

Bath & North East Somerset Council		
MEETING	Health and Wellbeing Select Committee	
MEETING DATE:	30 th March 2016	AGENDA ITEM NUMBER
TITLE:	Substance Misuse Services	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Appendix 1 - B&NES Single Point of Entry and Service Information Leaflet		
Appendix 2 - Working with complex change resistant drinkers Posters		
Appendix 3 - Group Work Programme		
Appendix 4 - Children and Young People's Health Survey 2015		
Appendix 5 - Hidden Harm Leaflets		
Appendix 6 - Drug and Alcohol Team Presentation		

1. THE ISSUE

- 1.1 This paper is to give an update on the outcomes of young people's and adults drug and alcohol treatment, including a young people's update.
- 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 the Children & Young People's commissioning team working closely with colleagues commissioning adult services to ensure an integrated approach to both commissioning and provision. Children and Young People's services are delivered by DHI's Project 28.

2. RECOMMENDATION

The Health & Wellbeing Select Committee is asked to note:

- 2.1 Drug and Alcohol performance.
- 2.2 Progress being made by providers implementing service re-modelling.
- 2.3 A recent Young People's Needs Assessment has been undertaken to review current performance of young people's drug and alcohol services and to identify key priorities as part of the Early Help Strategy.

3. FINANCIAL IMPLICATIONS

There are no direct implications to this report.

The 2016/17 budget for adult substance misuse services in B&NES is £2,587,225. The majority of this funding comes from the Council. £193,000 is from the B&NES Clinical Commissioning Group (CCG) and Wiltshire Council to fund the alcohol liaison service in the Royal United Hospital (RUH). All finances contribute to an integrated treatment pathway.

4. THE REPORT – SUBSTANCE MISUSE SERVICES

4.1 Background

- A report in January 2014 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 development of the RUH alcohol liaison services, the re-commissioning process and timescale for substance misuse services.
- This report provides an update following the development of the Young Peoples Drug and Alcohol Needs Assessment, performance of adult services and the remodelling of adult 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 will continue to be delivered via the single point of entry with DHI (see Single Point of Entry Service Information leaflet attached as Appendix 1 for information).

- Although heroin use is currently declining nationally, Bristol has been identified as one of 5 'hotspots' for heroin. Avon and Somerset Police Drug Strategy Unit advises that B&NES is affected by the same drugs as Bristol and B&NES is, therefore, recommended to continue to focus on heroin harm and ensure prompt access to treatment. SDAS deliver clinical services for heroin users and DHI provide psychosocial recovery support. Services are easy and quick for clients to access (all clients are seen within 3 weeks and almost 90% are seen within 1 week). Supporting opiate users to overcome dependence is challenging, in B&NES currently 6.4% of opiate clients have successfully left treatment (who have not relapsed) compared to national performance of 7% (below 11% recovery rates in B&NES during 2014/15) and may be an indicator that more complex clients remain in treatment. Over 70% of adults in treatment have either 'high' or 'very high' complexity (eg poly drug and injecting use). There are good outcomes for other drug users in B&NES where approximately 40% successfully leave treatment (and do not relapse) compared to 39% nationally.

4.3 Harm Reduction

- PHE has commended B&NES DAAT on the exemplary rates of harm reduction in relation to blood borne viruses. (PHE DOMES Q1 2015-16) The rates for Hepatitis B vaccination and Hepatitis C testing remain much higher than the national average (B&NES is amongst the top performing areas with approximately 94% of eligible clients tested for Hepatitis C compared to 80% nationally and over 60% of B&NES clients have completed a course of Hepatitis B immunisations compared to 30% nationally.) The DAAT shared good practice in Hepatitis B and C reduction at a South West Liver Disease study day in July 2015, and at Public Health England's recent development day.
- A needle and syringe exchange programme (NSP) continues to be 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 2015/16 the providers changed how they deliver NSP to the most vulnerable or hard to reach clients (complex opiate users and steroid users) working with pharmacists and gyms to raise awareness with all injecting drug users of the harm caused by injecting drugs.

4.4 Alcohol Services

The rate of successful completions for B&NES alcohol clients is consistently high at between 46% – 50 %. This is considerably above the national average. Parents do even better, >55% of parent's successfully complete alcohol treatment. B&NES investment in local services has attracted a good deal of worthy commendation for its hospital alcohol liaison service, and for alcohol recovery outcomes. PHE recognises that alcohol has been a strategic priority for some time and an effective

drug and alcohol treatment service is an essential component underpinning this wider treatment system. (PHE Q1 DOMES 2015-16)

- Alcohol client numbers have almost doubled in the last three years and the providers are working very flexibly to meet capacity, eg services are delivered by group work, group detoxification and peer mentor support, all of which have been fundamental in meeting capacity and delivering these outcomes.
- B&NES is one of a network of partnerships who have been working with Alcohol Concern to respond to complex treatment resistant drinkers (often known as 'Blue Light' clients because they require frequent ambulance or police attendance). The response has been to develop a better way of supporting these clients who are resistant to changing their drinking, or difficult to engage in traditional services. It is estimated that there 200 'Blue Light' clients in B&NES costing the community >£7 million per annum (Source Alcohol Concern). Agencies have been trained and provided information and practical tips on working with these clients. Additionally in B&NES we have adapted the Alcohol Concern manual into user friendly posters which have been disseminated as part of the training. See Appendix 2 for examples. Alcohol Concern is extending the project to support the families of 'Blue Light' clients and B&NES have again confirmed their desire to be part of this.

4.5 Re-Model

AWP, SDAS and DHI (adult and Project 28 young people's services) were awarded 3 year contracts from 1/4/2013 and, because providers are performing well, it was agreed to extend these contracts by 2 years with effect from 1/4/2016. However, as part of the contract negotiation adult service providers were asked to re-model and deliver an integrated recovery focussed system, partly in response to reductions in substance misuse funding agreed by Council in February 2016. Key elements of this remodelling are:

- To reduce overheads SDAS will close its base at Rock Hall, expand its use in the Riverside Health Centre, and co-locate with DHI at the Beehive, Bath. The Hub in Midsomer Norton will remain.
- Group based programmes will be expanded alongside a move away from 1:1 support. These group based programmes are evidenced based and have been successfully piloted within alcohol services over the last 2 years. See appendix 3 for group based programme. Whilst group work is good for the majority of clients there will be reluctance by some clients to engage in group discussion, and this approach may not be suitable in some instances, eg for very complex clients, for whom 1:1 support will be available.

- There will be a greater focus on community based treatment & Burlington dry house for detox/community rehabilitation and a reduction in out of area rehabilitation and detoxification.
- Removing duplication through closer working with partner agencies and between, for example, AWP's Specialist Drug and Alcohol Service working more closely with its Mental Health teams such as Talking Therapies.
- Added value to the treatment system through increased use of social care placements, volunteers and peer mentor programme; and increased links with mutual aid organisations - Alcoholics Anonymous (AA), SMART Recovery and Narcotics Anonymous (NA)

4.6 Dry House Detoxification and Rehabilitation Development

Example of a collaborative, innovative pathway:

Most people requiring a detox have this in the community, or if they need additional support, or are insecurely housed, then their detox is carried out within one of the 2 detox beds within the 11-bed dry house.

One detox bed is prioritised for RUH and is linked to the Alcohol Liaison Service funded by CCG to facilitate prompt discharge from RUH, or divert admission, or prevent re-admission.

In return the RUH have just agreed a pathway for complex alcohol clients to be detoxed in the RUH where their physical health means they cannot be safely detoxed in the community, or in the dry house.

To help prevent relapse post detox Solon Housing have adapted one of their houses (4 beds at Rackfield House) into a Post Alcohol Detox house (PAD). This service was launched in November 2015 and is a joint response to working with complex alcohol clients. DHI deliver the psychosocial support to clients at Rackfield with their supported housing being delivered by Solon. This service is already full and options are being explored to expand to create a second (women-only) house.

The detox suites and dry house rehabilitation beds are a cost effective alternative to hospital or in-patient detoxification programmes costing less than £150 per week to detox/recuperate in the dry house compared with £1,000-£1,500 per week in an out-of-area in-patient detox; or £700-/£1,000 per week in an out-of-area rehabilitation facility, or £2,000 in RUH for an average stay of 6 days. It is estimated that this model saves over £150,000 per annum (reduced bed days at RUH and external rehabilitation/in-patient costs)

DHI submitted an application for funding via the Government's PHE capital programme, and have been successful in obtaining £750,000 towards the purchase of the dry house to secure the future of this service, based on the outcomes and cost effectiveness of the service. This is the second highest amount ever awarded by PHE.

4.7 New Psychoactive Substance Bill (NPS), Ketamine use and related developments

The New Psychoactive Substance Bill is anticipated to come into force on the 6th April with four offences in relation to New Psychoactive Substances (NPS) previously commonly referred to as “legal highs” which are:

- Supply;
- Possession with intent to supply;
- Importation or exportation; or
- Production.

There is no offence of possession unless imported (eg from an overseas website) or whilst in prison, and NPS use in prison is well documented. This new act will stop UK websites or headshops from selling NPS's, and will also stop the selling of Nitrous Oxide (NOS) which is often referred to as laughing gas.

Ketamine does not fall under the NPS act as it is already controlled as a Class C drug under the Misuse of Drugs Act 1971.

A new Government Drug Strategy is due out at the end of March 2016. The expectation is that the new strategy will continue to focus on recovering from drug dependence, particularly from opiate use, which is the highest harm drug.

Treatment numbers have steadied with 10 ketamine users in adult treatment, and 5 young people in treatment with Project 28. There are also 14 young people in treatment using NPS's. (Adult partnership report Q3 2015-16 and Young People's DHI 2015-16)

B&NES substance misuse system has been proactive in increasing knowledge of NPS and Ketamine harm. In response to requests, further training is being delivered in schools, youth clubs and colleges to show the physical changes to the body that ketamine produces and on 17th May the Avon and Somerset Police Drug Strategy Manager will deliver training in B&NES on drug trends and NPS's. Professionals from a range of agencies have been invited.

4.8 Young People's Needs Assessment

The Young People's Needs Assessment was undertaken in December 2015 and key changes include:

- An increase in the complexity of issues faced by young people (eg mental health, or parental substance misuse, crime etc)
- Increase in cases of children at risk of sexual exploitation (a project has been established to identify and respond to presenting needs)
- The RUH emergency department now refers directly to Project 28

- Performance continues to be excellent with 97% of young people successfully completing their specialist support – compared to 80% nationally (with low re-presentations, 2% locally compared to 7% nationally)

The Health Related Behaviour Survey (SHEU) was undertaken in 12 secondary schools with 3048 pupils from year 8 and 10 taking part and there is a positive downward trend, for example:

- The numbers who drank alcohol in the last week: 15% of boys in 2015 compared to 24% of boys in 2013 and 12% of girls compared to 21% of girls in 2013
- The numbers who smoked cigarettes at least sometimes: 12% of boys in 2015 compared to 21% of boys in 2013 and 8% of girls compared to 11% of girls in 2013.

Please see appendix 4 for further details on the survey.

The needs assessment found that 34% of adults in treatment are parents who have their children living with them at least part of the time. A key aim is to prioritise support for families, and to reduce the risk to children within the home, two leaflets were developed. Please see Appendix 5 'Keeping Children Safe' leaflets which were approved by the Local Safeguarding Children's Board. Family support will be further developed by Blue Light Families Project (see 4.4 above)

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

An Equality Impact Assessment was undertaken in relation to the proposed service redesign. One of the reasons for undertaking and reviewing needs assessments are to identify and, then plan to address, potential inequalities.

7. CONSULTATION

- 7.1 As previously reported, extensive engagement and consultation has been undertaken as part of the Council and CCG's joint review of community services, '**your care, your way**'. The views of service users and carers will continue to inform the development of integrated models of care including substance misuse services.

- 7.2 AWP and DHI have consulted with staff as part of their work in re-modelling services and implementing a new staffing structure.(re- structure).

8. ISSUES TO CONSIDER IN REACHING THE DECISION

This report is for the Health and Wellbeing Select Committee's Information only.

9. ADVICE SOUGHT

The Council's Strategic Director, People and Communities, the Section 151 Officer and the Monitoring Officer have had opportunity to review and comment on this report. In addition, the Director of Adult Care & Health Commissioning has had the opportunity to input to this report and has cleared it for publication.

Contact person	Carol Stanaway or Amanda Davies, Substance Misuse Commissioning Manager 01225 477971/ 07530 263429
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 2014- 2019• Public Health England's Diagnostic Outcome Monitoring Executive Summary (DOMES) Performance Reports for B&NES
Please contact the report author if you need to access this report in an alternative format	