recognise they have a problem. This normalisation can make it difficult for them to see themselves as needing help.

To enhance the service, several recommendations were made. It was suggested that social media be utilised to promote the service more effectively, clearly outlining the types of support available and the

specific issues the service can address. Additionally, it was recommended to emphasise the geographical availability of the service so that CYP are aware that help is nearby and easily accessible. Another important recommendation was to improve the approachability of the service, particularly for younger people. This could involve having younger staff members or ensuring that all staff are trained to be approachable and in touch with youth culture. This would help address the concern that some young people may feel intimidated or fearful about speaking openly to someone significantly older, especially about issues related to illegal substances.

4.3. Lived Experience Recovery Organisations (LEROs)

4.3.1. Background on LEROs

Lived Experience Recovery Organisations (LEROs) are groups run by people who have been through addiction and recovery themselves. They offer support, advice, and resources to others facing similar challenges. LEROs host support groups, mentorship programs, and educational events to help individuals in recovery feel supported and empowered. They also work to reduce stigma around addiction and advocate for better access to treatment and support services. Overall, LEROs provide a welcoming community for those on the path to recovery and work to make sure everyone gets the help they need.

Current provision:

Currently, VIA subcontract Build On Belief (BOB) to deliver recovery interventions and the safe Saturday and Sunday project for Harrow Recovery service. They are also implementing the garden project at the new treatment premises which will further allow BOB and VIA to work with service users to co-produce the garden space, giving additional opportunity for recovery focussed interventions and encouraging service users to be involved alongside their peers in an ongoing service user lead project. VIA will also be introducing additional coproduced projects in 24/25 - a photography project and an art project in the new premises.

4.3.2. Gaps in Provision for BOB

A stakeholder consultation took place in June 2024, several gaps in service provision were identified, highlighting areas for improvement to better serve the community. Addressing these issues will be crucial in improving the effectiveness of their support services and ensuring that all clients can access the help they need.

- **Need for Peer-Led Support on Weekends:** There is a critical demand for peer-led support, particularly over the weekends when clients may feel more isolated. While BoB offers valuable online programs, they are underutilized, suggesting a need for better engagement strategies or additional peer-led activities during these times.
- **Accessibility Challenges:** BoB provides workshops seven days a week, starting at 9 AM, that include a variety of activities such as play reading, book clubs, and recovery groups. However, the accessibility of these services is limited by the fact that not all clients have reliable broadband access, which is essential for participating in online programs.
- **Operational Limitations:** Communication between BoB staff and clients is often indirect due to system constraints, which can hinder effective service delivery. Additionally, there is a gap in the public awareness of available services across the borough, exacerbated by limited resources for outreach and promotion.
- **Client Demographics:** The primary substances for which clients seek support are alcohol, followed by cannabis. The client base tends to be older individuals, which might influence the type of services needed and how they are delivered.

- **Collaboration with CNWL and Other Organizations:** BoB collaborates with the Central and Northwest London NHS Foundation Trust (CNWL) and other organizations. However, there are challenges in referring clients from secure units like Northwick Park Hospital to BoB's services. This highlights the need for more integrated services to avoid duplication of efforts and to enhance overall service efficiency.
- **Addressing Social Isolation:** Social isolation remains a significant issue for many clients, impacting both their recovery and mental health. BoB has had success with initiatives like the Wednesday drop-in sessions at a church in Harrow, emphasising the importance of creating social spaces that foster connection and support.

4.3.3. Recommendations for BOB

The following recommendations are focused on how the service can better support clients' recovery journey, ensuring they have the necessary resources and social connections to thrive.

- **Enhancing Online Programs:** Build on Belief should actively promote their online programs to clients. Ensuring that clients are aware of these resources is crucial. Clear communication about how to access online services, including step-by-step instructions, can improve engagement. Furthermore, they need to recognise that not all clients have reliable broadband access. To address this, consider providing alternatives such as offline materials, phone-based support, or community centers with free internet access.
- **Pathway Integration:** Strengthen collaboration between different services within the organization (e.g., CNWL) and external agencies. Effective communication pathways are essential for seamless transitions when clients move between services. This prevents disruptions and reduces the risk of relapse. And ensure that clients experience a holistic and integrated approach across services. For example, if a client transitions from detox to rehabilitation, the handover should be well-coordinated, with shared care plans and consistent messaging.
- **Addressing Social Isolation:** Expand initiatives that provide safe social spaces. For instance, the weekend service and Wednesday drop-ins can serve as opportunities for clients to connect with peers, share experiences, and combat isolation. Emphasise the importance of building social networks during recovery. Isolation often exacerbates substance misuse, so fostering connections can enhance overall well-being.
- **Utilising Key Workers:** Key workers play a pivotal role. They should actively engage clients in discussions about practical resources, including broadband access. Assess clients' needs and facilitate the sign-up process for online programs during one-on-one or group sessions. Furthermore, they should empower key workers to advocate for clients' access to essential resources. Whether it's helping them apply for benefits, find housing, or access treatment, key workers can be instrumental in addressing barriers.
- **Targeted Support and Inclusivity:** Analyse service utilization patterns based on demographics. Adapt services to cater to specific groups, such as women, individuals with mobility issues, or those from higher socioeconomic backgrounds. And consider organising drop-in sessions specific to certain communities. Address stigma-related barriers and family dynamics unique to each group. For example, LGBTQ+ or culturally diverse communities may have distinct needs.
- **Data and Monitoring:** Implement a robust case management system. This allows tracking of service utilisation, client progress, and outcomes. It also facilitates data-driven decision-making. Look to engage in continuous improvement by regularly analysing data to identify successful

strategies and areas needing improvement. Evidence-based adjustments can enhance service delivery and client outcomes.

4.4. Criminal Justice

4.4.1. Background on Criminal Justice

In Harrow, VIA and Compass Elevation work closely with the criminal justice system to manage service users who are known to the system. When an individual commits a crime in Harrow, they are initially taken into custody by the Metropolitan Police, where they are temporarily detained and processed. These facilities operate under strict protocols to protect the rights and welfare of detainees while they await further legal proceedings.

The next step in the process often involves the Willesden Magistrates Court, which handles initial hearings and decisions in criminal cases. Magistrates oversee proceedings for summary offenses and conduct preliminary hearings for more serious cases, determining bail conditions and deciding whether to transfer cases to higher courts if necessary. For more serious criminal cases, Harrow's Crown Court takes on the responsibility of adjudication, where judges and juries assess evidence, determine guilt or innocence, and impose sentences for those convicted.

Harrow's criminal justice system also places significant emphasis on rehabilitation, particularly through Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs). These alternatives to custody are designed for offenders with substance misuse issues, addressing the root causes of their behaviour and supporting their recovery from addiction.

Probation services in Harrow are integral to the supervision of offenders serving community sentences or released on license from custodial sentences. Probation officers work closely with these individuals to ensure compliance with court orders, provide support, and connect them with rehabilitative services, all with the aim of reducing the likelihood of reoffending.

A key focus of Harrow's criminal justice system is ensuring continuity of care for individuals throughout their involvement with the justice process. This approach includes providing support before, during, and after their engagement with the system, ensuring they are connected with community drug and alcohol treatment services upon release to help them reintegrate and adjust to life outside the criminal justice system.

The approach to youth justice in Harrow is distinct from that for adults, focusing on preventing offending and re-offending among children and young people (CYP) aged 10-17. The youth justice system works closely with young offenders, their parents, and carers to help them improve their behaviour, reintegrate into their communities, make amends for their crimes, understand the consequences of their actions, and ensure appropriate responses based on the seriousness and persistence of their offenses.

To address substance misuse among young people, the youth justice system adopts a multi-agency approach:

1. **Early Intervention:** Identifying and addressing substance misuse issues promptly through screening and assessment by professionals such as youth workers, social workers, or healthcare professionals.
2. **Diversion Programs:** Instead of entering the formal criminal justice system, young people involved in substance misuse may be redirected to diversionary programs that tackle underlying issues, such

as family problems or mental health concerns, through counselling, education, or community service.

3. **Youth Offending Teams (YOTs):** These multidisciplinary teams, which include professionals from social services, education, health, and probation, work with young offenders to develop individualised plans that address their needs and reduce the risk of reoffending.
4. **Substance Misuse Treatment:** Young people with substance misuse issues may be referred to specialised treatment services, such as Compass Elevation in Harrow. These services offer counselling, detoxification, and rehabilitation programs tailored to the specific needs of young people, often involving therapeutic interventions and family support.
5. **Education and Prevention:** The youth justice system also emphasises education and prevention initiatives to raise awareness about the risks of substance misuse and promote healthy lifestyles among young people. This includes school-based programs, community outreach, and partnerships with local organisations.

4.4.2. Current Landscape for Probation

A stakeholder consultation was conducted in April 2024 with staff from Probation, the meeting discussed improving support for the 18-24 age group transitioning from youth to adult services, emphasising clearer process and improved information sharing. There was also a focus on providing timely support and highlighted the gap in current referral pathways, especially between Forward Trust, Compass Elevation, and VIA.

- **Low Uptake:** The number of individuals engaging in ATR and DRR programs has historically been low, signalling an area in need of significant improvement. To address this, there has been joint work with colleagues from Barnet and Brent, particularly around the Wales and Willesden Magistrates Courts, aimed at increasing the number of cases receiving these treatment requirements. However, this service delivery is hampered by issues such as staffing shortages and inconsistent attendance at courts, which disrupts the continuity and effectiveness of these programs. A working group focused on improving services at Willesden Magistrates Court has been inactive, reflecting the need for renewed focus and action.
- **Fragmented Court Services:** Harrow has faced difficulties in replicating successful initiatives like the Willesden pilot at Harrow Crown Court due to closures and other logistical challenges. Efforts to address these issues are planned to resume in the spring, but the current fragmentation impacts the seamless delivery of court-related interventions.
- **Youth Services:** There is a notable gap in the referral process for younger individuals to Compass Elevation, a service provider for substance misuse among youth. Practitioners have expressed a lack of confidence in the current referral system, and there is an identified need for specific cannabis intervention programs tailored to this demographic.

4.4.3. Gaps in Provision for Probation

The probation service faces several critical gaps in its substance misuse interventions, affecting the effectiveness and accessibility of the services provided. Here's an overview of the current gaps:

- **Inconsistent Service Delivery:** The provision of services is uneven, primarily due to resource constraints. Harrow's services are centralised at Denmark House in Barnet, making it difficult for clients in Harrow to access local support. This geographic disconnect hampers consistent engagement with clients, especially those needing frequent or urgent intervention.

- **Continuity of Care:** Maintaining continuous care, particularly for vulnerable groups such as women involved in the criminal justice system, is problematic. There is a notable gap in accessible pre-release programs, which are essential for preparing individuals for reintegration into the community and ensuring they have ongoing support for their substance misuse issues.
- **Referrals and Communication:** The service struggles with unclear and inefficient referral pathways, particularly for young people needing support from organizations like Compass. Additionally, there is inconsistent information sharing between agencies, which leads to poor tracking of attendance and engagement, particularly with the Integrated Offender Management (IOM) cohort. This lack of coordination hinders the effectiveness of interventions and follow-up.
- **Specific Substance Misuse Programs:** There is a significant need for tailored programs that address the misuse of cannabis and other non-psychoactive substances. The current service offerings do not adequately meet the needs of young users, who often require specialised support that differs from traditional substance misuse programs. Furthermore, Via is instrumental in delivering naloxone training and other support services. However, there are challenges with inconsistent attendance and engagement, particularly with the Integrated Offender Management (IOM) cohort, which affects the overall impact of these interventions.
- **Accessibility to Tier 4 Residential Services:** Access to intensive services like alcohol detoxification and residential rehabilitation (Tier 4 services) is limited by high thresholds, making it difficult for those in need to receive timely care. Decision-making and funding for these services are controlled by Via, limiting the probation service's ability to advocate for and secure the necessary interventions for their clients.

4.4.3. Recommendations for Probation

To address the gaps identified in the probation service's substance misuse provision, the following recommendations are proposed:

- **Enhance Local Accessibility:** To mitigate the issues caused by centralised services in Barnet, it's crucial to improve local service availability in Harrow. This could involve setting up a local office or increasing the frequency of local outreach efforts. By reducing travel barriers, the service can enhance client engagement and accessibility, particularly for those who struggle to travel long distances.
- **Improve Continuity of Care:** Strengthening pre-release planning and support, especially for women in the criminal justice system, is essential for ensuring seamless transitions from prison to community-based services. Building stronger connections between community services and prison release programs can help maintain continuity of care and reduce the risk of relapse.
- **Streamline Referrals and Communication:** The establishment of clear and consistent referral pathways is necessary, particularly for young people needing support from Compass Elevation. Developing robust information-sharing agreements between probation, Compass Elevation, Forward Trust, and Via will ensure better coordination and tracking of client progress. Additionally, providing enhanced training and support for practitioners can increase their confidence in using these referral systems effectively.
- **Develop Specific Programs for Youth:** There is a pressing need for specialised intervention programs targeting the misuse of cannabis and other substances commonly used by young people. These programs should be designed to be engaging and accessible, addressing the unique needs

and challenges of this demographic to prevent escalation into more serious substance misuse.

- **Improve Access to Residential Services:** Reviewing and potentially lowering the thresholds for accessing Tier 4 residential rehabilitation services can make these critical interventions more accessible. Including probation services in the decision-making panel for rehab placements will ensure that the needs of their clients are adequately considered. Additionally, ensuring transparent and equitable access to funding for detox and rehab services is essential for fair and timely treatment provision.
- **Increase Engagement and Support for the IOM Cohort:** To better support the Integrated Offender Management (IOM) cohort, it is important to identify and address the barriers that prevent consistent engagement. Tailoring services to meet the specific needs of this group, which often includes complex and high-risk individuals, can improve outcomes and reduce reoffending.
- **Enhance Practitioner Training:** Continuous training is vital for practitioners to stay informed about emerging substance trends, such as the use of lean, cannabis, and Xanax. Equipping practitioners with updated knowledge and skills will improve their ability to effectively engage and support young people, who may be experimenting with or dependent on these substances.
- **Clarify Service Demarcation:** Clear definitions of the roles and responsibilities of service providers like Compass Elevation and Via are needed, particularly regarding the age groups they serve. Ensuring that all stakeholders are aware of these roles and the associated referral pathways will reduce confusion and ensure that clients receive the appropriate support at the right time.

4.5. National Health Service (NHS)

4.5.1. Background for NHS

Both adult and children and young people's (CYP) substance misuse services collaborate closely with the NHS. This collaboration happens at multiple levels: through primary care, where GPs refer patients to these services, and through secondary and tertiary care, where patients receive specialised treatment. Given the importance of these partnerships, it is essential to examine the current landscape of joint working between substance misuse providers and the NHS. By identifying any gaps in these collaborations, we can make necessary improvements to enhance cooperation, leading to better health outcomes for those in need of substance misuse support.

4.5.2. Gaps in Provision for NHS

A stakeholder consultation was carried out in May 2024 with colleagues from the NHS ICB, Primary Care staff, CNWL NHS Trust and Harrow Mental Health services. The following were highlighted as gaps by the different partners:

- **A&E Admissions:** The number of substance misuse-related admissions to A&E is significant, with a noticeable number of these cases involving individuals under 16. The staff feel data should capture specific details such as the reasons for these admissions, the length of hospital stays, and the treatments administered, to better understand the scope of the issue.
- **Coordination with CNWL and Community Services:** There is a lack of continuous dialogue and information sharing between community services, CNWL (Central and North West London NHS Foundation Trust), and primary care providers. While patient confidentiality and consent are critical,

they can also act as barriers to the effective flow of necessary information between these services.

- **Awareness of Services:** Although GPs are generally aware of the existence of services like VIA and Compass, there is still a gap in understanding the specifics of the support offered and how to communicate effectively with these services. Recent efforts, such as presentations at GP forums, have started to address these gaps, but further work is needed to improve overall awareness and collaboration.
- **Integrated Communication System:** There is a clear need for a standardised platform or form to facilitate information sharing across all touchpoints a patient might encounter, such as A&E, walk-in clinics, and urgent care. This system would ensure that everyone involved in a patient's care, including General Practitioners (GPs), is informed about their treatment and progress. A significant challenge in this area is the lack of patient consent for information sharing, which creates communication gaps that can hinder coordinated care.
- **Holistic Service Coordination:** The current fragmented approach across different service providers (such as Brent, CNWL, and London Northwest) has led to disjointed care. There is a pressing need to unify these services under a coordinated framework. This could be achieved by appointing a clinical director or consultant to lead efforts in providing sustained, integrated care, ensuring that all teams work collaboratively towards common goals.
- **Public Health Interventions:** There is a noticeable gap in the visibility of substance misuse services within the Harrow community. Enhancing the presence of these services on public platforms, such as Harrow's website, could raise awareness and accessibility. Additionally, there is a need for increased preventative work in secondary schools through programs like Compass to educate and reduce the risk of substance misuse among young people.
- **Referral and Follow-Up Processes:** The current referral processes to VIA and Compass need to be simplified to make them more accessible and user-friendly. Moreover, establishing a reliable feedback loop is crucial so that GPs and other referring professionals are kept informed about the outcomes of their referrals and the ongoing engagement of their patients with these services. General Practitioners (GPs) frequently encounter patients with drug and alcohol issues. However, after referring these patients to specialised services like VIA, they often do not receive sufficient feedback. This lack of communication leaves GPs with limited information about the outcomes, assessments, or treatment plans following A&E visits related to substance misuse.
- **Capacity and Staffing Challenges:** The demand for addiction services is growing, yet the capacity to meet these needs is limited. Staffing challenges, particularly in recruiting nursing staff and securing sufficient medical input, make it difficult to manage the increasingly complex cases that arise. These patients often require a higher level of clinical expertise, which is currently in short supply.
- **Sustainability and Patient Engagement:** Ensuring the sustainability of initiatives like a A&E substance misuse support work is vital to breaking the cycle of addiction and helping patients transition smoothly to community services. A significant gap exists in creating a clear and safe pathway for transferring patients from hospital care to community-based support, which is essential for keeping them engaged in their recovery journey.
- **Dual Diagnosis and Integrated Care:** Addressing patients with dual diagnoses, where both substance misuse and mental health issues are present, remains a challenge. The lack of integrated care often results in one condition being treated while the other is overlooked. VIA's introduction of a dual diagnosis worker attending multidisciplinary team (MDT) meetings with mental health teams is a positive step, but more needs to be done to ensure comprehensive care.

- **Volume and Complexity of Cases:** The high volume of complex cases in A&E, psychiatric liaison, and inpatient wards strains existing resources. The voluntary nature of addiction services combined with limited resources often results in inadequate management of these complex patients, leading to delays and suboptimal care.
- **Collaboration and Involvement of Partners:** There is a need for stronger engagement with CNWL addiction partners in strategic meetings and discussions. Joint training sessions and collaborative protocols should be explored to enhance capacity and improve the effectiveness of services. Strengthening partnerships and ensuring that addiction services are part of relevant discussions, such as those at the Drug and Alcohol Recovery (DARD) panel, is crucial for improving outcomes.
- **Service Challenges:** The low visibility and involvement of addiction services in coroner's court for death inquests highlight a gap in the recognition and accountability of these services. Additionally, the large number of addiction-related cases in A&E departments creates delays and requires experienced staff to manage effectively. The pressure to transfer addiction patients to mental health teams due to a lack of other options further underscores the gaps in service provision. Finally, the significant presence of patients with drug and alcohol problems in inpatient wards indicates a need for better management and follow-up to prevent relapse and ensure continuity of care.

4.5.3. Recommendations for NHS

Through the discussions the following recommendations were brought forward:

- **In-Primary Care Services:** Bringing substance misuse services like VIA or Compass directly into GP surgeries or integrated neighbourhood teams could significantly reduce barriers for patients who are hesitant to engage with external centres. This approach was previously effective and should be revisited to improve patient access and engagement with necessary support services.
- **Integrated MDT Teams:** Establish Multi-Disciplinary Teams (MDTs) that include addiction specialists, consultants, and full-time nurses to manage complex cases effectively. This integrated approach will ensure that patients with substance misuse issues receive comprehensive care, addressing both their addiction and any related health conditions.
- **Involvement in Panels:** Ensure that addiction services are represented in key panels, such as the Drug and Alcohol Recovery (DARD) panel. This involvement will facilitate better integration of services and ensure that addiction issues are considered in broader health and recovery strategies.
- **Financial Considerations:** Address financial constraints by exploring sub-contracting options and other innovative funding mechanisms to enhance service delivery. This could involve partnerships with other organizations to expand the scope and reach of substance misuse services.
- **Transparent Collaboration:** Foster transparent and collaborative approaches to improve service integration and resource allocation. Open discussions between all stakeholders will help to identify and address gaps, streamline processes, and ensure that resources are used effectively.
- **Opt-Out Approach for Referrals:** Consider implementing an opt-out approach for referrals rather than the traditional opt-in model. This change could lead to higher engagement rates by making it easier for individuals to access services without having to actively seek them out.
- **Clearer Pathways from Hospital to Community:** Develop and implement clear and safe pathways for patients transitioning from hospital care to community services. This will reduce the burden on acute and mental health services by ensuring that patients receive continuous care and support.

- **Shared Responsibility:** Promote shared responsibility between community services and acute care teams. By bridging the gap between different service areas, this approach will enhance continuity of care and ensure that patients' needs are met throughout their recovery journey.
- **Capacity Building:** Utilise supplementary grants and other financial resources effectively to build capacity within substance misuse services. This will help meet demand and achieve service delivery targets.
- **Joint Service Meetings:** Schedule regular meetings with representatives from primary care, CNWL, VIA, Compass, public health, and secondary education. These meetings should focus on aligning strategies, addressing ongoing issues, and improving coordination among services.
- **Information Sharing Agreements:** Create and implement agreements for sharing information between services that respect patient confidentiality while ensuring essential data flows. This will improve communication and coordination between different care providers.
- **Enhanced Training for GPs:** Provide additional training and resources to GPs on the substance misuse services available, referral processes, and communication protocols. This will equip GPs with the knowledge and skills needed to effectively refer and support patients.
- **Pilot Programs:** Launch pilot programs to integrate VIA and Compass services into selected GP surgeries. Assess the impact of these programs, gather feedback, and expand based on results to improve accessibility and effectiveness of services.

4.6. Smoking Cessation

Within Harrow, smoking cessation support is provided by VIA. This service offers a comprehensive approach to quitting smoking, including nicotine replacement therapy (NRT) and/or vapes, along with a specialised 12-week behavioural support program. This approach aligns with national guidelines and recommendations for effective smoking cessation.

The service is designed to meet the goals of the Harrow Health and Wellbeing strategy, ensuring that all residents, workers, or those registered with a GP in the borough have access to free support. This inclusivity is particularly important for individuals from the most deprived areas, who receive the same level of care and treatment as everyone else.

Individuals can self-refer to the service via telephone or text, and healthcare professionals can also refer patients through an online system. To accommodate the diverse needs of users, the service offers both face-to-face and remote support options.

Service Offer

The service provides a range of components that would be expected within an effective service and includes:

- Receipt of referrals from a range of sources including self-referral
- Information, advice and assessment
- Drop-in and open access
- Community based smoking cessation treatment
- A range of nicotine replacement options and vapes including patches and offering behavioural support
- Support for GP shared care
- Assessment and monitor carbon monoxide level in blood
- Outreach and Group work

- Education, training, and employment support
- Dedicated smoking advisor who provides one to one support and facilitates the quit

Staffing:

Two full time smoking advisors are working 5 days week to the service. In addition, a service manager oversees the operation and manage quarterly data submission.

VIA attend monthly meetings with the Tobacco Control team in Harrow Council to review service performance and development. VIA also maintains a good partnership approach/relationship with local pharmacies and vape shops who are potential service providers to smoking cessation. There are no clinical specialists in the service. All smoking advisors are NCSCT Level 2 trained.

London Tobacco Alliance and Stop Smoking London

Harrow contributes (£5,755) to the London Tobacco Alliance. The 3% of uplift funding is used to support the digital smoking cessation app with NRT/ vape provision for 12 weeks. London smokers offered flex of digital support and access to real time conversations with NCSCT trained advisors. The digital offer joins up with Swap to Stop, and £120,000 vapes are agreed. The digital offer is yet to launch, targeting the end of Q1 2024-25.

The new free text messaging support service is launched. Smokers can be signposted to the text messaging service from local stop smoking service, GP and pharmacist. It can be a good source of daily support between advisor consultations.

The text messaging support service provides daily motivational texts to support quit journey of smokers, tailored around the five most common reasons for quitting:

- Improve general health
- Pregnancy
- Saving more money
- Encouragement from family/ friends and/or partner
- Planning a family

Financial information

The core contract value from the Public Health Grant for VIA in 2023-24 was £1,646,538.19. Smoking Cessation is sub-contracted under the core contract with Substance Misuse. The Smoking Cessation Grant for VIA in 2023-24 was £96,672.00, which includes £29,188 of NRT block contract.

An additional £111,988.00 is planned to implement in 2024-25 to expand the current service capacity and the breakdown is as follows:

Lead advisor	Advisor leading stop smoking service	£53,000.00	Already in existing contract
Advisor	Dedicated advisor delivering interventions	£48,000.00	0.5 wte and joint funded by new grant and substance misuse budget
Advisor	Joint post between VIA and Compass	£48,000.00	
Pharmacotherapy		£319,188.00	Already in existing contract

Pharmacy quit offer	Cost per quitter up to £110 per outcome (targeting 100 quit in a year)	£11,500.00	
Vape shop quit offer	Cost per quitter up to £75 per quit (targeting 100 quit in a year)	£8,00.00	
Resources for events	£1,000.00		
Total		£208,688.00	
Current contract value		£96,700.00	
Difference in value		£111,988.00	

4.6.1. Current landscape for Smoking Cessation

- **Expanding Service Capacity:** VIA aims to increase the availability of nicotine replacement therapy (NRT), vapes, and behavioural support programs; by expanding capacity, VIA aims to make smoking cessation support more accessible to a larger portion of the Harrow population.
- **Achieving a 30% Increase in Quit Rates:** VIA has set an ambitious target to achieve at least a 30% increase in quit rates for the 2024-2025 period through enhanced engagement and intervention strategies. This goal is crucial for improving public health outcomes and reducing the prevalence of smoking-related illnesses.
- **Optimising Referral Pathways:** A review of existing referral pathways is being undertaken to ensure that individuals seeking help can easily access the smoking cessation services. This includes optimising the processes for self-referral and professional referrals to streamline access and reduce barriers to service entry.
- **Introducing the "Swap to Stop" Initiative:** VIA is introducing a "Swap to Stop" initiative, which involves replacing traditional tobacco products with less harmful alternatives like vapes or NRT. This approach is supported by evidence showing that switching to these alternatives can significantly increase the chances of quitting smoking successfully.
- **Collaborating with Community Pharmacies:** Partnering with community pharmacies is a key component of VIA's strategy to enhance smoking cessation support. Community pharmacies are accessible, trusted sources of healthcare, and their involvement allows for more widespread distribution of smoking cessation products and advice.
- **Monthly Data Monitoring:** VIA plans to hold monthly meetings with service providers to closely monitor data related to smoking cessation outcomes and service quality. These meetings are essential for assessing progress toward the 30% quit rate target, identifying areas for improvement, and ensuring that the services provided are of the highest standard.
- **Addressing Staffing Needs:** To meet the increased demand and enhance service delivery, VIA is addressing staffing challenges by recruiting additional personnel and creating a new Lead Advisor position. The Lead Advisor will play a crucial role in overseeing the implementation of smoking cessation strategies, providing expert guidance, and supporting the training of staff members.

- **Cultural Sensitivity:** Recognising the diverse cultural and demographic makeup of Harrow, VIA is prioritising culturally sensitive approaches in its smoking cessation programs. This includes tailoring interventions to meet the specific needs of different cultural groups and ensuring that all services are accessible and relevant to the entire community.
- **Collaborating with Trading Standards:** VIA is developing a closer working relationship with trading standards to address the issue of illicit tobacco and vape products in Harrow. By working together, they aim to create a comprehensive local intelligence picture of these illegal activities and strengthen enforcement efforts.

4.6.2. Gaps in Provision for Smoking Cessation

The following areas have been identified for improvement to ensure that the smoking cessation element of the contract is being provided adequately.

- **Missed Quarterly Targets:** VIA has been struggling to meet the quarterly targets set by the project team, which impacts overall program performance and effectiveness.
- **Referral Gaps from GPs and Hospitals:** Referrals from GPs and hospitals are lower than expected, hindering the continuity of care. This is particularly problematic for patients transitioning from hospital care to community services, where follow-up support is crucial for sustained smoking cessation.
- **Issues with Referral and Assessment Process:** There are challenges in the referral and assessment process, with some individuals not attending their assessments, leading to lost follow-up opportunities. This gap affects the service's ability to engage and retain clients in the program.
- **Challenges in Mental Health Referrals:** Referring mental health patients to community smoking cessation services has been difficult, affecting the continuity of care for this vulnerable group. Effective integration of mental health support within smoking cessation is needed to address this gap.
- **Engagement with Community Partners:** VIA is facing challenges in fully engaging community partners, such as in targeted lung health checks, which limits the reach and impact of smoking cessation efforts. Strengthening these partnerships is necessary to enhance service delivery and outcomes.
- **Service User Involvement and Co-Design:** There is a need to enhance service user involvement in the design and delivery of smoking cessation services. Greater co-design efforts could lead to more tailored and effective interventions.
- **Support for Children and Young People:** Dedicated support for children and young people is lacking, especially in addressing the impact of illicit and underage sales of tobacco and vapes in schools. This gap represents a critical area for prevention and early intervention.
- **Illicit and Underage Tobacco/Vape Sales:** Understanding and addressing the impact of illicit and underage tobacco and vape sales in schools is a growing concern. This issue requires targeted strategies to prevent underage smoking and vaping.
- **Facilitating NHS and Local Authority Staff Offers:** There is an identified gap in enabling NHS and local authority staff to easily access smoking cessation services. Developing a more streamlined offer for these groups could increase participation and support within the public sector workforce.

- **Simplifying Self-Referral Processes:** The current self-referral process is not user-friendly, potentially deterring individuals from seeking help. Simplifying and promoting easier self-referral methods would make the service more accessible to those looking to quit smoking.

4.6.3. Recommendations for Smoking Cessation

- **Strengthen Collaborative Efforts:** Enhance joint working with community partners, such as trading standards, to generate local intelligence on illicit tobacco and vape sales, improving enforcement and prevention efforts.
- **Increase Outreach to Ethnic Minority Communities:** Expand targeted outreach initiatives to engage ethnic minority communities, who may face barriers to accessing smoking cessation services, ensuring culturally sensitive support, and improving service reach.
- **Improve Referral and Assessment Processes:** Redesign the referral form to simplify the process for both GP referrals and self-referrals, making it more user-friendly and accessible. This includes integrating the referral system more effectively with GP networks to boost engagement.
- **Implement Monthly Meetings and Audits:** Conduct regular audits and monthly meetings to monitor data accuracy, assess service quality, and ensure that the program is on track to meet its targets.
- **Address Staffing Challenges:** Focus on recruitment and training to fill gaps, including the creation of a new Lead Advisor position. This role would oversee daily operations, ensure quality control, and report directly to the project team to improve service efficiency.
- **Prioritise Cultural Sensitivity:** Ensure that service provision reflects the cultural and demographic diversity of Harrow, tailoring interventions to meet the specific needs of different communities.
- **Implement the "Swap to Stop" Initiative:** Launch the "Swap to Stop" program, providing free vapes as a quit aid to help smokers transition from tobacco to less harmful alternatives.
- **Develop Accessible Pathways for Hard-to-Reach Residents:** Create additional pathways for residents who face challenges accessing services due to factors like distance from service locations or full-time work commitments, ensuring more equitable access.
- **Enhance Support for Priority Groups:** Strengthen support for individuals from priority health groups, such as those with asthma, ensuring they receive specialised care and attention in their quit attempts.
- **Create a Joint Role with Compass for Youth Engagement:** Establish a joint role between VIA and Compass to focus on preventative work with children and young people. This role would also support quit attempts among younger populations, addressing early-stage tobacco and vape use.
- **Establish Dedicated Pathways for Mental Health Patients:** Develop specialised referral and support pathways tailored for mental health patients, integrating smoking cessation services with mental health care to provide comprehensive support.
- **Facilitate Staff Referrals:** Implement systems to encourage and streamline smoking cessation referrals for both frontline and administrative staff within NHS and local authority settings, promoting a healthier workforce.

5. Combating Drugs Partnership (CDP)

5.1. Background for CDP

The Combating Drugs Partnership (CDP) is an integral part of the Safer Harrow Partnership (SHP), which is responsible for overseeing community safety in the London Borough of Harrow. The CDP was established to support the national strategy "From Harm to Hope: a 10-year Drugs Plan to Cut Crime and Save Lives 2021," which aims to reduce drug-related crime and enhance treatment and recovery services across the country.

The plan involves several government departments, each playing a specific role. For instance, the Home Office and Ministry of Justice focus on disrupting drug supply chains, while the Department of Health and Social Care and the Ministry of Justice concentrate on improving treatment and recovery services. The CDP brings together key partners to set clear goals, adapt to evolving priorities, and ultimately make a significant impact on the lives of Harrow's residents by prioritizing their safety and well-being.

The CDP's mission is to better understand the needs of the borough and strengthen substance misuse commissioning. This includes supporting treatment and recovery systems, improving service coordination, and monitoring the impact of funding on specialized interventions. The partnership also seeks to explore criminal justice links, expand outreach, and review funding allocations. By addressing infrastructure challenges, supporting workforce training, and promoting integrated substance misuse education, the CDP aims to target vulnerable groups and enhance prevention efforts. These efforts are part of a broader strategy to promote holistic public health, including emotional well-being support for youth and addressing smoking cessation attitudes and prevalence among young people.

5.1.1 Importance of Collaboration

The CDP is a crucial platform for collaboration among partners working in substance misuse services, including key organisations like VIA and Compass. These partners, along with others in the group, play a vital role in ensuring that the needs of Harrow's residents are met effectively. The partnership emphasizes active engagement, setting measurable goals, and fostering collaboration across various sectors. Transparency and accountability are also central to the CDP's approach, ensuring that its actions are visible and that communication with all stakeholders is clear.

Through cross-partnership collaboration, the CDP addresses critical issues, working to make Harrow a safer and healthier community. The partnership includes core representatives from local police, probation services, secure estates (such as prisons and young offender institutions), Harrow Council officers (spanning safer neighbourhoods, probation, public health, social care, housing, education, and safeguarding), NHS strategic leads, substance misuse treatment providers like VIA and Compass, higher education institutions, and Jobcentre Plus. In addition to these core members, the CDP also invites systemic members based on specific topics, including elected officials, individuals affected by drug-related harm, Voluntary Action Harrow, Young Harrow Foundation, Mind, HASVO, and Community Connex.

5.1.2. Progress to Date

Since its establishment, the CDP has held three meetings, bringing together a diverse group of partners from the local authority, community, and healthcare sectors. These meetings have provided a platform for different organizations to present their work and seek support from other partners. This collaborative approach has increased awareness within the partnership of the current landscape and available services.

- Criminal Justice Collaboration:** The Metropolitan Police have been sharing updates on their activities with the CDP. A continuity of care audit was conducted, leading to the development of an action plan with Wormwood Scrubs prison, probation services, and substance misuse providers. This plan has helped the team focus on strategic priorities and methods for achieving them. Additionally, substance misuse providers from Harrow, Brent, and Barnet now cover Willesden Magistrates' Court, ensuring more comprehensive support for individuals in the criminal justice system. VIA has also recruited two Criminal Justice Outreach posts to continue providing support at the court.
- Community Services Joint Working:** VIA and Compass have enhanced their collaboration by delivering joint training to other professionals. They have co-located their management teams at Compass Elevation's office, fostering more opportunities to discuss cases and explore different avenues for joint support. VIA has also placed staff in A&E departments to facilitate referral pathways to community substance misuse services. Moreover, data analysis has been conducted to understand substance misuse treatment access in South Asian communities, highlighting the need to address stigma and increase outreach efforts to encourage service uptake. VIA and Compass will participate in an upcoming GP forum to promote their services, encourage referrals, and explore opportunities to use GP clinics as part of a hub-and-spoke model. This model aims to improve engagement from residents who may not feel comfortable accessing traditional substance misuse services. VIA has developed a core treatment pathway and an online therapy pathway (Breaking Free Online) to help individuals understand and access services more easily. Collaboration between commissioners from Harrow, Brent, and Barnet and probation services has facilitated joint efforts among substance misuse providers to provide daily coverage for Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR) assessments at Willesden Magistrates' Court.
- Leadership and Accountability:** The CDP has established specific leadership roles to ensure the effective delivery of the drugs and alcohol strategy. Carole Furlong serves as the Senior Responsible Officer (SRO), with Matt Cray as the Deputy SRO. Oasis Azeez-Harris and Seb Baugh have taken on partnership lead roles, and David Harrington has been appointed as the Data and Digital Lead. A Public Involvement Lead has also been identified to ensure that the partnership remains responsive to the needs of the community. These designated roles help distribute responsibilities and ensure the sustainability of the CDP's efforts.
- Collaboration with Mental Health Services:** Compass has been actively participating in Child and Adolescent Mental Health Services (CAMHS) interface meetings, working collaboratively on cases involving both substance misuse and mental health needs. A subgroup of the CDP is being developed to focus on children and youth provisions across the partnership. This subgroup will work to improve referral pathways and joint working across the system, leading to better outcomes for young people. Compass is also working with the Metropolitan Police in hotspot areas to ensure that young people identified as misusing substances are offered support and made aware of available services. Furthermore, Compass is building links with primary care to raise awareness of their services and support any training needs for primary care staff related to substance misuse support for young people. Compass has been promoting the "Hidden Harm" program, which supports individuals aged 5-24 who have been impacted by someone else's substance misuse. Another subgroup of the CDP has been developed to improve pathways into treatment and recovery services from various sources, including prisons, social care, hospitals, mental health services, and housing.
- Integrated Working:** VIA has co-located some of their managerial roles with Compass, improving joint working, especially for the transition age group of 18-24. VIA also has a dedicated role at Northwick Park Hospital to enhance engagement and referrals into treatment. Additionally, VIA is working with GPs to improve Shared Care arrangements and strengthen joint working.

5.1.3. Challenges for CDP

The CDP has faced several challenges, including:

- **Governance:** There is a risk that the partnership may perceive the responsibility for priorities as lying solely with public health, as the Senior Responsible Officer (SRO) is from the public health sector. Only a system-wide approach can drive meaningful change. It is crucial to nominate leads for different areas of the partnership, such as data, lived experience, and public involvement, to distribute responsibility effectively.
- **Reporting Framework:** There is a need for a set of supporting metrics that complement the existing framework to monitor progress towards real-world outcomes.
- **Duplication of Information:** Efforts are being made to streamline processes to avoid duplication of information and data.
- **Outcomes Framework:** Ensuring that the outcomes framework captures measurable, specific, and timely outcomes is essential.

5.1.4. Next Steps for CDP

Looking ahead, the CDP will focus on several key areas:

- **System-Wide Integration:** Efforts will continue to integrate primary care with substance misuse services, ensuring that all parts of the system work together effectively.
- **Outcomes Framework Development:** The CDP is currently developing an outcomes framework to monitor the impact of actions from the CDP delivery plan.
- **Subgroup Development:** Subgroups based on the third priority of treatment and recovery has been developed, with terms of reference and governance structures established. These sub-groups will report back to the main group on progress and share learning.
- **Partner Presentations:** The CDP will continue to use its meetings as a platform for partners to present their work and raise awareness of their services and share their ask from the partnership.

Overall, the Combating Drugs Partnership is making significant strides in addressing substance misuse and ensuring the well-being of Harrow's residents. Through collaboration with key partners like VIA and Compass Elevation, the CDP is working to create a safer, healthier community, with a strong focus on meeting the needs of all residents.

6. Supplementary Substance Misuse Treatment and Recovery (SSMTR) Grant

6.1. Background for SSMTR Grant

The SSMTR grant from the Department of Health and Social Care (DHSC) has significantly supplemented the delivery of services provided by both VIA and Compass Elevation. These funds have had a meaningful impact on enhancing the support available to residents struggling with substance misuse, enabling these services to expand their reach and improve outcomes.

Local councils, including upper-tier and unitary authorities, are responsible for commissioning drug and alcohol treatment and recovery services as part of their public health duties. In alignment with the government's 2021 drug strategy, the DHSC committed to providing additional grants to

bolster these services. Beginning in 2021, the DHSC advised that to receive grant funding, local authorities must prioritise improving the uptake and outcomes of drug and alcohol misuse treatment services. This requirement was based on a thorough assessment of local needs and a plan developed with input from local health and criminal justice partners. Furthermore, local areas were required to maintain their existing investment in drug and alcohol treatment services beyond 2022/23. The Office of Health Improvement and Disparities (OHID) was tasked with monitoring local areas, including the annual publication of key national and local indicators from 2022/23 onwards to track progress.

The DHSC invested £533 million over three years to revitalize substance misuse treatment services commissioned by local authorities in England. This funding was in addition to the ongoing annual public health grant expenditure of £670 million in 2019/20, which local authorities are expected to continue investing in drug and alcohol services.

To ensure the effective use of this funding, several measures were implemented. These included enhancing the safety and effectiveness of treatment programs, such as naloxone distribution, needle exchange programs, talking therapies, and medications like long-acting buprenorphine. A quality standard was established to increase transparency and accountability, and efforts were made to ensure adequate inpatient detox and rehabilitation services across the country. Support was provided to local authorities needing improvement, and targeted assistance was offered to neglected groups and individuals with protected characteristics.

The impact of this grant has been profound, enabling services to better support residents facing substance misuse challenges. As the funding has proven invaluable in improving outcomes and expanding access to treatment, continued investment in these services is crucial to sustaining and building on these successes in the years ahead.

[From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Below is an outline of the indicative 3 year planned investment for the London borough of Harrow:

Source	Baseline 2020-21 (actual)	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
Adult substance misuse spend categories ¹	£ 1,672,000	£ 1,673,931	£ 1,689,181	£ 1,691,632
Specialist drug and alcohol misuse services for children and young people ²	£ 251,000	£ 251,000	£ 251,000	£ 251,000

Additional local investment that contributes substantially to substance misuse treatment and recovery outcomes ³	£ -	£ 38,504	£ 103,521	£ 32,833
Supplemental substance misuse treatment and recovery grant		£ 229,290	£ 233,810	£ 270,060
Inpatient detoxification grant		£ 18,428	£ 18,428	£ 18,428
Total		£ 2,211,153	£ 2,295,940	£ 2,263,953

The budget figures for 2022/23 and 2023/24 have been adjusted to reflect the actual budgets, aligning closely with the figures submitted for the 2023/24 investment plan. The 2024/25 budget figures for both Children and Young People (CYP) and Adults have also been updated to reflect the revised budget. Additionally, the local investment for 2023/24 exceeded the planned amount. Specifically, Harrow allocated £60,000 to VIA to assist with relocating to new premises through Section 106 monies, £20,000 to COMPASS to support harm reduction and engagement activities for CYP, £20,520 (equating to £49,250 for a full year) for a harm reduction role focused on children aged 5 to 11 years old, and £3,000 to support the development of a combating drugs partnership needs assessment.

2023/24 operational plan and 2024/25 projected plan:

2023/24 Substance misuse supplementary grant spend		2024/25 Projected substance misuse supplementary grant spend	
Details of staff and consumables / other activity to be funded	Amount	Details of staff and consumables / other activity to be funded	Amount
Harrow PH commissioning support role 0.5fte	£20,560.00	Harrow PH commissioning support role _ 0.5fte - existing post	£26,940.00
1 x FTE Snr Harm Reduction Project Worker	£52,705.80	Continuation of 1 x FTE Snr Harm Reduction Project Worker	£55,868.16

x1 FTE Engagement Worker and resources (Children & young people)	£49,108.00		FTE Engagement Worker and resources (existing post)	£49,108.00
Continuation of 1 x FTE Criminal Justice Senior Practitioner	£52,705.80		Continuation of 1 x FTE Criminal Justice Senior Practitioner	£55,868.16
FTE 1.5 Adult at Risk Outreach Worker (continuation of existing funded roles (part funded by Harrow Public Health grant))	£49,089.64		FTE 1 Adult at Risk Outreach Worker (continuation of existing funded role)	£46,270.08
Funding to support core Public Health funded residential detox/rehab.	£9,600.00		1 FTE Recovery Practitioner - dedicated Assessor.	£34,270.00
Grand total	£233,769.24		Total	£268,324.40

Allocation:

In 2023/24, Harrow received £233,810 from the Department of Health and Social Care (DHSC), which was primarily used to fund frontline staff in Compass Elevation (Children and Young People Substance Misuse services) and VIA (Adults Substance Misuse services). A portion of the funding was also allocated to enhance public health commissioning capacity. Harrow collaborated closely with service providers to identify the needs of residents and determine how the grant funding could best be used to improve outcomes.

For 2024/25, Harrow has been allocated £270,060 and has been directed to develop substance misuse support interventions in partnership with local providers, ensuring these interventions are tailored to local needs. It is important to note that much of the 2023/24 funding was used to cover staffing costs, and these roles will continue to be supported in the upcoming year.

6.1.1 SSMTR Grant Ambitions

A measure to monitor the impact of the grant is the capacity, continuity of care and residential rehabilitation targets.

- Capacity includes the number of adults “in structured treatment, including opiates, non-opiates (combined non-opiate only and non-opiates and alcohol), alcohol and young people “in treatment”.
- Continuity of care includes local planning (%) for individuals with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison.
- Residential rehabilitation included local planning (number) for individuals being placed into detox/rehabilitation

Table 10 Baseline Set from 2022 and the Ambitions for the end of Year 3, 2024/25

Please review your current performance and projections for **numbers in treatment** - if you make any changes, please **adjust in the yellow cells** and **provide a brief description of how you have arrived at the new trajectories in the purple text box**.

Capacity	Baseline (March 2022)	Latest performance	Change from Baseline	End of year 3 ambition 2024/25
All adults "in structured treatment"	750	659	0	803
Opiates	277	278		309
Non opiates (combined non-opiate only and non-opiates and alcohol)	215	157		220
Alcohol	258	224		274
Young people "in treatment"	30	10		45

Please review your current performance and projections for **continuity of care** - if you make any changes, please **adjust in the yellow cells** and **provide a rationale in the purple text box**.

Continuity of care	Baseline (March 2022)	Latest performance	Change from Baseline	End of year 3 ambition 2024/25
Local planning (%)	10%	13%		44%

Please review your projections for the number of people to attend **residential rehabilitation** - if you make any changes, please **adjust in the yellow cells** and **provide a rationale in the purple text box**.

Residential rehabilitation	Baseline (March 2022)	Latest performance	Change from Baseline	Year 3 ambition 2024/25
Local planning (number)	8	7		10

6.1.2 Impact of SSMTR Grant

2022-23:

- The investment in Young People (YP) services significantly improved visibility in schools and the community, leading to increased treatment referrals. The continuation of key roles from 2021-22 helped maintain high performance in care continuity, prison pathways, and partnerships with probation services, as well as supporting the number of people in treatment and residential rehab placements.
- The introduction of a recovery support worker on a 12-month contract expanded treatment and harm reduction capacity. Additionally, the presence of various specialised roles—such as an adult harm reduction worker, 'at-risk' adults worker, community safety worker, housing and community safety worker, and a senior criminal justice (CJ) practitioner—enhanced the overall quality of services provided.
- Strong pathways were established between key criminal justice, health, and mental health services. Harm reduction initiatives, including blood-borne virus (BBV) testing and vaccination, were performed at a high level. The YP services were also able to recruit an outreach, engagement, and participation worker to support schools, train teachers, and aid children transitioning from primary to secondary school, a critical area of vulnerability where there was previously no provision.
- The worker's remit included schools, colleges, youth justice services, youth clubs, and other community organizations, with a focus on increasing visibility and treatment referrals. Funding from 2021-22 allowed Harrow to recruit a hidden harm reduction worker, who played a key role in BBV interventions and enabled naloxone distribution and training for service users, families, and professionals across the borough.
- The harm reduction post also strengthened existing pathways to smoking cessation and respiratory health clinics. VIA increased the use of needle exchange programs through promotion and signposting. Moreover, the sub-contracted Local Empowerment Recovery Organization (LERO),

BOB, provided recovery-focused social networking for those struggling with or recovering from substance misuse.

2023-24:

- During 2023-24, VIA and Compass Elevation underwent rebranding and promotion, co-location efforts, and the establishment of satellite provisions. Tailored training packages were developed for organizations based on their needs. An engagement and participation worker played a crucial role in educating stakeholders on how and when to make referrals for treatment, helping to increase treatment numbers.
- The senior CJ practitioner improved continuity of care for individuals transitioning from key feeder prisons, working closely with OHID, the service data lead, and Prison Liaison Workers (PLWs). This role also developed regular satellite sessions at probation offices and established reciprocal arrangements with neighbouring boroughs to cover courts and probation services.
- Year 2 continued to focus on continuity of care pathways, re-establishing connections with police custody suites, and supporting individuals under the Drug Testing on Arrest (DTOA) schemes. This effort not only increased treatment access but also raised awareness of drug and alcohol issues within the local police force.
- Harrow invested in the running costs of the Pan London Inpatient Detox (IPD) facility at Guys & St Thomas' Hospital, along with granting £20,000 for residential rehab/detox. The re-profiling of the 1.5 Adult at Risk practitioners supported VIA's T4 assessment process, increasing capacity for ongoing treatment and care while meeting T4 referral needs.
- All recruited roles enhanced the treatment system by improving access and freeing up capacity for core contracted staff, thereby raising the overall quality of care. Funding from Year 1 SSMTR grant was used to purchase new furniture for the new treatment premises in Harrow, improving service user experience.
- The engagement and participation worker supported universal prevention across substance misuse, delivering PSHE in schools and youth clubs, facilitating information assemblies, and engaging with service users and young people. This role also supported digital engagement through social media platforms like Twitter and Instagram and provided training for school staff.
- A trainee practitioner recruited during Year 1 of the SSMTR grant continued to advance workforce development in Harrow, offering additional entry-level recruitment opportunities and building resilience in the face of recruitment challenges.
- VIA continued subcontracting BOB to deliver recovery interventions and the Safe Saturday and Sunday project for Harrow Recovery Service. Year 1 SSMTR grant funding for a garden project at the new treatment premises allowed BOB and WDP to collaborate with service users in creating a co-produced garden space, offering additional recovery-focused interventions.

Plans for 2024-25:

- In 2024-25, the engagement worker will continue educating stakeholders on making referrals, supporting the plan to increase treatment numbers. Compass will expand the use of QR codes and online referrals to facilitate partnership referrals and provide direct access drop-in services across Harrow, empowering CYP to self-refer.
- Year 3 funding will further develop and increase treatment capacity, except for the 0.5 outreach role, which will be re-profiled into a full-time recovery practitioner role focused on assessments. Harrow will continue to invest in the Pan London IPD facility and allocate an additional £20,000 for residential rehab.
- Compass staff will undergo advanced training on substances like cannabis, stimulants, depressants, vapes, nitrous oxide, and trending drugs to support best practices and maintain Harrow's leading service provision. Hidden harm efforts will be enhanced, particularly in collaboration with Early Help and Support services.
- New funding in 2024/25 will contribute to a recovery practitioner role at VIA, increasing assessment capacity and allowing for more targeted assessments for high-risk service users. This will enable the

core team to develop specializations, including re-establishing a women's group that will be gender-specific and trauma-informed.

- Compass will develop targeted group work for underserved community cohorts, including homeschoolers, NEET young people, and children affected by parental substance misuse, mental health issues, and domestic violence. This will build on connections established in previous years.
- VIA will continue subcontracting BOB for recovery interventions and the Safe Saturday and Sunday project. Year 3 SSMTR grant funding will support the garden project, encouraging service user involvement and introducing additional co-produced projects like photography and art at the new premises.

6.1.3. Key Priorities for Reaching Ambitions

Harrow's key priorities to increase numbers in treatment, especially for opiate and crack users, include:

1. Expanding the Referral and Assessment Pathway to increase service user contact at high attrition points and develop brief intervention (BI) strategies.
2. Enhancing community engagement, particularly with GP surgeries and primary care clinics, to reach individuals who might not otherwise access community drug and alcohol services.
3. Strengthening outreach partnerships, with a focus on women's networks, sexual health services, and community safety teams.
4. Raising service awareness among professionals, starting with local authority departments, and extending to other statutory services.
5. Maintaining a strong presence in the Combatting Drugs Partnership to ensure robust interaction and collaboration.
6. Improving the criminal justice pathway by enhancing referral and assessment processes for police custody cases and establishing reciprocal arrangements to ensure consistent court coverage. Collaboration with probation services and continuity of care meetings with key feeder prisons will continue to be a priority.

7. Provider Selection Regime (PSR)

7.1. Background for PSR

The Health and Care Act 2022 introduced a new procurement framework for selecting providers of healthcare services in England, known as the Provider Selection Regime (PSR). The PSR aims to:

- Introduce a flexible and proportionate process for selecting healthcare service providers, ensuring decisions are made in the best interest of service users.
- Enable greater integration and collaboration across the healthcare system while maintaining transparency in decision-making.
- Reduce bureaucracy and costs associated with the previous procurement rules.

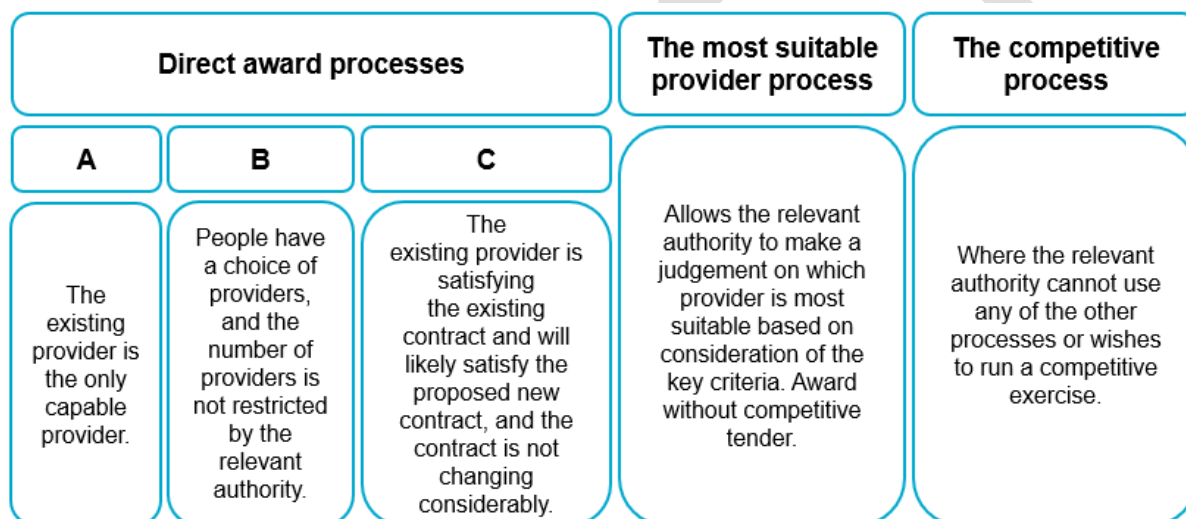
The PSR is set to come into force on January 1, 2024, replacing the Public Contracts Regulations 2015 and the National Health Service (Procurement, Patient Choice, and Competition) Regulations 2013 for healthcare service procurement. It will apply to healthcare services arranged in England, including substance use treatment services arranged by local authorities.

PSR Processes:

Under the PSR, relevant authorities must determine the appropriate provider selection process for the healthcare services they are arranging. The available processes are:

1. **Direct Award Process (A, B, and C):** This allows contracts to be awarded directly to a provider without a competitive process, under specific conditions.
2. **Most Suitable Provider Process:** A process to identify the provider best suited to deliver the required service.
3. **Competitive Process:** A traditional competitive bidding process where multiple providers compete for the contract.

Figure 7 Provider Selection Regime Direct Process Award Example



7.1. Impact of the PSR

Impact of the PSR

The introduction of the PSR will offer Harrow greater flexibility in awarding contracts. Specifically, it will allow for the possibility of awarding contracts without a competitive process when appropriate, ensuring that decisions prioritize the best interest of service users. However, with this flexibility comes the need for robust checks and balances to ensure compliance with the PSR and proper use of its provisions.

Key requirements under the PSR include:

- **Transparency:** Notices must be published when contracts are awarded and, in some cases, before awards are made.
- **Documentation:** Relevant authorities must keep detailed records of their decisions and decision-making processes, which may need to be shared with providers.

- **Annual Reporting:** An annual summary must be published, detailing the number of contracts awarded using the various PSR processes.

The PSR also allows for contract modifications under certain conditions, such as:

- Changes explicitly provided for in the original contract.
- Solely a change in the identity of the provider.
- Modifications in response to external factors beyond the control of the relevant authority and provider, such as changes in patient volume, as long as the contract remains materially the same.

The PSR will enhance accountability by requiring clear criteria and evaluation processes, ensuring providers are held accountable for the effectiveness of their services. This will help ensure that public funds are used efficiently and effectively.

Considerations for VIA and Compass

As Harrow's contracts with VIA and Compass are due for reprocurement in March 2025, it will be important to explore which PSR process will be most appropriate for selecting these providers. This exploration will involve determining whether a direct award, most suitable provider, or competitive process is in the best interest of service users and aligns with Harrow's strategic goals.

Potential Drawbacks

While the PSR offers many advantages, there are potential drawbacks to consider:

- **Short-term Focus:** The PSR may encourage providers to prioritise short-term outcomes to meet contract requirements, possibly neglecting the long-term needs of individuals struggling with substance misuse.
- **Administrative Burden:** The process of selecting providers can be resource-intensive for commissioning bodies, requiring significant time and effort to develop and evaluate bids, potentially diverting resources from other critical tasks.

By carefully considering the appropriate provider selection process and being mindful of these potential challenges, Harrow can effectively navigate the PSR to ensure the best outcomes for its residents.

8. Emerging Needs

The landscape of substance misuse in Harrow is rapidly evolving, presenting new challenges that local services must address proactively. VIA and Compass have highlighted the significant rise in the use of synthetic drugs, particularly among children and young people (CYP), leading to preventable deaths. Additionally, the drug supply chain has shifted, necessitating further investigation to ensure services can adapt effectively.

As Harrow prepares to go into reprocurement for substance misuse services, it is important to consider the potential strain this process may place on resources. Considerations for a direct award contract that includes an agreement for a couple of years might allow services to focus on pressing issues like the changing drug landscape and further embedding services within the community.

Looking ahead, there is a clear need for culturally sensitive and accessible substance misuse services that cater to Harrow's diverse communities, addressing language barriers and cultural stigmas around seeking

help for addiction. Integration of mental health support is also crucial, as substance misuse often co-occurs with mental health issues, requiring a holistic approach to care, particularly for individuals with dual diagnoses. Furthermore, more youth-specific interventions are needed, focusing on early intervention, youth-friendly services, and educational initiatives to prevent substance misuse. Finally, prevention and early intervention strategies should be strengthened through targeted education campaigns, community outreach, and partnerships with schools, youth organizations, and other community stakeholders to effectively address substance misuse in Harrow.

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11. [Rapid substance misuse needs assessment \(harrow.gov.uk\)](#)
12. [Substance misuse service – London Borough of Harrow](#)

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You will need to produce an Equality Impact Assessment (EqIA) if:

- You are developing a new policy, strategy, or service
- You are making changes that will affect front-line services
- You are reducing budgets, which may affect front-line services
- You are changing the way services are funded and this may impact the quality of the service and who can access it
- You are making a decision that could have a different impact on different groups of people
- You are making staff redundant or changing their roles

Guidance notes on how to complete an EqIA and sign off process are available on the Hub under Equality and Diversity. You must read the [guidance notes](#) and ensure you have followed all stages of the EqIA approval process (outlined in appendix 1). Section 2 of the template requires you to undertake an assessment of the impact of your proposals on groups with protected characteristics. Equalities and borough profile data, as well as other sources of statistical information can be found on the Harrow hub, within the section entitled: [Equality Impact Assessment](#) - sources of statistical information.

Equality Impact Assessment (EqIA)		
Type of Decision:	<input checked="" type="radio"/> Cabinet <input type="radio"/> Portfolio holder <input type="radio"/> Other (state)	
Title of Proposal	Children and Young People (CYP) & Adults substance misuse services commissioning intentions post 31st March 2025	Date EqIA created 11.10.23
Name and job title of completing/lead Officer	Oasis Azeez-Harris / Seb Baugh	
Directorate/ Service responsible	Adults and Public health	
Organisational approval		
EqIA approved by	Name: Jennifer Rock Partnerships and Inclusions Officer Partnerships, Policy and Cohesion	Signature <input checked="" type="checkbox"/> Tick this box to indicate that you have approved this EqIA 17.10.24

1. Summary of proposal, impact on groups with protected characteristics and mitigating actions

(to be completed **after** you have completed sections 2 - 5)

a) What is your proposal?

The proposal sets out and seeks approval to direct award contracts for the provision of Substance Misuse Services for Children and Young People (CYP) and adults in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR).

b) Summarise the impact of your proposal on groups with protected characteristics

The proposal has either a positive impact or no impact on groups with protected characteristics.

b) Summarise any potential negative impact(s) identified and mitigating actions

The EQIA has not identified any negative impacts on groups with protected characteristics. However, we are aware that more could be done to better understand the needs of different groups with protected characteristics. The new specification will encourage the providers to consider how both services provide support to residents who experience barriers to accessing the services (e.g. online offer, in reach into communities / faith institutions), as well as provide commissioners with detailed performance data regarding protected characteristics.

2. Assessing impact													
You are required to undertake a detailed analysis of the impact of your proposals on groups with protected characteristics. You should refer to borough profile data , equalities data , service user information, consultation responses and any other relevant data/evidence to help you assess and explain what impact (if any) your proposal(s) will have on each group. Where there are gaps in data, you should state this in the boxes below and what action (if any), you will take to address this in the future.		What does the evidence tell you about the impact your proposal may have on groups with protected characteristics? Click the relevant box to indicate whether your proposal will have a positive impact, negative (minor, major), or no impact											
Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact								
			Minor	Major									
Age	<p>There has been an increase of 19.4% in people aged 65 years and over, an increase of 7.8% in people aged 15 to 64 years, and an increase of 7.5% in children aged under 15 years.</p> <table border="1"> <thead> <tr> <th colspan="2">Age Groups (C 2021)</th> </tr> </thead> <tbody> <tr> <td>0-17 years</td> <td>58,</td> </tr> <tr> <td>18-64 years</td> <td>162,</td> </tr> <tr> <td>65+ years</td> <td>40,</td> </tr> </tbody> </table> <p>Between the last two censuses, the average (median) age of Harrow increased by two years, from 36 to 38 years of age. This area had a higher average (median) age than London as a whole in 2021 (35 years) but a lower average (median) age than</p>	Age Groups (C 2021)		0-17 years	58,	18-64 years	162,	65+ years	40,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Age Groups (C 2021)												
0-17 years	58,												
18-64 years	162,												
65+ years	40,												

	<p>England (40 years). The median age is the age of the person in the middle of the group, meaning that one half of the group is younger than that person and the other half is older.</p> <p>The number of people aged 35 to 49 years rose by just under 8,000 (an increase of 15.9%), while the number of residents between 20 and 24 years fell by just under 950 (5.8% decrease).</p> <p><u>Impact</u></p> <ul style="list-style-type: none"> • The reprocurement of substance misuse services covers both children & young people (CYP) and Adults services. • The CYP service provides support to service users agreed 5-24. • The adults services provides direct support to adults 18+ and referral / safeguarding support to children for all age groups. • All services are involved in the safeguarding for all ages, children and adults • Services are working closely with social care providers to ensure that the ageing population are receiving the appropriate support. • The workforce for both services is varied in age which supports understanding the perspective of different service users 				
Disability	<p>In 2021, 5.9% of Harrow residents were identified as being disabled and limited a lot. This figure decreased from 8.2% in 2011. These are age-standardised proportions.</p> <p>In 2021, 7.3% of Harrow residents were identified as being disabled and limited a little. This makes for 13.2% of Harrow residents being disabled, a decrease from 17.5% in 2011.</p> <p>Census 2021 was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived their health status and activity limitations, and therefore may have affected how people chose to respond.</p> <p><u>Impact</u></p>	☒	☐	☐	☐

	<ul style="list-style-type: none"> - There are a range of options available for residents to access support, meaning that people with a range of disabilities can access the service. - The main clinic room location for both services are accessible for people with mobility issues, e.g. ramp and lift - Virtua / telephone support is available for service users - Both services actively support services users who have been identified as neurodiverse. - The adults provider are working in collaboration with the centre for ADHD and Autism 				
<p>Gender reassignment</p>	<ul style="list-style-type: none"> - 90.12% of Harrow residents described themselves as having the same gender identity as sex registered at birth (<i>188,901 respondents</i>) - 0.53% of Harrow residents described themselves as having a gender identity which differs to the sex registered at birth, but gave no specific identity (<i>1,108 respondents</i>) - 0.15% of Harrow residents described themselves as a Trans woman (<i>318 respondents</i>) - 0.16 of Harrow residents described themselves as a trans man (<i>342 respondents</i>) - 0.03% of Harrow residents described themselves as non binary (<i>57 respondents</i>) - 0.03% of Harrow residents described themselves as 'All other gender identities' (<i>59 respondents</i>) -8.98% of Harrow residents did not respond (<i>18,832 respondents</i>) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p><u>Impact</u></p> <ul style="list-style-type: none"> - This is an open access service - This an area that the commissioner and provide will work on to improve over the duration of the new contracts to better identify individuals and enable tailored support 				
<p>Marriage and Civil Partnership</p>	<p>The increase in the percentage of people aged 16 years and over who had never been married or in a civil partnership was greater across England (3.3 percentage points) than in Harrow (1.0 percentage points). In Harrow, the percentage of adults who had never been married or in a civil partnership increased from 32.3% in 2011 to 33.2% in 2021. During the same period, the percentage across England increased from 34.6% to 37.9%. The percentage of adults who were married or in a civil partnership in Harrow increased from 53.8% to 53.9%, while the percentage of adults who had divorced or dissolved a civil partnership increased from 5.4% to 5.7%. These figures include same-sex marriages and opposite-sex civil partnerships in 2021, neither of which were legally recognised in England and Wales in 2011. Same-sex marriages have been legally recognised in England and Wales since 2014 and opposite-sex civil partnerships have been recognised since 2019.</p> <p>The percentage of adults who had never married or registered a civil partnership in Harrow increased by 1.0 percentage points</p> <p><u>Impact</u></p> <ul style="list-style-type: none"> - This is an open access service - This an area that the commissioner and provider will work on to improve over the duration of the new contracts to better identify individuals and enable tailored support 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	- The services work to support both partners and their families to ensure they deliver a holistic approach				
Pregnancy and Maternity	<p>ONS births figures show Harrow as having 3,312 live births in 2021. 14 live births per 1000 population is higher than the England & Wales average of 10.8</p> <p>-The borough has a higher-than-average infant mortality rate in London, at a rate of 3.9 deaths per 1000 live births, which is an indicator of poverty and inequality in the borough.</p> <p><u>Impact</u></p> <ul style="list-style-type: none"> • This is an open access service • The service is flexible and experienced in dealing with clients with complex issues, especially in the case of this protected characteristic. • Namely, the service provides holistic and multidisciplinary support for services users who are pregnant or give birth during their treatment journey. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race/ Ethnicity	<p>In 2021, 7.2% of Harrow residents identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group"), up from 2.9% in 2011. The 4.3 percentage-point change was the largest increase among high-level ethnic groups in this area.</p> <p>Across London, the percentage of people from the "Other ethnic groups" ("Arab" or "Any other ethnic group") increased from 3.4% to 6.3%, while across England the percentage increased from 1.0% to 2.2%.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

In 2021, 45.2% of people in Harrow identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 42.6% in 2011), while 36.5% identified their ethnic group within the "White" category (compared with 42.2% the previous decade).

The percentage of people who identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category decreased from 8.2% in 2011 to 7.3% in 2021.

There are many factors that may be contributing to the changing ethnic composition of England and Wales, such as differing patterns of ageing, fertility, mortality, and migration. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.

The race/ethnicity statistics from the 2021 Census for Harrow for those who responded to the question was as follows:

Asian, Asian British or Asian Welsh	118,152 (45.2%)
Black, Black British, Black Welsh, Caribbean or African	19,151 (7.3%)
Mixed or multiple ethnic groups	9,833 (3.8%)
White	95,233 (36.5%)
Other ethnic groups	18,836 (7.2%)

Impact

- Both services have diverse teams which represent the diversity of Harrow Borough, which supports understanding the perspective of different service users
- Both services report on service user demographics including ethnicity
- Both services are open access. Despite this, we are aware that there are certain ethnicities that do not access the service. A recent analysis demonstrated South Asian communities were underrepresented within the service
- To mitigate this, the new specification for the services, from March 2025 onwards, will be focussed on active community outreach and in-reach to address this.

Religion or belief	Christian	88,602 (33.9%)				
	Buddhist	2,812 (1.1%)				
	Hindu	67,392 (25.8%)				
	Jewish	7,304 (2.8%)				
	Muslim	41,503 (15.9%)				
	Sikh	2,743 (1.1%)				
	Other religion	7,695 (2.9%)				
	No religion	27,748 (10.6%)				
	Not answered	15,404 (5.9%)				
	<p>In 2021, 15.9% of Harrow residents described themselves as Muslim, up from 12.5% in 2011. The rise of 3.4 percentage points was the largest increase of all broad religious groups in Harrow. Because the census question about religious affiliation is voluntary and has varying response rates, caution is needed when comparing figures between different areas or between censuses.</p> <p>Across London, the percentage of residents who described themselves as Muslim increased from 12.6% to 15.0%, while across England the percentage increased from 5.0% to 6.7%.</p> <p>In 2021, 33.9% of people in Harrow described themselves as Christian (down from 37.3%), while 25.8% described themselves as Hindu (up from 25.3% the decade before).</p> <p>There are many factors that can cause changes to the religious profile of an area, such as a changing age structure or residents relocating for work or education. Changes may also be caused by differences in the way individuals chose to self-identify between censuses. Religious affiliation is the religion with which someone connects or identifies, rather than their beliefs or</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<p>religious practice.</p> <p>In 2021, 15.9% of usual residents in Harrow described themselves as Muslim</p> <p><u>Impact</u></p> <ul style="list-style-type: none"> • Both services have diverse teams which represent the diversity of Harrow Borough, which supports understanding the perspective of different service users • Both services report on service user demographics including religion • Both services are open access. • To mitigate this, the new specification for the services, from March 2025 onwards, will be focussed on active community outreach and in-reach to address this, through engagement with faith institutions • A further mitigation to better understand the impact is to analyse the access to services by religion 				
Sex	<p>According to the 2021 Census 50.7% of Harrow's population was female and 49.3% were male.</p> <p><u>Impact</u></p> <ul style="list-style-type: none"> • The service provides support to both users of substances and their partners who may be supporting the user. • Access to the service for users of substances is representative of the substance misuse profile nationally. E.g. more males access the service. However, more females access the services of support 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<p>The 2021 Census shows that 4.27 % of Londoners identify as LGBTQIA+, the highest of any UK region¹. 1.65% of Harrow residents identify as LGBTQIA+, this is approx. 4k people². This is reflected in more detail in the table below</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

¹ Source: 2021 Census

² Source: 2021 Census

	Straight or Heterosexual	182,702 (87.2%)				
	Gay or Lesbian	1,361 (0.6%)				
	Bisexual	1,873 (0.9%)				
	Pansexual	787 (0.4%)				
	Asexual	59 (0.0%)				
	Queer	22 (0.0%)				
	All other sexual orientations	137 (0.1%)				
	Not answered	22,680 (10.8%)				
<p><u>Impact</u></p> <ul style="list-style-type: none"> - This is an open access service; therefore we don't believe this has an impact for this protected characteristic. - However, this an area that the commissioner and provider will work on to improve understanding through the reporting from the provider. 						
<p>2.1 Cumulative impact – considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on groups with protected characteristics?</p> <p><input type="checkbox"/> Yes No <input checked="" type="checkbox"/></p>						
<p>If you clicked the Yes box, which groups with protected characteristics could be affected and what is the potential impact? Include details in the space below</p>						
<p>2.2 Any other impact - considering what else is happening nationally/locally (national/local/regional policies, socio-economic factors etc), could your proposals have an impact on individuals/service users, or other groups?</p> <p><input checked="" type="checkbox"/> Yes No <input type="checkbox"/></p>						

If you clicked the Yes box, Include details in the space below

A national drug strategy was published in 2021. This strategy has three main priorities

- Break drug supply chain
- Have a world class treatment and recovery system
- Generational shift in the use of drugs and substances

Resources have been devolved to local authorities to support the delivery of this new strategy. These resources enable improving the numbers into treatment and improving pathways into support, therefore having a positive impact on individuals and communities

3. Actions to mitigate/remove negative impact

Only complete this section if your assessment (in section 2) suggests that your proposals may have a negative impact on groups with protected characteristics. If you have not identified any negative impacts, please complete sections 4 and 5.

In the table below, please state what these potential negative impact (s) are, mitigating actions and steps taken to ensure that these measures will address and remove any negative impacts identified and by when. Please also state how you will monitor the impact of your proposal once implemented.

State what the negative impact(s) are for each group, identified in section 2. In addition, you should also consider, and state potential risks associated with your proposal.	Measures to mitigate negative impact (provide details, including details of and additional consultation undertaken/to be carried out in the future). If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.	What action (s) will you take to assess whether these measures have addressed and removed any negative impacts identified in your analysis? Please provide details. If you have previously stated that you are unable to identify measures to mitigate impact, please state below.	Deadline date	Lead Officer

4. Public Sector Equality Duty

How does your proposal meet the Public Sector Equality Duty (PSED) to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
2. Advance equality of opportunity between people from different groups
3. Foster good relations between people from different groups

1. Yes. As commissioners we ensure the provider delivers a service that upholds the Equality Act 2010. This is through routine performance / contract reporting to understand:
 - a. Access into the service
 - b. Outcome of service users
 - c. Workforce mandatory training on EDI
2. The staff teams represent the diversity of the borough. Activities delivered within the services are considerate of others within the borough. Both services offer volunteering opportunities for service users that have gone through their services to support recovery, but also encourage inclusion. As the services are open access, we believe that this supports the opportunity to get support from services, however, acknowledge that there are some areas that we need to improve data collection to improve our understanding.
3. Both services are working with different groups of stakeholders across the borough, fostering good relations. This includes statutory services, the voluntary sector and communities. The new specification will encourage the providers to consider how both services provide support to residents who experience barriers to accessing the services (e.g. online offer, in reach into communities / faith institutions)

5. Outcome of the Equality Impact Assessment (EqIA) click the box that applies

Outcome 1

No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed

Outcome 2

Adjustments to remove/mitigate negative impacts identified by the assessment, or to better advance equality, as stated in section 3&4

Outcome 3

This EqIA has identified discrimination and/ or missed opportunities to advance equality and/or foster good relations. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below.

Include details here

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