

Tri-borough Substance Misuse and Offender Health Needs

Annual Review 2013-14

Executive Summary

Substance Misuse and Offender Health Commissioning Team
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Review of the 2012-13 Needs Assessment and Commissioning Update

2013-14 has been a year of reflection, consolidation and strategic planning. The Commissioning Team, operational for nearly two years, is well accustomed to tri-borough working and opportunities to draw on best practice from the individual boroughs have been identified and utilised.

Recommendations from last year's needs assessment have been actioned and pilots have been reviewed and where appropriate mainstreamed.

Projects such as the Older Person Alcohol Service have been evaluated with a view to strengthening delivery by identifying a tri-borough model and the Peripatetic Nurse support available in Kensington and Chelsea's hostels has been expanded to Westminster. The roll out of the training programme has been well received with the content and format shaped by ongoing evaluation.

The team has formulated an action plan with Children and Families, developed a tri-borough Blood Borne Virus Strategy and has adopted a more considered approach to communication strands. Focus groups have been held with our female residents to assess how inclusive our support is and the review of dual diagnosis support in Kensington and Chelsea has provided a tri-borough learning opportunity.

Other programmes which have aided the identification of areas requiring learning and development are the case file audit and the service user satisfaction survey.

The main developments of the year include the launch of the Reducing Re-offending Service and the retendering of the group work treatment package and shared care support service in favour of a tri-borough service. There has also been an in-depth review of Education, Training and Employment support with the learning being drawn together in a tri-borough strategy. Implementing and embedding these initiatives will be a priority for 2014-15.

Another focus for 2014-15 will be the consultation and remodelling of alcohol provision across the partnership, from identification in health settings through to treatment.

Local Need

Substance misuse can be defined as using substances not consistent with legal or medical guidelines. Dependence focuses not so much on the quantity of use but on the consequences (physical, emotional and social).

Accurately being able to identify the prevalence of misuse dependence is complex. Those who misuse can often remain hidden within the population, until the use escalates to a level where the consequences result in the misuse becoming exposed. For this reason, the majority of prevalence estimates are based on national surveys applied to the local socio-demographics of a borough. These self reported surveys are likely to underestimate the true extent of use, as a consequence of excluding those most chaotic who are unlikely to be in a position to participate, and because of a social desirability bias.

Prevalence estimates provide a useful means of allowing commissioners to ensure services have capacity to meet local need and ensure pockets of treatment naive populations continue to be explored and targeted into services.

Using the wealth of prevalence information available, the borough based prevalence of misuse and dependence can be summarised as followed:

Estimate	Hammersmith & Fulham	Kensington & Chelsea	Westminster
Individuals who have taken a drug in the last year *	10,898	9,102	13,456
Individuals who have taken a Class A Drug in the last year*	3,455	2,886	4,267
Dependent Drug Users**	4,472	3,677	5,863
Binge Drinkers***	33,877	28,973	41,289
Higher Risk Drinkers***	10,793	9,701	13,258
Dependent drinkers**	7,897	6,482	10,375

Source: *British Crime Survey & ONS 2012 Mid Year Estimate; ** PANSI (2014 estimates) ; *** Local Alcohol Profile for England & ONS 2012 Mid Year Estimate

Local Adult Treatment Systems

The tri-borough local authorities remain committed to providing a range of treatment services to meet the needs of residents who misuse a broad range of substances.

The treatment population in each of the three boroughs has remained relatively stable in recent years. While there has been an overall reduction in opiate and crack cocaine users engaged in treatment since 2008/09, this has been tempered in Westminster with improvements in alcohol and other drug users seeking support. In RBKC and LBHF the reducing trend in alcohol and other drug users engaging with services has been reversed in 2013-14 and activity is now projected to grow.

While new presentations show a growth in users of 'other' drugs accessing service, this is not mirrored in presentations to alcohol treatment. Reviewing local activity has identified that the existing treatment infrastructure has evolved to cater for the older drinkers and improved coordination for those who misuse drugs in addition to alcohol. This will be redressed in 2014/15 by a comprehensive review of provision. A focus of this review will centre on the support within tri-borough hospitals to identify and divert misusing residents into treatment. This is timely as it coincides with the release of a revised methodology to support the Public Health indicator related to alcohol related hospital admissions.

One of the greatest testaments to an effective treatment system is one that delivers successful treatment outcomes. While the Public Health Outcomes Framework clearly defines this aspiration, it must also be tempered with the effort required to continue to engage, and where necessary re-engage, the more chaotic service users unwilling or unable to change. The newly tendered Shared Care provision is therefore integral to reinvigorating the largely static cohort of opiates users engaged in treatment at their GP practice. Delivery will also be shaped through learning taken from audit and post treatment outcomes.

2012-13 Snapshot of LBHF Activity:

- 698 opiate and or crack cocaine users in treatment
- 151 other drug users in treatment
- 368 alcohol misusers in treatment
- 6.85% of the opiate misusing treatment population complete
- 26.03% of the non opiate misusing drug treatment population complete
- 3,781 alcohol related hospital admissions.

2012-13 Snapshot of RBKC Activity:

- 582 opiate and or crack cocaine users in treatment
- 223 other drug users in treatment
- 439 alcohol misusers in treatment
- 8.7% of the opiate misusing treatment population complete
- 25.15% of the non opiate misusing drug treatment population complete
- 2,656 alcohol related hospital admissions.

2012-13 Snapshot of WCC Activity:

- 1,236 opiate and or crack cocaine users in treatment
- 363 other drug users in treatment
- 597 alcohol misusers in treatment
- 7.63% of the opiate misusing treatment population complete
- 30.69% of the non opiate misusing drug treatment population complete
- 3,967 alcohol related hospital admissions.

Substance Misuse & Primary Care

Primary care services have various roles and responsibilities for supporting individuals affected by substance misuse. Historically financial incentives were limited to the management of opiate misusers, the administration of substitute medication and alcohol screening of newly registered patients. However, with the appropriate support, there is the potential for primary care services to recognise and provide support to a broader range of user. Therefore to support the training and development needs of our colleagues in primary care services, 2014-15 will see the introduction of comprehensive substance misuse training packages for primary care professionals.

Across the tri-borough partnership Shared Care treatment in GP practices has been integral to the management of the capacity of the system. However recorded outcomes from these interventions were comparative low given the volume of residents seen within this provision. While new contracts in 2012 attempted to realign outcomes targets with financial incentives, the staffing structure which supported GPs often meant that patients were not provided with a full complement of psychosocial support. In 2013-14 the decision was taken to retender this provision in favour of a more resilient tri-borough service. Contracts are due to be awarded in January 2014 with the new service operational from April.

An internal review of the availability of alcohol detoxification across the tri-borough was undertaken in 2013. With a decreasing number of residents choosing to detox in an inpatient facility, and acknowledging there will always be residents who are reluctant to engage with mainstream services, there is the need to improve the availability of this provision in other health settings. The Lisson Grove Community Detoxification Pilot and Chelsea and Westminster Alcohol Liaison Worker have successfully provided community detoxification and accessibility to this provision needs to be enhanced. In 2013-14 GP practices will be given the opportunity to become an enhanced service providing community alcohol detoxification. In addition the learning from Chelsea and Westminster will be shared with the alcohol liaison provision in the other tri-borough hospitals to assess the feasibility of them expanding to provide this service.

Club Drugs & New Drug Trends

In 2013, for the first time, the partnership gained access to local data about the level of use of alcohol and illicit drugs by residents not in contact with treatment services.

The Drink and Drugs Meter, an online application which provides residents with comparative information about their levels of use and health messages, has enabled local levels of use, and potential problematic use to be identified. Although the sample size is too low to confidently draw conclusions, it provides information not previously available to commissioners. Preliminary findings from the tool suggest that the prevalence of powder cocaine use is higher and cannabis use lower level than national levels. However, when examining the frequency of use and associated risk factors, it would appear that a significant minority of cocaine users may benefit from some form of treatment intervention while a higher proportion of cannabis users may require services. Perhaps the most compelling initial findings relate to the identified level of local alcohol misuse which supports the view that the treatment system needs to better engage and manage the needs of primary alcohol users. As local intelligence mounts, and borough level information is provided, our ability to be responsive to local needs and shape provision and delivery accordingly will be enhanced.

Nationally over half of deaths associated with volatile substance abuse relate to the use of psychoactive substances and or alcohol. A snapshot of treatment activity relating to solvent abuse highlighted that these individuals do not access services. Local intelligence highlights that there are pockets of use, and therefore consideration needs to be made to these individuals and the support they may require.

In the meantime the Club Drug Clinic continues to provide a viable treatment option to those unwilling or unable to engage in mainstream services and their expertises continue to be utilised to up skill the wider substance misuse workforce. Currently this pan London service supports the needs of individuals who use, Crystal Methamphetamine, GBL/GHB, Mephedrone, Ketamine and Cocaine.

Locally the retendering of the group work programme and Shared Care provision have provided the opportunity to recognise and provide targeted interventions to this cohort. The new Shared Care service will now provide time limited interventions to those identified as using substances which have previously fallen under the umbrella term 'club' drugs and some aspects of the group work programme will be tailored for powder cocaine and cannabis users.

The partnership recognises that this is still an area of development. Therefore in 2014-15 significant attention will be paid to understanding how the needs of residents who use these substances can be most appropriately addressed.

Education Training Employment

The introduction of the Welfare Reform Act 2012 will impact on our residents whose lives are affected by substance misuse. This has required the partnership to dedicate time in 2013-14 to ensuring that staff and service users are familiar with these changes. This includes understanding the frameworks which underpin the reform as well as the processes the government has put in place to support identified substance users engaged in treatment. The borough of Hammersmith and Fulham was chosen as an early implementer of these national frameworks, and the rollout commenced for a defined cohort in 2013. This has provided a learning opportunity, the findings of which will facilitate the rollout in the other tri-borough local authorities which is likely to take place in 2015 at the earliest.

The tri-borough Substance Misuse and Offender Health Team commissions specific Education, Training and Employment (ETE) support for service users engaged with treatment services. However the model, intensity of support and resourcing varies across the partnership.

In early 2013-14 a service user questionnaire and focus groups were rolled out across the tri-borough. The findings of this research identified that half of all service users were unaware of the ETE support available. In addition the standardised reporting framework is identifying the disparity around outcomes generated by these different models.

This disparate approach has made the review of this provision problematic. In 2013-14 commissioners have therefore invested time in understanding the needs of the service user, standardising data capture to make comparison possible and ensuring outcomes can be recognised.

ETE has been a key priority this year with work being undertaken to improve the assessment of need, the availability of support and the ability to recognise outcomes. These strands will all be tied together in a strategy which will be used to inform the future delivery of this provision.

Service User Satisfaction

Effective treatment systems are built on the experiences of those they are designed for and delivered to. Across the tri-borough, systems and infrastructure is in place to routinely capture service user's views to ensure they feed into commissioning decisions. This includes ad hoc comments and complaints, fixed service user groups, representation on partnership meetings and the annual tri-borough questionnaire.

This annual survey provides the opportunity for a broad range of service users to contribute and makes commissioners and services accountable and responsive to changes in levels of contentment. It also allows for gaps in provision to be identified.

2013 saw the second annual tri-borough service user satisfaction survey rolled out across the partnership.

Although the survey is not truly representative of the treatment population, the response level was high and a broad range of views were gathered.

As with the 2012 survey, the majority of service users told us they wanted abstinence and this ambition remained true irrespective of how long they had been in treatment. From published activity it is evident that the desire for abstinence does not translate into individuals successfully completing treatment. Treatment endings and how abstinence is promoted as an achievable goal therefore need to be reconsidered across the system.

Service users rated their overall satisfaction with the different interventions as very high. Treatment modalities receiving a lower level of individuals rating the quality of the provision as either 'very good' or 'good' were inpatient and residential treatment in LBHF and WCC, as well as housing support in LBHF.

Treatment options, or pathways into these specific interventions, requiring greater promotion included residential rehabilitation, therapeutic activities, leisure activities and aftercare as a number of individuals cited they would like to access this support but are not doing so. How this information is publicised therefore requires more consideration.

In the general comments section of the survey, service users also took the opportunity to feedback their request for more day trips, improved aftercare and better Education, Training and Employment support.

Overall satisfaction with the system was consistently high; across the partnership, for the individual boroughs, within different agencies, in Shared Care and among individuals who use different substances. As well as being high, satisfaction had also improved since 2012. For 8 out of the 10 satisfaction statements overall satisfaction had increased and the statement 'Overall I am satisfied with the service' generated 90% agreement in LBHF, 97% in RBKC and 88% in WCC.

Presenting these findings and implementing the recommendations remain the priority for 2014-15.

Tri Borough Substance Misuse Services for Young People

Substance misuse treatment is cost effective. This is well evidenced and acknowledged for the adult treatment system were the effective identification and management of substance misuse can reduce the cost incurred by the NHS, criminal justice agencies and social care services. This is even more pertinent for young peoples' substance misuse services where, in addition to the benefits above, effective treatment can positively impact on educational achievements, teenage pregnancy, and future mental health and substance dependency.

It is, and has always been, difficult to quantify the local levels of use and need for services. The Crime Survey for England and Wales¹ shows a reduction in the number of young people using illicit substances. Latest figures indicate that over a third of young people have tried illicit substances and 1 in 6 used them in the last year. Prevention and harm reduction therefore remain integral to commissioning young peoples' substance misuse support.

Historically commissioning accordance to need centred on utilising national surveys however local tools and surveys are beginning to bridge this knowledge gap. As more data is gathered about the local use of substances, commissioners will have a greater evidence base to tailor services so that the intensity of the interventions match the level of indentified need.

Across the tri-borough areas specialist drug and alcohol services for young people is configured very differently, from having services subsumed into the localities team to commissioning specialist provision. Despite the different models of service delivery, across the tri-borough there has been a reduction in the number of young people accessing specialist support.

2013-14 saw a comprehensive review of substance misuse support available to young people across the tri-borough partnership. This consultation identified common themes requiring greater consideration; the need for locality based support, more focus on prevention, more multi-agency working and the need to enhance links with NHS and Criminal Justice agencies.

¹ Home Office. Drug Misuse: Findings from the 2-12 to 2013 Crime Survey for England and Wales. Published 25 July 2013

Priorities

- 1. Ensure the current treatment and recovery system is accessible, responsive and effective**
- 2. Improve the ability of the treatment system to respond to the needs of those who misuse a broad range of substances.**
- 3. Roll out a best practice model for the identification & treatment of Blood Borne Viruses and other health conditions.**
- 4. Respond to the feedback of our service users.**
- 5. Maximise recovery opportunities**
- 6. Increase opportunities to reduce reoffending and divert substance misusing offenders into treatment.**
- 7. Strengthen drug & alcohol treatment pathways from GP surgeries and hospital into treatment services.**
- 8. Provide a multi-agency and tri-borough response to young people's and transition groups substance misuse needs**