

**LONDON BOROUGH OF TOWER HAMLETS**  
**OVERVIEW & SCRUTINY COMMITTEE 30<sup>TH</sup> SEPTEMBER 2014**

**Advice and comments in relation to Extension of Substance Misuse Strategy**

The Overview and Scrutiny Committee considered the above report, at its meeting held on 30<sup>th</sup> September 2014. The report informed OSC that:-

- Full Council had adopted a local Substance Misuse Strategy (SMS) for 2012-15 with 3 core work streams or 'pillars':- prevention and behaviour change, treatment, enforcement and regulation. This was due to expire in April 2015.
- There were statutory obligations upon the Authority, under the Crime and Disorder Act 1998, to formulate and implement strategies in conjunction with other specified responsible authorities for combating the misuse of drugs, alcohol and other substances; and the SMS was a contributory element of the Crime and Disorder Reduction Strategy for Tower Hamlets. The SMS was also closely linked to the Community Safety Plan (CSP) and the Health & Wellbeing Strategy (HWS), both of which expired in March 2016.
- The DAAT Board and the Community Safety Partnership had endorsed a proposal to extend the current SMS by a year to align with both:-
  - The major re-procurement of drug / alcohol treatment services, currently underway, the outcome of which would drive changes to the way in which related services are delivered. Thereby avoiding the premature adoption of a revised strategy that would immediately have to be revisited.
  - The CSP and HWS to facilitate a more comprehensive and co-ordinated response to substance misuse.
- The extension to the SMS had been considered and agreed by the Mayor in Cabinet on 3<sup>rd</sup> September, and was now before the OSC for comment before it was considered by full Council in November.

A discussion followed which focused on clarification being sought and given on the following points:-

- Why was the SMS now before the OSC for comment, when it had already been considered by the Mayor in Cabinet and an onward recommendation to full Council made? *The SMS was a mandatory strategy that required presentation to OSC for comment before adoption by full Council.*
- Perplexity expressed regarding the major re-procurement of drug/ alcohol treatment services in advance of the formulation of a new SMS. Surely the services to be delivered should follow on from the strategy after its identification of strategic needs?. *There was already a commitment to re-procuring treatment system within the adopted 2012-15 SMS and this process began in January 2014, less than two years into the current strategy.*
- Concern expressed that the development of a new SMS 4 years after the existing SMS had been adopted, was likely to lead to different procurement needs to those identified by the current strategy. There might be a case for shifting resources from treatment to prevention which might render the current re-procurement not fit for purpose. *Stakeholders were already involved in the re-procurement and there was a responsibility to deliver on the SMS adopted by full Council in 2012. The shift of resources was a theoretical possibility however there was no sense that would happen given the stakeholders involved in re-procurement would be those engaged in development of a new strategy. Re-procurement was in line with practice across London and Public Health England was content that it would deliver the required public health outcomes.*
- Clarification sought and given as to performance targets and performance monitoring arrangements associated with the SMS. Were it to be extended which areas of concern

regarding service delivery would need monitored? *In terms of the prevention and behaviour change pillar, there was a comprehensive communications and education plan as previously,*

*but resources should be invested in evidence based interventions In terms of the treatment pillar there was some evidence that outcomes were not being delivered and that would be addressed through the re-procurement. In terms of enforcement there had been a significant reduction in re-offending and this focus would continue.*

- *Could suppliers failing in service delivery outcomes be excluded from the re-procurement? This was not legally possible.*
- *During the election campaign constituents had made it clear there was a serious problem with substance misuse by young people in stairwells and internal communal areas, particularly in social housing blocks. Which part of the SMS addressed the engagement with RSLs and relevant parts of the Community Partnership to ensure RSLs maintained working door entry and CCTV systems to mitigate this problem? The Authority engaged with RSLs at the Anti-Social Behaviour forum, and THEOs engaged with RSLs in combatting ASB at fortnightly tasking meetings. It would also be addressed in the 2015/16 Action Plan.*
- *Clarification sought and given as to substance misuse prevention policies in secondary schools. Also whether enforcement activities still focused on middle tier drug dealers. Prevention in schools fell under the ESCW directorate whereas the Drug and Alcohol Action Team was limited to adults; however input from young people had informed the SMS. It was intended that the successful "Dealer a Day" initiative would continue. Mr McCulloch Graham (Corporate Director ESCW) advised that all secondary schools will have drug education and prevention policies and social health education. Significant funding had been set aside to work with parents and pick up cases. It was requested that information be circulated to the OSC on schools with drug education and prevention policies and those that were implementing them.*
- *Clarification sought and given as to whether drug education and prevention policies and social health education was to extend to primary schools. Also what work was being done to engage with the community, schools and police in areas where schools were located? Was there joined up partnership working, and were schools aware of who to contact if substance misuse was occurring on land where ownership was not clear eg railway land? This was important as the problem of substance misuse was itinerant when tackled. ESCW straddled adult and children's services and it engaged with many partners. The Children's Trust in particular brought together such partner agencies to ensure joined up working. There were gaps in the structure but it was hoped the restructuring of ESCW would address this by bringing in more services. The Troubled Family initiative would handle cases of young people with difficulties and drug use was one referral route to it. The DAAT Board also brought together partners as did the Community Safety Partnership.*
- *Clarification sought and given as to whether the Action Plan linked to the SMS addressed alcohol abuse which caused ASB. Street drinkers were a low level but high impact issue and constituents felt not enough was being done to tackle this. The borough-wide Drinking Control Zone was in place and the THEOs implemented enforcement of the CDZ. DAAT Officers worked closely with hostels where many street drinkers resided and new contracts for such hostels contained PIs for this. Community Alcohol Teams were based in the hostels. An alcohol awareness week was due in November. Those who abused alcohol had not been a target group in the past but now an integrated service addressed this as often drug use ran in tandem with that of alcohol.*
- *Was the current services for drug and alcohol abuse integrated with mental health services, as it was understood that mental health problems were exacerbated by drug and alcohol use, and responsibility for dealing with the resulting problems often passed on to a different service? Resources were currently allocated to a dual diagnosis service*

*(co-existing mental health and addiction issues) and this was currently delivered by East London Foundation Trust. The current system was not working well and therefore would be included in the new treatment service specification which would have low thresholds to access this service.*

**The OSC:-**

- **Noted the contents of the report**, and proposed extension of the current Substance Misuse Strategy by one year to the end of March 2016.
- **Agreed that the advice/comments, set out below**, in respect of the proposed extension of the current Substance Misuse Strategy, which forms part of the Council's Policy Framework, **be presented to the Mayor in Cabinet on 5 November 2014 to inform the existing referral of the matter to 26 November 2014 full Council** [Referral made by Mayor in Cabinet 03 September 2014].

**Advice/ Comments**

That the Substance Misuse Strategy and associated action plan be made more robust by encompassing (a) to (c) below:-

- a) Further work with Registered Social Landlords to improve security for the social housing they manage, and ensure related targets and associated monitoring arrangements are in place.
- b) Ensure both secondary and primary schools have substance misuse and prevention policies and that these are implemented.
- c) Further work to mitigate street drinking and related anti-social behaviour in the borough.

Councillor Joshua Peck  
Chair, Overview and Scrutiny Committee  
30<sup>th</sup> September 2014