

FROM HARM TO HOPE: COMBATING DRUG AND ALCOHOL MISUSE

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Gary Hutchings: Public Health Strategist, LBH Public Health
Papers with report	<p>This paper refers to the following national strategies and reports that contribute to Hillingdon's Combating drug and alcohol misuse workstream:</p> <ol style="list-style-type: none">1. From Harm to Hope National Drug Strategy¹2. Commissioning Impact on Drug Treatment 2017²3. NICE clinical guidelines³ – Drug Misuse and Dependence: UK Guidelines on Clinical Management4. Marmot Review 2010⁴

RECOMMENDATIONS

The Board notes:

- 1. the content of this report and is assured that Hillingdon is meeting the requirements of the Harm to Hope Strategy, including the importance of the three-year fixed term funding that will improve outcomes for residents, their families, and communities whose lives are adversely affected by drug and alcohol addiction.**
- 2. the operational delivery and oversight requirements to establish a Hillingdon 'Combating Drug and Alcohol Partnership Board (CDAPB)', responsible for the operational implementation of the strategy, performance and outcomes, and use of the three-year investment, referred to as the supplementary substance misuse treatment and recovery grant (SSMTRG). The CDAPB reports to the Safer Hillingdon Partnership.**
- 3. the concurrent tendering of the Hillingdon Adult Community Addictions Service contract that sets out a new model of service delivery that will sustain some improvements being achieved through the additional funding.**

1. Context

In December 2021 the new Drug Strategy, From Harm to Hope⁵, was published in response to the findings and recommendations of the independent review of drug services by Dame Carol Black (2021).

The implementation of the new strategy is supported with national funding (SSMTRG) of £85.7 million allocated to local authorities as the commissioners of drug and alcohol services. Local

¹ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

² <https://www.gov.uk/government/publications/commissioning-impact-on-drug-treatment>

³ [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidelines/clinical-management/drug-misuse-and-dependence)

⁴ https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-t*he-marmot-review

⁵ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

authorities are required to establish a multi-agency inclusive partnership, recognising that improving substance misuse outcomes requires health, care, enforcement, social, and societal collaboration. The SSMTRG funding, overseen by the Office for Health Inequalities and Disparities (OHID) is allocated to local authorities to strengthen community drug and alcohol services at a time when drug and alcohol related deaths have increased by 80% from the 2012 baseline; and opiate and crack use has risen, particularly in more deprived areas of the country since 2013.

The Harm to Hope strategy and SSMTRG funding emphasises the requirement for a collaborative effort between partners to tackle drug and alcohol misuse and determine how local system-resources can more effectively be aligned to meet the future needs of those with substance addictions post the supplementary funding. This is achieved by evaluating the effectiveness of existing and new initiatives and determining 'what-works'.

The SSMTRG has allowed the CDAPB to agree new resources for a three-year period. Confirmation of future funding arrangements post the initial three years of the 10-year strategy is anticipated. The SSMTRG is currently funding year 2 interventions and has been able to enhance the work funded through other long-standing grants, particularly the rough sleepers' treatment and recovery grant (RSDATG) that provides drug and alcohol treatment for people experiencing homelessness. The RSDATG grant is currently in its final year.

The RSDATG managed by the Housing Team is invested in:

- A community homeless outreach team that provides support for people with addiction in supported accommodation.
- A Psychology Support Team that provides flexible psychological intervention for people experiencing homelessness.
- Inpatient detoxification for people experiencing homelessness.

The SSMTRG managed by LBH Public Health is invested in:

- Hospital based clinical intervention with professionals working as part of the community addictions team.
- Criminal Justice intervention workers located in prisons and in the community) who are co-ordinating continuity of care for prison leavers that focus on harm reduction and reduces the risk of re-offending.
- A specialist mental health nurse who focuses on co-occurring conditions who works with the community addictions team to support the people experiencing drug and/or alcohol addiction and have mental health needs.
- Link workers who work between Young Person's and Adult Services and support their transition from Young Person services into Adult Services.

The current tender of the Hillingdon Adult Community Addictions Service contract provides an opportunity for sustainability of some of the new interventions with a new service model that addresses the current needs, anticipates future needs, and includes the 'what-works' interventions currently funded from the SSMTRG. These interventions have been agreed by OHID and prioritised based on the findings and recommendations of the Hillingdon Drug and Alcohol Need Assessment completed in 2023, a mandated requirement of the strategy in year 1. The new Hillingdon Adult Community Addictions Service will go-live in June 2024.

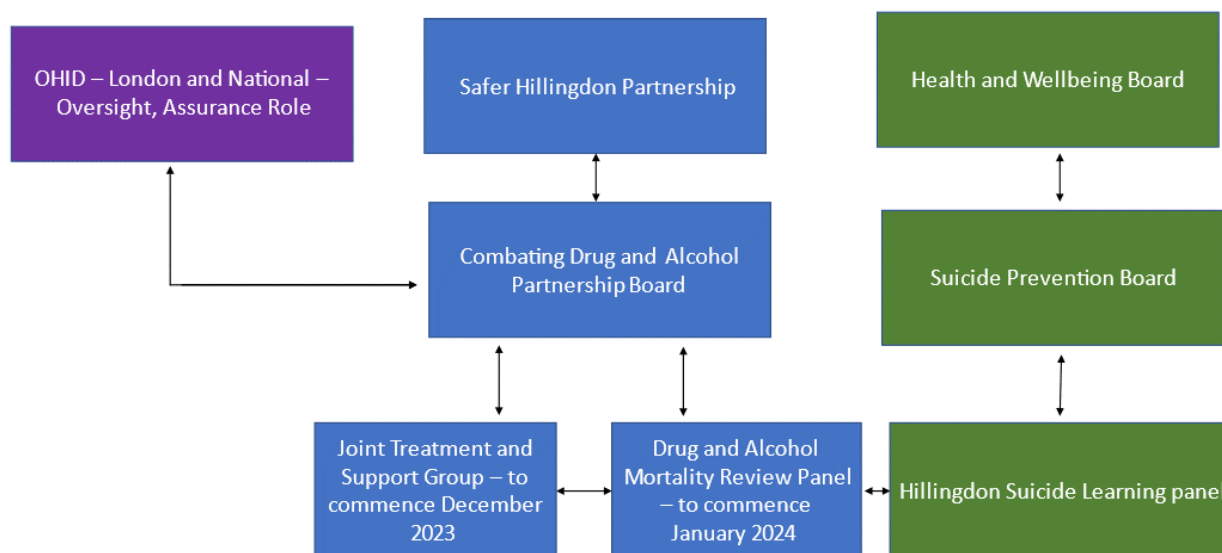
2. Governance of the Combating Drugs and Alcohol Programme:

The Harm to Hope Strategy requires that local multi-disciplinary and multi-agency forums must

be established with a shared vision and strategic direction that leads to increase numbers of people with addictions successfully in treatment and improved service quality that achieves long-term outcomes.

Figure 1 sets out the current reporting and oversight arrangements that meet the criteria for the SSMTRG. The diagram focuses on the direct reporting requirements and does not include existing contract and operational management arrangements associated with wider Substance Misuse services outside of the Combating Drug and Alcohol Strategy and SSMTRG requirements.

Figure 1: Hillingdon CDAPB Governance and Assurance



The terms of reference for the CDAPB were agreed by the Safer Hillingdon partnership in March 2023 and specify two essential roles: the Senior Responsible Officer and the Operational Lead for the CDAPB, the agreed role holders are the Interim Director of Public Health and the Public Health Strategist respectively. These officers are responsible for quarterly reporting of activity, progress, outcome, funding requirements and risks to delivery to OHID every quarter.

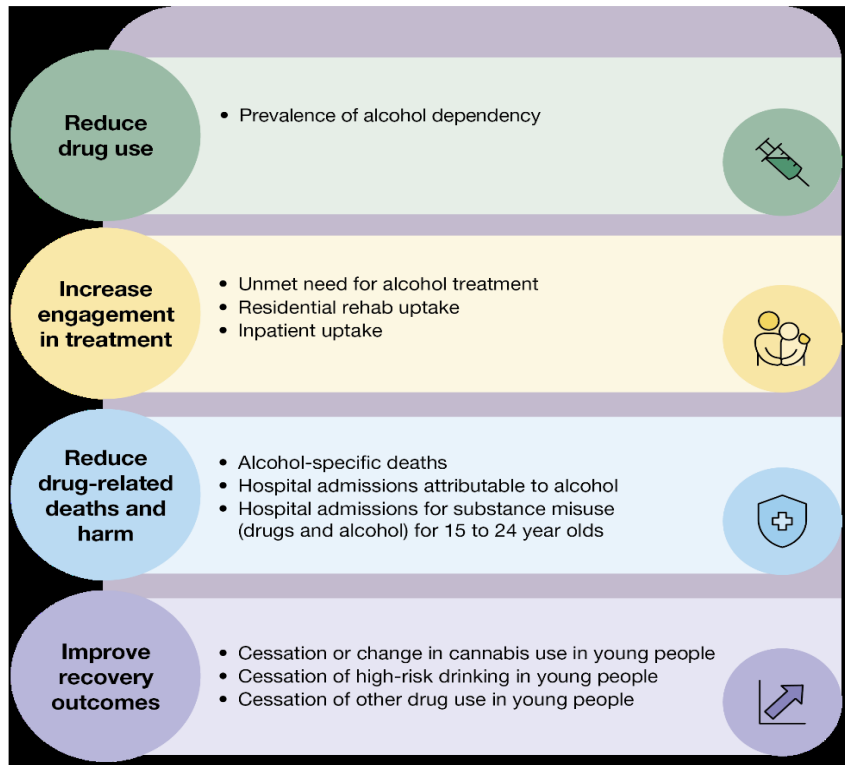
3. Outcomes to be achieved by the CDAPB through SSMTRG Investment:

The Strategy outcomes to be achieved are to:

- Reduce drug use.
- Reduce drug related crime.
- Reduce drug related deaths and harm.
- Reduce drug supply.
- Increase engagement in treatment.
- Improve recovery outcomes.

A local outcomes framework was introduced by OHID with performance measures to ensure the focus remains on these outcomes; increased numbers of people who need substance misuse services are in treatment; and continuity of care for people leaving prison (figure 2). In addition, the CDAPG is overseeing the Hepatitis C testing and treatment programme.

Figure 2: OHID Outcomes and aligned measures:



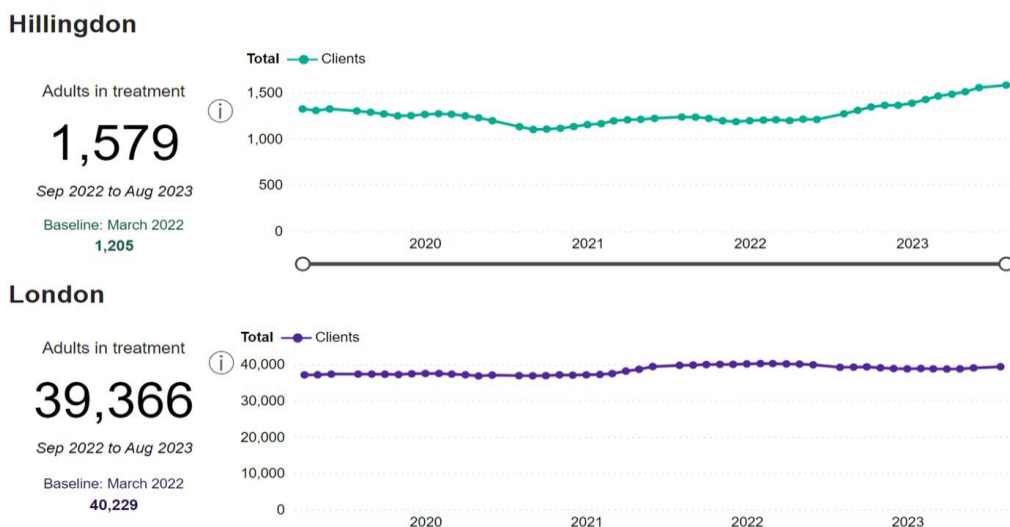
Source: National Combating Drugs Outcomes Framework: Supporting metrics and technical guidance, May 2023

For each of these prescribed outcome areas Hillingdon is performing well, and in the top decile of London Boroughs, predominantly through the operational work of the service providers.

3.1. Number of residents in Treatment:

There are 1579 Hillingdon residents currently accessing structured treatment for their addiction; an increase of 300 people in treatment and this moves beyond the local Hillingdon OHID target of 1433 for this financial year. For this outcome, Hillingdon and Hounslow are the top-performing London boroughs. CNWL are the service provider for both services.

Figure 3: Numbers in treatment:

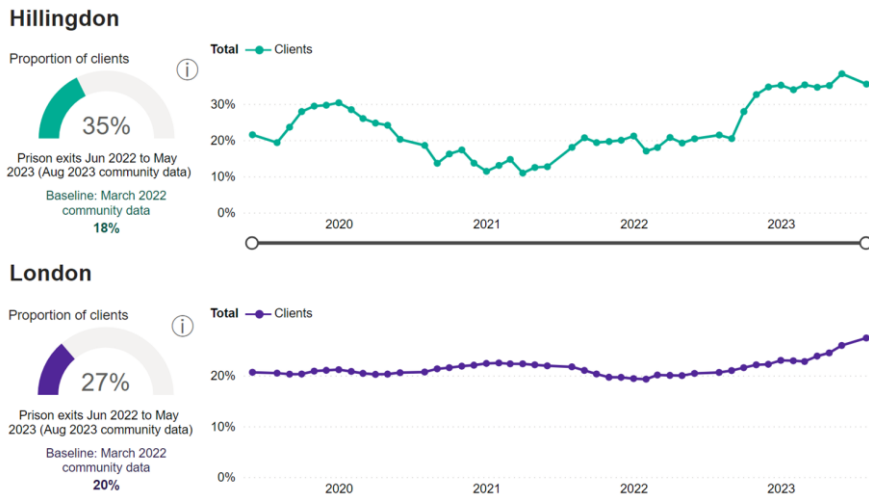


Source: National Drug Treatment and Monitoring System (NDTMS): 02/11/23

3.2. Continuity of care:

There has been considerable improvement in engaging prison leavers, Hillingdon is within the top 5 of all London boroughs, having recently recruited a new prison in-reach worker. This role will contribute to improving performance and achieve the 75% national engagement target set by OHID. This is an important outcome due to the high risk of drug-related overdose amongst prison leavers and recognises that early harm reduction interventions save lives.

Figure 4: Continuity of Care



Source: National Drug Treatment and Monitoring System (NDTMS): 02/11/23

4. SSMTRG and RSDATG Funding:

Investing in drug and alcohol treatment saves lives and saves money. For every £1 invested in alcohol treatment there is a return of £3, and for drug treatment, the return is £4 for every £1 invested.

In addition to the circa £3 million annual budget for the Hillingdon Adult Community Addictions Service, the funding from the SSMTRG is:

Year 1 - £474,635 (2022/23) - Year 2 - £657,482 (2023/24) - Year 3 - £1,079,229 (2024/24)

The annual Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) of £598,949.08 ends in March 2024.

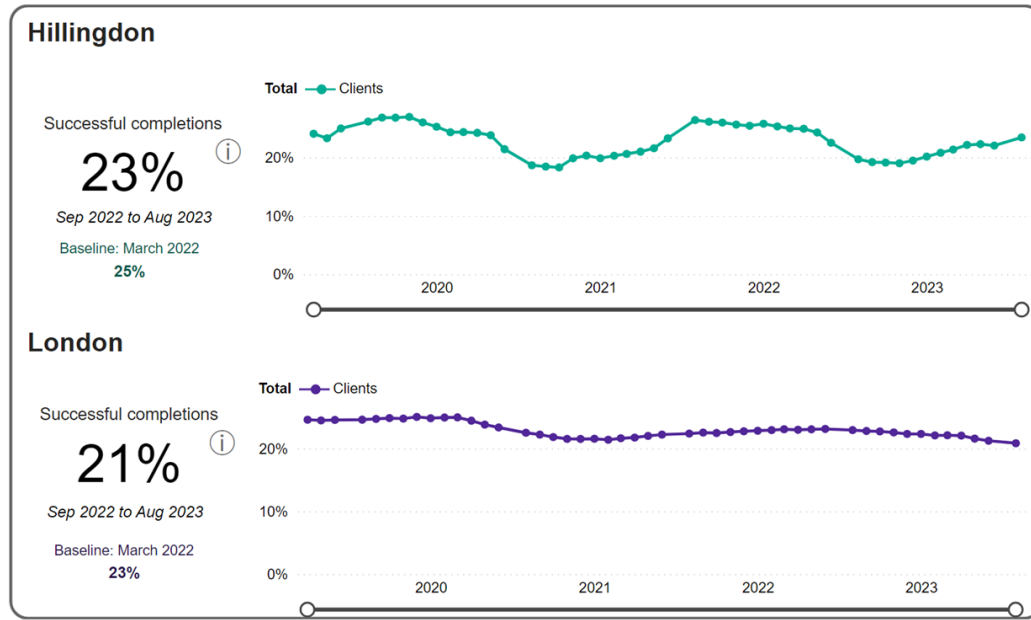
Given the significant level of grant funding, particularly the level of outreach services being funded which have an important role for increasing the numbers of people with addictions in treatment, when (and if) the grants cease there will be an impact on service provision. Planning for sustainability is a key priority for the CDAPB.

These grants have 'pump-primed' interventions that supplement core funded services being delivered and have provided evidence of the effectiveness of new service innovations. One criterion for receiving the SSMTRG is that local authorities must not reduce PH Grant funding for core addiction services. OHID are ensuring that commissioners are kept informed of any decisions regarding ongoing funding post year 3, advocating for the continuation of the grants.

5. How the CDAPB is influencing improved outcomes:

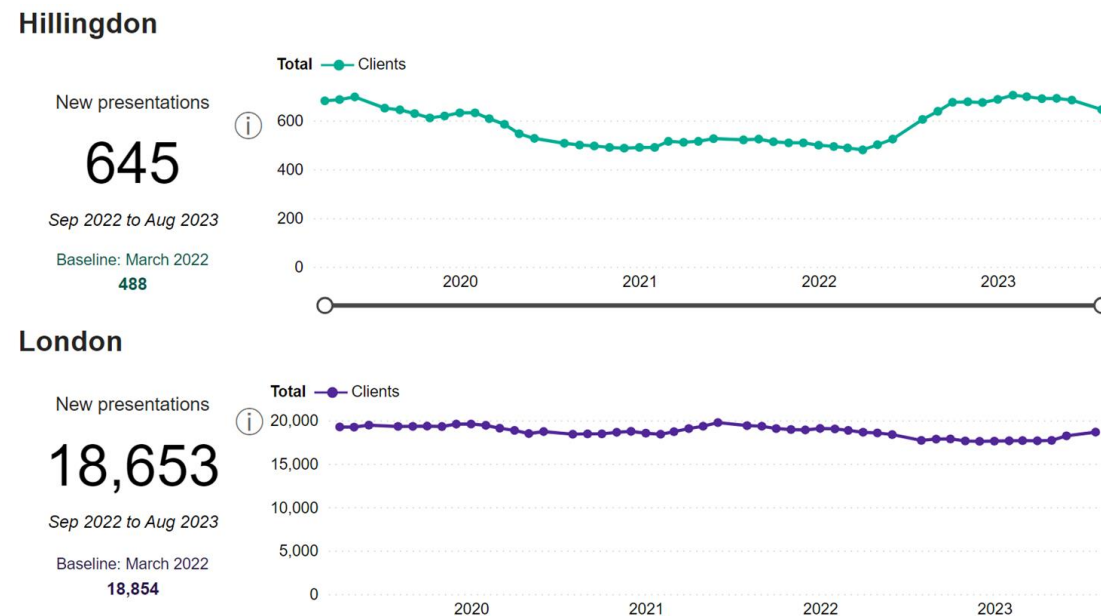
In addition to increased numbers in treatment and improvements to continuity of care, since April 2022 when the funding started, further outcomes achieved include the 20% successful completions in year 1, two years ahead of the plan, this is above the London average (Figure 5).

Figure 5: Successful completions from drug and alcohol treatment:



Source: National Drug Treatment and Monitoring System (NDTMS): 02/11/23

Figure 6: New presentations into treatment:



Source: National Drug Treatment and Monitoring System (NDTMS): 02/11/23

There have been 645 Hillingdon residents that have accessed drug and alcohol treatment for the first time between September 2022 and August 2023.

The outcomes and impact of this work is not solely evidenced by data. A recently reviewed case (death 2021) from the Hillingdon Suspected Suicide Learning Panel demonstrates the importance of changes in services, and how the additional interventions and increased collaboration could reduce risk and change life outcomes for individuals.

To ensure anonymity the individual in the case study is referred to as 'B'.

5.1. 'B', a Case study

'B' is a young adult with a history of substance misuse, affiliation with gangs, mental ill-health, and has had a series of treatment episodes with Hillingdon drug and alcohol services due to alcohol and long-standing use of cannabis. Engagement with services has been sporadic, and maintaining engagement with the service was a challenge. Socially, 'B' struggled, was unemployed, and this affected the ability to maintain housing, access to benefits was also problematic. 'B' was known to have experienced suicide ideation. Prior to his death by suicide, 'B' was awaiting sentencing following a recent conviction.

- Learning from the Hillingdon Suspected Suicide Learning panel that directly links to the work of the CDAPB include:
- Having a one-stop clinical and support service that tackles health, social and economic need and risk – this has been included in the new service model.
- 'Softer' non-clinical interventions for engagement and to increase motivation to engage.
- MECC, Making Every Contact Count – by improving communications, active listening, and the customer experience.
- Drug and alcohol training across Hillingdon partner organisations with a training prospectus and a full-time partnership training role that is a planned recommendation for year three SSMTRG funding.
- An integrated mental health nurse is now recruited to link between addictions and mental health Services across the Borough. This may have assisted in providing community mental health interventions in a familiar environment and linking services to 'B'.
- Interventions to be explored for enhanced support with those who are in contact with the Criminal Justice System as this can affect an individual's mental health, it did for 'B'.

6. The effect of CDAPB and SSMTRG funding on residents, service users and communities:

Residents, service users and communities will achieve improved outcomes from more effective and efficient drug and alcohol treatment and recovery services that invest in prevention, early intervention and improved treatment outcomes. These improvements, sustained, will not only have a significant life-long effect on the individual experiencing the addiction, but there is also impact and implications for their family, friends, community, and society overall. By supporting individuals with addictions, we are protecting communities from the risks associated with addiction that includes safeguarding and reduced crime.

This programme has synergy with:

- **Hillingdon Stronger Communities Strategy** [Council strategy 2022-2026 - Hillingdon Council](#)
- **The Joint Health and Wellbeing Strategy:** <https://www.hillingdon.gov.uk/article/8655/Joint-Health-and-Wellbeing-Strategy>
- **Homelessness and Rough Sleeping Strategy:** [Housing strategies Hillingdon Council](#)
- **Hillingdon Resilient Families Strategy:** [Council strategy 2022-2026 - Hillingdon Council](#)

To sustain long term outcomes, the newly funded services have been included in the new model Community Adult Addictions Service. The new model involves people with lived experience in local services; a good-practice approach to improving outcomes advocated by the National Institute of Clinical Excellence guidance⁶.

The development of a detailed and accredited peer mentor and volunteer programme creates increased outreach potential for the Borough and enables the service to increase the scope and coverage of their work, and tackle health inequalities especially in under-served communities, through trained, and skilled volunteers.

The Marmot Review⁷ states that good quality work can change lifestyles for current and future generations and paid and voluntary work is an important part of a recovery culture for the community, promoting a visible and contagious recovery, and this can support recruitment challenges in fields such as health and social care, housing, probation. For drug and alcohol services this represents a key part of the workforce strategy.

Residents with a history of addiction, mental health needs and a forensic history can be inspirational members of the community and will give Hillingdon services the flexibility to react to new funding streams, provide resilience within the workforce and strengthen the outreach offer in the medium to long term. Areas of unmet need were identified in terms of reaching members of the community such as the Muslim, Elderly and LGBTQ+ communities. Volunteering and paid working roles for members of these communities are being explored as part of the workforce development aligned to the Strategy. It is vital to safeguard this work at a time when funding streams are uncertain.

7. Consultation Carried Out or Required

One of the key ambitions is that consultation becomes integral, not an add-on, this was a recommendation of the Hillingdon Drug and Alcohol Need Assessment (2023). The main recommendations, informed by engagement with professional, community and service user stakeholders being addressed are:

- **Alcohol treatment:** The commissioning of a local brief advice (LBA) about alcohol screening and intervention services are provided face to face with clear referral and treatment pathways for those assessed as drinking at potentially dependent levels. This is in progress and forms part of the new service specification.
- **Drug treatment:** Increase the capacity of the current adult specialist treatment system and convene a multi-agency panel to explore the reasons for the increase in drug-related deaths. The learning panel will be established in December 2023.
- **All substances:** A focus on supporting service users with co-morbid mental health and substance misuse needs and more assertive outreach provision. To expand numbers in treatment the development of a retention and recruitment plan for specialist drug and alcohol workers and closer partnerships through co-location for services, including criminal justice workers within agencies such as the probation and housing services. The service offer for cannabis users should be better promoted across the Borough. This work is in development.

⁶ [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/drug-misuse-and-dependence-uk-guidelines-on-clinical-management)

⁷ [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/fair-society-healthy-lives-the-marmot-review)

8. End note

Community Drug and Alcohol Recovery services in Hillingdon are experiencing a period of significant change and progression with the new pump-primed service developments funded through the SSMTRG led by the CDAPB, concurrent with the tender for the Hillingdon Adult Community Addictions Service, through which sustainability of some services post the initial three-year funding is included.

There is considerable partnership working for the long-term needed to address the inequalities associated with individuals, families and communities affected by the complexity of addiction and the ripple consequences that occur simultaneously.

Working together has presented an opportunity for the challenge of drug and alcohol addiction to move from a narrow focus to where it needs to be, a system wide approach to a complex challenge in the borough, with agencies brought together, collectively responsible, to focus on what-works to improve lives of residents in the Borough.

BACKGROUND PAPERS

1. Terms of reference for the Combating Drugs and Alcohol Partnership Board



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20DRUGS%20PARTN

2. National Drug Strategy Presentation from the Safer Hillingdon Partnership Board



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