

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 2 July 2015

Subject: **INFORMATION REPORT –
Substance misuse strategy**

Responsible Officer: Sarah Crouch

Exempt: No

Wards affected: All

Enclosures: Harrow substance misuse strategy
2015-20

Section 1 – Summary

Harrow Council has a responsibility to provide substance misuse services and has just recommissioned the contracts for adults and young people for 2.5 years from 1st October 2015 - to 31st March 2018 with an option to extend for a further period of up to 2 years.

Action to address the use of drugs and alcohol must be broader than just service provision however. The accompanying strategy outlines what we can do to prevent substance misuse, how we can protect families and the wider community from harm and how to identify those who need treatment early and support them to recover from dependence and lead fulfilling and healthy lives.

FOR INFORMATION

Section 2 – Report

2.1 Substance misuse is an important public health issue not just because it causes harm to the individual's health but is associated with indirect harm to families and the wider community. It limits individual potential as well as compromising economic development. Drug and alcohol treatment is cost effective – for every £1 invested in specialist alcohol treatment £5 is saved on health, welfare and crime costs¹ and for every £1 spent on drug treatment saves £2.50 in costs to society². Substance misuse can have a major impact on young people's education, their health, their families and their long term chances in life. Every £1 spent on young people's drug and alcohol interventions brings a benefit of £5-£8³. Action on substance misuse also reduces harm to individuals, families and communities.

2.2 In Harrow we have traditionally had good outcomes and yet one of the lowest spend per head of population on substance misuse treatment compared to other similar boroughs⁴.

2.3 Substance misuse services have now been recommissioned⁵. The successful providers are Westminster Drug Partnership (WDP) in partnership with Central North West London NHS Trust (CNWL) for the adult service and Compass for the young people service. The new contract will commence on 1st October 2015 however, much work will be undertaken between now and then to ensure a smooth transition from the current to new service.

2.4 The recent re-procurement of substance misuse services has resulted in further efficiencies of £468k over the extended period of the contract due to redesigned pathways and streamlined contract management.

2.5 This strategy sets out how over the next 5 years we will:

2.5.1 Prevent harmful use of substances by influencing supply and demand
Prevention measures are aimed at the whole population of Harrow. They aim to prevent the escalation of substance use and harm and stop people becoming drug or alcohol dependent. They aim to make lower risk drinking the norm and an easy choice to make and promote drug free lives. It is important to say that although we need to get health promoting messages out to the public, especially those deemed to be at high risk of substance misuse, we also need to act on issues like poverty, employment and housing and create an environment which promotes health and wellbeing and discourages

¹ Public Health England Return on Investment from Public Health Interventions
<http://www.local.gov.uk/documents/10180/5854661/Making+the+case+for+public+health+interventions/b6e8317e-dd06-492b-a9a3-c7da23edbe43>

² Public Health England Alcohol and drugs prevention, treatment and recovery: why invest
<http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf>

³ Public Health England Alcohol and drugs prevention, treatment and recovery: why invest
<http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf>

⁴ Public Health England spend and outcome tool
<http://www.yhpho.org.uk/LASPOT/pdfs/E09000015%20Harrow%20SPOT%202014%20Full%20Briefing.pdf>

⁵ This result is subject to a standstill period of 10 days. It is unlikely that the outcome would change but it is not final until the standstill period expires.

substance misuse. Joint work with Licensing, Trading Standards and local retailers to reduce supply of cheap alcohol are examples of important actions over the next five years. Without such decisive steps, it is likely that the need for treatment will grow in the future.

2.5.2 Protect others from indirect harm caused by substance misuse

Protection is about reducing the indirect harm caused to families, communities and society linked to substance misuse. It entails linking up strategic action on domestic violence, Troubled Families, Community Safety and safeguarding.

2.5.3 Promote sustained recovery from dependence by intervening early and offering comprehensive services which rebuild lives

A much smaller number of Harrow's residents need specialist treatment and support to recover from dependence on substances. Early intervention is paramount which requires pathways which link the entire health and social care system to ensure wherever risk behaviour is noted, be it by a hospital doctor, a social worker or youth offending worker, the staff are knowledgeable and confident about making referrals to their local treatment and support services. Treatment must focus on offering a package of support – including prescribing, housing and employment support as well as peer support - to ensure individuals do not default to substance misuse and instead can continue to rebuild and progress their lives, making a positive difference for themselves, their families and the wider community.

Section 3 – Further Information

3.1 Partnership is the key to successful implementation of this strategy. Work has started already on a range of these proposed actions led by Public Health.

3.2 A strategy implementation group comprising representatives from all stakeholder organisations and with user involvement is proposed. This group will meet quarterly tasked with developing a detailed annual implementation plan and monitoring outcomes. An initial stakeholder engagement meeting will be planned to announce and introduce the new substance misuse service providers. This will help to plan for the successful transition of services and to facilitate broader consultation on the contents of this substance misuse strategy.

Section 4 – Financial Implications

4.1 The annual Public Health ring-fenced grant allocation for 2015-16 is £9.146m for Harrow and enables spend on substance misuse services to be funded, currently in the region of £2.5m. Procurement activity has enabled efficiencies of 2.5% year on year to be delivered thanks to redesigned pathways and streamlined contract management. Whilst the ring-fence is maintained, any efficiencies achieved on public health expenditure create capacity and flexibility in the grant. This enables expenditure appropriately incurred across the Council taking action on the wider determinants of health to be charged to the grant. However, this external grant funding cannot be guaranteed in the longer term, requiring commissioning intentions (and

contractual obligations) to be reviewed annually in line with the available financial envelope.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? Yes

5.1 Initial equalities implications assessment carried out on the substance misuse services have indicated that the re-procurement of substance misuse services will not have an adverse effect on any residents. The outcome of this re-commissioning delivers better value for money whilst achieving better outcomes for services users and the whole community.

Summary of findings

5.2 In Harrow there are around 855 problematic opiate and crack users. By 12/13 the proportion of White drug service users decreased from around 70% to around 60%. Black/Black British shows an increasing trend. The new treatment pathway will ensure capacity for ethnic counselling specialists to provide relevant information and appropriate resources.

5.3 Alcohol-related hospital admissions are growing every year and over 50,000 of the Harrow adult population are estimated to be drinking at increasing or higher risk levels - there are 364 Adult alcohol misusers in treatment. During 2013/14 the majority of clients in alcohol treatment in Harrow were White British. Tamil and Eastern European clients are a significant subset of alcohol patients seen at hospital. The new treatment pathway will ensure capacity for ethnic counselling specialists to provide relevant information and appropriate resources to these and other BME groups.

5.4 Alcohol has a high association with Domestic Violence in Harrow and there is a perception that the number of Multi-Agency Risk Assessment Conference (MARAC) cases are increasing where drugs or alcohol are used problematically either by the perpetrator or the victim. Children of parents with alcohol problems have an increased risk of experiencing physical, psychological and behavioural problems. The new treatment pathway will ensure treatment services are safe and attractive to women, particularly more vulnerable women such as those experiencing domestic violence or sexual exploitation.

5.5 No data is systematically collected across the treatment system to identify levels of Lesbian, Gay and Bisexual (LGB) people accessing services or to evaluate outcomes for these groups. A study and project by the Lesbian & Gay Foundation (The LGF) into drug and alcohol use among LGB people in England found significant substance dependency problems in the community. 'Binge drinking' is high across all LGB groups. Available comparable data suggest that LGB people are approximately twice as likely to binge drink at least once a week, compared with the general population, and have a higher likelihood of being substance dependent. The new treatment pathway will ensure capacity for LGB and Transgender service users to provide relevant information and appropriate resources.

5.6 In Harrow a slightly lower proportion of service users starting treatment are unemployed or categorised as long term sick or disabled. Unemployment levels of people in drug treatment do not vary much according to length of time in treatment. For example opiate users in treatment between 12 to 48+ months, unemployment levels vary between 72% -89%, non-opiate users in treatment after 6 months have a rate of 69% unemployed (2013/13 figures). This further underlines the need to increase the focus on recovery, reintegration and building links to education, training and employment resources into the treatment process. The new treatment pathway will also ensure appropriate and effective disability access to services and relevant supportive resources.

5.7 By their very nature clients in the Criminal Justice System (CJS) are some of the most complex clients using services and may have multiple health, social and criminogenic needs. Given the prevalence and associated health and crime issues, it is in the interests of local strategic partners to ensure treatment commissioned by the partnership is effective and good value for money in the long term.

5.7 Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age. Young people with substance misuse problems have a range of vulnerabilities which must be addressed by collaborative work across local health, social care, family services, housing, youth justice, education and employment services. The new treatment pathway will enhance it's joint working with the Children and Families' Service and Children in Need Team.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

6.1 Making a difference for the vulnerable

The health harms associated with substance misuse are concentrated in deprived groups which may reflect a cumulative effect of unhealthy behaviours such as smoking and poor diet as well as reduced access to social and financial support and to treatment and care. Further, unmanageable debt, poor housing, unemployment and social deprivation can lead to or exacerbate substance misuse.

6.2 Making a difference for communities

Almost half of all violent assaults are alcohol related. Alcohol-related crime, disorder and antisocial behaviour is estimated to cost London's Police and Councils £1.2 billion each year. Binge drinking appears to increase the risk of offending and those who "pre-load" at home before going out for further drinking are more likely to be involved in violent crime. Nationally, a fifth of all violent incidents in 2010–11 took place in or around a pub or club. There is

positive relationship between the number of alcohol premises and the associated harms. Heroin and crack addiction is linked to acquisitive crime such as shoplifting and burglary and tackling illegal activity associated with drug use is a drain on local Police resource. The actions outlined in the Strategy state how we will review the availability and price of alcohol and support action to reduce the supply of drugs, particularly where there are links to gang activity.

6.3 Making a difference for local businesses

Alcohol and drug use increases the risk of problems in the workplace such as absenteeism, presenteeism, low productivity, inappropriate behaviour, impaired decision making, errors and accidents. Promoting health in the workplace and in particular, giving information and advice around sensible use of alcohol and signposting to specialist services will be a key part of work undertaken as part of this substance misuse strategy.

6.4 Making a difference for families

Substance misuse is often implicated in domestic violence and marital breakdown. Children of parents with alcohol problems have an increased risk of experiencing physical, psychological and behavioural problems and alcohol is implicated in 16% of road fatalities. Parental substance use is mentioned in more than a quarter of all serious case reviews. The Strategy proposes collaborative work with partners to take action on domestic violence, harm hidden from public view and to identify those vulnerable and intervene at an early stage to protect those indirectly affected by substance misuse and promote recovery in those misusing.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Name: Donna Edwards on behalf of the
Chief Financial Officer

Date: 8 June 2015

Ward Councillors notified: NO

Section 7 - Contact Details and Background Papers

Contact: Sarah Crouch, Consultant in Public Health, 020 8736 6834

Background Papers: None