

# Havering Drug and Alcohol Harm Reduction Strategy 2016-19 2018 progress report and 2018-19 draft action plan

## 1 Background

The Drug and Alcohol Harm Reduction Strategy 2016-19 was approved by the Health and Wellbeing Board (HWB) and Community Safety Partnership (CSP) in 2016. The strategy was underpinned by a detailed action plan, to be refreshed annually. It was agreed that annual reports would be presented to the HWB and CSP describing progress and presenting a draft refreshed action plan for the subsequent year. This is the second of these reports and covers progress against the action plan in 2017-18 and suggests a draft plan for 2018-19

The 2016-19 strategy set out the local multi-agency approach to reducing the harms caused by drugs and alcohol, described under three main objectives:

- Preventing harm to individuals
- Preventing harm to family life, children and vulnerable adults
- Preventing harm to the wider community

Oversight of the delivery of the strategy is through existing groups and arrangements:

<b>Responsible Group:</b>	<b>Monitor actions and KPIs relating to:</b>
Havering Community Safety, through the Violence Against Women Group and the Safe and Sound Partnership	Community safety and Licensing
Children’s Services Improvement Board	MASH, Early Help, Children’s services
Public Health Service	Drug and alcohol treatment services, Healthy Schools Programme and CCG actions
Adult commissioning	Vulnerable older adults, adult social care

It was agreed that the leads will produce an end of year annual report, with each lead summarising their achievements of KPIs. This report has been prepared by the Public Health Service with content provided by the remaining three lead areas (Community Safety/Licensing, Children’s Services and Joint Commissioning Unit

- summarises main changes affecting the drug and alcohol harm reduction approach in Havering
- highlights main successes, challenges and issues during 2017-18,
- presents Key Performance Outcome and Indicators
- presents a draft refreshed action plan for 2018-19

The Health and Wellbeing Board are asked to:

- Note and comment on the report, and seek clarification on any aspect of the content
- Approve the draft action plan for 2018-19

The Community Safety Partnership will also receive this report and action plan review together with an appropriate cover sheet.

## 2 Main policy/other changes relating to drug and alcohol issues

- 2.1 Government published a refreshed Drugs and Alcohol strategy in July 2017. This continues to be structured around reducing supply, restricting demand, building recovery, and global action. The strategy is not revolutionary and continues to stress recovery rather than harm reduction though does move towards it. There is a new commitment to promote evidence-based interventions and to develop metrics at a finer level than currently available to allow segmentation in order to achieve robust and comparable evaluations. Most commentators on the new strategy highlighted that there is a mismatch between the aspirations of the strategy and the resources available to implement it.
- 2.2 UK guidelines on the clinical management of drug misuse and dependence were also published in July 2017. Whilst not markedly different from the previous 2007 document, the guidelines now have a stronger emphasis on recovery and holistic interventions. It is encouraging to note an increased focus on recovery in the national guidelines, which covers social factors such as preparing/returning to work, and which has been a priority for the local service since it was recommissioned. There are new sections to the guidelines covering prisons; club drugs; dual diagnosis; prescribed drugs; smoking; and preventing deaths.

## 3 Summary of progress against 2017-18 action plan

- 3.1 The detail of progress is given in the attached action plan review document. The document records the actions to support the Drugs and Alcohol Harm Reduction Strategy 2016-19 and logs progress against them. The actions support the three priorities of the strategy
- preventing harm to individuals,
  - preventing harm to the family
  - preventing harm to the community

The document is split into three sections of tables, each of which is further divided by the three priorities.

- Actions primarily the responsibility of the Health and Wellbeing Board
- Actions primarily the responsibility of the Community Safety Partnership
- Actions that have been completed in previous years.

The stakeholder group reviewing the actions decided that those that embed processes and have become “Business as Usual” should be considered completed for this assessment. However, many of the actions monitored by Community Safety will remain live in other strategies, for example those that cover VAWG and gangs. Should any issues develop the assessment will be revisited.

- 3.2 There were 70 actions in the 2016-17 plan and 13 were completed in the first year. A further 31 have been completed in the second year (2017-18) with good progress on many of those still remaining. The majority of these completed actions have become “business as usual”.
- 3.3 Actions to inform and support children individually or within their families have largely been completed and become business as usual. The actions that are still to be completed for this area relate to induction and ongoing training for staff of services, and to building relationships between sectors.
- 3.4 Many of the actions that relate to pathways for specific groups need further work to be progressed in 2018-19, and most of these are already part completed. We have not initiated a

drugs deaths review panel. There was an average of 4 deaths per year reported in 2017 and the number is steady. The rate is less than half that of England which is increasing steadily. The pathway for released prisoners is proving to be very problematic, even more so than in London more generally.

3.5 Two thirds of the actions that are under Community Safety remit have been successfully completed. These are largely that actions around VAWG, gangs, and communication and the majority have become business as usual. The CSP will continue to monitor their continued activity. The actions still to complete are more specifically aimed at drugs and alcohol, for example testing in the criminal justice system.

## 4 Activity for 2018-19

4.1 The group reviewing progress added no new actions to the action plan.

5.1 The actions remaining uncompleted from 2017-18 have been moved forward to 2018-19 plan

6.1 There will be a new strategy for drugs and alcohol due to be presented to the HWB in April 2019. The work to draft this will begin in 2018 and will include a review of all the outstanding actions.

## 5 Key Performance Outcomes and Indicators

It was agreed to receive a combination of measurement of process, outputs and outcomes. Taken together these help to describe the local picture and guide where to invest attention and resources

- Processes describe type or level of activity
- Outputs are primarily measuring products and services delivered
- Outcomes which are the result of the delivery of processes and outputs from a range of programmes and initiatives. It usually takes a long time for the impact of initiatives to be felt. Outcome indicators are especially useful in enabling comparisons with other areas as there will be common methodologies used, and the data are validated.

Indicator or Outcome	Havering	Comparators	Commentary
<b>Health</b>			
Years of life lost due to alcohol related conditions (male)	896 per 100,000	London 721 England 901	Data for 2016: Havering is worse than London and similar to England. The trend over time has remained fairly constant in Havering but increased in 2016 (Provided by Public Health)
Years of life lost due to alcohol related conditions (female)	388 per 100,000	London 264 England 350	Data for 2016: Havering is worse than London and England. Havering has been similar to London since 2008, but there was an increase in 2016 (Provided by Public Health)

Admission episodes for alcohol-related CVD conditions (male)	2,004 per 100,000	London 1,882 England 1,633	Data for 2016/17: Havering is similar to London, and significantly worse than England. This relationship has persisted since 2008. There is a general rise in admissions. (Provided by Public Health)
Alcohol related road traffic accidents (in which at least one driver failed a breath test)	17.7 per 1000	London 9.8 England 26.0	Data for 2013-2015 <b>NB NOT UPDATED</b> : Havering is worse than London, but better than England (2015) Locally, this has remained at roughly the same rate since 2010. (Provided by Public Health)
<b>Treatment Services</b>			
Percentage waiting more than three weeks for drug treatment	0.0%	England 2.2%	Data for 2017-18 (DOMES report): In Havering nobody waited longer than three weeks for treatment. (Provided by Public Health)
Percentage waiting more than three weeks for alcohol treatment	0.0%	England 1.4%	Data for 2017-18 (DOMES report): In Havering nobody waited longer than three weeks for treatment (Provided by Public Health)
Successful completion of treatment of opiate use	7.9%	England 6.6%	Data for 2017-18 (NDTMS): Havering is better than England (Provided by Public Health)
Successful completion of treatment for non-opiate use	43.9%	England 36.6%	Data for 2017-18 (NDTMS): Havering is better than England (Provided by Public Health)
Successful completion of treatment for alcohol	45.3%	England 38.8%	Data for 2017-18 (NDTMS): Havering is better than England (Provided by Public Health)
<b>Community Safety</b>			
Testing on Arrest – achieve 95%	Target not achieved	Target 15 per month	Data for 2017. This is a regional issue but is improving. Provided by Community Safety
Alcohol Treatment Requirements (annual)	Starts: 20 Completed: 17	Target 28 Target 16	Data for 2017. Fewer than planned started treatment, however the target for successful completions was met Provided by Community Safety
Drugs Rehabilitation Requirements (annual)	Starts: 25 Completed: 19	Target 35 Target 17	Data for 2017. Fewer than planned and last year started treatment, however the target for successful completion was met. Provided by Community Safety

Number of individuals testing positive for drugs who fail to engage with treatment service and where there is subsequently a failure in follow up	6		Provided by Community Safety from reports received from Metropolitan Police Service
<b>Children and families</b>			
% of current foster carers having attended information sessions on substance misuse during the three years to end Mar 2017	Group session delivered to carers and looked after children in 2017-18		Provided by Children's Services
% of Early Help home assessment visits attended by WDP Havering where substance misuse is, or is identified as likely to be, an issue	* <sup>1</sup>		Data for 2017-18 (Provided by Commissioner)
% of recovery plans produced by WDP for parents that are shared with Early Help	* <sup>2</sup>		Data for 2017-18 (Provided by Commissioner)
Substance misuse by children who had been looked after continuously for at least 12 months	4% (6/151)	This cannot currently be reported by the present information system which is being upgraded in 2018	Data for 2015-16 (Provided by Children's Services)
Parental Substance Abuse (number and percentage)	CIN 2% (n=6) CP 3.9% (n=12) LAC * <sup>3</sup>	This cannot currently be reported by the present information system which is being upgraded in 2018	Data for 2016-17 for 11 months to end Feb 17 (Provided by Children's Services)

<sup>1</sup> Number suppressed due to small numbers

<sup>2</sup> Number suppressed due to small numbers

<sup>3</sup> Number suppressed due to small numbers

Parental Alcohol Abuse (number and percentage)	CIN 2% (n=6) CP 2.3% (n=7) LAC 0% (n=0)	This cannot currently be reported by the present information system which is being upgraded in 2018	Data for 2016-17 for 11 months to end Feb 17 (Provided by Children's Services)
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