Cabinet	
27 November 2024	TOWER HAMLETS
Report of: Somen Bannerjee, Director of Public Health	Classification: Unrestricted

Combating Drugs Partnership Substance Misuse Strategy

Lead Member	Councillor Abu Talha Chowdhury, Cabinet Member for Safer
	Communities
Originating Officer(s)	Adam Price, Strategy and Policy Lead
Wards affected	All wards
Key Decision?	No
Reason for Key	This report has been reviewed as not meeting the Key Decision
Decision	criteria.
Forward Plan	25/10/2024
Notice Published	
Exempt	N/A
information	
Strategic Plan	Priority 5: Investing in public services
Priority /	Priority 6: Empowering communities and fighting crime
Outcome	

# **Executive Summary**

The new Substance Misuse Combating Drugs Partnership Strategy sets out the agreed local priorities for the partnership for 2024 to 2027 under the 3 national pillars set out as a result of the government's 10 year drug strategy, From Harm to Hope. The Mayor in Cabinet is asked to note the report and formally approve the strategy for Tower Hamlets Council as a member of the Combating Drugs Partnership.

#### **Recommendations:**

The Mayor in Cabinet is recommended to:

1. Note the local strategic priorities set out for the Tower Hamlets' Combating Drugs Partnership (CDP) in the CDP Substance Misuse strategy and confirm Tower Hamlets Council's adoption of the strategy and delivery plan.

# 1 REASONS FOR THE DECISIONS

1.1 As the council is a core member of the CDP and has been a key partner in developing and delivering the strategy, the Mayor's confirmation of the adoption of the strategy indicates and reaffirms our commitment to working collaboratively with partners through the Community Safety Partnership and CDP Board.

# 2 <u>ALTERNATIVE OPTIONS</u>

2.1 The Council could choose not to endorse the Combating Drugs Partnership Substance Misuse strategy, but this would mean a delay in meeting our statutory duty as a core duty holder to develop and implement a partnership strategy and delivery plan for the CDP while changes were made. This would mean that the council would be non-compliant with respect to this duty and could face a degree of reputational risk, particularly with respect to CDP members.

# 3 DETAILS OF THE REPORT

- 3.1 Tower Hamlets Combating Drugs Partnership consists of core duty holders and local partners including the local authority, health services, police, ambulance service, probation, providers, job centre plus and voluntary and community groups. They are tasked with delivering the three key pillars of the government's 10 years drug strategy – to break drug supply chains, deliver a world-class treatment and recovery system, and achieve a generational shift in the demand for drugs. The Partnership has dual reporting lines to the Community Safety Partnership (chaired by the Lead Member for Safer Communities and the Health and Wellbeing Board. It is chaired by the Director for Public Health.
- 3.2 The Tower Hamlets Substance Misuse Strategy 2020-2025 was due to expire next year. However, the Covid-19 pandemic had disrupted the delivery and oversight of this strategy and the context of a change of administration and a Mayor with a number of important pledges relating to this area of work meant that the opportunity to refresh our local approach through the CDP was a timely one. The national priorities align well with the Council's Strategic Plan, where Priority 5, Invest in Public Services, and Priority 6, Empowering communities and fighting crime, have a direct bearing on the achievement of national outcomes.
- 3.3 The new strategy draws on engagement with local community groups, service users, and a range of professionals and partners to identify where and how we can have the greatest impact as a partnership.
- 3.4 Engagement and outreach work conducted as part of the strategy development process so far has included:
  - o July 2023 workshop with key partners and professionals
  - Sep 2023 Safer Neighbourhoods Board engagement on priorities
  - Oct 2023 Community Pharmacies engagement on priorities

- o Oct 2023 RESET Service User focus group on priorities
- Nov 2023 workshop with key partners and professional working with children
- Nov 2023 Housing SMT feedback session
- Nov 2023 Mayor's Congress to seek views on the strategy to date and get buy-in from community representatives
- Dec 2023 Oversight & Scrutiny Committee
- Winter-Spring 2024 Gap analysis and action planning with System Improvement Group, ADDER Delivery group and Adolescent Partnership Working Group
- 3.5 We engaged a broad range of community groups through the engagement activity above, including representatives of our Bangladeshi and Somali communities as well as groups representing disabled people's interests and LGBTQ+ residents.
- 3.6 Central to the direction of this strategy is a public health informed approach to addiction that seeks to reduce morbidity, mortality, and harms from stigma and criminalisation, and ensure that our interventions are humane and evidence based.
- 3.7 The strategy consists of three to four local priorities under each of the pillars. Each of the three pillars has an associated sub-group of the board overseeing creation and delivery of the delivery plan for that part of the strategy, utilising existing groups and capacity where possible. The names of the sub-groups (as they currently stand) are the Substance Misuse System Improvement Group, the ADDER delivery group and the Adolescent Partnership Working Group.
- 3.8 Our local priorities are as follows:

#### 1. Break drug supply chains



3.9 Under 'breaking drug supply chains' our local priorities are to:

- break the cycle of exploitation by intervening to support exploited residents
- help people encountering the criminal justice system to leave drugs behind
- reduce the visibility of drug dealing and drug use, and
- support the wider Metropolitan Police substance misuse strategy in reducing the supply of drugs.
- 3.10 Within 'delivering a world-class treatment and recovery system' our local priorities are to:
  - streamline access and routes through services
  - improve the effectiveness of treatment
  - provide settings that sustain recovery, and
  - enhance harm reduction provision.

The work in this area also includes consideration of the use of culturallysensitive or culturally appropriate treatment and recovery services.

- 3.11 Finally, within 'achieve a shift in the demand for drugs' our local priorities are to:
  - promote awareness and where to find help
  - target specific substance misuse harms, and
  - stop problematic substance misuse before it begins.

- 3.12 Implementation is ongoing from April 2024, though each of the three areas is required to complete delivery planning and finalise the action plan for their priorities. The strategy itself does not have earmarked costs: the council and partner organisations will contribute through their own programmes and planning cycles.
- 3.13 A launch event for the strategy is being planned for 27 September in conjunction with the Lead Member and Mayor's Office.

## 4 EQUALITIES IMPLICATIONS

- 4.1 A completed Equalities Impact Screening Tool is found at the end of this document. In addressing support for addiction the partnership recognises the importance of understanding the factors affecting each individual's journey and considering how questions of intersectionality can compound difficulties through discrimination, disability or disadvantage.
- 4.2 A full equalities impact analysis has not been undertaken to accompany this report. This is because approving and noting the CDP's Substance Misuse strategy via the council's governance procedures will not have, in and of itself, the potential for negative outcomes for residents that would disproportionately affect them on the basis of possessing particular equalities characteristics.
- 4.3 Where work that falls under the strategy has the potential to do so, for example in relation to new projects, capital spend or specific changes to our ways of working such as the re-commissioning of elements of the treatment and recovery system, or the Mayor's capital project to provide culturally-appropriate recovery options this will be informed by detailed equalities analysis accompanying those changes and the relevant reports.

# 5 OTHER STATUTORY IMPLICATIONS

- 5.1 An overview of the engagement and consultation conducted as part of this work is given in paragraph 3.4 above.
- 5.2 Effective partnership working and community engagement is an important way for councils to deliver their best value duty. Guidance on best value standards is clear that "Authorities should have a clear understanding of and focus on the benefits that can be gained by effective collaborative working with local partners and community engagement in order to achieve its strategic objectives and key outcomes for local people". This strategy supports the delivery of the Best Value duty via partnership work to tackle substance misuse and the associated harms. For example, we know that each £1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services<sup>1</sup>.

<sup>&</sup>lt;sup>1</sup><u>Review of drugs part two: prevention, treatment, and recovery - GOV.UK (www.gov.uk)</u>

5.3 There are too many examples to list them individually in this report, but the strategy and delivery plan also support a number of our actions and priorities in relation to the environments and public spaces accessed by residents, while work that will result in crime reduction and safeguarding of vulnerable residents runs through our local priorities and the work that sits beneath them.

#### 6 <u>COMMENTS OF THE CHIEF FINANCE OFFICER</u>

- 6.1 This report sets out the local strategic priorities for the Tower Hamlets' Combating Drugs Partnership (CDP) in the CDP Substance Misuse strategy.
- 6.2 There are no direct financial implication emanating from this report. Should any proposal within the report results in cost implication, necessary approval will need to be sought as part of the Medium Term Financial Plan.

## 7 <u>COMMENTS OF LEGAL SERVICES</u>

- 7.1 Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the 1 Review of drugs part two: prevention, treatment, and recovery GOV.UK (www.gov.uk) health of the people in its area. These steps may include the provision of services or facilities designed to promote healthier living.
- 7.2 Section 3 of the Local Government Act 1999 sets out the Best Value Duty, which requires local authorities to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 7.3 The proposals set out in this report comply with the above legislation.

#### Linked Reports, Appendices and Background Documents

#### Linked Report

• NONE.

#### Appendices

- Appendix 1 Combating Drugs Partnership Strategy 2024-2027
- Appendix 2 CDP Annual Delivery Plan 2024-2025
- Appendix 3 Substance Misuse Needs Assessment Executive Summary 2022-23
- Appendix 4 Substance Misuse Needs Assessment March 2023

# Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

None

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# Equalities screening tool

Is there a potential that the policy, proposal or activity covered by this form disproportionately adversely impacts (directly or indirectly) on any of the groups of people listed below? Please consider the impact on overall communities, residents, service users and council employees. If you have answered Yes to one or more of the groups of people listed above, a full Equality Impact Analysis is required. This should include people of different:	Yes	Νο
• Sex		$\boxtimes$
• Age		$\boxtimes$
Race		$\boxtimes$
<ul> <li>Religion or Philosophical belief</li> </ul>		$\boxtimes$
Sexual Orientation		$\boxtimes$
<ul> <li>Gender re-assignment status</li> </ul>		$\boxtimes$
<ul> <li>People who have a Disability (physical, learning difficulties, mental health and medical conditions)</li> </ul>		
<ul> <li>Marriage and Civil Partnerships status</li> </ul>		$\boxtimes$
<ul> <li>People who are Pregnant and on Maternity</li> </ul>		
You should also consider:		
<ul> <li>Parents and Carers</li> </ul>		
<ul> <li>Socio-economic status</li> </ul>		
<ul> <li>People with different Gender Identities e.g. Gender fluid, Non- binary etc.</li> </ul>		
• Other		