

	<p align="center">Community Wellbeing Scrutiny Committee 4 March 2024</p>
	<p align="center">Report from the Director of Public Health</p>
	<p align="center">Lead Cabinet Member: Cllr Nerva Cabinet Member for Public Health and Adult Social Care</p>
<p align="center">Substance Misuse Treatment and Recovery in Brent</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Andy Brown Head of Substance Misuse Andy.brown@brent.gov.uk

1.0 Executive Summary

1.1 This report describes provides an account of substance misuse treatment and recovery services in Brent. It relates these services to the local needs assessment undertaken as well as national policy. It includes the funding and commissioning arrangements and the involvement of service users in the design and delivery of services.

2.0 Recommendation(s)

2.1 Members of the Scrutiny Committee are recommended to note the treatment and recovery services available to residents with problems of drug and alcohol.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

Effective and accessible substance misuse treatment services make a significant contribution to the Borough Plan priority: “**A Healthier Brent**” where success is defined as “Increased number of local residents engaging with drug

and alcohol treatment and recovery services”. Problematic alcohol use and drug use are associated with crime and ASB and an effective treatment offer contributes to “**A Borough where we can all feel safe, secure, happy, and healthy**”, with the police and criminal justice system being key partners.

“From Harm to Hope” is the current national Drug Strategy developed in 2021 in response to Dame Carol Black’s independent review of drugs. It focuses national and local activity on three key areas:

- Break supply chains
- Deliver a world class treatment and recovery system.
- Achieving a generational shift in demand for drugs.

3.2 Local patterns of drug and alcohol use

3.2.1 In England, all local authority commissioned substance misuse services are required to submit data to the National Drug Treatment Monitoring System (NDTMS). Through NDTMS, OHID (the Office for Health Improvement and Disparities) provide anonymised reports to commissioners which enable us to monitor and benchmark the performance of local services, as well as providing some insight into local patterns of drug and alcohol misuse.

NDTMS categorises services users according to their primary substance(s) of misuse, there being four categories:

- Opiates
- Non opiates (crack cocaine, cocaine)
- Alcohol
- Alcohol and non-opiates

3.2.2 This categorisation has been used for decades. However, increasingly it does not accurately describe current patterns of substance use, for example the use of more than one substance, the use of prescription drugs and Chemsex.

OHID estimate that in Brent there are

- 2,310 opiate and/or crack users in Brent
- 1,752 opiate users
- 1,331 crack users
- 3,169 problem alcohol users.

3.2.3 The most recent NDTMS data available is for the period December 2022 to November 23. This showed that 1169 local residents were engaged in structured treatment services.

- Opiates only: 172
- Crack only: 44
- Opiates and Crack: 255
- Alcohol only: 387

- Non-opiates and Alcohol only: 150
- Non-opiates only: 161

3.2.4 There were 605 new presentations over the same period into structured treatment services of which:

- Opiates only: 33
- Crack only: 32
- Opiates and Crack: 82
- Alcohol only: 252
- Non opiates and Alcohol only: 99
- Non opiates only: 107

3.2.5 There are many barriers to substance misusers accessing treatment, including an individual's willingness to recognise they have a problem and need help and that effective help is available. Locally we endeavour to minimise these barriers. For example, there are no waiting times to access treatment in Brent, the 24-hour helpline is open to anyone worried about their or someone else's substance misuse and the service continually reaches out to residents, clinicians, and partners to encourage referrals. Our service users in recovery are some of the most powerful advocates for treatment and we continue to try to amplify their voices.

3.2.6 In 2023, the public health department undertook a substance misuse needs assessment. Some key findings:

- The prevalence of harmful alcohol use (more than 14 units a week) in Brent is lower at 11% than London (20%) and England (22%).
- Around 4.3% of adults in Brent engage in binge drinking. This is lower than London (14.6%) and England (15.4%).
- In contrast, the prevalence of drug misuse in Brent is estimated to be higher at 10.3% than the national 8.9%.
- Compared to the national picture, in Brent there is estimated to be a higher proportion of Crack than Opiate users.
- Rates of alcohol related hospital admissions in Brent are higher than national. However, for young people, alcohol related admissions are lower than national averages
- Drug misuse is a significant cause of premature mortality. However recent data shows lower deaths rates in Brent than those seen historically.
- The proportion of White residents in the treatment population is greater than expected. This could represent a greater prevalence of problematic substance use in the White population and / or barriers to accessing treatment for those from other ethnic groups.

- For young people accessing treatment, there is a higher proportion of those of Black Caribbean heritage followed by White ethnic groups.
- There are high rates of smoking in the local treatment population, although, as in the general population, these rates are lower in Brent than nationally. In Brent 33% of those starting treatment for alcohol misuse smoke compared to 43% nationally. For drug treatment the figures are 42% in Brent and 65% nationally.

3.3 Service Provision

3.3.1 Specialist drug and alcohol treatment and recovery services offer a wide range of interventions to support people to recover from drug and alcohol dependence. Locally services are commissioned by the public health team and funded by the Council's Public Health Grant, Supplementary Substance Misuse Treatment Grant (SSMTRG) and the Rough Sleepers Drug and Alcohol Treatment Grant (RSDAG).

3.3.2 In 24/25, the total budget will be £6,415,000 which consists of main Public Health Grant £4,617,000; SSMTR £985,828; RSDATG £434,000.

3.2.3. Drug and alcohol services are provided through the VIA New Beginnings Service. VIA were formally known as WDP (Westminster Drugs Project). Central Northwest London (CNWL) NHS Foundation Trust are the clinical provider.

3.3.4 The New Beginnings Service covers two sites: Cobbold Road, which is the community hub, and Willesden Centre for Health and Care, where the majority of clinical services are provided, (although there is clinical outreach at Cobbold Road). Services are open 5 days a week from 9.00 am to 5.30 pm with extended opening to 7.00 pm on Mondays and Wednesdays backed by a 24/7 helpline: 0800 107 1754. In addition, outreach work takes place in the early morning and late evenings. At weekends Cobbold Road Treatment and Recovery Service is also open for the BSAFE (Brent Social Access for Everyone) service (see 3.4).

The service offer is tailored to individual health and social care needs with all service users having an individual care plan and a personal worker in a treatment and recovery model aimed at supporting people from addiction through to abstinence-based recovery pathways

Services provided by New Beginnings include:

- Information, advice, support, assessment and drop-in
- One-to-one key working
- Needle exchange and harm reduction services
- Substitute prescribing
- Health assessments and blood born virus screening & vaccination.
- Group work programmes (including abstinence and evening groups)
- Counselling and psychology

- Access to inpatient detoxification and residential rehabilitation
- Women-only groups
- Self-help and mutual aid groups
- Sexual health advice
- Smoking cessation
- Aftercare services
- Education, training and employment (ETE) support
- Reducing offending and gang affiliation
- Integrated Offender Management (IOM)
- Restrictions on Bail (RoB)
- Prison, Probation and Court Link Work
- Family and carers' support and advice
- A health and wellbeing service for people who use substances at lower levels, including alcohol, club drugs, cannabis and cocaine.

3.3.5 The service includes a shared care scheme where clients receive the majority of their care from primary care with clinical support and advice from New Beginnings. Clients on this scheme will usually be on stable substitute prescribing and often have other chronic conditions which are suited to primary care management. It is anticipated as a cohort of opiate substance misusers age, more clients will be supported in primary care in future through the development of outreach, pop up clinics and satellite provision over the next year.

3.3.6 VIA also provide an Individual Placement Support (IPS) service not only in Brent but across West London. The IPS service aims to achieve sustainable employment, to help reduce stigma, enrich lives, boost local economies, develop additional talents, and create workforces that reflect the diversity of their local communities. Brent's Employment Specialist attends the Cobbold Road service up to three times per week and continues to develop and maintain strong relationships with the New Beginnings staff team, attending team meetings and service user groups including the B3 Recovery Champions course. Latest data (to Q3 23/24) shows that since the project started in 2019, 506 referrals have been made to the service with 328 engagements in employment. More people are referred to IPS in Brent and more people engage in employment than any other borough in West London

3.3.7 While many features of the service model have been specified by commissioners, the provider has also introduced innovations in service delivery, notably the VIA Capital Card. This is a reward card for service users, families and carers of VIA services which incentivises service users' engagement through a simple earn-spend points system, akin to a Tesco Club card or a Boots Advantage Card. Clients can earn points by accessing services that support improved health and wellbeing. They can then spend these points on products and services such as gym sessions, cinema and theatre visits, hair and beauty salons, cafés and coffee shops. VIA also provide regular points-based services, such as daytrips, weekend retreats, classes, and groups.

3.3.8 A key service innovation over the last three years has been the development of screening pathways involving primary care and the role of the Fibro-scan

machine. A Fibro-scan measures the 'stiffness' of an individual's liver, which in turn reflects the degree of scarring in the liver (fibrosis). It is a simple, painless test which gives immediate results which detects alcohol or hepatitis related damage. The scan provides a powerful incentive to treatment through New Beginnings, and where clinically appropriate residents are linked straight away into a specialist hepatology treatment pathway at St Mary's Hospital. The Fibro-scan machine in New Beginnings is the only such machine in Brent, and Brent is one of the few public health teams to have commissioned such a service in London.

3.3.9 Young people have a specialist service - Young People VIA Elev8. This is delivered by VIA New Beginnings and provides specialist advice and support for young people directly impacted by substance misuse along with emotional health and well-being interventions. The service is available for young people who are under 25 and who live or study in Brent. It includes:

- advice and information around health and wellbeing.
- private and confidential sessions with their own support worker (in-person and online).
- help to make better decisions about an individual's drinking or drug use.
- help get other support that they may need.

3.3.10 The service can meet young people at a location that works for them, such as school, college, youth club or a safe space in their local community, and at a time that suits young people.

3.9.11 Cannabis is still the primary drug used by young people, with alcohol being the secondary substance. The service offers holistic interventions that looks at address issues as they impact on substance misuse and well-being such as:

- Anxiety
- Bullying
- Issues around body image / eating disorder.
- Vaping

In the last reporting period (December 2022 to November 23) NDTMS records 149 young people accessing treatment, with 82 being under 18 yrs and 67 aged 18 to 24. NDTMS does not include all young people in contact with the service. In particular, it does not record preventive interventions. This is a shortcoming of national data recording systems.

3.4 B3 Service User Council “be heard, be motivated, be free”: B3 is the service user council for Brent. It was formed in 2009 by local residents using local drug and alcohol treatment services who wanted to help themselves and others facing the same issues around addiction and recovery. B3 aims to:

- raise awareness of drug and alcohol issues through information and education.
- provide a voice and support for service users in Brent.

- improve services in Brent through community feedback, partnership work, training and service user involvement.
- 3.4.1 B3 is now commissioned by Public Health as an entirely peer led service, run for and by residents. There are approximately 120 to 130 active members and an expanding volunteer base. The service is a central element of the recovery and aftercare pathway which helps people maintain their recovery and provides a range of social activities that help prevent social isolation and relapse into addiction.
- 3.4.2 These services include the Friday Service Users Council, Recovery Champions Training and the BSAFE weekend service. B3 operate from Cobbold Road and are fully engaged at all levels of the commissioning and operational management of the VIA New Beginnings contract. Members work alongside commissioners and providers through a range of planning forums such as the Treatment Sector Conference and the Recovery Planning Workshop that took place in November to redesign recovery and aftercare provision, as well as the Brent Drug and Alcohol Partnership. B3 members were also on the interview panel for Senior Pathway Strategist Criminal Justice and Women's Pathway posts based in Public Health.
- 3.4.3. B3 run the **BSAFE weekend service** at Cobbold Road, where B3 are the custodians and key holders for the building at weekends. "BSAFE" (stands for "safe access for everyone") is for individuals with substance misuse problems and/or engaged with recovery services. Weekends are a period where people can feel particularly isolated and BSAFE offers both support to maintain recovery and a route into treatment. A number of service users have accessed treatment after using the weekend service.
- 3.4.4 Brent is one of the few London Boroughs that has a weekend service operating on both Saturday *and* Sunday. The service is regularly attended by 50 to 70 service users, is run by B3 staff and trained volunteers, and operates on a Saturday afternoon from noon to 5 pm and on Sundays from 1.00 to 4.00 pm. It provides:-
- A friendly, safe, and relaxing environment
 - Refreshments
 - Newspapers, TV and computer access
 - Peer support and friendship
 - Signposting and guidance to other local services and partners including Food Banks, Via New Beginnings, Crisis Skylight, St. Mungo's, The Terrance Higgins Trust
- Children are welcome if accompanied by a responsible adult.
- 3.4.5 B3 are also commissioned by Public Health to run a Recovery Champions course. This runs four times a year and participants study for two days a week for 5 weeks focusing on:
- Drugs & alcohol advice, support & consultancy.
 - Presentation & communication skills.

- Self-development to build participants' confidence in working and learning together.
- The development of essential skills such as health & safety, confidentiality, personal values, boundaries, safeguarding and communication skills.
- To continue their development on the role of recovery champions and where they can signpost and refer other local residents to help and support services such as New Beginnings.

3.4.6 The service has also been recognised as a national model of good practice by OHID for involving service users in the development of treatment and recovery services. B3 sit on the London Service User Council for Drugs and Alcohol chaired by OHID and regularly appear at national forums to talk about the work they undertake in Brent.

3.5 Hepatitis C.

3.5.1 Hepatitis C is a blood borne virus which, left untreated, can cause liver cancer and liver failure. It usually displays no symptoms until the virus damages the liver enough to cause liver disease. People who inject drugs are at high risk of becoming infected. It is possible to screen for hepatitis C and in recent years effective drug treatments which are well tolerated have become available.

3.5.2 Via New Beginnings Brent has achieved “micro-elimination of hep C” which means that:

- 100% of those in treatment have been offered a Hep C test.
- 100% of people who currently inject or have previously injected have been tested for Hep C
- 90% of individuals who currently inject or have previously injected have been tested in the last 12 months.
- 90% of people who were diagnosed with Hep C at the service have started treatment.

This is a significant achievement and will prevent future cases of liver failure and cancer.

3.6 Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG)

3.6.1 In October 2020 Public Health working in collaboration with WDP (now VIA) successfully bid to DHSC and DHLUC for RSDATG. This is ring- fenced funding to enable rough sleepers with entrenched drug and alcohol problems to engage with treatment and recovery programmes to support access to and maintenance of stable accommodation. In 24/25, Brent will receive £434,000.

3.6.2 The grant pays for a specialist outreach team BOET (Brent Outreach and Engagement Treatment Service) based in VIA New Beginnings which works with rough sleepers *and* those at risk of rough sleeping.

The team consists of:

- Senior Recovery Practitioner
- Outreach and Engagement Nurse
- Women's Engagement and Recovery Practitioner
- Homeless Drug and Alcohol Practitioner
- Complex Needs Navigator
- Peer Advocacy and Engagement Practitioner
- Homeless Recovery Support Practitioner

3.6.3 BOET works in partnership with Brent Council's Single Homeless Persons Service through the Turning Point Service in Harlesden as well as with St Mungo's, Crisis Skylight, hostel accommodation leads, and the Metropolitan Police Safer Neighbourhood Team leads. The most recent data shows the service is currently working with 22 rough sleepers, with 12 people assessed for structured treatment, and with 62 people at risk of rough sleeping, with 22 assessed for structured treatment (23/24 quarter 3 data).

3.7 Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG)

3.7.1 The Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) is a ring-fenced three-year grant (22/23 to 24/25) to support local authorities to meet 3 key targets:

- Increasing numbers in structured treatment: the target is a 10% increase in the number of Opiate and Crack users engaging in structured Treatment for 24/25
- Continuity of care: the target is for 75% of drug using offenders to engage in the local treatment and recovery system on release from prison.
- The number of people engaging in residential rehabilitation.

3.7.2 The grant conditions include a requirement to maintain the level of spend on substance misuse interventions from the main Public Health Grant (in Brent £4,617,000), i.e., the SSMTRG must be supplementary to the main grant. Delivery plans must be agreed with the local service provider and service users, and the Combatting Drugs Partnership (see 3.8) must be consulted. Local commissioners have limited discretion on how the grant is used, being able only to select from a set "menu" of interventions.

3.7.3 Brent will receive £985,828 in 24/25 which is the last year of the current 3-year funding programme. The future of the SSMTRG is currently uncertain.

3.7.4 The 24/25 plan will see the creation of six new posts to support partnership working, mental health in-reach, young people's services, satellite working and additional capacity for assessment for VIA New Beginnings and Elev8. This builds on investment already made into specialist harm reduction, in reach into the criminal justice system, dual diagnosis and service user involvement.

- 3.7.5 To increase the numbers of opiates and crack users engaged with local treatment services, the plan focuses on the criminal justice system, mental health in-reach and targeted outreach including a new model of engagement for working with the Police. The grant has supported more effective operational links with the pathways from Prisons and more joint working locally with the London Probation Service and Willesden Magistrates court.
- 3.7.6 One long standing health inequality is the under-representation of women in treatment and work is underway to improve pathways for women into treatment.
- 3.7.7 The grant is also supporting more targeted work with those involved in the sex industry at street level.

3.8 The Combatting Drugs Partnership (CDP) for Brent.

- 3.8.1. The government's drugs strategy, '*From Harm to Hope*', relies on co-ordinated local action across partners including enforcement, treatment, recovery, and prevention and prescribes an identified Senior Responsible Officer (SRO) to lead on the local delivery and the establishment of a Combatting Drugs Partnership. In Brent the SRO is the DPH who chairs the Brent Drug and Alcohol Partnership (BDAP) which includes the responsibilities of the CDP but takes a broader perspective including addressing alcohol related harms.

3.9 Brent Drug and Alcohol Related Deaths (DARD) Panel

- 3.9.1. Drug and alcohol related deaths may occur from acute overdose or from chronic misuse and the associated physical health harms. Deaths may be in those in contact with services and those not known to services.
- 3.9.2 Local surveillance and response systems exist to rapidly identify drug related deaths in order that necessary public health action can be taken, for example in response to possible contamination of the drug supply. This could involve enhanced surveillance by enforcement and clinical services and / or harm minimisation messages to users. Robust systems of reporting and response exist in Brent for those known to treatment services. For those not known to services we are dependent on notification from the partners which can be less timely.
- 3.9.3 In 2022, public health established a Brent Drug and Alcohol Related Deaths Panel (DARD Panel) which meets on a quarterly basis to allow a more considered review of deaths of service users. To date 22 cases have been discussed at the panel. The majority of the cases have been associated with long standing misuse of alcohol. The majority of deaths in drug users known to services have been as a result of the long-term physical health impacts of drug use rather than overdose. In a number of cases for both alcohol and opiate users , people have died having come into the treatment system after decades of problematic substance misuse. This underpins the importance of encouraging people into treatment and of a closer relationship between

substance misuse treatment services and primary care to ensure the physical health needs of those in treatment are addressed.

3.9.4. Opiate overdose can be reversed by the rapid administration of naloxone and VIA have provided naloxone training and supplies to B3 and to hostels who accommodate clients at risk of substance misuse.

3.9.5 Recently we have become aware that a number of single homeless people with substance misuse issues are being placed by other boroughs in temporary accommodation settings in Brent, for example hotels, which public health and VIA are unaware of. Work is underway to identify these settings and reach out with an offer of training to staff around substance misuse and overdose risks. At the same time, VIA and B3 are reaching out to those placed in these settings to ensure they are aware of the treatment offer.

3.9.6 There is *national* evidence of increasing amounts of synthetic opioids in the supply chain. These significantly increase the risk of overdose by being more powerful and more long lasting.

3.10 Wider engagement of treatment and recovery services

3.10.1 Brent is one of the few boroughs to have in place a memorandum of understanding between substance misuse and sexual health services to improve pathways of care between the two services.

3.10.2 B3 and VIA held a very successful Black History Month event in October at Cobbold Road and an LGBTQ + event at the end of February.

3.10.3 A new video for professionals on the treatment and recovery offer for Cobbold Road has been produced and disseminated. A version for service users is under development involving B3 with a further video aimed at young people under production.

3.11 SSMTRG targets

3.11.1 From Harm to Hope and the additional SSMTRG funding and associate targets shifted our measurement of success within treatment and recover services from “successful completions” of treatment, where Brent has for many years performed above regional and national benchmarks, to increasing the numbers in treatment with less attention to the outcomes of treatment. Pivoting the local treatment system from “quality” to “quantity” has been a challenge.

3.11.2 For Brent the target set by government is 1295 drug and alcohol users in structured treatment. In the current reporting period (December 2022 to November 2023) 1169 people were engaged, 90% performance against the national target.

3.11.3 It is widely acknowledged that the national targets are ambitious and many authorities, particularly in London are struggling to meet these. Brent's current level of achievement places us "mid table"

3.11.3 Performance against national targets is measured on a 12-month rolling average meaning there is a delay in action impacting on performance. Looking at those coming into treatment it appears that the pivot to bringing more people in has been achieved with there now being over 100 referrals a month, with an average of 50 new treatment starts.

4.0 Financial Considerations

4.1 These are contained in the body of the report.

5.0 Legal Considerations

5.1 There are no legal considerations arising from the report.

6.0 Equality, Diversity & Inclusion (EDI) Considerations

6.1 These are contained in the body of the report.

7.0 Climate Change and Environmental Considerations

7.1 There are no climate change or environmental considerations arising from the report.

Report sign off:

Rachel Crossley

Corporate Director of Care, Health and Wellbeing