Havering Drug and Alcohol Harm Reduction Strategy 2016-19
2017 Progress Report and 2017-18 Draft Action Plan

1.0 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 for the period April 2016 – March 2017, with a refresh due annually. It was agreed that a report would be presented to the HWB and CSP in 2017, describing progress in the first year, and presenting a draft refreshed action plan for 2017-18.

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:

Responsible Group:	Monitor actions and KPIs relating to:
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 Adult Social Care). The report:

- summarises main changes affecting the drug and alcohol harm reduction approach in Havering
- highlights main successes, challenges and issues during 2016-17, and key additional actions for 2017-18
- presents Key Performance Outcome and Indicators
- presents a draft refreshed action plan for 2017-18

The Health and Wellbeing Board and Community Safety Partnership are asked to:

- Note and comment on the report, and seek clarification on any aspect of the content
- Approve the draft action plan for 2017-18

2.0 Main policy/other changes relating to drug and alcohol issues

2.1 Public Health England has published a paper on the Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies. This describes how:

- Among people aged 15-49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability
- Alcohol is the fifth leading risk factor for ill-health across all age groups
- There has been an increased consumption of alcohol among women

None of the above changes the direction of the strategy, although these factors have been taken into account when refreshing the action plan.

2.2 With effect from 6 April 2017, Immigration Services becomes a Responsible Authority under licensing legislation. This is anticipated to strengthen joint working to address non-duty paid alcohol.

2.3 The law on so-called "legal highs" changed on 26 May 2016 when the New Psychoactive Substances Act came into force. This gave police and local authorities greater powers to tackle the trade in psychoactive substances. The issue of psychoactive substances is still a relatively new phenomenon, with information, advice and tools continuing to be made available nationally. Further actions will be incorporated into the action plan over the forthcoming year as appropriate.

3.0 Main successes during 2016-17

3.1 Romford has been chosen as one of 33 locations as part of the Home Office Local Alcohol Action Area 2 programme.

3.2 There has been a strengthening of the arrangements for those experiencing domestic violence where substance misuse is an issue. Referral pathways have been agreed, and the adult substance misuse treatment service attends key risk management panels. Processes for MARAC referrals similarly strengthened and a toolkit developed and implemented.

3.3 LBH Commissioners reprocured a young person's substance misuse service to commence April 2017. A range of teams were involved in developing the service specification, including the Youth Offending Team, Community Safety, and Public Health.

3.4 Collaboration between the Council and CCG has resulted in a protocol developed whereby ex-offenders with no place of residence can now register with a GP in the borough

3.5 The drug and alcohol treatment service has continued to focus on improving successful treatment completions which have involved a range of initiatives, including fostering better joint working with mutual aid groups, and strengthening other partnerships to increase employment/education opportunities. This includes training ex-service users to be peer mentors. This type of system-wide approach is essential for ensuring people who successfully complete their treatment are not readmitted to the service.

3.6 A local drug information system in Havering has been established for issuing health alerts (treatment service, probation, police, health agencies) – with links across London and nationally

3.7 Joint protocols have been developed between partner agencies (drug and alcohol treatment service and mental health / children's services, etc). Many people who have problems with drugs will also have mental health problems. It is essential that the different agencies have effective working protocols to ensure that patients get the best treatment for the limited resources that are available (awaiting sign off by Mental Health Partnership Board).

3.8 Local safeguarding training also covers the specific risks for children and vulnerable adults where drugs and alcohol is a factor.

3.9 Training sessions focusing on the issues of drugs and alcohol have been delivered to a range of groups and professionals

3.10 The drug and alcohol treatment service has strengthened provision for marginalised groups who are typically at higher risk or who traditionally may not receive services that are appropriate for them, including lesbian, gay, bisexual and transgender

3.11 Following a CQC Safeguarding inspection in August, the adult treatment service has implemented the recommendations to improve safeguarding of children with a particular focus on areas of workforce training, liaison with other services, recording and reporting and governance

3.12 Following a CQC inspection in November, the adult treatment service is implementing actions to improve service provision with a focus on areas of case management, prescribing governance, workforce development and communications with GPs

3.13 There has been a successful shift in increasing the proportion of clients with alcohol problems being treated by the adult treatment service, compared to clients with drug issues

3.14 The adult substance misuse service opened a recovery hub in May, which is a key element of supporting adults to remain recovered. This offers counselling, education, training, mentoring. This is highly dependent on volunteers who are usually people who have had experience of substance misuse, and who are trained to counsel and mentor.

3.15 The Council set up a contract framework for providers of residential specialist detox and rehabilitation services, which has resulted in a more cost-effective and quality assured process

4.0 Main issues/challenges during 2016-17

4.1 Organisational restructures have impacted on timescales for completing some actions (Council services, CCG, Probation Services). Actions have been prioritised to ensure that important system-wide improvements are made, such as the agreement of joint protocols that are described above.

4.2 The governance arrangements have proved to be varied in how well the groups have monitored progress against the action plan:

- 4.2.1 Established groups, such as the Violence Against Women Group and the Safe and Sound Partnership have continued to monitor actions allocated to those areas.
- 4.2.2 Public Health has embedded monitoring of actions into various workstreams, including for example contract monitoring meetings.
- 4.2.3 There is not an established group within Adult Social Care to monitor progress against the action plan, this has resulted in the governance being managed through the Joint Commissioning Unit.
- 4.2.4 The Children's Services Improvement Board was to have monitored delivery of the D&A strategy and action plan. Taking into account the structural changes in Children's Services, the Service is asked to review the governance arrangements during 2017-18 to identify whether the governance arrangements are appropriate.

4.3 Nationally there has been an increase in the number of drug related deaths, which are primarily associated with an ageing population who have been using opiates and alcohol for a long time. Ageing drug users with long standing substance misuse problems have very complex needs, and this is affecting demand for tier 4 treatment.

5.0 Key Additional actions for 2017-18 (also see action plan)

5.1 As a result of Romford being chosen as one of 33 locations as part of the Home Office's Local Alcohol Action Area 2 programme, there will be a focus on developing safe zones in the night time economy and dispersal zones at night.

5.2 Public Health is leading an area of work on suicide prevention, in partnership with Barking & Dagenham and Redbridge, which is an important issue that overlaps with mental health provision, and drug and alcohol issues

5.3 Strengthen the treatment service recovery hub and recovery services, to increase the number of people successfully leaving the treatment service without relapse

5.4 Set up a Drug Related Deaths Panel, in response to increases in national trends for DRDs

5.5 Council to support the mobilisation of the new young people's substance misuse service with a focus on joint working arrangements with Children's Social Care, Early Help, Youth Offending Service and the adult substance misuse service

5.6 Strengthen joint working arrangements between young people and adult substance misuse services with a particular focus on joint training, prescribing, transitional arrangements and working with families

5.7 Working with the young carers service, young people and adult substance misuse services to Improve the identification of young carers and referral and engagement into the young carers service.

5.8 Adult substance misuse service to grow and develop pharmacy based needle exchange provision in Havering

5.9 Adult substance misuse service to improve criminal justice referrals into treatment with a particular focus on prison release, alcohol and drug treatment requirement orders – this will need to take into account barriers via prison release/criminal justice

5.10 Most treatment services are designed for younger people and so in order to overcome any barriers faced by older people, information sessions to be delivered to Adult Social Care, with Adult Social Care Learning & Development team to monitor the uptake and success of sessions

5.11 In partnership with substance misuse treatment services, Housing to identify and agree key harm reduction actions

5.12 During 2017-18 it is planned to monitor the rate of reoffending of those in contact with drug and alcohol services. This information will be presented as a KPI in the 2018 report.

6.0 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
Health			
Years of life lost due to alcohol related conditions (male)	609 per 100,000	London 691 England 797	Data for 2015: Havering is better than London and much better than England. The trend over time has remained fairly constant in Havering (Provided by Public Health)
Years of life lost due to alcohol related conditions (female)	225 per 100,000	London 238 England 311	Data for 2015: Havering is similar to London, and better than England. Locally, there was a general improvement in Havering between 2008 and 2012, following which the trend appears to have reversed, with a slight worsening in 2013 which has been sustained (until 2015) (Provided by Public Health)
Admission episodes for alcohol-related CVD conditions (male)	1,830 per 100,000	London 1,750 England 1,560	Data for 2014-15: Havering is worse than London, and worse than England. The trend shows a steady increase Havering since 2008 (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: 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)
Treatment Services			
Proportion waiting more than three weeks for drug treatment	3.2	London 0.9 England 2.1	Data for 2015-16: In Havering more people waited longer to enter drug treatment than was the case in London or England. (Provided by Public Health)
Proportion waiting more than three weeks for alcohol treatment	1.7	London 1.1 England 4.1	Data for 2015-16: In Havering, a slightly higher percentage of people waited longer to enter alcohol treatment than is the case for London, but Havering is better than England. (Provided by Public Health)

Successful completion of treatment of opiate use	7.9%	London 7.6% England 6.7%	Data for 2015: Havering is similar to London, and slightly better than England (Provided by Public Health)
Successful completion of treatment for non-opiate use	40.1%	London 40.1 England 37.3	Data for 2015: Havering is the same as London, and better than England (Provided by Public Health)
Successful completion of treatment for alcohol	34.8%	London 41.3 England 38.4	Data for 2015: Havering is worse than London, and slightly worse than England (Provided by Public Health)
Community Safety			
Testing on Arrest – achieve 95%	Target not achieved	Target 15 per month	Provided by Community Safety
Alcohol Treatment Requirements (annual)	Starts: 25 Completed: 14	Target 28 Target 16	Provided by Community Safety
Drugs Rehabilitation Requirements (annual)	Starts: 35 Completed: 25	Target 35 Target 17	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
Children and families			
% of current foster carers having attended information sessions on substance misuse during the three years to end Mar 2017	0%		Provided by Children's Services obtaining figures from Fostering
% of Early Help home assessment visits attended by WDP Havering where substance misuse is, or is identified as likely to be, an issue	*[1]		Data for 2016-17 (Provided by Commissioner)
% of recovery plans produced by WDP for	*[2]		Data for 2016-17 (Provided by Commissioner)

[1] Number suppressed due to small numbers
[2] Number suppressed due to small numbers

parents that are shared with Early Help			
Substance misuse by children who had been looked after continuously for at least 12 months	4% (6/151)		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 *[3]		Data for 2016-17 for 11 months to end Feb 17 (Provided by Children's Services)
Parental Alcohol Abuse (number and percentage)	CIN 2% (n=6) CP 2.3% (n-7) LAC 0% (n=0)		Data for 2016-17 for 11 months to end Feb 17 (Provided by Children's Services)

Further commentary on indicators where Havering is worse than both London and England

Admission episodes for alcohol-related CVD conditions (male)

The Local Alcohol Profile published by Public Health England (PHE) describes 67 indicators[4]. For 63 indicators, Havering is either similar, or better, than London / England. This indicator is one of four where Havering is shown to be worse than London and worse than England. The other three worse indicators also relate to admissions for alcohol-related conditions (but not mortality caused by alcohol). The strategy's position is that for those people who are drinking at seriously high levels, it is important that they have access to specialist treatment. One of the priorities when the drug and alcohol treatment service was recommissioned in 2015 was to increase access to specialist alcohol treatment. This has been achieved and continues to remain a priority for the service.

Proportion waiting more than three weeks for drug treatment

In 2015-16 proportionately more people waited longer to enter drug treatment than was the case in London or England (Havering 3.2; London 0.9; England 2.1). The Commissioner reports that out of an active average caseload of 480 clients (2016-17), there are approximately 20 clients per year who are waiting longer than three weeks to start their first treatment in Havering (both drugs and alcohol). In order to address this, the Provider reconfigured the service in 2017 to reduce the number of clients waiting for treatment, by centralising its assessment and allocation process. This has shown some early success in improving access and reducing waiting times. The Council Commissioner will continue to monitor the Provider's performance to keep waiting times to a minimum.

Successful completion of treatment for alcohol

In 2015, Havering was worse than London, and slightly worse than England (Havering 34.8%; London 41.3%; England 38.4%). Commissioners receive quarterly statistics from Public Health England which

[3] Number suppressed due to small numbers

[4] Havering Local Alcohol Profile 2017 (3 May 2017), available from https://fingertips.phe.org.uk/profile/local-alcohol-profiles, or from the author on request

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are restricted and may not be published. The Commissioner reports that in 20176/17, latest PHE figures have shown that performance has improved. In addition, the Council receives monthly performance reports from the Provider. These reports have shown a consistent improvement in the number of successful treatment completions during 2016-17 that led to the service exceeding its annual performance target in the reporting period.