

London Borough of Enfield

Health and Adults Social Care Scrutiny, 15th September 2022

Subject: Delivering Enfield's Response to the National Drug Strategy

Cabinet Member: Cllr Alev Cazimoglu

Executive Director: Tony Theodoulou

Purpose of Report

1. Discussion of the commissioning plan being developed in response to the requirements of the national drug strategy, 'From Harm to Hope'.

Relevance to the Council Plan

2. **Good Homes in well-connected neighbourhoods** – the development of additional and varied support to people with substance misuse issues will improve accessibility.
3. **Safe, healthy and confident communities** – Substance misuse can impact negatively on a range of health outcomes, including causing harm to the wellbeing of the wider family. There is also a correlation between substance misuse and offending behaviour.
4. **An economy that works for everyone** – improving the health of young people and adults with substance misuse issues will enhance their ability to work and reduce sickness rates.

Background

5. In December 2021 the Government released [From Harm to Hope](#), a new drug strategy to support communities to level up by offering a new approach to reducing crime and improving lives. The ambitious 10-year strategy aims to build world class treatment and recovery systems, and reduce the harms associated with substance misuse.
6. To enable Local Authorities to deliver against the strategic aims, the Department of Health and Social Care is making available funding via the Office for Health Improvement & Disparities (OHID) to Public Health departments, which it states should be used in addition to the investment Council's already make in commissioning drug and alcohol services.
7. The initial 3-year plan confirms that Enfield will receive £457,127 in 2022/23, rising to £542,212 in 2023/24 and £890,017 in 2024/25.
8. This report outlines the areas of delivery the Local Authority will need to support and the spending plan for the first year. Further work will be carried out to ensure that all commissioning activity considers the views of relevant stakeholders, such as the police and crime commissioner, the

local health and social care system, members, education, probation and NHS health and justice colleagues.

9. The Government's new 10-year strategy to combat illegal drugs sets out its aspirations to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life. A national investment of over £3 billion nationally over the next 3 years translates to an additional £1,880,000 for Enfield during the same period.

	2022/23	2023/24	2024/25
Supplemental funding for substance misuse and recovery (Enfield)	£457,127	£540,212	£890,017

Summary of Strategic Aims

10. The aims of the strategy are defined as follows:

Aim 1: Break drug supply chains – Home Office and Ministry of Justice

11. Within a decade the UK will be a significantly harder place for organised crime groups (OCGs) to operate. Through stepping up the response to the supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime.

- **restricting upstream flow** – preventing drugs from reaching the country
- **securing the border** – a ring of steel to stop drugs entering the UK
- **targeting the 'middle market'** – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
- **going after the money** – disrupting drug gang operations and seizing their cash
- **rolling up county lines** – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
- **tackling the retail market** – so that the police are better able to target local drug gangs and street dealing, this includes targeting 'recreational users' and ensuring that all drug use is unacceptable.
- **restricting the supply of drugs into prisons** – technology and skills to improve security and detection

Aim 2: Deliver a world class treatment and recovery system – Department of Health and Social Care, Ministry of Justice, Department for Levelling up, Housing and Communities and Department for Work and Pensions.

12. Within a decade, there will be a world-class treatment and recovery system in England. Addiction will be treated as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive by:

- **delivering world-class treatment and recovery services** – rebuild local authority commissioned substance misuse services, improving quality, capacity and outcomes

- **rebuilding the professional workforce** – develop and deliver a comprehensive substance misuse workforce strategy
- **ensuring better integration of services** – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery
- **improving access to accommodation alongside treatment** – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
- **improving employment opportunities** – employment support rolled-out across England and more peer support linked to Jobcentre Plus services
- **increasing referrals into treatment in the criminal justice system** – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
- **keeping prisoners engaged in treatment after release** – improved engagement of people before they leave prison and better continuity of care into the community

Aim 3: Achieve a generational shift in demand for drugs – *Home Office, Department for Education, Department of Health and Social Care, Ministry of Justice, Department for Culture, Media and Sport, Department for Levelling up, Housing and Communities.*

13. The vision is to bring about a generational shift in the use of drugs across society so that, within 10 years, fewer people take drugs or feel drawn toward taking drugs, and today’s children and young people grow up in a safer and healthier environment. Preventing drug use is more cost-effective and socially desirable than dealing with its consequences. People need to be encouraged to change their attitudes and behaviour by making sure that drug users are fully aware of the significant risks they are running, including the harms that their use is causing to themselves and others. For those who nevertheless choose to continue with their drug use, there will be swift, certain and meaningful consequences which will be felt more strongly than today and will escalate for those who continue to offend.

14. Activity aimed at protecting vulnerable children and young people will be increased so that they are less likely to start taking drugs.

- **building a world-leading evidence base** – ambitious new research backed by a cross-government innovation fund to test and learn and drive real-world change
- **applying tougher and more meaningful consequences** – decisive action to do more than ever to target more people in possession of illegal drugs.
- **delivering school-based prevention and early intervention** – delivering and evaluating mandatory relationships, sex and health education to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school
- **supporting young people and families most at risk of substance misuse** – investing in a range of programmes that provide early, targeted support, including the Supporting Families Programme

Outcomes

15. By the end of 2024/25 it is expected that this whole-of-government mission will have:
- **prevented nearly 1,000 deaths**, reversing the upward trend in drug deaths for the first time in a decade
 - **delivered a phased expansion of treatment capacity with at least 54,500 new high-quality treatment places** – an increase of 19%
 - **contributed to the prevention of three-quarters of a million crimes** including 140,000 neighbourhood crimes through the increases in drug treatment
 - **closed over 2,000 more county lines** through relentless and robust action to break the model and bring down the gangs running these illegal lines
 - **delivered 6,400 major and moderate disruptions – a 20% increase – against activities of organised criminals**, including arresting influential suppliers, targeting their finances and dismantling supply chains
 - **significantly increase our denial of criminal assets**, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply

Main Considerations for the Panel

16. Given the ambitious new direction and investment committed at a national level to deliver the drug strategy, local authorities will need to develop and implement effective commissioning plans, which address the need to provide additional treatment places, in line with national requirements, and consider the local impact on Enfield, including the opportunities to offer more early help.
17. Progress to date includes the development of this plan, which has been presented to the Public Health Senior Management Team, People DMT, and included as a Lead Member Briefing. Officers have also begun development of a local Combating Drugs and Alcohol Partnership, which will be the accountable forum for delivery of the strategic outcomes.
18. This supplementary funding is to provide services in addition to the existing commissioned adult and young people's substance misuse services.

Conclusions

19. To enable the Local Authority to meet the terms of the new funding, as set out in the strategy, Enfield will need to deliver the following:
20. **Joint Strategic Needs Assessment** – to inform future planning a joint strategic needs assessment will need to be undertaken to identify local need and to map and review existing provision. This will identify successes and gaps to inform future service development and planning. This work is underway and is due to be completed by December 2022.

21. **Strategic Leadership** – as demonstrated by the wide range of Government departments that are involved in the delivery of the priorities the drug strategy cannot be delivered by one team or service alone. To ensure success a multi-agency approach is required which will require strategic oversight and senior leadership buy in. This will include leading on the development and implementation of a local strategy as well as an oversight function which must include a formal board as detailed in the drug strategy. In Enfield, this is being developed as the ‘Combating Drugs and Alcohol Partnership’ and will be led by the Executive Director People.

22. **Build drug and alcohol treatment services** – the strategy commits to increasing the number drug and alcohol treatment places by 19%, the following tables detail what that increase is for Enfield. Data has been used for the last three years to give an indication what this may look like in the context of the pandemic and under business as usual.

Adults		
Year	Numbers in Treatment	Numbers in Treatment + 19%
2018/2019	990	1178 (990+188)
2019/2020	1162	1383 (1162+221)
2020/2021	1262	1502 (1262+240)

Young People		
Year	Numbers in Treatment	Numbers in Treatment + 19%
2018/2019	239	284 (239+45)
2019/2020	236	281 (236+45)
2020/2021	168	200 (168+32)

23. Increasing capacity in the drug and alcohol services may require lead in times, so early planning for this will ensure we are able to increase capacity at the earliest opportunity.

24. Public Health commissioners have established the initial resourcing requirements for 2022/23, which provides additional treatment options, as well as building on successful pilots:

Activity	Amount (£)
Tier 4 Care Co-ordinator - 1FTE	45,000.00
Dual Diagnosis Worker - 0.6 FTE	26,432.85
Additional Residential Rehab placements	36,000.00
Criminal Justice Intervention Team leader - 1FTE	40,500.00
Criminal Justice Intervention Team workers - 2FTE	66,000.00
Criminal Justice Intervention Team worker - 0.8FTE	26,400.00
Young Adults/Schools worker - 1FTE	31,500.00
Harm Reduction Co-ordinator – 0.5WTE Band 6	25,582.50
Novel opioid substitution treatment provision	30,000.00
Increase in treatment uptake	2,431.00
Diploma for service users (2 @ £3,500 each)	7,000.00
Nasal Naloxone kits	1,980.00

Needle exchange kits	1,230.00
D&A Service Development Manager – 1FTE	67,500.00
Needs Assessment and Service User consultation	30,000.00
Local Recovery Community Set-up	5,000.00
Enhancing treatment quality	8,700.00
Prison release free-phone number	570.00
Contingency management scheme	500.00
Workforce development	4,800.25
Total	457,126.60

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Appendices: None

Background Papers

The following documents have been relied on in the preparation of this report:

From Harm to Hope

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