

Committee(s): City of London Health and Wellbeing Board	Dated: 03 May 2024
Subject: Combating Drugs Partnership and Substance Use Support Update	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	n/a
What is the source of Funding?	Other (please specify) (Public Health Grant)
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Sandra Husbands, Director of Public Health	For Information
Report author: Simon Young <i>Principal Public Health Specialist</i> Andrew Trathen <i>Consultant in Public Health</i>	

Summary

This paper provides an update on current government policy on drugs, our local Combating Drugs Partnership, and progress in substance use support.

Recommendation(s)

Members are asked to note the report.

Main Report

1. Introduction

- 1.1. Since 2021 there has been a significant increased focus on Substance use support nationally.
- 1.2. Following on from [Dame Carole Black's independent review of drugs](https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black)¹ in 2021, the government responded with an increase in funding for Local Authorities to

¹<https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

help support service and system development for people with problematic drug and alcohol use.

- 1.3. Alongside increased funding, Central Government has also released a ten year drug strategy, titled [‘from harm to hope’](#)², outlining its ambitions to reduce the harms of illegal drug use.
- 1.4. The strategy aims are:
 - Reducing drug use
 - Reducing drug-related crime
 - Improving recovery outcomes
- 1.5. These aims are further supported by more immediate outcomes:
 - Reducing drug supply
 - Increasing engagement in treatment
 - Improving recovery outcomes
- 1.6. All local authorities have been tasked to support in delivering these aims.
- 1.7. To monitor success against these aims, Central Government has laid out 11 headline and 22 subsidiary metrics which all Local Authorities are measured against.
- 1.8. These metrics include:
 - Increasing numbers of individuals engaging in substance use treatment (‘tier 3’)
 - Increasing the percentage of individuals leaving prison with a drug treatment need entering community provision
 - Increasing the number of young people entering treatment
 - Increasing the number of individuals engaging in residential placement for detoxification and rehabilitation
 - Increase in the number of individuals showing ‘substantial progress’ whilst engaging with treatment
- 1.9. Central Government has instructed that areas form local ‘Combating Drugs Partnerships’ (CDP) to help monitor and drive success against these measures.

2. **The City and Hackney Combating Drugs Partnership**

- 2.1. The City of London (CoL) and London Borough of Hackney (LBH) formed their CDP in late 2022. The CDP is responsible for delivering against the national strategy, setting local objectives, and overseeing the use of funds from the government’s Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR).
- 2.2. Dr Sandra Husbands, the Director of Public Health for both authority areas, was named as the senior responsible officer. Other members of the Public Health team have key roles in coordinating and developing the CDP.

²<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

- 2.3. The public health team commissions local substance use services, and our lead provider is currently Turning Point. Following a period of service improvement, a recent CQC inspection rated the service as 'Good' across all domains. The public health team also provides intelligence functions to monitor outcomes at the service and population levels.
- 2.4. As such, the public health team has been well positioned to initiate the CDP and support joint decision making around local priorities. It is also able to ensure close liaison with the Office for Health Improvement and Disparities and ensures continued adherence to the World Health Organisation's international directive to take a health-led approach to drug-related harms.
- 2.5. The CDP is a broad partnership including but not limited to:
- LBH/City Adult Social Care
 - LBH/City Children's Social Care
 - LBH/City Community Safety
 - Drug treatment provider
 - Integrated Care Board
 - Local Metropolitan Police
 - City of London Police
 - LBH/City Young person's services
 - LBH/City Other local third sector organisations
- 2.6. Governance and delivery within the CDP is overseen by a Strategy Group (CDPSG) of senior leaders that meets quarterly and a series of working groups that meet as required, focusing on specific topics.
- 2.7. The CDPSG has defined strategic outcomes for the overall CDP. These outcomes take into account both the key aims of Central Government as well as both LBH and CoL's vision for reducing drug related harms.
- 2.8. The top level strategic aims are:
- Reducing the premature deaths of people who use drugs
 - Reducing the impacts of drugs on our communities
 - Improving the wellbeing of people exposed to the harms of drugs
 - Reducing inequalities in substance use support
- 2.9. In order to help meet these aims working groups currently focus on substance use and:
- Mental Health
 - Equalities in access and treatment
 - Social care needs, including homelessness
 - Physical Health
 - Premature death, and end of life care
 - Criminal Justice

Further to this, there is also a dedicated working group for the City of London. This focuses on issues unique to the City that tie into wider CDP strategic aims. Current actions plan items include:

- Enhance scripting offers from the Community Wellbeing Team Vehicle
- Develop chemsex pathway and harm reduction offering
- Develop pathways from the City Assessment Centre
- Continuing to progress and develop the relationship between substance use services and social care teams, particularly in identifying Children and families affected by drug use

2.10. Although the main focus of the drug strategy and funding has been towards drugs other than alcohol, Turning Point continues to work with the Alcohol Care Team at the Homerton Hospital, to provide support for those with problematic alcohol use. We will shortly commence an Alcohol Working Group and ensure it is well connected to the broader CDP.

3. **Current Position**

3.1. The CDP has had successes delivering against strategic aims, particularly when compared to other London Authorities. Across London and the country we are seeing many metrics worsen, and on several issues we are experiencing the same locally. However, we are also seeing improvements in several key areas and outperforming peer LAs.

3.2. Whilst most London Authorities have seen decreases in their numbers in treatment, City has seen a small increase of 4% against its baseline, with 49 individuals having received support for substance use between March 2023 and Jan 2024. In comparison Tower Hamlets reduced by 3% in the same reporting period/same baseline period. London as a whole saw an increase of 2%.

3.3. New presentations increased over last year, from 7 in January 2023 to 21 in December 2023. Throughout most of 2023, around 30 clients in a given month required further support for a mental health need, although more than half of them were not receiving this support. There is a dedicated CDP working group focussing on the needs of clients with co-occurring mental health and substance use issues.

3.4. Continuity of Care (CoC), the percentage of individuals accessing community treatment following prison discharge, remains a key metric for national government and the CDP as a whole.

3.5. With regards the City of London this metric presents unique challenges, as the number of referrals made to the authority area are inaccurate, often relating to individuals who live in 'London' inaccurately recorded as being referred. We are working with the National Drug Treatment Monitoring System to ensure this data is accurate.

3.6. An immediate challenge is the increasing incidence of high harm substances across London and the UK, predominantly in the form of nitazene adulterated opiates and benzodiazepines.

- 3.7. Nitazenes are a class of synthetic opioid with particularly harmful potencies. They have been indicated as a driver behind a spike in deaths across the UK, and are becoming more prevalent across London.
- 3.8. There have been instances of nitazene seizures in and around the City of London.
- 3.9. In order to help respond effectively to this increasing risk we have improved and developed our system of monitoring and assessing the impacts of substances on our communities, both through our Local Drug Information System (LDIS) structure as well as our Drug Related Death (DRD) review system.
- 3.10. Appendix 1 is a paper previously presented to the City and Hackney health protection forum concerning the LDIS, and appendix 2 is the ToR for our DRD review panel which details the procedure around case review. There have been no DRDs in the City of London since the outset of our DRD review process.

4. **Next Steps**

- 4.1. In consultation with the CDPSG and working groups, as well as with OHID, the strategic actions we will focus on are:
 - Developing access to and provision of mental health support for individuals using substances
 - Increasing the availability of inpatient detox and rehabilitation
 - Further developing mobile, outreaching approaches to support to engage underserved populations
 - Developing and working with local, grass roots organisations working with individuals who face significant barriers to substance use treatment
 - Increasing the clinical capacity, and oversight, of our core treatment provider
 - Develop further work to focus on drug use amongst LGBTQ+ populations, including our work to support individuals engaged in chemsex
- 4.2. Focusing on these areas will help us to continue to deliver increases in numbers in treatment, and more meaningful engagement with our treatment services to meet the holistic needs of people using substances.
- 4.3. We will additionally be further developing our approach to high harm substances, including nitazenes and other synthetic opioids. This includes through our presence on an Incident Management Team (IMT) and other high level strategic groups focussed on synthetic opioids operating on a pan-London level.
- 4.4. Our work in the year ahead will also include other high level engagement with pan-london structures, including through the chairing of a working group focussed on developing options for inpatient detox and residential rehabilitation offers within the footprint of London.

5. **Conclusion**

- 5.1. There has been a significant increase in focus on reducing drug related harms nationally, accompanied by a 10-year strategy and increased local funding.
- 5.2. The formation of the local Combating Drugs Partnership, and its associated governance structures has helped develop a set of locally relevant strategic aims to reduce drug related harms.
- 5.3. Work to deliver against these aims continues at pace, with clear success across key metrics, notably Numbers in Treatment and Continuity of Care.
- 5.4. Some areas of delivery require further improvement, particularly treatment progress and successful completions of treatment.
- 5.5. There are clear strategic areas of focus for the treatment system in the year ahead, including critical areas of pan-london work we seek to support and influence.

Appendices

Appendix 1 - City & Hackney Health Protection Forum paper: Local Drug Information System

<https://docs.google.com/document/d/13340lp3zYhonHn4SD7ozBS4ik6fn2xUAS92dfu1Xp5l/edit>

Appendix 2- Drug-Related Death Review Panel review Terms of Reference

https://docs.google.com/document/d/1p6ZEYyBlx6FnI7-y-6sHFcRVGo5NerA_vDqgDcMINzI/edit

Simon Young

Principal Public Health Specialist

E: simon.young@hackney.gov.uk

Andrew Trathen

Consultant in Public Health

E: andrew.trathen@hackney.gov.uk