


<b>Health and Wellbeing Board</b> Tuesday 21 June 2016	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Substance Misuse Strategy 2016-2019</b>	

<b>Lead Officer</b>	Corporate Director Communities, Localities and Culture
<b>Contact Officers</b>	Rachael Sadegh, DAAT Co-ordinator
<b>Executive Key Decision?</b>	Yes

### Summary

The Council has an obligation under section 6 of the Crime and Disorder Act 1998 to formulate and implement strategies in conjunction with other specified responsible authorities for –

- Reduction of crime and disorder
- Combating the misuse of drugs, alcohol and other substances
- Reduction of re-offending.

The current Substance Misuse Strategy adopted by LBTH and partners in 2012 expired in March 2016. Development of a new partnership strategy commenced in August 2015 and a draft strategy was agreed by MAB for consultation purposes in January 2016. Consultation has now completed and amendments made to the Strategy (Appendix 1).

The Strategy is a partnership strategy and requires agreement at Full Council.

### Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note that the Substance Misuse Strategy 2016-2019 is part of the Crime and Disorder Reduction Strategy in Tower Hamlets (the Community Safety Plan);
2. Note that the Substance Misuse Strategy 2016-2019 is part of the Crime and Disorder Reduction Strategy then pursuant to the Council's Budget and Policy Framework Procedure Rules, the Mayor as the Executive has responsibility for preparing the draft strategy for submission to the full Council to adopt;
3. Note that the Action Plan is due to go to the DAAT Board on 11<sup>th</sup> July 2016 to be further developed;
4. Note that the draft Substance Misuse Strategy 2016-2019 and Action Plan will be referred to the strategic partners for approval that the Strategy be adopted by their respective organisations;

5. Having given careful analysis to the consultation response, review and comment upon the draft Substance Misuse Strategy 2016-2019 as drafted; and
6. Note that if any further changes are made to the draft Substance Misuse Strategy 2016-2019 or if, for any reason, any of the strategic partners do not approve the Strategy then a further report must be submitted to Cabinet for the Mayor to consider and make a fresh recommendation to Full Council.

## **1. REASONS FOR THE DECISIONS**

- 1.1 The Council has an obligation under section 6 of 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. This strategy will contribute towards the Crime and Disorder Reduction Strategy in Tower Hamlets (the Community Safety Plan).
- 1.2 There is wide Partnership support for the Strategy and partners have contributed to, and been consulted on the new strategy for 2016-19.
- 1.3 The strategy directly supports the achievement of objectives within two of the four Community Plan themes:
  - A Safe and Cohesive Community
    - Reduce acquisitive crime and anti-social behaviour by tackling problem drinking and drug use
  - A Healthy and Supportive Community
    - Empower people to live healthy lives together
    - Promote good mental health and wellbeing

## **2. ALTERNATIVE OPTIONS**

- 2.1 The Council has an obligation to formulate and implement strategies in conjunction with other specified responsible authorities for combating the misuse of drugs, alcohol and other substances. Whilst the content may be subject to debate, failure to adopt a strategy is likely to place the Council at risk

## **3. DETAILS OF REPORT**

- 3.1 Average rates of alcohol consumption across Tower Hamlets are relatively low as a large proportion of the population do not drink. This is estimated to be 29%. However, 26% of people who do drink have harmful or hazardous drinking patterns. Further levels of all recorded alcohol related crime, alcohol related violent crime and alcohol related sexual offences are significantly worse in Tower Hamlets compared to both the London and national averages. In addition, the borough sees higher admission rates of male alcohol related conditions (narrow & broad definitions) compared to London trends.
- 3.2 It is estimated there are around 3,560 opiate and 'crack' users in Tower Hamlets and 54% of residents who responded to the Annual Residents Survey (2014/15) said that drug misuse or drug dealing was a very or fairly big problem.
- 3.3 By working in partnership, we can seek to address the problems associated with drug and alcohol misuse. Via this strategy, the Council and its partners aim to help people who are affected by substance misuse or dependent upon drugs or alcohol.

- 3.4 The Substance Misuse Strategy 2016-19 builds upon the 2012-15 (extended to 2016) Substance Misuse Strategy. It is a 3 year partnership strategy and has been developed in conjunction with all partners and other significant stakeholders as well as residents, service providers and service users. It is supported by an evidence base document (see Appendix 2) which details recent needs assessment data as well as consultation undertaken in the development process.
- 3.5 The Strategy is structured around three 'pillars';
- prevention and behaviour change
  - treatment
  - enforcement and regulation
- 3.6 The three pillars are underpinned by a commitment to setting the foundations of achieving success via improved partnership working, governance processes and data intelligence. The approach remains the same as that for the 2012-15 strategy as there was significant support in the consultation for these three areas to remain the focus of the 2016-19 strategy.
- 3.7 Prevention and behaviour change commitments include: high quality and consistent information; targeted communication and education; multi-agency communications plan; expansion of screening and brief advice for alcohol problems; and access to good quality education in schools.
- 3.8 Treatment commitments include re-commissioning the drug / alcohol treatment system; recovery orientated treatment; improved response to children of drug / alcohol users; improved access to support around accommodation, employment, economic wellbeing and educational achievement; responding to dual diagnosis; equitable access to services; family based interventions; and specialist support for young people.
- 3.9 Enforcement and regulation commitments include maintenance and enforcement of the borough wide alcohol control zone; encouraging responsible alcohol sales; management of the night time economy; effective integrated offender management; implementation of conditional cautioning; work with young offenders; and effective communication with the public in relation to drug dealing.
- 3.10 An action plan has been developed for all three strands of the Strategy and will be overseen by the DAAT Board to ensure accountability and demonstrable improvement activity.

### **Strategy Development**

- 3.11 A consultation exercise was conducted during November / December 2015 with stakeholders, residents and service users to evaluate the 2012-16 strategy and assess priorities for the new strategy. A total of 529 responses were received and analysed, including 301 resident surveys. A stakeholder workshop was held on 19/11/15 to discuss the findings and provide further

feedback in order to draft the new strategy. Findings from that consultation exercise are provided in the evidence base document (see Appendix 2).

- 3.12 A draft strategy incorporating the consultation responses and findings from the Needs Assessment was presented to DAAT Board in January and approved for consultation purposes. This draft was published online and a consultation launched on 17th March. The consultation was publicised via East End Life and the Council's website as well as being communicated to a wide range of stakeholders and also to members via the Members' briefing. Nine responses were received during the 4 week consultation period. In follow-up enquiries with stakeholders many felt that they had been consulted sufficiently whilst the draft strategy was in development and were satisfied that their views had been adequately reflected in the draft so saw little need to respond again. To this extent the exercise appeared to have generated a degree of consultation fatigue. The 9 responses received have been summarised in Appendix 2 and show that all respondents agreed or strongly agreed with the different aspects of the draft strategy. The responses do not call for any amendments, whilst comments made by DAAT Board members and MAB members have been used to amend the Strategy in places to clarify certain areas. The amended strategy is provided as Appendix 1.
- 3.13 Now that the consultation has closed, a draft action plan has been prepared by members of the DAAT Board and will be further developed and approved at the next meeting on 11<sup>th</sup> July (Appendix 3).
- 3.14 Strategic partners will be requested via the Community Safety Partnership Board to approve the strategy for adoption by their respective organisations.
- 3.15 In addition to the Strategy, the accompanying Action Plan will also be submitted to Full Council for sign off.
- 3.16 The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 provide that the making of a crime and disorder reduction strategy pursuant to sections 5 and 6 of the Crime and Disorder Act 1998 is a function that is required not to be the sole responsibility of the Council's Executive. This prescription is reflected in Article 4 of the Council's Constitution, which includes a crime and disorder reduction strategy in the policy framework. The Substance Misuse Strategy forms a part of the Council's Crime and Disorder Reduction Strategy and it will need to be agreed by Full Council.

#### **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 The report sets out for consideration and approval the Substance Misuse Strategy for 2016-19 following the recent consultation process. The budgeted resource available to the Council to contribute towards the Substance Misuse Strategy is £9m for 2016/17. This is made up of £8.286m from the Public Health Grant allocation which funds both the Drug and Alcohol Team and the Drug and Alcohol Intervention Team formerly the DIP. This is in addition to £0.715m of funding from the Mayor's Office for Policing and Crime (MOPAC)

for the current financial year. The future funding resources from MOPAC are yet to be determined by the new London Mayor.

- 4.2 The allocated budget for Drugs and Alcohol in 2015/16 included a £0.560m reduction, agreed as part of the savings challenge process for 2015/16. This saving was achieved in addition to a further underspend of £0.592m reported in the 2015/16 outturn. The 2015/16 underspend is a one off, related to the delayed retendering of its services.
- 4.3 In making the next steps in identifying £2.7 million of Public Health Grant savings, there are a number of options and it is likely the savings can be achieved through a combination of these. This includes the Drug & Alcohol service where further savings were not included in the Phase 1 savings currently out to consultation. An additional £39k of savings has been identified by the service for 2016/17 and further savings of £0.523m for 17/18.

## **5. LEGAL COMMENTS**

- 5.1 This report relates to the draft Substance Misuse Strategy for 2016-19. There is a statutory requirement for such a strategy as the Council is one of the responsible authorities for Tower Hamlets, within the meaning of section 5 of the Crime and Disorder Act 1998 ('the 1998 Act'). Other responsible authorities for Tower Hamlets include: every provider of probation services in Tower Hamlets; the chief officer of police whose police area lies within Tower Hamlets; and the fire and rescue authority for Tower Hamlets. Together, the responsible authorities for Tower Hamlets are required to formulate and implement strategies for: the reduction of crime and disorder; combating the misuse of drugs, alcohol and other substances; and the reduction of reoffending pursuant to section 6 of the 1998 Act. When formulating and implementing these strategies, each authority is required to have regard to the police and crime objectives set out in the police and crime plan for Tower Hamlets.
- 5.2 Additionally, when considering this Strategy regard must be had to section 17 of 1998 Act and which places an obligation of the Council to exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area.
- 5.3 The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 require that there be a strategy group whose functions are to prepare strategic assessments, following community engagement, and to prepare and implement a partnership plan and community safety agreement for Tower Hamlets. The partnership plan must set out a crime and disorder reduction strategy, amongst other matters. The strategy group must consider the strategic assessment and the community safety agreement in the formulation of the partnership plan. The Community Safety Partnership Board discharges these functions in Tower Hamlets.

- 5.4 With regard to consultation, regulations 12 to 14A of the Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 provide for Community Engagement. Further, in consulting, the Council must comply with the common law principles set out in *R v Brent London Borough Council, ex p Gunning*, (1985) and recently approved by the Supreme Court in *R(Mosely) v LB Haringey 2014*. Those are ‘*First, that consultation must be at a time when proposals are still at a formative stage. Second, that the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response. Third that adequate time must be given for consideration and response. And finally, fourth, that the product of consultation must be conscientiously taken into account in finalising any statutory proposals.*’ There is no prescribed period for consultation, but principles of fairness apply such that there should be sufficient time for those being consulted to consider and respond to the matters arising, having regard to their complexity, impact etc. It is necessary to comply with the common law requirement to consider any feedback before making a decision.
- 5.5 Consultation has been carried out as referred to in paragraphs 3.11 and 3.12 of the report. The responses have been incorporated into the evidence base at Appendix 2 and the consultation responses must be conscientiously taken into account before the final adoption of the Substance Misuse Strategy for 2016-19.
- 5.6 The adopting of Substance Misuse Strategy for 2016-19 is for Full Council. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 (as amended) provide that the making of a crime and disorder reduction strategy pursuant to sections 5 and 6 of the 1998 Act is a function that is required not to be the sole responsibility of the Council’s executive. In that regard, Part 2 Article 4 of the Council’s Constitution includes the crime and disorder reduction strategy sections 5 and 6 of the 1998 Act in the policy framework. The Substance Misuse Strategy forms a part of the Council’s crime and disorder reduction strategy and, on this basis, the final making of the strategy is for Full Council.
- 5.7 However, pursuant to the Council’s Budget and Policy Framework Procedure Rules, the Mayor as the Executive has responsibility for preparing the draft plan or strategy for submission to the full Council. It will therefore be for the Mayor in Cabinet to recommend the draft strategy to Full Council. The final approval of the Draft Strategy is subject to the approval by the respective strategic partners of the adoption of the draft Strategy. The Mayor as the Executive must also carefully analyse the consultation responses before making a decision to recommend to Full Council. Therefore, if any further amendments are made to the draft Strategy then it must go again to Cabinet for the Mayor as the Executive to recommend the amended Strategy to Full Council.
- 5.8 Before making a fresh Substance Misuse Strategy, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those

who don't. Equalities considerations are set out in the One Tower Hamlets Section of the report and there is an Equalities Impact Checklist appended.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1 Individuals who misuse drugs and/ or alcohol are often marginalised members of the community, many of whom are in poverty. Implementation of this strategy therefore has implications for reducing inequalities and supporting community cohesion.
- 6.2 Substance misuse issues affect significant numbers of residents in Tower Hamlets directly or indirectly. Treatment and enforcement and regulation activities are provided directly to the public and are covered by the Strategy. All treatment services are monitored regularly to ensure equality of access and outcomes across all 9 protected characteristics. An EQIA (Appendix 4) has been conducted to establish the full impact of the Strategy and implement any measures necessary to mitigate against any differentials.
- 6.3 The Strategy commits to recommissioning treatment services and it is essential that the new services continue to offer equitable access to all client groups.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 It is estimated nationally that for every £1 spent on drug treatment, £2.50 is saved elsewhere. Treatment saves an estimated £960m costs to the public, businesses, criminal justice and the NHS.
- 7.2 The Strategy commits to a substantial redesign of the drug / alcohol treatment system. A procurement process started in July 2015 and has now concluded with new services expected to commence in October 2016. The redesign process is necessary to develop a lean, flexible and client centred treatment system which eliminates duplication, is cost efficient and delivers excellent value for money.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 There are no environmental implications associated with this strategy.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 The Partnership currently operates a well attended Drug and Alcohol Action Team (DAAT) Board as a subgroup of the Community Safety Partnership with representatives from all key stakeholders. The strategy action plan will be monitored through the DAAT Board to ensure Partnership involvement.
- 9.2 Drug and alcohol treatment services and drug / alcohol education in schools are currently funded via the Public Health Grant. Whilst partners



acknowledge the wider savings and benefits that are possible via investment in drug / alcohol services, there are pressures on the Public Health Grant and the future of the grant is uncertain.

- 9.3 There is a clear commitment within the Community Plan to reducing the impact of drug / alcohol misuse though budget pressures must be acknowledged.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 One of the three defining pillars of the strategy is Enforcement and Regulation. Key commitments outlined within this pillar include:
- Maintenance and enforcement of a borough wide alcohol control zone to reduce anti-social behaviour
  - Creation of an environment where anybody under the legal drinking age is restricted from obtaining alcohol from licensed premises
  - Improvements to the management and planning of the night time economy
  - Disruption of the supply of drugs through effective enforcement
  - Further development of the Integrated Offender Management Programme
  - Work with young offenders to support them into drug / alcohol treatment
  - On-going dialogue and effective communication with the public to address concerns about drug use and drug dealing.
- 10.2 We will measure success against these commitments via; residents' perceptions in the Annual Residents' Survey, Police data where made available and substance misuse related re-offending data.

## **11. SAFEGUARDING IMPLICATIONS**

- 11.1 Safeguarding vulnerable adults and children is a core requirement when dealing with individuals misusing drugs and / or alcohol. The Strategy recognises this and commits to effective practices and integrated approaches to address the welfare of children of drug or alcohol misusing parents and vulnerable adults. From a prevention perspective, the Strategy commits to educating and building resilience to help those at risk make informed lifestyle choices whilst ensuring that programmes to further improve links and joint planning between support services continue to be progressed. These commitments are expanded in the accompanying action plan.

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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- NONE.

### **Appendices**

- Appendix 1: Substance Misuse Strategy 2016-19

- Appendix 2: Substance Misuse Strategy Evidence Base
- Appendix 3: Substance Misuse Strategy 2016/17 action plan
- Appendix 4: Substance Misuse Strategy 2016-19 Equalities Impact Assessment

**Local Government Act, 1972 Section 100D (As amended)**

**List of “Background Papers” used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- NONE

**Officer contact details for documents:**

- N/A