

Committee: Health and Wellbeing Board

Date: 20th September 2022

Agenda item:

Wards: All

Subject: Preventing and tackling substance misuse

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Peter McCabe, Cabinet Member for Health and Social Care

Forward Plan reference number:

Contact officer: Barry Causer, Public Health Lead for COVID-19 Resilience.

Recommendations:

- A. That the Health and Wellbeing Board support the approach and renew their commitment to work collaboratively on preventing and tackling drug and alcohol related harm.
 - B. That the Health and Wellbeing Board consider and agree governance of the Combating Substance Misuse Partnership and the proposed ways of working between the Health and Wellbeing Board, the Safer Stronger Executive and Merton Health and Care Together (Partnership and Committee).
 - C. That Health and Wellbeing Board member organisations support the delivery of the actions required, by nominating a senior lead officer to work with Public Health over the coming months.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This paper sets out the opportunity for the Health and Wellbeing Board to renew their commitment to preventing and tackling drug and alcohol related harm, including a commitment to reducing health inequalities. The discussion is intended to inform action in the coming months.

1.2. This paper sets out the specific asks of central Government; the development of a Combating Substance Misuse Partnership, production of a comprehensive system level needs assessment and the development of a local delivery plan. We propose to review and strengthen existing arrangements, rather than setting up additional time-consuming bureaucracy, building on strong foundations for preventing and tackling substance misuse which aligns with the priority of the HWB and the new LBM administration to reduce inequalities.

1.3. Finally, this paper sets out the need to redesign and re-procure the adults' substance misuse treatment and recovery service, informed by the recently published treatment and recovery commissioning quality standards and a programme of engagement to understand lived experience and to hear service user voice.

2 BACKGROUND

Introduction

2.1. Substance Misuse (drugs and alcohol) affects many people and communities across Merton. It can negatively impact on individuals and communities from all walks of life; it is not limited to areas of deprivation, those involved in criminal behaviour or vulnerable groups such as the homeless. It can lead to a range of harms for the user and community including poor physical and mental health, unemployment, homelessness, family breakdown and criminal activity and can contribute to and exacerbate existing inequalities.

2.2. Although substance misuse affects all parts of Merton, its harms are more pronounced in areas of high deprivation and on those from lower socio-economic groups. The Dame Carol Black Review of Drugs (2020) reports that geographical and socioeconomic inequalities lie beneath the trends (of highest on record drug deaths and the highest number of rough sleepers dying from drug poisoning, with many of these deaths involving alcohol) with entrenched drug use and premature deaths, occurring disproportionately in deprived areas of the country.

2.3. There is also a significant level of stigma attached to substance misuse, with society labelling individuals with substance misuse issues negatively which in turn makes individuals less likely to acknowledge that they need support and seek help.

2.4. Our strategic approach to preventing and tackling substance misuse problems is through a combination of delivering good holistic (person-centred) services, which is led by Merton Health and Care Together (Partnership and Committee) through the Health and Care Plan, and by creating the physical and social conditions for people to live a healthy life, which is led by the Health and Wellbeing Board and the Merton Health and Wellbeing Strategy; a Healthy Place for Healthy Lives.

Understanding substance misuse need in Merton

2.5. A detailed system wide needs assessment is required to be developed by the end of November 2022, in response to the ask from central Government. As well as informing the substance misuse delivery plan, this will also be used to support the re-design and recommissioning of the adults substance misuse treatment and recovery service. To help local areas understand local substance misuse need, the Office for Health Improvement and Disparities (OHID) provides a number of data profiles. Key messages for Merton include:

- there are an estimated 1,700 dependent drinker drinkers and a further 38,000 adults who drink to a level where they increase the risk to their health and wellbeing.
- there are an estimated 1,900 adults who use illegal or unprescribed drugs, of whom 591 are opiate users, and who might use other substances such as crack cocaine.
- there were 624 admission episodes (primary diagnoses) for alcohol-related conditions in 2020/21 (343 per 100,000 population), which is lower than London (348 per 100,000) and England (456 per 100,000). This is a decrease from 406 per 100,000 in 2019/20.
- there were 890 admission episodes (primary and secondary diagnoses) for alcohol-specific conditions in 2020/21 (485 per 100,000 population), which is lower

than London (515 per 100,000) and England (587 per 100,000). This is a decrease from 636 per 100,000 in 2019/20.

- there were 64 alcohol-related deaths in 2020/21 (40.4 per 100,000 population) which is higher than London (32.2 per 100,000) and England (37.8 per 100,000). This is an increase from 28.3 per 100,000 in 2019/20.
- in 2020/21 there were 720 clients in treatment for drug and alcohol misuse, of which 450 were new presentations to the service. This is an increase from 670 clients in treatment and 420 new presentations in 2019/20.

Further information is listed in the background Information.

2.6. Importantly, the system level needs assessment will explore the differences across Merton and to help understand more about the impact that substance misuse has on inequalities in Merton. One example is the 'alcohol harm paradox', reported in the previous substance misuse needs assessment (May 2017), that patterns of alcohol consumption and alcohol related harm in Merton, mirrors the national position i.e. lower socioeconomic groups are more likely to die or suffer from a disease relating to their alcohol use even though they often report lower levels of average consumption than their less deprived counterparts. Possible explanations for this phenomenon include drinking patterns such as increased binge drinking in lower socioeconomic groups; lower resilience; increased risk factors or co-morbidities; and differential access to healthcare.

Substance misuse governance

2.7. The Government published the national 'From harm to hope: A 10-year drugs plan to cut crime and save lives' strategy in December 2021, which aims to break drug supply chains, deliver a world class treatment and recovery system and achieve a shift in the demand for drugs. This strategy is led by the cross Government Joint Combatting Drugs Unit.

2.8. The national strategy relies on co-ordinated action from a range of local partners in enforcement, treatment, recovery and prevention and therefore central Government have asked that local areas set up a Combating Substance Misuse Partnership (CSMP), produce a system wide needs assessment and develop a delivery plan that outlines local action.

2.9. Following discussion within LBM and with a range of partners including the Metropolitan Police Service (MPS), our proposal is to build upon what we already have in Merton and to review and refresh the existing Substance Misuse Partnership Board and the Substance Misuse Strategic Framework Action Plan. To maintain the focus on Merton, our proposal is that the CSMP has a geographical footprint of Merton, has joint Senior Responsible Officers (Dr Dagmar Zeuner and Chief Inspector Barrie Capper) and, in line with existing arrangements, would report formally into the Safer Stronger Executive, with a 'dotted line' to the Health and Wellbeing Board. Its relationship to Merton Health and Care Together (Partnership and Committee) will be worked through as place based arrangements for the South West London Integrated Care Board are confirmed.

2.10. If agreed by the HWB, it is likely that Merton's CSMP will have its first meeting in early October 2022 and take action to:

- conduct a system level needs assessment (by the end of November 2022 and delivered through the formation of a task and finish group), reviewing local crime,

health, drug and alcohol data. This will include a number of products to enable the CSMP to understand the needs and priorities related to drug and alcohol harm, across the three outcomes of the national strategy.

- agree a local drugs and alcohol delivery plan and a local performance framework to monitor the implementation and impact of local plans (by the end of December 2022 and delivered through the formation of a task and finish group). This will set out plans across the three strategic priorities (breaking drug supply chains, delivering a world class treatment and recovery system and achieving a shift in the demand for drugs of the national strategy).

2.11. Linked to the national strategy, the Office for Health Improvement and Disparities (OHID) have recently confirmed Merton will receive an additional grant of £242,487 in 2022/2023, with proposals (subject to annual approval by OHID) for future years of £247,220 in 2023/2024 and £309,034 in 2024/2025. The terms and conditions of this ring-fenced funding set out that it must be used to secure improvements to the local treatment and recovery system in Merton. Merton's plans, approved by OHID, include a maintained focus on complex adults e.g. dual diagnosis (co-existing mental health and substance misuse needs), increased access to support for criminal justice clients and to better understand service user voice and lived experience. It was agreed by OHID that a small amount be used for additional programme management i.e. to support the development of the CSMP needs assessment and the development of the drug and alcohol delivery plan.

2.12. The Board are asked to agree the proposals including setting up of the Combatting Substance Misuse Partnership (CSMP), the ways of working between the HWB, the Safer Stronger Executive and the Merton Health and Care (Partnership and Committee) and for HWB partners to nominate a senior lead officer to work with Public Health over the coming months.

Substance misuse services

2.13. Merton's integrated substance misuse service for adults, currently provided by a Voluntary and Community Sector (VSC) provider Westminster Drug Project (WDP), is required to be recommissioned by April 2024. As part of the redesign and recommissioning of this service an engagement programme, to understand lived experience and listen to service user experience and voice, is proposed. This programme, planned to start in late December 2022 or early January 2023, will have a significant emphasis on prevention and engaging with the most vulnerable adults and will identify ways of engaging meaningfully with these service users, who often endure the worst outcomes including chronic ill health. The insights and findings, alongside the recently published Commissioning quality standard: alcohol and drug treatment and recovery guidance, will contribute to the service re-design and the key priority of the HWB of reducing inequalities.

2.14. Further details of the integrated substance misuse service and other substance misuse services can be found in appendix one.

2.15. HWB partners are asked to support the re-design and re-commissioning of the adults substance misuse service and engagement programme by each nominating a senior lead officer to work with Public Health over the coming months.

Next steps

2.16. An interim Partnership Manager has been recruited to help review and strengthen the partnership arrangements, to support the formation of the new CSMP in Merton and to take forward action including:

- The development of a task and finish group to deliver a system wide comprehensive needs assessment (by the end of November 2022), which includes local crime, health, drug and alcohol data to understand the needs and priorities related to drug and alcohol harm, across the three outcomes of the national strategy (supply, demand and treatment/recovery). The HWB's support for Public Health to have timely access to data will be required and this will be dealt with if the need arises.
- The development of a task and finish group to deliver the local drugs and alcohol delivery plan and a local performance framework to monitor the implementation and impact of local plans (by the end of December 2022). It is proposed that this plan and local performance framework comes back to the Health and Wellbeing Board, as well as the Safer Stronger Executive and the Merton Health and Care Together (Partnership and Committee) in early 2023.

3 ALTERNATIVE OPTIONS

3.1. NA

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. An engagement programme to understand lived experience and listen to service user experience and voice is being planned. This programme is being funded by the additional funding from Office for Health Improvement and Disparities (OHID) which, as required by the terms and conditions, is to be used to secure improvements to the treatment and recovery system. This will begin in late December 2022 and January 2023.

5 TIMETABLE

- End October 2022 – First meeting of the CSMP and agree Terms of Reference
- End November 2022 – Conduct a joint needs assessment
- End December 2022 – agree delivery plan and local performance framework
- By early January 2023 – engagement programme begins
- January 2023 - Adults Substance Misuse Market Engagement
- April 2023 - Tender documents published
- June 2023 - Tender period closes
- September 2023 - Contract Award
- April 2024 - Start of new contract

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. Linked to the national strategy, the Office for Health Improvement and Disparities (OHID) have recently confirmed Merton will receive an additional grant of £242,487 in 2022/2023, with proposals (subject to annual approval by OHID) for future years of £247,220 in 2023/2024 and £309,034 in 2024/2025. The terms and conditions of this ring-fenced funding set out that it must be used to secure improvements to the

local treatment and recovery system in Merton. Merton's plans, approved by OHID, include a maintained focus on complex adults e.g. dual diagnosis (co-existing mental health and substance misuse needs), increased access to support for criminal justice clients and to understand service user voice and lived experience. It was agreed by OHID that a small amount be used for additional programme management i.e. to support the development of the needs assessment and the development of the drug and alcohol delivery plan.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. The local guidance of 'From harm to hope: A 10-year drugs plan to cut crime and save lives' strategy sets out a number of requirements of LBM e.g. setting up a CSMP, conducting a system wide needs assessment and developing a local delivery plan.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. Illegal drugs cause far-reaching and devastating harm. Drug misuse currently costs society over £19 billion a year. Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all of the country, with the most deprived areas facing the greatest burden.

9 CRIME AND DISORDER IMPLICATIONS

9.1. The benefits of combating illicit drugs can be significant and wide-ranging, improving people's safety, productivity, health and wellbeing. People in recovery from substance misuse are 'better than well', meaning they become active citizens, and give back to their community at a higher rate than the general population, helping the vulnerable and making the community a safer place for all.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. NA

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

11.1. Appendix One – Adult Substance Misuse Services in Merton.

12 BACKGROUND PAPERS

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

12.2. [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](#)

12.3. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#)

12.4. [Public health profiles - OHID \(phe.org.uk\)](#)

12.5. [Adult substance Misuse Health Needs Assessment \(merton.gov.uk\)](#)

12.6. [Independent review of drugs by Professor Dame Carol Black - GOV.UK \(www.gov.uk\)](#)

12.7. [Commissioning quality standard: alcohol and drug treatment and recovery guidance - GOV.UK \(www.gov.uk\)](#)

APPENDIX ONE – ADULTS SUBSTANCE MISUSE SERVICES

Adults Substance Misuse Services in Merton include the following-

- A fully integrated substance misuse service for adults, provided by a Voluntary and Community Sector (VSC) provider, Westminster Drug Project (WDP). This recovery focused service offers free and confidential treatment and support for individuals and their families who are affected by drug and alcohol problems. WDP have a specialist workforce including substance misuse case workers, doctors, nurses, volunteers and peer mentors who are based at the main WDP Merton premises in Mitcham.
- Inpatient detoxification is provided by WDP from their Passmores House clinic. This is a Care Quality Commission (CQC) registered, residential community drug and alcohol detoxification unit and provides medically supervised alcohol and drug detoxification programmes for people aged 18 and over. Additional inpatient detoxification capacity has been commissioned from Guy's and St Thomas' NHS Foundation Trust, as part of pan-London substance misuse commissioning arrangements.
- A number of support services delivered by Community Pharmacies across Merton including Needle Exchange, where service users are provided with clean injecting equipment, and Supervised Consumption services, where service users attend a pharmacy to consume their prescription medication e.g. Methadone. In addition to the primary service, these services also provide an opportunity for community pharmacists to ensure that service users are well, provide harm reduction information and actively encourage service users to continue to access services as part of their recovery.
- In addition to the Public Health commissioned services, there are a number of complementary services and activities that support residents with substance misuse problems, including:
 - A variety of VCS programmes that form part of the local recovery system e.g. Alcoholics Anonymous and Narcotics Anonymous.
 - Residential rehabilitation, which is a stay-in rehabilitation unit where in addition to managing detoxification with medication, service users participate in group work programmes and one to one key work sessions to assist them to recover and re-integrate into the community. Service users will be assessed by WDP Merton to ensure that they are suitable candidates and a separate funding assessment is completed by an adult social care social worker.

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