

**London Borough of Bromley**

**PART 1 - PUBLIC**

**Briefing for Care Services  
Policy Development and Scrutiny Committee  
4 December 2012**

**ANNUAL UPDATE ON SUBSTANCE MISUSE 2011/12**

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**1. Summary**

1.1 This report presents an annual update on substance misuse services in Bromley to the Care Services Policy Development and Scrutiny Committee and the Public Protection and Safety Policy Development and Scrutiny Committee.

**2. The Briefing**

2.1 Substance misuse services in Bromley are commissioned by the Council and Bromley Clinical Commissioning Group and overseen by the Substance Misuse Board (previously the Drug Action Team Board) which comprises of representation from the local authority (children's services, adult services, and housing) health, probation, police and the voluntary sector. The strategic aims for substance misuse services are developed annually through the partnership planning process and with the National Treatment Agency. This takes place in November of each year with a needs assessment being updated annually in April.

2.2 The overarching aims for substance misuse services are.

- To counter the spread of drugs and to take rigorous enforcement actions both against dealers and drug users through focused action on disrupting drug markets and tackling all drug and alcohol related crime to ensure Bromley continues to be a safer, stronger and vibrant community.
- Drug users will be identified and directed into appropriate treatment to break the cycle of addiction and appropriate harm minimisation interventions will be provided for people where complete abstinence is not yet possible.
- Ensure that particularly young people understand the health, social and legal consequences of drug and alcohol misuse.
- Deliver these services ensuring positive outcomes for service users efficiently and effectively delivering value for money.

2.3 The delivery of the aims has been achieved this year through the following actions.

2.3.1 **A new integrated Drug and Alcohol service** has been in place from December 2011 following the development of a new service model and tendering of the services. It provides an integrated drug and alcohol service, improves access for individuals as well as simplifying the pathway, ensuring that there are approximate timeframes for each stage. This will ensure that individuals are aware of the services being offered and they will move through to abstinence in a shorter time. It is delivered through three new individual service contracts with one provider (Cri) being awarded all three contracts alongside the existing contract for the Rapid Prescribing service and the Shared Care service being provided by KCA:

- **Stabilisation and Assessment Service** - This service assesses individuals within a short time frame and ensures that they have the services required to stabilise them. Referrals are made to the prescribing services and, once the individual is stable, to the recovery service.
- **Recovery Service** - This service provides treatment interventions and support to ensure people become abstinent and includes work with Job Centre Plus to move people into work.
- **Intensive Prescribing Service** - is a substitute prescribing service for individuals for up to two years with the aim of people becoming abstinent during this time.

2.3.2 The National Treatment Agency has placed Bromley as a nudge partnership (where the majority of the London boroughs are placed) meaning that improvement in performance is required. The indications are that the new services will continue to improve this position. As such the NTA look to provide support to enable partnerships to address areas of concern. These have included a facilitated workshop on data collection, quarterly meetings with the lead commissioner, attendance at Board meetings and support for recovery champions. It is planned to accept the offer of a local facilitated workshop on care co-ordination and recovery to further embed good practice in services in Bromley.

2.3.3 **Number of people in treatment:** The overall number of people in treatment has reduced from last year- 651 in 2010/11 to 555 in 2011/12. This may be a reflection on establishing a new service and numbers will increase in the current year. It may also be a reflection of a national trend of the numbers of users reducing with a corresponding reduction in the numbers accessing treatment.

There has been an increase overall in the number of individuals successfully completing treatment in the twelve months up to March 2012. However this is largely due to success with non-opiate users where performance at 49% is higher than the national average (40%). For opiate users, performance remains around 7% of all drug users completing treatment. This is similar to last year. The number of users who re-present with six months is low (9 out of 104) but is increasing for opiate users. The reasons for this may be services need to work more assertively with people whilst in treatment and fully implement the service specification. This continues to be addressed through contract monitoring.

Work continues to increase the numbers accessing the service by producing information on services which will be targeted to various locations such as A&E, GP's surgeries, schools etc.

	QTR1		QTR2		QTR3		QTR4	
Successful Completions	Local	National	Local	National	Local	National	Local	National
Percentage growth in successful completions since 2010/11								
Opiate	8%	8%	23%	11%	15%	12%	8%	11%
Non Opiate	-3%	1%	-23%	0%	-14%	2%	-27%	4%
All	-1%	4%	-12%	5%	-7%	7%	-19%	7%
Successful completions as a % of total number in treatment								
Opiate	6%	8%	7%	9%	7%	9%	7%	9%
Non Opiate	45%	39%	43%	38%	51%	39%	49%	40%
All	18%	14%	16%	14%	18%	15%	17%	15%
Proportion who successfully completed treatment and re-present during 2011/12								
Opiate	0%	4%	15%	10%	17%	14%	21%	15%
Non Opiate	0%	1%	0%	3%	4%	4%	2%	4%
All	0%	3%	6%	7%	8%	9%	9%	10%

2.3.4 Of the individuals completing their treatment drug free the following table indicates the outcomes for individuals on housing and employment

	QTR1		QTR2		QTR3		QTR4	
Reduced drug use, housing and employment outcomes	Local	National	Local	National	Local	National	Local	National
Clients successfully completing treatment with no reported housing need	64%	85%	70%	85%	72%	84%	86%	84%
Clients successfully completing treatment working >=10 days in last 28 at exit								
Opiate	8%	20%	24%	20%	29%	21%	27%	21%
Non Opiate	53%	29%	56%	28%	49%	28%	43%	28%

2.3.5 **Harm reduction and healthcare indicators:** Currently Bromley is still under performing but is above the London and national performance and has shown continuous improvement. However it should be noted that the baseline is all people accessing treatment whereas only those who have clinical indicators are offered vaccination or test. The new service provides vaccinations at the point of assessment if required which will further improve the performance.

	QTR1		QTR2		QTR3		QTR4	
Harm Reduction	Local	National	Local	National	Local	National	Local	National
Percentage of new presentations YtD who accepted HBV vaccinations	34%	34%	38%	34%	39%	34%	42%	34%
Percentage in treatment previously or currently injecting who received a HCV test	72%	60%	72%	62%	76%	65%	77%	66%

2.3.6. **Drug Intervention Programme:** The Drug Intervention Programme involves identifying Class A drug misusing offenders as they enter the criminal justice system putting into action a range of interventions to deal with their behaviour, getting them ‘out of crime and into treatment’ and other support. The programme is funded through a ring fenced grant from the Home Office. Arrest Referral workers work at the police station and the court to engage offenders into treatment. Bromley performance is good across all these areas. Overall the number of assessments has decreased slightly over the last year compared in the previous year as the numbers of drug users decreases and the numbers of referrals reduce.

There is a strong link between acquisitive crime and addiction to crack cocaine and opiates. The Metropolitan Police Service is extending drug testing across all 32 boroughs in London including Bromley to increase opportunities for diverting drug misusing offenders out of crime and into treatment and reduce associated criminality. A positive drug test on arrest means that a person has to attend a drug assessments, regardless of whether convicted of the offence. Failure to attend is arrestable. These assessments can result in individuals being persuaded into drug treatment. Additional funding will be provided to the Metropolitan Police Service to cover:

- Management and administration
- Custody suite coverage
- Coordination of drug testing
- Funding for detention officers
- Drug testing equipment

No additional funds will be provided to Bromley Drug and Alcohol treatment service to deliver a potential increase in interventions.

2.3.7 **Young people’s substance misuse service:** The service to children and young people (known as Bypass) is provided by KCA and works directly with children and young people who abuse substances, their parents, schools and other services. This service model was reviewed by commissioners in conjunction with stakeholders and it was agreed that the current model meet the needs of this group. It provides an integrated drug and alcohol service with one point of access, important links with the Local Authority Children and Families services, mental health services and schools. It also ensures that the education training and information remit is undertaken in a proactive way to engage with children and young people.

Trends in Bromley are in line with the national trends. In Bromley in 2011/12 the primary drugs of choice for young people who misuse substances are cannabis and alcohol which is in line with the national picture.

2.3.8 **Funding:** The table below sets down the amounts and sources of funding available and the funding source.

<b>Budget</b>	<b>Organisation</b>	<b>Amount £</b>	<b>Used for</b>
Pooled treatment budget (DH and Home Office grant)	PCT	1,268,3049	Drug misuse treatment, ranging from the provision of advice, counselling and support to more complex medical interventions such as detoxification and substitute prescribing. This pooled treatment budget remains ring fenced.
PCT Mainstream	PCT	1,046,586	Drugs and alcohol
Care Services	LBB	134,540	Funding allocated to meet needs of those requiring long term interventions following the completion of detoxification. For example provision of care management, day programmes or significant residential treatment.
Drug Intervention Programme (Home Office grant)	LBB	83,074	Funding for a DIP staff and other Criminal Justice specific posts. In addition an allocation for specialist prescribing
Young People' Partnership Grant	LBB	32,100	Funding for Young People's Treatment Service, as well as other YP focussed services to support delivery
<b>Total</b>		<b>2,779,568</b>	