

## **Wiltshire Council**

### **Cabinet**

**17 April 2012**

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**Subject: Addressing Alcohol and Drugs in the Community**

**Cabinet member: Cllr Keith Humphries - Public Health and Protection Services**

**Key Decision: Yes**

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#### **Executive Summary**

Significant progress has been made in Wiltshire to reduce the harms associated with alcohol and drugs misuse. Strategies are in place to reduce the harms caused by all aspects of adults' alcohol misuse and drug misuse, and to prevent and intervene early in substance misuse problems among children and young people. "Hidden Harm" approaches are being taken forward to protect children and young people from parental alcohol and drug problems, and to keep families together. Provision of high quality and effective services has been shown to reduce harm to individuals, their families and communities and deliver cost savings to the public sector.

Improvements in performance in adult treatment services have led to an increase in Department of Health funding for next year. Further improvements and efficiencies are sought through development of an integrated adult treatment and care system to deliver greater coherence of service provision, delivering better outcomes for service users. It will also deliver additional capacity to meet the increasing demand for services which are likely to be created by continued implementation of the Wiltshire Alcohol and Drug Strategies and the Wiltshire Hidden Harm Strategy as these are likely to identify additional individuals requiring support and treatment.

#### **Proposal(s)**

Cabinet is requested to:

- Receive this update on the importance and progress in addressing alcohol and drug problems in Wiltshire;
- Agree in principle to the proposal to undertake a tendering process to provide an integrated adult drug and alcohol treatment and care service;
- Delegate authority of consideration of a procurement options paper to the Cabinet Member and Corporate Director.
- Delegate authority to execute the contracts resulting from this tendering activity to Maggie Rae, Corporate Director of Public Health and Public Protection, in consultation with the Portfolio Holder, Solicitor to the Council and the Chief Financial Officer.

**Reason for Proposal**

Wiltshire Council is a key partner in the Wiltshire Community Safety Partnership which holds responsibility for addressing alcohol and drugs issues. From April 2013, the Public Health team will bring responsibility for commissioning alcohol and drug treatment with it on transfer to the Council.

**Maggie Rae****Corporate Director of Public Health and Public Protection**

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### **Purpose of Report**

The purpose of this report is to:

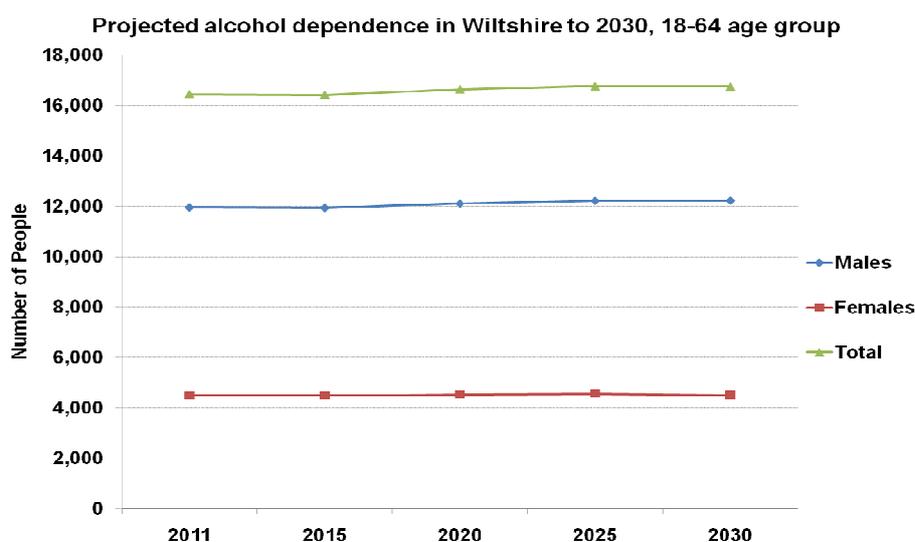
1. To provide an update on actions to reduce alcohol and drug related harms in Wiltshire and to outline improvements in the performance of specialist substance misuse services;
2. To outline the strategic changes affecting the commissioning of these services, including plans to tender an integrated community substance misuse treatment and care service for adults.

### **Background: Size of the Problem**

#### **Adults and Alcohol**

3. Per capita alcohol consumption has increased over the last decade. Nationally in 2008, 28% of males and 19% of females consumed alcohol at harmful or hazardous levels, in excess of 21 and 14 units each-week, respectively. Synthetic estimates suggest 19% of the Wiltshire population aged 16 years and over engage in binge drinking (drinking more than 6 units on one occasion), a lower proportion than the South West (20.7%) and England (20.1%).
4. Figure 1 shows the number of people in Wiltshire aged 18-64 estimated to be alcohol dependent, projected to 2030. A 2.2% increase is predicted among males with levels among women predicted to rise by 0.6%. Levels of dependency are significantly higher among males than females.

**Figure 1: Alcohol Dependence in Wiltshire**



Source: PANSI. <http://www.pansi.org.uk/>

- In 2010/11 there were an estimated 9,155 alcohol related inpatient hospital admissions in Wiltshire, where alcohol is a significant contributory factor, amounting to 1,580 per 100,000 population. Admission rates are related to age and health condition, and are therefore higher for older age groups and for those with cardiovascular disease. Other admissions related to alcohol related conditions, such as intentional self-harm and mental and neurological conditions, are more common in younger age groups. All areas of England showed an increase in alcohol related admissions from 2009/10 to 2010/11 but this increase was lower in Wiltshire (8%) compared to the South West (9%) and England (14%).
- Mortality rates from alcohol specific conditions, such as alcohol-attributable liver disease, are higher among males than females in England, and Wiltshire follows this pattern. However, alcohol-specific and alcohol-attributable mortality rates in males and females are lower than in England, although mortality rates are increasing. Compared with England, Wiltshire also has significantly lower rates of alcohol-specific and alcohol-attributable hospital admissions for both males and females, and for mortality from chronic liver disease, although admissions are increasing.

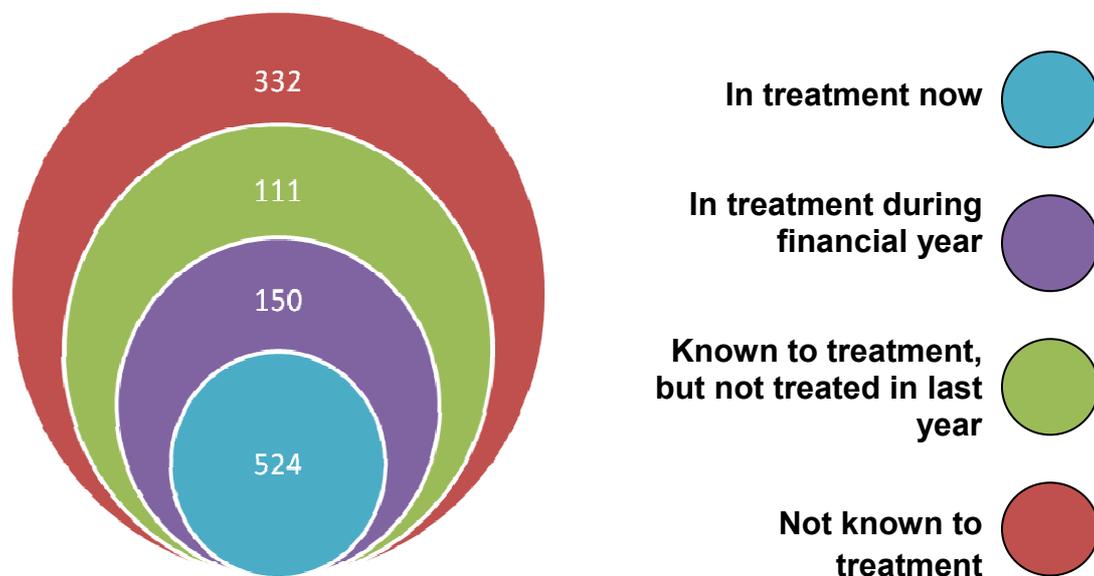
### Adults and Drugs

- In Wiltshire, a comprehensive needs assessment of drugs misuse is undertaken each year. There were 724 individuals from Wiltshire registered in structured drug treatment (Tier 3 or 4) by the National Drug Treatment Monitoring System (NDTMS) between April 2010 and March 2011. 68% of these were male, and the largest age group was 35 to 39 years old (23%). 90% of those registered were problematic drug users (defined as injecting opiate or cocaine users) and 79% of those used

illicit heroin. The estimated number of problem drug users in Wiltshire is significantly lower than the South West and national averages.

8. Figure 2 shows the number of opiate and/or crack users, or problem drug users in various categories. 2006/07 figures show Wiltshire to have a significantly lower rate of problem drug users than either the South West or England as a whole.

**Figure 2: Estimated “problem” drug users in Wiltshire, 2010/11**



Source: NDTMS

9. When adding in all those who are dependent on a wider range of illicit drugs (such as amphetamines, benzodiazepines, ketamine and cannabis) it is estimated that in 2011 in Wiltshire 9,318 people aged 18 to 64 had some level of drug problem, of which 66% are likely to be men.
10. The number of drug misuse related admissions in Wiltshire has risen from 1,410 during 2009/10 to 1,600 in 2010/11. The highest number of admissions relate to intentional self-poisoning by a range of drugs, including illegal drugs and over the counter and prescribed medication.
11. Probation data indicates that 31% of people assessed at the beginning of sentencing had drug misuse directly linked to their offending behaviour. In Wiltshire this equates to 199 offenders between 2010 and 2011. During the same period 45 community sentences with a Drug Treatment Requirement were made by the courts.

### Children and Young People

12. Drawing on a wide range of data, the Wiltshire Children and Young People Substance Misuse Needs Assessment for 2010/11 found that:
  - Among young people who use substances in Wiltshire, the main substances of choice continue to be cannabis and alcohol;

- Around 12 referrals a month are made to Motiv8, the specialist substance misuse service, of which around 84% lead to a treatment intervention being offered, including high level harm reduction support and psychosocial interventions;
  - Most young people in treatment are aged between 15 and 17 years;
  - Of those receiving support and treatment, currently 55% are male and 45% are female – although traditionally the male/ female split has been 65%/ 35%;
  - Nearly a third (31%) of referrals into treatment services are from the Youth Offending Service which remains the main referrer;
  - There are very few young people who engage with treatment services who have a problem with class A drugs, including heroin, crack and cocaine (4% of treatment cohort);
  - Hospital admissions data show that a number of young people are admitted for overdoses of alcohol and/or drugs, often combined with mental health issues, and that there could be an issue in relation to over the counter drugs (more detail below);
  - Three quarters of young people in treatment also have some level of mental ill health problems;
  - Young people who are excluded from school are more likely to try alcohol and cannabis than other young people.
13. Local analysis of hospital specific admissions has indicated that during the 2009/10 financial year there were 248 alcohol and drug (both legal and illegal) admissions to hospital among those aged 17 and under:
- Of these, 20.2% (n 50) were admitted for mental and behavioural disorders due to the use of alcohol;
  - 18.5% (n 46) were admitted due to accidental poisoning from drugs however, due to coding categories, it is unknown how many were due to illegal drugs;
  - 52% (n 129) were due to intentional self-poisoning from both legal and illegal drugs;
  - Of these 129, 82 young people (33% of the total number of admissions) had experienced intentional self-poisoning due to paracetamol and aspirin. 38 of this 82 (46%) are aged 15 and under whereas the remaining 44 are aged 16 or 17.
14. The Wiltshire TellUs survey (2009), which asked a sample of children and young people (Years 8 and 10) about their behaviour in the previous 4 weeks, indicated that 7% of children and young people admit to using drugs compared to 9% nationally, and 40% to using alcohol compared to 42% nationally (England average). The survey found that 70% of Wiltshire young people had never had an alcoholic drink compared to 68% nationally (England average).

## **Hidden Harm (Parental Substance Misuse)**

15. The Wiltshire Hidden Harm Strategy was launched in March 2011 and aims to protect children of parents with problematic substance use, and provide effective, joined up services for these children and their parents.
16. A Strategic Needs Assessment was undertaken to inform the Strategy. National research applied to Wiltshire suggests that there may be at least 1,306 children at risk of drug related harm from their parent or parents in Wiltshire, and at least 8,000 affected by parental alcohol use. Analysis of 2010/11 adult drug treatment data<sup>1</sup> indicates approximately 51% (258) of those in drug treatment are parents and 57% (308) of those in alcohol treatment are parents. A key plank of Wiltshire's Hidden Harm Strategy is to develop local data sources from a range of agencies to build up a better picture of the scale of Hidden Harm in the county.

## **Delivery Mechanisms for Addressing Alcohol and Drug Problems**

17. Wiltshire Community Safety Partnership is the responsible body for overseeing strategy and actions to reduce alcohol and drug related harms and overseeing commissioning and performance management of drug and alcohol (substance misuse) support, treatment and care services in Wiltshire. It discharges these duties through the Adult Joint Strategy and Commissioning Group for Alcohol and Drugs, and the Children and Young People's Joint Commissioning Group. There is also a Hidden Harm Steering Group in place to implement Wiltshire's Hidden Harm Strategy which focuses on protecting children from parental (or carer) substance misuse.
18. Annual needs assessments are undertaken to inform strategy and services in relation to adult, prison, and children and young people's drug and alcohol services, and Hidden Harm.

## **Funding**

19. Treatment services are cost effective and research suggests that for every £1 spent on adult alcohol treatment the public sector saves £5, and for every £1 spent on adult drug treatment the public sector saves £3. The savings are even greater for specialist services for children and young people with an estimated saving of between £5 and £8 for every £1 spent on services.
20. A partnership budget is hosted and administered by Wiltshire Council on behalf of the Children and Young People's Joint Commissioning Group with the main contributors being Wiltshire Council, Public Health (currently NHS Wiltshire) and the Department of Health (via the National Treatment Agency – NTA).
21. The Adult Pooled Treatment Budget (PTB) is hosted and administered by Wiltshire Council. Partner contributions are ring fenced to

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<sup>1</sup> National Drug Treatment Monitoring System (NDTMS)

commission for their areas of responsibility. The major contributor is the Department of Health via the NTA which provides funding specifically for the treatment of those assessed with a primary drugs misuse problem, amounting to 39% of the budget. These funds cannot currently be used for treating anyone presenting with a primary alcohol misuse need.

22. The Public Health budget (currently with NHS Wiltshire) is the next major contributor of funding at 37% of the budget, and Wiltshire Council contributes 11% of the budget. The Home Office funds a proportion of the Drug Intervention Project (DIP) main grant and Wiltshire Police fund the arrest referral component of DIP. Wiltshire Probation Trust also contributes some funds for the commissioning of treatment services which are probation specific.
23. The annual Department of Health (NTA) budget is linked to the performance of Wiltshire in providing effective drug treatment compared to the rest of the country. During the last three years Wiltshire has consistently improved the performance of the adult drug treatment and care system from the bottom performance quartile nationally to the top quartile. This has led to an increase in the central Department of Health (NTA) budget for drug treatment of 8% for 2012/13 due to good performance.

### **Future Arrangements**

24. On moving to the Local Authority, the Public Health team will be responsible for commissioning alcohol and drug treatment and linked recovery support from April 2013, subject to the Health and Social Care Bill becoming law<sup>2</sup>. This will provide a platform for an integrated approach to commissioning public health outcomes which addresses the root causes and wider determinants of alcohol and drug dependence, such as troubled families, employment, education, and housing, and delivers the greatest gains.
25. The Public Health Outcomes Framework includes drug and alcohol specific outcomes as well a number of related outcomes that will benefit from the success of addressing alcohol and drug problems, for example in relation to mental health, education, employment and the criminal justice system.
26. From April 2013, the NTA's functions will be transferred into Public Health England. It is expected that Public Health England will continue to provide national commissioning guidance and performance manage drug treatment services as well as continue to allocate performance related funding for drugs services, while also taking on a stronger role in relation to alcohol services.

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<sup>2</sup> *JSNA Support Pack for Commissioners*, National Treatment Agency for Substance Misuse, 5<sup>th</sup> January, 2012  
Healthy lives, healthy people: Improving outcomes and supporting transparency, DH, 23<sup>rd</sup> January, 2012

## **Progress in Addressing Alcohol and Drug Problems**

### **Adults and Alcohol**

27. There has been significant success in the delivery of the Wiltshire Alcohol Strategy over the last 3 years including:
- Provision of a dedicated brief intervention service in primary care to support individuals in cutting down their drinking;
  - A reduction in waiting times for support and treatment;
  - Development of referral routes between hospitals and community substance misuse services to ensure joint care planning and support on discharge from hospital;
  - Each year, a comprehensive alcohol and drug training programme is delivered to almost 200 frontline professionals across a wide range of agencies: during 2010/11 behavior change training was delivered to 53 professionals, with a further 27 receiving training in addressing binge drinking among young adults, 23 in reducing alcohol related ill health among older people, and 30 in addressing steroids and performance enhancing drugs;
  - Roll out of a specialist certificate in alcohol misuse for GPs, practice nurses and pharmacists;
  - A 21% reduction in alcohol related violent crime and disorder between 2010 and 2011 as a result of a dedicated Licensing Tasking Group which reviews intelligence from a range of sources and works with problem licensed premises to better manage the Night Time Economy;
  - Provision of an alcohol arrest referral scheme, to provide a specific intervention about alcohol to offenders, and continued success in reducing alcohol related re-offending;
  - Improvement in alcohol services delivered at HMP Erlestoke, with initial screening for alcohol problems in place for all new arrivals, and a range of interventions available, including peer support and 12 step programmes as well as clinical interventions. A discharge project is also being developed to support prisoners with alcohol problems on release.

### **Adults and Drugs**

28. An annual strategy is developed to address drugs misuse, based on a comprehensive assessment of need. The following outlines progress:
- A reduction in waiting times for support and treatment;
  - An 37% increase from the previous year in the number of successful completions of drug treatment, with performance higher than the national average, and a similar reduction in unplanned discharges from treatment;
  - New structured day services have been developed aimed particularly at cannabis users which has increased their engagement in treatment;

- Roll out of a specialist certificate in drugs misuse for GPs, practice nurses and pharmacists, and further joint management of drug users (shared care) between GPs and community drug services;
- Continued support for the Wiltshire Addiction Support Project (WASP) which provides a valuable role in supporting individuals to recover and stay recovered from drug (and alcohol) problems through peer support, harm reduction advice and advocacy services;
- Inclusion of drug (and alcohol) services as part of the Integrated Offender Management scheme in Wiltshire (SWITCH) and continued provision of drug services to offenders;
- Further development of links and aftercare services with housing, education and employment to support those who are recovering from drug (and alcohol) problems;
- Continued use of appropriate care planning tools to improve retention and progression through treatment by ensuring that all relevant aspects of life that have an impact on a service user's stabilisation, maintenance and then recovery and reintegration, are addressed;
- Implementation of a drug related deaths protocol to ensure that all deaths of individuals in drug treatment are investigated and any lessons are identified;
- Screening and, as appropriate, immunization of drug users in order to reduce the risk of blood borne viruses as part of the harm reduction strategy.

### **Children and Young People – Alcohol and Drugs**

29. An annual strategy and implementation plan is drawn up each year to address substance misuse among young people. Progress includes:
- Provision of a dedicated service, Motiv8, for children and young people with alcohol and/or drug problems – the service has recently been reviewed and new policies and practices introduced to increase its effectiveness;
  - Development of referral routes between hospitals, mental health services and other children's services into Motiv8 to ensure young people receive support for alcohol or drug problems;
  - Implementation of an alcohol referral scheme for young offenders, to provide specific interventions to prevent future alcohol related offending among those aged under 18;
  - Provision of a range of drug and alcohol related support schools including general advice and guidance, staff training, peer support programmes, input for parents, targeted input for pupils and advice in responding to drug and alcohol related incidents;
  - Working with Wiltshire College and Salisbury Area Board, creation of media resources to communicate alcohol messages to young people (for

launch in July 2012) – this will be followed up by a project to develop messages aimed at parents;

- Training of a wide range of frontline professionals working with children, young people and families to recognize and be able to screen for alcohol and drug problems – 199 were trained in 2010/11 and 186 in 2011/12;
- Development of specific “risky behaviours” training for frontline staff to support them in addressing issues relating to substance misuse, sexual health and other risky behaviours.

### **Hidden Harm**

30. Wiltshire has in place a Hidden Harm Strategy, focusing on protecting children from parental substance misuse. The Wiltshire Hidden Harm Steering Group meets quarterly to oversee implementation of the strategy and implementation plan, and agree new areas for development. Actions include:
  - Building strong links between adult substance misuse services and children and families services to ensure better liaison and consideration of the needs of children, including development of a joint protocol to set out ways of working together and sharing information;
  - Identification and collation of local data sources to get a better picture of the impact of Hidden Harm in Wiltshire;
  - Rolling out training on Hidden Harm to frontline professionals – child protection training now includes Hidden Harm, and training is being delivered to staff whose work is directly impacted by Hidden Harm. 90 Health Visitors have been trained, and training is planned for school nurses, police neighbourhood teams, and probation staff, as well as organisations in the community and voluntary sector;
  - Training entitled “Moving Children and Families Together” or M-PACT has been delivered to 4 members of staff in the Children and Families team and more staff will take part. Training enables practitioners to run whole family therapeutic groups aimed at reuniting families who are affected by parental substance use. Action on Addiction, which delivers M-PACT, won an award for the training at the 2012 Wiltshire Health Improvement Awards;
  - Establishment of 2 Hidden Harm Link Workers to provide support to young people whose parents have alcohol or drug problems, and to link them into appropriate services;
  - Wiltshire Council has commissioned a new higher level 2 family and parenting support service from Action for Children for parents with complex difficulties and/or who are living chaotic lifestyles - a key target group will be those with problematic substance misuse.

### **Delivering Value for Money via an Integrated Adult Treatment System**

31. A key strategic aim of the Community Safety Partnership is to deliver a functional, cost effective and integrated adult treatment and care system

which continues to improve treatment effectiveness, successful completions and sustained recovery. It is the view of the Community Safety Partnership, as advised by the Adult Joint Strategy and Commissioning Group for Alcohol and Drugs, that a single contract with one provider will provide the necessary efficiencies to deliver additional capacity to meet identified need, and to deliver an improved recovery model of service to continue to improve performance and outcomes.

32. The current treatment and care system is not integrated but has developed over a number of years. Four providers are commissioned through a number of contracts which cover their respective infrastructure, estates, management and administrative costs. It is envisaged that commissioning an integrated service would create economies of scale, and streamline commissioning and performance management processes. This would allow more focus to be placed on ensuring adequate services to support recovery and prevent relapse, as well as create more capacity for prevention and early intervention. It would also provide greater coherence of service provision which would deliver better outcomes for service users.
33. Work has begun to specify an integrated drug and alcohol treatment system to provide high quality treatment within defined resources. The specification describes two or three 'one stop shop' hubs, from which services will outreach to other existing facilities across the County, such as GP surgeries. Preparatory work with stakeholders, including possible future providers, has taken place and the aim is to start the procurement process in May 2012 and complete the process, with a contract awarded and a new service commenced, by 1<sup>st</sup> April 2013. The Adult Joint Adult Strategy and Commissioning Group for Alcohol and Drugs has agreed that the specification should include several related criminal justice services in order to achieve coherence and further cost effectiveness and economies of scale.

### **Environmental Impact of the Proposal**

34. The proposal to create an integrated treatment system will reduce environmental impact from current levels. Existing services are delivered by 4 providers operating from 6 separate buildings across the County. The new model and specification describes two or three 'one stop shop' hubs, from which services will outreach to other existing facilities across Wiltshire, which may include the Council's campuses. This will continue to deliver at least the same level of access as currently, and possibly increase access, whilst reducing the need to occupy as many premises.

### **Equalities Impact of the Proposal**

35. Some of the premises from which services are currently provided have limited disability access. Improved disability access will be a specified requirement of the two or three 'one stop shop' hubs.

36. The specification for the service will state that providers will be expected to demonstrate the use of local resources and provision of services which take account of relevant policies on diversity and equality.
37. Current service provision has been Equality Impact Assessed (EIA). An EIA of the effect of any service changes will be conducted as a part of the procurement process and the results of the EIA will be put, for approval, before the Wiltshire Community Safety Partnership and in the decision whether or not to execute the contract resulting from the procurement process will be considered by the officer with delegated authority to execute that contract. Once the new service has been established a further EIA will be done and registered with Wiltshire Council.

### **Risk Assessment**

38. The establishment of an integrated treatment system will enable greater coherence of services and shared treatment and recovery goals. Integration will also enable efficiency savings to be made, and therefore allow capacity to be increased. This will be important in meeting the anticipated, additional demand generated by identifying more individuals requiring care and treatment as a result of implementing new actions in the Wiltshire Alcohol and Drug Strategies and as a result of implementing the Wiltshire Hidden Harm Strategy.
39. In addition, current services are not sufficiently coherent to continue to deliver the required level of improvement in performance in relation to the recovery of clients from drug and alcohol problems which would assure the same or increased levels of NTA funding beyond 2012/13.
40. The current contracts for treatment and care services do not comply with the Council's Financial and Procurement Regulations
41. Adequate market research and stakeholder involvement regionally, prior to publication of the tender documents, has taken place to mitigate the risk that commissioners fail to secure a successful contractor to provide the capacity and quality sought.
42. A realistic twelve month timetable has been planned to manage the procurement process.

### **Financial Implications**

43. Public health (NHS Wiltshire) funding for the Pooled Treatment Budget is specified in Schedule PCT023 of an annual Section 75 Agreement Funding Transfer Schedule between NHS Wiltshire and Wiltshire Council until the transfer of the Public Health team and its ringfenced budget to Wiltshire Council, along with commissioning responsibilities for substance misuse, in April 2013.
44. From April 2013, National Treatment Agency functions, including provision of national guidance, performance management and annual

allocation of performance related central funding relating to substance misuse, will transfer to Public Health England.

### **Legal Implications**

45. Although these qualify as a Part B Service of the Procurement Contract Regulations 2006, it has been recommended that these services are advertised in the EU due to the high value.
46. Adequate measures will be taken to ensure sufficient procurement capacity and expertise to ensure a robust procurement process is carried out to mitigate against any potential for legal challenge to the process.

### **Options Considered**

47. The Joint Strategy and Commissioning Group on Alcohol and Drugs has considered a number of options in relation to the tendering of an integrated alcohol and drug treatment system. This included consideration of tendering the treatment system in lots, tendering a framework agreement that involved more than one provider, or tendering for a sole provider/ consortium with a lead provider.
48. A further Procurement Options Paper in respect of these services will be submitted and considered at a later date by the Corporate Procurement Board, followed by Cabinet.

### **Conclusions**

49. Significant progress has been made in Wiltshire to reduce the harms associated with alcohol and drugs misuse and to ensure actions are taking place to both prevent and intervene early in problems. Hidden Harm approaches are being taken forward to protect children and young people from parental alcohol and drug problems, and to try to keep families together. Services for children and young people and services for adults have been shown to reduce harm to individuals, their families and communities and deliver cost savings to the public sector.
50. Improvements in performance in adult treatment services have led to an increase in Department of Health funding for next year. Further improvements and efficiencies are sought through development of an integrated adult treatment and care system, which will also deliver additional capacity to meet the increasing demand for services which are likely to be created by continued implementation of the Wiltshire Alcohol and Drug Strategies and the Wiltshire Hidden Harm Strategy as these are likely to identify additional individuals requiring support and treatment.