

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2013-2014

**CRIME & DISORDER SCRUTINY
COMMITTEE**

19TH MARCH 2014

**REPORT OF GROUP DIRECTOR,
ENVIRONMENTAL SERVICES**

Agenda Item No. 3

Substance Misuse Services

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1.0 PURPOSE OF THE REPORT

1.1 To provide the Crime and Disorder Scrutiny Group with an overview of current substance misuse provision, current performance, recent success stories, emerging issues and pressures.

2.0 RECOMMENDATION

2.1 It is recommended that Members:-

- a) Note the content of this report.
- b) Scrutinise and comment on the information provided.

3.0 BACKGROUND

3.1 Commissioning and Coordination

3.1.1 Within the Rhondda Cynon Taf and Merthyr Tydfil areas the responsibility for commissioning and coordinating substance misuse services rests with the Cwm Taf Substance Misuse Area Planning Board (SMAPB), chaired by Nicola John, Executive Director for Public Health, Cwm Taf LHB. This is a multi agency, cross border partnership of stakeholders.

3.1.2 The purpose of the SMAPB is to utilise its resources is to achieve the outcomes determined by the Single Integrated Plan and the Welsh Governments 10 year Substance Misuse Strategy,' Working together to Reduce Harm 2008-18'

3.1.3 When considering substance misuse the APB has to consider the needs of those who misuse all illicit drugs, alcohol, prescription drugs, over the counter medicines and volatile substances e.g. lighter fuel, glue etc

3.2 Outcomes

3.2.1 The overall outcome the SMAPB is working towards; is to reduce the harms associated with Substance Misuse. The impact of substance misuse is not restricted to the service user, the harm might be experienced by the family of the user, the local community in which they reside or the wider population.

3.3 Financial Resources

3.3.1 There are a number of organisations that make a financial contribution to substance misuse services e.g. the SW Police, the Local Authority's Community & Children's Services. However within Cwm Taf the majority of substance misuse services are financed through two Welsh Government funding streams, which are both managed by the SMAPB.

3.3.2 The funding streams are:

- The Substance Misuse Action Plan Fund (SMAPF) – Allocation 13-14, £2,686,376
- The Local Health Board ring fenced substance misuse allocation – Allocation 13-14, £2,523,000

4.0 CURRENT SUBSTANCE MISUSE SERVICE PROVISION.

4.1 All services commissioned for substance misuse within Cwm Taf will fall into four broad categories

- a) Prevention
- b) Supporting substance misusers
- c) Supporting families
- d) Tackling availability and protecting individuals and communities

4.2 Support for service users is provided for within a 4 tier conceptual framework for substance misuse services, which refers to the level of intervention.

- **Tier 1** - Consists of a range of drug-related interventions that can be provided by generic providers depending on their competence and partnership arrangements with specialised substance misuse services.
- **Tier 2** - Interventions are provided by specialist substance misuse providers and include a range of harm interventions and interventions that engage retain and support people in treatment. Aftercare is also considered to be a tier 2 intervention
- **Tier 3** - Provisions include the substitute prescribing programmes and home detoxification

- **Tier 4** - Services provide substance misuse inpatient detoxification and residential rehabilitation.

4.3 For full details and description of services provided see Annex I

5.0 CURRENT PERFORMANCE

5.1 All substance misuse service providers have to comply with a dataset and KPI framework required by Welsh Government. For year 2012-13 APB level KPI report see Annex II.

6.0 RECENT ACHIEVEMENTS

6.1 Drug and alcohol single point of access (DASPA)

6.1.1 The DASPA is a Cwm Taf regional service which was launched in Oct 2012 to provide a single contact point for all referrals, for adults, into substance misuse services.

6.1.2 In March 2013 the APB was asked to deliver a presentation in respect of the service at the National Substance Misuse Best Practice Conference as it is considered to be a best practice model. In June 2013 the service was extended to include children and young people.

6.1.3 This service captured the attention of British Transport Police who have now adopted the project and advertise the contact number on all trains in Rhondda Cynon Taf and Merthyr.

6.1.4 During the period October 2012 to June 2013 the service has taken 991 calls resulting in 972 referrals, 29 callers were given advice and information. At the end of the last financial year DASPA staff undertook a random sample of service user satisfaction with the provision, utilising a questionnaire. The questionnaire resulted in a 98% satisfaction rate.

6.1.5 The following statistics show an increase in the overall achievement rate for the KPI "**Achieve a waiting time of less than 20 working days between referral and treatment**" pre and post DASPA:

- Q1: 2012/13 - 64%
- Q4: 2102/13 - 81%

6.2 Service reconfiguration

6.2.1 During the past year the SMAPB has had considerable success at reconfiguring services in order to achieve consistency and equity across the Cwm Taf region. Some examples of this would include the introduction of the Alcohol Liaison Service and Alcohol Brief Intervention Service into Merthyr Tydfil.

6.3 Service User Involvement

6.3.1 Cwm Taf SMAPB has become quite successful in engaging and involving service users in the redesign or design services provided on their behalf. Welsh Government often refers to Cwm Taf as the region to emulate in respect of service user involvement.

7.0 EMERGING ISSUES

7.1 The following issues represent the current principle challenges facing substance misuse services:

- Changing patterns of referral – over a number of years we have seen a significant change in the pattern of referral into services. Previously referrals were predominantly for illicit drug use however approximately 70% of all current referrals are for alcohol misuse.
- Changing trends in drug use- The data available to the APB is showing a decline in the use of opiates and an increase in the use of stimulants, particularly new psychoactive substances.
- A greater awareness of injecting steroid use – The statistics available to the APB through the specialist needle exchange database has identified that approximately 54% of individuals using specialist needle exchanges are Performance and Image Enhancing Drug users (PIEDS)
- Abuse of prescription drugs –The Advisory Council on the Misuse of Drugs (ACMD) have highlighted a national problem in regard to the increasing abuse of prescription medication. This includes the abuse of prescriptions provided for a legitimate purpose. The type of drug being misused is Tramadol.
- Alcohol and older people- Public Health Wales observatory information has indicated that there is a need to focus awareness raising amongst the 50+ population of the harms associated with regular alcohol use. Previous information has been targeted at children, young people and younger adults.

8.0 RESPONSE TO EMERGING NEED

8.1 The above emerging issues necessitate that the APB develop a range of innovative responses in order to meet the newly identified needs, this may include the following

- Reconfiguring services in order to provide for a broader range of service users within existing resources
- Developing and providing a range of education and awareness raising materials that is up-to-date and inclusive of the emerging issues
- The implementation of a strategic and coordinated substance misuse training strategy that ensures that the workforce in Cwm Taf is equipped to identify and provide interventions on all relevant issues

- Challenging the current stereotype of substance misuse services, In order to meet the diverse needs of future service

9.0 CONCLUSION

- 9.1 There is a robust strategic commissioning and governance arrangement in place for substance misuse services in the Cwm Taf region through the Area Planning Board (SMAPB). This multi agency group ensures that services are commissioned and contracts managed in a coordinated and consistent manner across the region and across a range of service providers.
- 9.2 The APB commission a range of services to meet identified needs, providing for different levels of intervention as required. These services are monitored and performance evaluated to ensure that they are performing well and delivering the desired outcomes.
- 9.3 Changes in service demand and emerging need are kept under review and commissioning decisions are made in response to ensure that service provision is up to date and reflects current need. Recent commissioning decisions have led to the creation of DASPA which has improved access to services and to the extension of key services in relation to Alcohol across the Cwm Taf region.

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APB Commissioned Services, Funded through SMAP Fund

Alcohol Brief Interventions Scheme (ABIS)

The Alcohol Brief Interventions Service (ABIS) works at a primary care level and offers a brief intervention (BI) to those individuals in GP Practice and A&E who have been assessed as drinking at a hazardous or harmful level. The objective is to offer early interventions to these individuals so that they do not progress to an alcohol dependency.

In addition to providing a direct treatment intervention to service users ABIS also provides practice staff with awareness raising information and training in the use of an alcohol screening tool. This enables staff to more appropriately refer to ABIS and other treatment services.

Alcohol Liaison service

The Alcohol Liaison Scheme (ALS) provides a service to those individuals who have been admitted to Royal Glamorgan Hospital for a physical health issue that has been caused by an alcohol dependency. The service provides treatment for the dependency to those in hospital and endeavours to ensure that the treatment continues after discharge back into the community.

The primary objective of the service is to identify those with an underlying alcohol issue as early as possible during their admission to ensure they receive appropriate treatment.

In addition to providing a direct treatment intervention to service users ALS also provides nursing staff with awareness raising information and training in detoxification procedures. This enables staff to more appropriately refer to ALS and other treatment services. Crucially this knowledge can prevent service users from experiencing alcohol withdrawal symptoms which can be life threatening.

Brynawel House

Brynawel house is a tier 4 specialist residential rehabilitation programme offering a 16 week intervention to those who are alcohol dependant. This service is funded through SMAP however the allocation is ring fenced and can only be utilised for the purpose of purchasing tier 4 placements.

The aim of the service is to support individuals to achieve abstinence and move towards recovery.

The key components of the programme are

- Maintenance of abstinence in a safe therapeutic environment
- Support for individuals to adhere to their existing prescribed medications e.g. anti depressant, anti psychotic medications
- Shared use of facilities with other clients in the rehabilitation programme to promote and develop peer support
- An emphasis on a shared responsibility by peers

- Individual counselling and where appropriate, group therapy
- Provision of a relapse prevention programme
- Individual support and promotion of education, training and vocational experience
- Promotion of positive lifestyle skills including diet, health etc.

ADFER Tier 4

Tier 4 ring fenced funding is provided to the APB to purchase either in patient detoxification or residential rehabilitation. A small amount of the ring fenced allocation is reserved purchase additional in patient detoxification, over and above that which is purchased by the health Board

Young Persons Drug & Alcohol Service

The aim of YPDAS is to provide specialist, tier 3 substance misuse treatment for those under the age of 18 which will include.

- Tier 1 & 2 Liaison
- Assessment
- Care Planning and review
- Psychosocial Interventions at Tier 3
- Prescribing Services

Primary Care Drug and Alcohol Service

The Primary Care Drug & Alcohol Service (PCDAS) I delivers, in partnership with local prescribers(Mainly GP's), a primary care service that provides treatment and support to drug or alcohol adult substance users (i.e. aged 18 years and over). The services they will provide will include;-

- Assessment/ care management
- Prescribing advice and guidance
- Community detoxification
- Therapeutic interventions
- Drug testing
- BBV screening and referral for immunisation
- Relapse prevention.

Drug and Alcohol Single Point of Access (DASPA)

This service is the single point of access (SPA) into substance misuse services, ensuring efficient and effective pathways through the treatment services.

The service provides;

- Service users and professionals with advice and information
- Service users and professionals with a referral and allocation point
- A smooth transition between the out-of-hours telephone help line and the telephone service offered by the Provider

- Assessment of client eligibility for referral
- Triage assessment
- Harm reduction advice
- Referral to Tier 3 services
- Referral to Tier 2 services

All callers receive a service whether this is advice, referral acceptance, crisis intervention or signposting to an appropriate non substance misuse service.

Families First

The SMAP fund makes a fixed contribution towards this service which is commissioned by the RCT Children and Young Persons Partnership.

Families First is a multiagency team set up to work with the children of families affected by parental/carers substance misuse

The service offers a range of interventions, including the following:-

- Strengthening Families Programme
- Intermediate Support for Families where Parental Substance Misuse is an Issue
- Intensive Interventions for Families where Parental Substance Misuse is an Issue

No 7 Drop In

provides services to

- Individuals with substance misuse issues. who are not currently in treatment services
- Relatives and carers of individuals with substance issues.
- Members of the general public who require information regarding substance misuse
- Where capacity allows the centre will provide a base for other agencies to deliver services.

Services to be provided include;-

- Information and advice
- Facts and information regarding substance misuse and treatment options
- Harm reduction information
- Crisis and brief interventions
- Referrals to substance misuse treatment services
- Signposting to relevant agencies
- A range of diversionary activities as determined by service user need
- Access to internet and telephone where appropriate

Prescribing costs

Currently the APB through the SMAP fund makes a contribution to the prescribing of substance misuse medications. This is a fixed contribution and is a small proportion of the overall costs.

Supervised Consumption Methadone

Pharmacists play a key role in the care of the substance users. through the supervision of consumption of methadone and subutex. The pharmacist is instrumental in supporting drug users to comply with their prescribed regime, therefore reducing incidents of accidental death through overdose. Supervised consumption also helps to reduce the misdirection of controlled drugs, which may help to reduce drug related deaths in the community.

Pharmacists enable service users to comply with their agreed treatment plan by;

- Dispensing prescribed medication in specified instalments
- Ensuring each supervised dose is correctly administered to the patient for whom it was intended
- Liaising with the prescriber,
- Monitoring the patient's response to prescribed treatment;

Supervised Consumption Subutex

As above

Compass

This scheme provides structured, time limited counselling service to service users with complex psychological and emotional needs who are currently engaged in substance misuse treatments across the APB area. The counselling provided is to address the difficulties that service users are experiencing that may have contributed to their misuse problem or inhibits their ability to fully engage with treatment.

Counselling may be concerned with addressing and resolving specific problems, making decisions, coping with crises, working through conflict, or improving relationships with others

Rhondda Integrated Substance Misuse Service (RISMS)

RISMS is a multi-agency, multi-disciplinary integrated substance misuse service bringing together health, social care and third sector agencies to address the treatment and support needs of substance misusers and their families living in the Rhondda valleys.

In this service, integration means the bringing together of Treatment Tiers one to three in one place (with access to Tier four services), primarily to address the needs of service users who have complex multi faceted problems. For this service integration also means the provision of clinical, social and therapeutic interventions.

Services provide include

- Assessment
- Care Planning
- Risk Assessment
- Psychosocial Interventions
- Community Detoxification
- Prescribing
- Needle Exchange
- Social Care
- Diversionary activities
- Carers Support Services
- Access to In-Patient Detoxification
- Access to Residential Rehabilitation

TEDS young persons service

This service comprises two distinct elements.

- The Delivery of formal and informal awareness raising and education sessions in a variety of settings.
- The direct provision of a tier 2 intervention, to children and young people who have been identified as having issues with substance misuse

The Service provides;-

- Tailored lesson plans which are appropriate to the target audience.
- A range of materials and methods to deliver awareness raising in a variety of settings.
- Advice and support to other professionals

The 2 interventions include-

- Brief interventions
- Cognitive behavioural therapy
- Motivational interviewing
- Harm reduction advice
- Relapse prevention

Drugaid young persons service

Provides the same service as TEDS but in the Merthyr Tydfil area

These tier 2/3 interventions complement the tier 1 work done by the Youth Outreach service and provide a referral route to specialist prescribing by the Young Persons Drug and Alcohol Service.(YPDAS)

The Youth Outreach Worker provision will be used as a referral mechanism.

Turnaround Project

The aim of the project is to provide an intensive programme of support to those young people at risk or harm due to their substance misuse, who have engaged in offending behaviour but now show motivation to change.

Turnaround aims to

- Engage participants using a cognitive behavioural approach to challenge their thinking, attitudes and emotions
- Support young people in their rejection of substance misuse as a way of life
- Engage all participants in an intensive programme for change
- Provide a common core to the programme that:
 - Addresses past habits and behaviours
 - Focuses on risk management strategies
 - Offers intensive support on both an individual and group basis
- Develop the level of personal autonomy amongst those referred, so that they can plan their futures in a positive manner.

Open Access Service Merthyr

The aim of the Open Access Service is to provide substance misusers with a range of interventions,

The Open Access Service will provide:

- Brief interventions
- Crisis Support
- Needle Exchange
- Structured Counselling
- Care Planning and Care Coordination
- Detox Support
- Diversionary Activities
- Family Support
- Aftercare

Valley Of Hope

This service provides individuals who experience substance misuse difficulties with a range of diversionary activities, which aim to contribute to the recovery process.

The activities provided include

- Music

- Photography
- Creative Writing
- Painting and Decorating Classes

Strategy and coordination

The APB through the SMAP fund makes a contribution to the team that undertakes the lead on all substance misuse commissioning, contracting, performance management, service development and coordination of services within the APB area

Service User Involvement

This service enables service users to fully participate in the planning, design and delivery of the services they utilise

Through its successful user involvement programme, services have been able to move beyond traditional types of involvement to more innovative ways of involving service users. During the past year service users have been involved in several service improvement projects such as integrated care pathways, SPA, PCDAS.

Service users are now represented on the APB and service delivery groups. They are routinely involved in interview panels and now play a major part in the training programmes provided at the University of Glamorgan for social workers and nurses

TEDS Children and Young Persons Training

The above project provides accredited substance misuse training to professionals who work with children, young people and their families. The courses enable workers to identify where there might be substance misuse issues and to make appropriate referrals in a timely fashion. The target for this service is to provide 5 level 1 substance misuse courses= 100 people and 2 level 2 courses = 50 people.

APB Commissioned Services funded through the LHB ring fenced allocation

CDAT

Community Drug and Alcohol Team (CDAT) is the main NHS specialist substance misuse provider for Rhondda Cynon Taff (RCT) and Merthyr Tydfil. It is a harm minimisation service that offers treatment for substance misuse including alcohol, needle exchange programme, family planning, Hepatitis B/C screening, Hepatitis B vaccinations, screening for sexually transmitted infections (STIs) and general health promotion and education.

Needle exchanges

In respect of NSP Cwm Taf have two types of provision

- Needle exchanges provided by 4 specialist drug and alcohol agencies (TEDS, Drugaid, RISMS, CDAT)

Needle exchanges provided by 20 Pharmacies in local communities

What are needle and syringe programmes?

NSP provide

- Sterile needles, syringes and other injecting equipment (paraphernalia)
- Facilities for the safe disposal of used injecting equipment.
- Harm reduction information and advice related to route, transition and alternatives to injecting
- Signposting to other related agencies, including drug treatment providers and health care services.

For some users the NSP may represent their first or only contact with a service relating to their drug use.

NSP can be delivered through a variety of different settings and service models in order to meet local need.

Adfer

Cwm Taff Health Board purchase Beds nights from Adfer to meet the needs of service users requiring in patient detoxification.

Adfer is a specialist inpatient treatment unit for people with substance problems, and patients are referred from various areas throughout Wales.

Treatment Options for Inpatients

The following list contains the main interventions available on Adfer Unit.

Individual Care Plans are usually based on some of the following

- Alcohol Detox
- Drug Detox / Stabilisation
- Relapse Prevention Programme. (This involves group work)
- Physiotherapy Programme. (This includes gym, exercise, relaxation)
- Occupational Therapy
- Alcoholics Anonymous and Narcotics Anonymous meetings

- 24Hour Nursing and Medical Care
- Inpatient Contract
- Psychological Interventions

Services commissioned by the PCC for substance misuse

Integrated Offender Intervention Service

Integrated Offender Intervention Service is provided to individuals who's offending behaviour is a direct result of their substance misuse.

IOIS will provide:

- Opportunity to access group work, Peer Mentoring support groups and mutual aid groups
- Medically assisted recovery service for opiate dependency
- Referral to community services
- Harm Reduction
- Assessment
- Care and recovery planning
- Exit Planning

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Cwm Taf APB

Reporting Period for all KPI's below: 01-Apr-2012 to 31-Mar-2013

KPI 1 – DNA Post Assessment

Closed Cases	Closure Reason	Current Period		Cumulative Year		Previous Cumulative Year	
		#	% (i)	#	% (i)	#	% (i)
DNA pre-assessment	DNA pre-assessment (ii)	564	N/A	564	N/A	728	N/A
DNA post assessment	DNA post assessment	442	21.12	442	21.12	572	27.41
Closures	Other Closures (iii)	1651	78.88	1651	78.88	1515	72.59

KPI 2 - Time Between Referral and Treatment

Waiting Times	Reporting Period		Cumulative Year		Previous Cumulative Year	
	#	%	#	%	#	%
< 20 work days	1799	83.21	1799	83.21	1529	77.03
5-12 weeks	286	13.23	286	13.23	360	18.14
3-6 months	72	3.33	72	3.33	88	4.43
6-9 months	3	0.14	3	0.14	2	0.10
9-12 months	1	0.05	1	0.05	0	0.00
12-18 months	1	0.05	1	0.05	6	0.30
18-24 months	0	0.00	0	0.00	0	0.00
> 24 months	0	0.00	0	0.00	0	0.00
Grand Total	2162	100.00	2162	100.00	1985	100.00

KPI 6 - Treatment KPI 6 Treatment Complete

Closure Reason	Current Period		Cumulative Year		Previous Cumulative Year	
	#	%	#	%	#	%
Treatment complete	1028	68.85	1028	68.85	911	60.21
Negative Closures	465	N/A	465	N/A	602	N/A
All Closures (minus neutral closures)	1493	N/A	1493	N/A	1513	N/A

