

Bath & North East Somerset Council		
MEETING	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	17 th January 2014	AGENDA ITEM NUMBER
TITLE:	Substance Misuse Services	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Appendix 1 – DAAT Income Appendix 2 – B&NES Single Point of Entry and Service Information Leaflet Appendix 3 – GP and Professionals Referral Form Appendix 4 – Service User Welcome Pack Appendix 5 – Service User Charter Appendix 6 - Joint Information Sharing Form</p>		

1. THE ISSUE

- 1.1 This paper gives an update on the reconfigured integrated substance misuse services commissioned and delivered in B&NES with particular reference to the needs of alcohol misusers and people using ketamine.
- 1.2 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). SDAS deliver clinical (specialist) services, with DHI delivering the recovery support. 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 following re-commissioning and service redesign; and to support their families.
- 2.2 Progress being made to support ketamine misusers;
- 2.3 Progress being made to support alcohol misusers in B&NES.

3. FINANCIAL IMPLICATIONS

Funding for substance misuse services in B&NES is **£3.06m** (see attached Appendix 1). Most funding now comes from the Council (as the National Treatment Agency, Health funding, and Public Health funding transferred into the Council from 1st April 2014). All finances contribute to an integrated treatment pathway. Funding from the Police Authority and Police and Crime Commissioner ceases on 31st March 2014. A successful business case to B&NES CCG and Wiltshire Council has secured funding to deliver an alcohol liaison service in the RUH.

4. THE REPORT – SUBSTANCE MISUSE SERVICES

4.1 Background

- A year ago a report on substance misuse services was taken to the Wellbeing Policy Development and Scrutiny Panel asking them to note the improvement to date in service performance, quality, activity and value for money, and to give an update on the re-commissioning process and timescale for substance misuse services. This report is providing an update following the implementation of the re-commissioned services.
- The report also provides an update on support for ketamine and alcohol misusers. Tackling alcohol-related crime and harm has been identified as a key priority for B&NES Council and partner organisations (Police and Probation Services).

4.2 Substance Misuse 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 (refer to Single Point of Entry Service Information leaflet attached as appendix 2 for information).

- Although heroin use is declining nationally, there continues to be a high level of opiate and crack cocaine adults in treatment in B&NES (602 at Q2 2013/14) and these users cause the highest harm to themselves and to their communities. SDAS deliver clinical services for heroin users. Services are easy and quick for clients to access (all clients are seen within 3 weeks and almost 90% are seen within 1 week).

4.3 Needle and Syringe Services

- 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. During this year there has been a noticeable increase in the number of performance and image enhancing (steroid) drug users using needle and syringe programmes. These clients perceive themselves as 'health conscious' and are resistant to engaging in public health programmes such as Hepatitis B immunisation or Hepatitis C testing. DHI and the SDAS Blood Borne Virus nurse are working with pharmacists and gyms to raise awareness with all injecting drug users of the harm caused by injecting drugs.
- During the summer months there were several injecting opiate users who moved into Bath from other areas and engaged in risky behaviour putting themselves and the community at risk through discarded used needles. A multi-agency action plan was quickly put in place to remedy this situation.

4.4 Criminal Justice Services

- Demand for criminal Justice services for alcohol misusers continues to increase. The Alcohol Treatment Requirement (ATR) service started 4 years ago, at Magistrates and Probation Service request, by piloting 6 ATRs per year. This has grown year on year, and increased by a further 25% in 2013/14 (up from 30 ATRs to 40 per annum). The Court order is usually for 6 months but can be longer. The service is fully delivered within existing resources, has excellent compliance and service user outcomes (reducing/ceasing offending and reducing/ceasing alcohol consumption).
- A programme aimed at reducing domestic violence (DV) linked to alcohol use was implemented (Reducing Substance and Violence Programme (RSVP)), providing a counselling service with capacity to work with 10 DV perpetrators (at any one time) to address issues of aggression, violence and controlling behaviour. This service is being promoted to Probation Service, at MARAC and to Southside. Almost 100% of women in Criminal Justice services with drug or alcohol issues report that they are/or have been the victims of domestic violence.
- Drug client numbers are increasing (particularly amongst the under 25s who are using 'party drugs', and for the clients entering treatment via criminal justice

services, more of them are likely to be involved in violent crime rather than acquisitive crime.

- Avon and Somerset Police are closing their existing custody suites (including Bath's) and moving to super-custody suites (at Keynsham, Filton, Bridgwater and a smaller suite in Yeovil). The Police and Crime Commissioner is currently commissioning a single arrest referral service for all of Avon and Somerset. PCC and Police funding will cease to be provided to B&NES DAAT from 31st March 2014 (refer to Appendix 1 for details).

4.5 Alcohol Services

- Alcohol clients in treatment continues to increase, e.g. for the period April-December 2012, there were 212 new clients entering treatment. For the same period this year (April-December 2013) there were 388 clients. In April the total number of substance misuse clients in treatment with DHI was 759 (385 drug clients and 374 alcohol clients), this increased month on month to November 840 clients (397 drug clients and 443 alcohol clients). DHI Alcohol clients now exceed drug clients. SDAS deliver clinical and detoxification services for alcohol clients where required (including psychology and psychiatry services).
- Alcohol client numbers are increasing far faster than drug client numbers and services are close to capacity. The Commissioning Manager has been working with DHI and SDAS to free up capacity where possible. Providers have improved efficiency by restructuring teams and assessment processes, and training staff so that all staff can work with drug and alcohol clients.
- A business case to B&NES CCG obtained funding to pilot a nurse led Alcohol liaison service at the RUH to reduce alcohol-related attendance and admissions to hospital by providing:
 - alcohol-related advice and support around controlled drinking;
 - facilitated referrals into structured community treatment.

Wiltshire Council's Drug and Alcohol Team were also approached for funding to work with Wiltshire clients in the RUH and they agreed to make a contribution to the service.

The 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.

The pilot started in April, however due to delay in getting staff in post, the team was not operational until September. To date 75 clients have been seen at

RUH, 41 from B&NES have been referred into community treatment, some of whom are repeat attenders.

- B&NES is one of a network of partnerships who have volunteered to work together with Alcohol Concern (on a pilot project) to respond to 'Blue Light' clients (those requiring frequent ambulance or police attendance) to develop a better way of working with people who are resistant to changing their drinking, or difficult to engage in services.
- Project 28's Alcohol Drink Think screening tool has screened 159 young people; 154 of whom received brief intervention including advice on alcohol units. Between April and December 92 professionals were trained to use the drink think tool and deliver brief interventions.

4.6 Housing/Tenancy and Detox Support

- A tenancy support service providing re-settlement and housing/tenancy support to help vulnerably housed or homeless clients to obtain, or maintain, their tenancy is delivered by DHI. Dry house accommodation is provided at Barton Buildings (6 units) and Burlington Street (11 units including 2 detox suites). Burlington Street detox suites are a cost effective alternative to hospital or in-patient detoxification programmes @ £135 per week to detox/recuperate in Burlington Street compared with £1,000-£1,500 per week in in-patient detox; or £2,000 in RUH for an average stay of 6 days.
- REACH (led by DHI) delivers housing floating support and provides or signpost service users to debt advice and benefits support (including money management, credit union, Clean Slate). The service is moving to have 3 day week presence in the Council's one stop shop, and also delivers the service from the Hub in Midsomer Norton, in Keynsham and Chew Valley.
- Clients also have support from Home Turf Lettings (a not for profit lettings agency that makes it safe, easy and profitable for landlords to rent to low income tenants through a guaranteed rent leasing scheme). 21 single homeless or vulnerably housed B&NES residents, and 7 families have been housed.

4.7 Transition Support

- Re-commissioning an integrated treatment system has improved transition for young people due to effective multi-agency working and 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 and it is reported that with the improved pathway,

and nominated Transitional worker, the system is working effectively to support young people who need to move into adults services to complete their treatment programme;

- there is effective liaison support with CYPS to discuss cases of parental substance misuse
- there is a drug awareness training programme in place for social workers/CYPS staff within B&NES and substance misuse is now included in the joint CYPS/DHI Safeguarding training.

4.8 Family Services

- Family and carers services continue to support carers and families in order that they can 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;
 - A new support group for young people affected by parental substance misuse.

4.9 Re-Commissioning

- AWP's SDAS and DHI (adult and Project 28 young people's services) were awarded 3 year contracts from 1/4/2013. The re-designed services were implemented successfully, with the providers working closely together to deliver a holistic service to the client. Services expanded and are available until 7pm Monday to Friday and on Saturday mornings.

4.10 Ketamine Need and Response

- Since January 2006 Ketamine has been controlled as a Class C drug under the Misuse of Drugs Act 1971. However, misuse of ketamine has increased and the Advisory Council on the Misuse of Drugs (ACMD) has reviewed its use and harm and recommended to the Government that it be re-classified as Class B and has made 13 recommendations (5 relevant to Public Health and Treatment).
- B&NES substance misuse system has been proactive in increasing knowledge of this drug (and particularly of its health implications and how it is being used) and cascading this knowledge appropriately to health and social care professionals.
- A Steering group continues to monitor and over-see this work and ensure links to the RUH urology consultant where required.
- Triage forms were adapted in January 2012 and clients continue to be asked specific questions regarding ketamine (and novel psychoactive substance (NPS

or 'party' drug) use. Follow on questionnaires are used to screen for urological health symptoms, with referrals onto Urology where appropriate.

- The DAAT and providers continue to raise awareness with health and social care staff of the health implications relating to ketamine use: eg there are 3 training events in February and March 2014 to GPs, Practice Nurses, Substance Misuse front-line staff; Pharmacists and Dispensers; CYPS staff; Mental Health team staff; and stakeholder organisations' staff (CURO, Southside, Julian House, Sirona etc).
- Treatment numbers have steadied with 31 ketamine users in adult treatment, and 6 young people in treatment with Project 28.
- A new community ketamine detoxification programme was implemented with the first 3 clients undergoing a community detox. Harm has been reduced significantly. 1 client has been referred for in-patient detox.
- The support group continues to be well used at Midsomer Norton for previous ketamine users and family members with 12 people currently attending the group.
- Targeted outreach has led to Youth Services and Project 28 setting up a young people's Ketamine and Party Drug support group at Peasedown St John Youth Hub alongside 4 peer mentors (on Tuesday evenings from January).
- No new referrals from either adult or young people's services have been made to RUH Urology department in the last 4 months.

5. RISK MANAGEMENT

Risks in relation to service delivery and funding volatility are identified to, and managed by, the Substance Misuse Joint Commissioning Board.

6. EQUALITIES

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

7. CONSULTATION

- 7.1 AWP, DHI and Project 28 have been consulted in connection with the services detailed in this report.

7.2 There was extensive consultation on the re-commissioning and implementation of the re-designed service with service users as follows:

- Service users were part of a team who wrote the Welcome Pack (attached as Appendix 4); the Service Charter (attached as Appendix 5) and the joint Information Sharing form (attached as Appendix 6).
- Over 100 service users and their families; and 50 professionals from a range of stakeholder organisations, attended an information launch of the new services, and joint paperwork (Appendices 3-6 above) in August. Feedback was very positive.

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 Senior Commissioning Manager for Mental Health and Substance Misuse Commissioning and the Deputy Director, Adult Care, Health & Housing Strategy & Commissioning, have had the opportunity to input to this report and have cleared it for publication.

Contact person	Carol Stanaway, Substance Misuse Commissioning Manager 01225 477971
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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