

<b>Meeting:</b>	<b>Safer Bromley Partnership Strategic Group</b>
<b>Date:</b>	<b>16 December 2010</b>
<b>Subject:</b>	<b>Drug Action Team Annual Report</b>
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## **1 SUMMARY**

- 1.1 This report is presented in order to update the Strategic Group of the Safer Bromley Partnership on the work of the Drug Action Team in respect of substance misuse. The report covers areas of progress and activity in relation to specific aspects of performance over the last year and also identifies the priorities for the future. This report has also been presented to the Public Protection and Safety and the Adult and Community Services Policy Development and Scrutiny Committees within the Council.

## **2 RECOMMENDATION**

- 2.1 The Strategic Group is asked to
- Note the performance information contained within the report, and
  - Comment on the priorities for 2010/11 outlined in the report.

## **3 BACKGROUND INFORMATION**

- 3.1 Substance misuse services in Bromley are commissioned by the Council and Bromley Primary Care Trust (PCT) through the Drug Action Team (DAT) for which the Council is the lead partner. The DAT partnership has representation from the local authority (children's services, adult services, and housing), health, probation, police and the voluntary sector.
- 3.2 The next few years will be challenging in terms of planning, development and delivery of local treatment services. The impact of the phased reduction in the Pooled Treatment Budget (PTB) allocation from the Department of Health and the Home Office (30 % cut in the baseline between 2007 and 2011) has resulted in a review of local treatment provision which maintains progress by aiming services at the hard to reach groups within the local substance misusing population through improved service commissioning and delivery arrangements that deliver good outcomes for service users and best value.
- 3.3 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. This report

includes data for the financial year 2009/10 with details of activity between November 2009 and November 2010. The overarching aim was to increase the number of people in treatment through improving access and the pathway through treatment. The specific priorities for last year are detailed below with the activity that has been undertaken this year to address these.

## **Continuous improvement in number of people in treatment**

- 3.4 The overall number of people in effective treatment (i.e. people retained in treatment for twelve weeks or more and successfully discharged) increased to 820 in 2009/10, an 11.5% increase on the 2008/09 figure (735). This has been achieved mainly by increasing the number of problematic drug users moving into structured treatment (problematic drug users are defined as those using heroin and crack).
- 3.5 The Drug Intervention Programme (DIP) identifies 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.
- 3.6 Overall for 2009/10 the number of DIP referrals has decreased by 18% to 249, compared to 305 in the previous year. Data from the police and providers suggests that this is due to a reduction in the number of arrests at Bromley Police Station. During this year action has been taken to increase the number of referrals from probation into structured treatment through a weekly satellite clinic at Orpington probation office and to improve engagement in Police Station custody suites.
- 3.7 One of the most significant factors in providing effective treatment is the timeliness of people being assessed and entering into appropriate treatment and our objective is to triage (assess and refer to service) all clients within 6 weeks of referral by the Arrest Referral workers. Performance in respect of triaging clients within 6 weeks of referral has increased by 6% compared to the same period last year and now stands at 40%. This is slightly lower than the London and national averages. Although more needs to be done to increase the number of clients triaged within 6 weeks, all of those clients who have been triaged within 6 weeks have also started treatment within the 6 weeks.
- 3.8 There has been a 6% reduction in the number of clients already in treatment at the time of DIP referral which suggests that people who are in treatment are less likely to reoffend.
- 3.9 Between April and August 2009 there were significant issues with people waiting to start treatment with exceptionally high waiting times being given. The system was not resilient enough to allow for individuals in treatment to move through the treatment system. The blockage resulted in difficulties for getting new people into treatment as required. A Substitute Prescribing Service was piloted in 2009 which reduced the waiting list from 48 clients in September 09 to nil in October 09. This service has now been commissioned on a permanent basis. An additional "shared care" worker has also been appointed to boost the capacity within community prescribing ensuring that there is no waiting list for treatment services.

## Young People

3.10 Nationally alcohol and cannabis are by far the most prevalent drugs of choice in the overall under 18's population. Nationally 56% of young people who use drugs report cannabis as their main drug and trends in Bromley are in line with the national trends. Cannabis use amongst young people who use drugs in Bromley was 57% in 2009/10, a 6% decrease from the previous year. The numbers of young people in drug treatment for the year 2009/10 is 221, with new presentations in the year reported as 164. This represents an increase on the previous year which was reported as 144 in treatment with 107 new presentations. Alcohol is the second most reported primary drug for young people who use drugs at 41%, an increase of 10% which is significantly higher than the London average. A full alcohol needs assessment has been completed to establish a more accurate picture of alcohol misuse by young people and to identify how services can be reconfigured to meet the need.

### **A Focus On Outcomes For Service Users In Line With The Recovery Agenda.**

3.11 All treatment providers have specific outcome targets included in their contracts based on the Treatment Outcome Profile (TOP) devised by the National Treatment Agency. The purpose of specifying treatment outcomes is to ensure that the care pathway extends to recovery and community integration, engaging individuals in training and employment. All service users should have an individualised, written care plan that covers their substance use, physical and psychological health, criminal involvement and offending and recovery and reintegration needs. The Aftercare programme was re-launched in quarter 2 of 09/10 with individuals attending on a weekly basis. The DAT team is now working with providers to obtain accurate data on actual outcomes for service users.

### **Redesign Of The Treatment System With Improvements In Pathways And Access.**

3.12 One of the partnership's priorities is a re-design of the treatment system to ensure that individuals can access appropriate treatment quickly and for the shortest period of time, both of which deliver the most positive outcomes. Services have been reviewed and service users and stakeholders have been consulted to look at the current pattern of service and how people move through the system to produce a model of provision prior to services being tendered. The model improves both the access for individuals as well as the pathway, ensuring that there are approximate timeframes for each stage. Services will be re tendered within the existing financial envelope.

3.13 The number of people entering treatment within the 18 - 25 year old range in Bromley is lower than expected the tendering of the new contracts will ensure that this group is provided for in services which best meets their needs.

## **Implement Clinical Governance Framework in line with NICE Guidance and the 2007 UK Clinical Guidelines.**

- 3.14 A Clinical Governance Framework has been developed which has been implemented by all providers and is monitored through a regular audit process. The Clinical governance protocols set up a formalised mechanism through which clinical practice and associated developments can be measured, reviewed and monitored in all areas of the partnership's activities.
- 3.15 Further work on drug related deaths is underway through the clinical audit process, safeguarding and through the annual suicide audit.

## **Increase The Level Of Service User And Carer Involvement**

- 3.16 Service user involvement is being developed, with a draft service user and carer involvement strategy having been drafted and the establishment of the forum linking into the Drug Reference Groups. The recently tendering for services involved service user representatives in the evaluation of the tenders. Carer involvement has been taken forward through the contract with Carers Bromley which supports the development of carer involvement and also provides representation on the Drug Reference Groups.
- 3.17 To focus on the impact substance misuse can have on the development and achievement of young people, Carers Bromley deliver packages to young people whose parents have substance misuse problems. This service provides young people with advice, information, support and activities to prevent children and young people falling into inappropriate caring roles. Carers Bromley also signposts parents to substance misuse services where appropriate.

## **Develop a Communications Strategy**

- 3.18 Communication plays a key role in addressing the harm caused by substance misuse with a clear message that particularly young people need credible information about the risks posed by drugs; parents need information to build their knowledge and develop the confidence to address substance misuse issues within the family. In addition to information about access to services and support that is available across the borough, multi agency events have been facilitated with services across the PCT and the Council to deliver messages around links between drugs, alcohol, sexual health and crime. A Communications Strategy and Action plan has been developed and integrated into the treatment plan to ensure that appropriate messages and resources are delivered.

## **4 PRIORITIES FOR 2010/11**

- 4.1 The priorities reflect the Council's view that the misuse of illicit drugs and alcohol is damaging to the individual, to the community in which they live and work and a direct contributor to crime, anti-social behaviour, poor health and detrimental to life opportunities. The priorities for Bromley for 2010/11 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.
- To ensure that particularly young people understand the health, social and legal consequences of drug and alcohol misuse.
- To deliver these services ensuring positive outcomes for service users efficiently and effectively delivering value for money.

4.2 These priorities will be delivered through the following:

- Working with partners in community safety to ensure that access to treatment is offered to support enforcement action
- Working with partners to provide improved access to treatment
- Using outcome information to ensure that the treatment system delivers appropriate outcomes for individuals
- Ensuring assertive follow-up of all people provided with drug treatment services to test out the success of treatment following completion of treatment
- Using the procurement process to deliver value for money in service provision
- Increasing the level of education and information on the health, social and legal consequences of drug and alcohol misuse.

4.3 Specific actions to deliver the above will be detailed in the next year's treatment plan which is currently being drafted.

## 5 FINANCIAL IMPLICATIONS

5.1 The table below sets down the amounts and sources of funding available to the DAT for 2009/10.

Budget	Banked by	Amount £	Used for
Pooled treatment budget (DH and Home Office grant)	PCT	1,347,255	Drug misuse treatment, ranging from the provision of advice, counselling and support to more complex medical interventions such as detoxification and substitute

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			prescribing. This pooled treatment budget remains ring fenced.
Adult and Community Services	LBB	227,500	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.
Young People' Partnership Grant	LBB	237,763	Funding for Young People's Treatment Service, as well as other YP focussed services to support delivery
PCT Mainstream	PCT	532,000 505,811	Drugs Alcohol
Drug Intervention Programme (Home Office grant)	LBB	259,269	Funding for a DIP staff and other Criminal Justice specific posts. In addition an allocation for specialist prescribing
<b>Total</b>		<b>3,109,598</b>	