

Bath & North East Somerset Council		
MEETING	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	18 th January 2013	AGENDA ITEM NUMBER
TITLE:	Substance Misuse Services	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Appendix 1 – DAAT Income		
Appendix 2 – B&NES Substance Misuse Performance Charts		
Appendix 3 – Ketamine Health Symptoms Information for GP/Health Professionals		
Appendix 4 – Ketamine PUF Patient Assessment Questionnaire (Pelvic Pain, Urgency and Frequency)		
Appendix 5 – Ketamine Service User Leaflet		
Appendix 6 – Ketamine Support Group: Loss and Bereavement Art Exhibition		

1. THE ISSUE

- 1.1 This paper details the substance misuse services commissioned and delivered in B&NES with particular reference to the needs of people using ketamine; to younger drug and alcohol users (those under 25); and to younger service users who have insecure accommodation.
- 1.2 This report also gives an update on the re-commissioning of existing substance misuse services.
- 1.3 The function of the Drug and Alcohol Team (DAAT) is to commission a wide range of services and interventions for adult substance misusers (aged over 18) throughout B&NES (for drug and alcohol services). Services are provided by Avon and Wiltshire Partnership's Specialist Drug and Alcohol Services (SDAS) and Developing Health and Independence (DHI). Young People's services are commissioned by CYPS and delivered by DHI's Project 28.

2. RECOMMENDATION

The Wellbeing Policy Development and Scrutiny Panel is asked to note:

- 2.1 Services in place to support substance misusers to overcome their dependence; to obtain/maintain their tenancy; and to support their families.
- 2.2 Criminal Justice Services in place to support substance misusers to reduce re-offending.
- 2.3 Progress being made to support ketamine misusers in B&NES.
- 2.4 Progress being made in re-commissioning substance misuse services.

3. FINANCIAL IMPLICATIONS

Substance misuse services in B&NES are funded via a pooled treatment budget of £2.8m (see attached Appendix 1) with all finances contributing to an integrated treatment pathway. The National Treatment Agency (NTA) is the biggest contributor to the pool. NTA funding is, in part, performance related and therefore volatile and reliant upon efficient, effectively resourced and delivered services.

4. THE REPORT – SUBSTANCE MISUSE SERVICES

4.1 Background

- Three years ago the performance of the substance misuse services was very poor, with B&NES being the worst performing DAAT in the South West and amongst the worst in the country. Since then there has been a vast improvement in service performance, quality, activity, value for money and service user outcomes. The NTA have been very involved in monitoring this process and have commended our approach and the resultant improvements (see attached Appendix 2 performance charts which show measurable quantitative and qualitative service improvements against NTA specific key performance indicators). It is the NTA's opinion that within the next 12 months B&NES substance misuse services are likely to be in the top quartile in the country.
- When a strategic decision 20 months ago to move from 3 to 2 providers also brought efficiencies it was agreed, following a business case, that these efficiencies should be used to build alcohol service capacity in response to the needs identified by the Council and its partner organisations – B&NES PCT, Avon and Somerset Probation Service and Avon and Somerset Police. This has been supported by the B&NES Alcohol Strategy identifying that tackling substance misuse, including alcohol-related crime and harm, is a key priority for

partners [B&NES Community Safety Partnership and its successor the Responsible Authorities Group, and the Probation Service].

- This strategic intent is supported by evidence from the Probation Service's assessment in 2008-09 identified that 63% (312) of offenders in B&NES report having a problem with alcohol (the highest % in their area), compared with 25% (124) for drugs. (The highest age groups reporting an alcohol misuse problem are the 18-20 and 21-24 year olds.) In addition, of those offenders convicted of a violence offence, 66% reported a problem with alcohol.
- Whilst tackling alcohol misuse is not the primary purpose of the NTA funding to date – which remains focused on drug misuse – it is a significant problem in B&NES and we have, therefore, committed ourselves to working together to better meet our local needs within existing resources.

4.2 Drug Specific Services

- As shown in the attached performance charts (Appendix 2), at Quarter 2 of 2012-13 there were 762 adult drug misusers in treatment addressing their problematic drug use. Over the last 2 years the number of adult drug misusers accessing treatment has risen considerably, from 642 (Q1 2010-11) to the present 762. This shows both an increased need for these services and increased efficiency in delivering services within existing resources.
- A very high level of these adults in treatment (599) use opiates (i.e. heroin) and/or crack cocaine and these users cause the highest harm to themselves and to their communities.
- Over the last 20 months there has been an increase in people identifying a need for support for other drug misuse (e.g. ketamine use). Since January 2012, **688** triage assessments have been carried out, with previous ketamine use identified in **107** of these triages, with **18** people reporting problematic ketamine use. Eight of these 18 people are experiencing physical health issues, with 2 people's symptoms severe enough to require referral on to secondary urological services.
- To minimise the harm to the service users, their families and B&NES communities, and to support service users to address and recover from their substance misuse, an intensive range of substance misuse treatment and prevention services are currently delivered as described below:

A range of interventions to address drug addiction:

- community detoxification and rehabilitation;
- opiate substitute prescribing services;
- psychiatry,
- psychology and
- psycho-social interventions (i.e. counselling; cognitive behavioural therapy etc.);
- outreach;
- education, training and work programmes;
- re-settlement and housing/tenancy support to obtain/maintain tenancy;

- peer support; and
 - relapse prevention activities to support service users to promote recovery and sustained abstinence.
- Through efficiencies and service re-design, stretch targets were agreed with providers in 2011-12 (as part of contract negotiation) with the aim of having capacity to meet the needs of 700 drug clients. The providers were asked to be innovative in engaging drug users in structured treatment programmes. Through effectively working together the providers have exceeded this stretch target and are working at 10% above commissioned capacity (currently at 762 drug misusers in treatment) without additional resources. **Importantly, in the last year significantly more service users exited treatment successfully 'drug-free' (up from 77 in 2010-11 to 124 in 2011-12), and were supported to maintain their recovery.**
 - Needle and syringe exchange services are delivered from treatment centres in Bath and Midsomer Norton, and pharmacies throughout B&NES to reduce the risk of blood borne viruses; reduce drug litter; and deliver harm reduction advice to service users on over-dose prevention, safer sex and reducing risk-taking behaviour.
 - 'Save a life' overdose prevention training to service users and their families delivered throughout B&NES (monthly to approximately 8-10 people per month). This is also included as part of a wider training programme of support to health, social care, criminal justice and other Council staff.

4.3 Reducing Re-offending: Criminal Justice (Drug and Alcohol) Services

- Criminal justice specific services were enhanced (through efficiency savings) to increase the capacity and range of services. The service has capacity to work with 100 service users per annum to reduce re-offending through a range of services as follows:
 - 7 day per week drug and alcohol arrest referral service in the police custody suite (increased from 5 days per week) and in Bath magistrates court;
 - Drug Rehabilitation Requirement (DRR) services for up to 10 DRR service users at any one time (statutory order for between 6-18 months in length). One of the DRR service users is addressing ketamine misuse;
 - Alcohol Treatment Requirement (ATR) service – capacity has been increased to work with 30 service users per year (Court order for 6 months). The service is fully delivered within existing resources, has excellent compliance and service user outcomes (reducing/ceasing offending and reducing/ceasing alcohol consumption). This service has been so successful (with referrals from Magistrates) that 27 people have already commenced in service this year, with an expected surge in referrals early in the new year;
 - Drug Intervention Programme services tracking, co-ordinating, key-working, counselling and re-settlement services to support up to 70 service users in the community and on release from prison;
 - To reduce domestic violence (DV) linked to alcohol use, a Reducing Substance and Violence Programme (RSVP) counselling service works

with 10 DV perpetrators (at any one time) to address issues of aggression, violence and controlling behaviour.

4.4 Alcohol Specific Services

- As well as the alcohol services within the criminal justice service, treatment services are in place to enable people to over-come alcohol misuse and dependence through the delivery of evidence based treatment (e.g. NICE CG115) to reduce harmful drinking and alcohol dependence, with capacity to work with 400 service users per year delivering:
 - community detoxification and rehabilitation;
 - one-to-one counselling;
 - psychiatry;
 - psychology;
 - psycho-social intervention and group work programmes to address addiction;
 - education training and work programmes;
 - re-settlement and housing/tenancy support to obtain/maintain tenancy;
 - peer support;
 - relapse prevention activities to support alcohol misusers to become and maintain abstinence.
- Alcohol hospital (RUH) liaison service to reduce alcohol-related attendance and admissions to hospital by providing:
 - alcohol-related advice and support around controlled drinking;
 - facilitated referrals into structured treatment.

This service also supports and trains primary care professionals including GPs, nurses and other hospital staff, pharmacists, occupational health departments and social care professionals. The aim is to enable early identification of harmful drinkers and support staff to provide advice and facilitate early referrals to treatment.

4.5 Transition Support

- Effective support for Children and Young People's Services (CYPS) staff, and Young People's substance misuse providers by having appropriate joint arrangements in place with young people's substance misuse services to ensure:
 - there are clear care pathways and transition for young people moving into adult treatment services
 - there is effective liaison support with CYPS to discuss cases of parental substance misuse
 - drug awareness training is delivered to social workers/CYPS staff within B&NES.

4.6 Family Services

- Family and carers services that supports carers and families, and enables them to support service users through recovery. Current services provided:
 - 2 groups per week (one in Bath and one in Midsomer Norton);
 - A range of one-to-one counselling, couple's therapy, and group interventions to at least 50 family/carers per annum to support families

- and carers, and to enable them to support service users in their recovery from substance misuse;
- Loss and Bereavement Group in Norton Radstock supporting family and friends following the death of a young man in the area linked to ketamine use. Approximately 15-20 people access this support. The group held an art exhibition from 14th-22nd December at the Radstock Church Tea Rooms, with a pre-exhibition event on the evening of 13th December attended by approximately 60 people (Appendix 6).

4.7 Re-Commissioning

- AWP and DHI's contracts were extended by 2 years to provide time to stabilise services and to get the improvement we needed prior to re-commissioning.
- We were explicit that services would be re-commissioned during 2012-13 when the 2-year extension came to an end. An open, well understood (by service users and providers) and accepted re-tendering process has been followed. Two services were commissioned for adult services (Complex and Recovery services) and one Young People's service was re-commissioned at the same time.
- As the Council hold the pooled treatment budget it was decided to use the Council's procurement team for the re-tender along the whole substance misuse pathway with the Young People's service. The Council's procurement team provided advice and support.
- Pre-Qualifying Questionnaires (PQQ) were evaluated. Successful PQQ bidders were invited to submit Invitation to Tender (ITT) submissions in early November 2012 with interviews during late November, and decisions made prior to 25th December 2012 regarding the award of contract(s).
- Contracts were awarded to Avon and Wiltshire Partnership (Specialist Drug and Alcohol Services) for the Adult Complex service; Developing Health and Independence (DHI) for the Adult Recovery service and DHI for the Young People's service. New contracts will commence on 1st April 2013 with any necessary adjustments made in light of grant allocations received.

4.8 Younger People in Treatment

- **97 of 762** drug misusers in treatment services are between 18-24 years of age (more than 1 in 8 of adults in treatment). 22 of these 97 people declared themselves to have no fixed abode (NFA) - almost 25% of the 18-24 age range (one of whom is from the Norton Radstock area).
- Project 28 works with young people around substance misuse either at their base in Bath, or via outreach.
- 104 young people accessed treatment with Project 28 between July and September 2012.

- 145 young people accessed therapeutic activities with Project 28 between July and September 2012
- Project 28 made contact with 339 young people between July and September 2012.
- Due to funding constraints outreach has reduced from 2 nights per week to one night. However the team proactively changed their evening from Wednesday to Friday night, when there are more young people around, in order to increase engagement. During outreach the team covers alcohol and drug awareness; sexual health; and harm reduction advice. The outreach team is in Midsomer Norton either on a fortnightly or once every 3 weeks basis. Between May and mid-October the outreach team saw 260 young people in Norton Radstock area during 9 outreach sessions (average of almost 30 young people per session). The young people are aware of ketamine and its impact; none of them use it, and they had all had a negative attitude towards the drug.
- DHI offer a tenancy support service providing re-settlement and housing/tenancy support to help to support vulnerably housed or homeless clients to obtain, or maintain, their tenancy. They also deliver housing floating support and provide or signpost service users to debt advice and benefits support.
- Alcohol service performance monitoring is not as robust as drug treatment monitoring and it is difficult to state currently the size of the alcohol and housing needs of this group.

4.9 Ketamine Need and Response

- Through local, regional and national intelligence we are aware of Ketamine and its use as a club or party drug (primarily) amongst younger people, with reports of use in the Norton Radstock area of B&NES and in Bristol. We have sought to increase our knowledge of this drug (and particularly of its health implications and how it is being used) and to cascade this knowledge appropriately as well as to identify local use and support needs. We have done so in the following ways:
 - A Steering group was set up which meets quarterly at the Hub in Midsomer Norton. It is chaired by Dr Fiona Carroll from SDAS with input from the urology consultant Mr John McFarlane, and attendance by SDAS clinician; DHI practitioner who works from the Hub; Project 28 Outreach worker; and the Substance Misuse Commissioning manager.

- In order to better understand the need, triage forms were adapted in January 2012 to specifically ask a question around ketamine use. From 688 triages completed, 107 answered 'Yes' to previous ketamine use. 18 of the 107 disclosed problematic ketamine use (the rest were recreational users, with most of them stating they had tried ketamine only once or twice). All ketamine users were under 25 years of age.
- A patient assessment questionnaire was implemented to screen, where appropriate, for any urological health symptoms related to ketamine use (pelvic pain/urgency and frequency – called the 'PUF' Questionnaire - see Appendix 4) with an assessment care pathway agreed direct to the Urologist. 8 PUF questionnaires have been completed resulting in 2 Urology referrals. One person, post-surgery, is making a good recovery, one person is being supported and encouraged to access the Urology service.
- The Providers went to last year's National Urology Conference to learn more about the medical health implications of ketamine use.
- The DAAT and providers have raised awareness with GPs around ketamine health implications (followed up with Appendix 3 – Ketamine Health Symptoms Information leaflet) and have encouraged them to ask young people who present with urinary tract infections (UTI) about ketamine use.
- Two sessions of Ketamine training were delivered to GPs and health professionals – one session Bath wide and one at St Chads surgery. Other GP practices in the Norton Radstock and Paulton area have been contacted and offered ketamine specific training. They are all agreeable and this will be delivered shortly.
- A training programme for GPs, Pharmacists, health and social care professionals and carers was rolled out in 2012-13 to inform and raise awareness of the harms caused by ketamine. Another evening training event is being held in Bath on 27th February 2013.
- The DAAT and substance misuse treatment providers have been asked (and agreed) to input into the GP training day on addiction for Registrars at the RUH Postgraduate Centre on 30th January 2013 (oversee workshops and give presentations). This training will be on the management of alcohol, opiate and ketamine addiction and will explore how to support patients exhibiting addictive behaviour to engage and induce change.
- DHI are linking in with the sector inspector at Radstock police and, as part of this, DHI and SDAS have offered to attend PCSO team meetings to provide condensed ketamine awareness training, and advice on treatment services at the Hub in Midsomer Norton. At the same time we will seek to get one PCSO to act as 'champion' and invite them to the longer training event on 27th February 2013.

- The DAAT is working with the Young People's Substance Misuse Commissioning Manager and Young People's Training Officer to offer training on drug and alcohol awareness (including ketamine awareness) to the Young People's workforce (including youth services). The DAAT and providers have agreed to run workshops with CYPS as part of the Celebrating Fatherhood programme.
- The Shared Care Monitoring Group has been part of the discussions around ketamine. Dr Jones from St Chad's surgery sits on the group has offered to have his registrar link with the Ketamine Steering group and carry out a ketamine audit of their surgery.
- The providers have developed a Ketamine service user leaflet (Appendix 5) and are seeking innovative ways to deliver ketamine awareness and harm reduction messages to 'recreational users' via social media: twitter and facebook, and through peer mentors.
- As stated in 4.6 above there is a support group at Midsomer Norton for previous ketamine users and family members, set up following the death (linked to ketamine use) of a young man in the area.
- As stated in 4.8 above, the Project 28 outreach team seek to proactively engage young people. They go to Youth Clubs and 'hot spots' based on intelligence from young people, the police and the Anti-Social Behaviour team. However, ketamine is a party/club drug and is used in the 'party/club' scene, and where there is access to veterinary medicines. It is used at parties, or in the home and street outreach is not effective at engaging ketamine users.
- There is a lot of development work in B&NES to identify the scale of use and need and following discussion with the National Treatment Agency their advice is that Ketamine use in B&NES is not unexpected. Ketamine is not localised to Midsomer Norton nor to the south west. The nature of ketamine use is 'recreational' and their view is that having ketamine users accessing B&NES services is a positive sign, showing we have outward facing accessible services that service users have confidence in. We are aware of the need; we have engaged with stakeholders to raise awareness of ketamine (and other substances); we have been proactive in having services in place to meet the needs of all substance misusers in B&NES (not only opiate and crack cocaine users) and this is a strength of our system.

5. RISK MANAGEMENT

Risks in relation to re-commissioning are being effectively managed through advice and support from the Council's Procurement Team.

6. EQUALITIES

Equality Impact assessments have formed part of the re-commissioning of services and are not applicable to this update.

7. CONSULTATION

7.1 AWP, DHI, Project 28, and the NTA's Deputy Regional Manager were consulted in connection with the Ketamine services detailed in this report.

7.2 Consultation on the re-commissioning has followed the Council's processes:

- Service users, providers; stakeholders including the NTA were consulted on the draft specification. Feedback, including that from the NTA, was favourable.
- Service users, providers and all stakeholders were consulted on as part of the needs assessment and were part of the Expert Group.
- Service users were actively involved in the tender evaluation and decision making process.

8. ISSUES TO CONSIDER IN REACHING THE DECISION

This report is for the Scrutiny Panel's information.

9. ADVICE SOUGHT

The Council's Director for People and Communities, the Section 151 Officer and the Monitoring Officer have had opportunity to review and comment on this report. In addition, the Associate Director Mental Health and Substance Misuse Commissioning and the Programme Director for Non-Acute Health, Social Care and Housing, have had the opportunity to input to this report and have cleared it for publication.

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Background papers	<ul style="list-style-type: none"> • Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery • The Government's Alcohol Strategy 2012 • Refreshed Alcohol Harm Reduction Strategy for Bath and North East Somerset 2012 • National Drug Treatment Monitoring System (NDTMS) Green (Performance) Reports
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