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|---|---------------------------------|----------------|
| <b>12 November 2015</b>   |                                 | <b>ITEM: 6</b> |
| <b>Cleaner, Greener and Safer Overview and Scrutiny Committee</b>               |                                 |                |
| <b>Drug and Alcohol Action Team (DAAT)</b>                                      |                                 |                |
| <b>Wards and communities affected:</b><br>All                                   | <b>Key Decision:</b><br>Non-Key |                |
| <b>Report of:</b> Jim Nicolson - Community Protection Manager                   |                                 |                |
| <b>Accountable Head of Service:</b> Lucy Magill – Head of Public Protection     |                                 |                |
| <b>Accountable Director:</b> David Bull – Director of Planning & Transportation |                                 |                |
| <b>This report is Public</b>  |                                 |                |

## **Executive Summary**

After the change of provider, following a tender process undertaken at the end of the previous contract, performance of the DAAT in relation to adult service users dropped. Performance dips are not uncommon when providers change, for a variety of reasons. To address this drop the service provider and commissioners have worked closely together and, as a result, performance has now recovered to a level that compares with that seen previously.

In relation to young people's services, the new provider (CRI) has improved performance substantially above that seen previously in terms of both caseload and complexity, with increasing engagement with local schools and academies.

### **1. Recommendation(s)**

**That the Cleaner, Greener and Safer Overview and Scrutiny Committee:**

- 1.1 Note the performance of the DAAT and the improvements now being seen**
- 1.2 Continue to support the work of the DAAT in responding to current and future trends**

### **2. Introduction and Background**

- 2.1 Following a tender process undertaken at the end of contract, in April, 2014, the drug treatment company KCA was selected to be the new provider for adult substance misuse services for Thurrock DAAT; following consultation**

with service users, the service was re-named KCA - VISIONS. Similarly, CRI was the drug treatment company selected to provide the young people's substance misuse service; this was re-named Wize-Up!. The contract to provide service user support was retained by TOGETHER, the existing provider.

- 2.2 As often seen, following the letting of a new contract, there was a drop in performance in relation to KCA. Whilst this can be explained by the need for the new providers to settle in and for the staff transferred across to the new provider to become accustomed to the new organisation's processes, it was important to minimise the duration and impact of this performance dip.
- 2.3 When it became apparent that additional action needed to be taken, DAAT commissioners worked with service provider managers to implement new arrangements to reverse this trend. It is pleasing to note that these arrangements have had the desired effect and performance has improved.
- 2.4 In June 2015, it was announced that KCA was merging with Addaction, a larger national provider. After some delay, revised contracts have been signed off by the outgoing and incoming providers. Early contact with senior managers in Addaction has been very positive and there is a clear determination to continue this progress in treatment outcomes.

### **3. Performance**

- 3.1 Service providers are required to submit their performance data to the National Drug Treatment Monitoring System (NDTMS), for validation and publication. The data produced by the NDTMS is the official data used by the government and other national bodies in regard to drug treatment. Unfortunately, under normal circumstances this data can be six to nine months old by the time it is released, so early identification of any adverse trends can be unavoidably delayed. Members will note that the figures within this Report only cover Quarter 1 of 2015/16, although the validated date for Quarter 2 is due out imminently.
- 3.2 This delay in getting accredited data was exacerbated during 2014/15, when, due to a number of factors internal to them, no data was released by NDTMS for the whole year. Consequently, all DAATs were denied any validated data on which to evaluate performance accurately, or identify and respond to any adverse trends, other than by local measures.
- 3.3 Using local data, at the regular contract monitoring meetings, DAAT commissioners identified that the often-seen post-tender performance dip was taking longer to recover than expected and agreed with service managers a number of remedial measures which were put in place.
- 3.4 These have had the desired effect and as can be seen from the tables below, performance has recovered in regard to drug service users, although further improvements are needed in regard to alcohol cases.

## NUMBER OF ADULTS IN TREATMENT

3.5 The number of clients in treatment is split into four categories. Opiates include those using heroin and crack cocaine; non-opiates include cannabis and cocaine; the third category is for alcohol-only cases; then those clients using both alcohol and non-opiates. It can be seen that the number of clients in treatment for drug issues has increased, whilst those for alcohol and alcohol/non-opiate issues has fallen. This is being addressed with the provider as a priority.

| Numbers in treatment   | Q1 2014-15 | Q1 2015-16 | Difference |
|------------------------|------------|------------|------------|
| Opiate                 | 206        | 212        | +6         |
| Non-Opiate             | 69         | 102        | +35        |
| Alcohol                | 233        | 222        | -11        |
| Alcohol and non-opiate | 176        | 145        | -31        |

## WAITING TIMES

3.6 When a client with substance misuse issues decides to seek treatment, it is important to get them into treatment as quickly as possible to prevent any loss of motivation. The indicator below measures the percentage of clients offered an appointment within three weeks of assessment, as a percentage of all clients starting structured treatment.

In the past there have been some delays, especially with alcohol clients, it is therefore good to see all the targets are now being met or exceeded.

| & clients waiting more than 3 weeks | Target | Q1 2015-16 |
|-------------------------------------|--------|------------|
| Opiate                              | 95%    | 100%       |
| Non-Opiate                          | 95%    | 95%        |
| Alcohol                             | 95%    | 98%        |
| Alcohol and non-opiate              | 95%    | 95%        |

## % IN EFFECTIVE TREATMENT

3.7 Effective treatment means a client has been in structured treatment for twelve weeks or more, or else has successfully completed a planned period of treatment within twelve weeks. Experience has shown that by staying in treatment for twelve weeks or more, the prospects of completing treatment successfully are greatly increased.

This indicator shows the number of clients in effective treatment as a percentage of all clients in treatment. Using targets based on previous performance, it can be seen that good progress is now being made in all categories.

| <b>Representations</b> | <b>Target</b> | <b>Q1 2015-16</b> |
|------------------------|---------------|-------------------|
| Opiate                 | 87%           | 85%               |
| Non-Opiate             | 56%           | 64%               |
| Alcohol                | 73%           | 75%               |
| Alcohol and non-opiate | 64%           | 61%               |

## **SUCCESSFUL COMPLETIONS**

- 3.8 A successful completion of treatment includes leaving either drug/drink-free, or else having reached all the targets on a recovery plan agreed between the service and the client. It is the nature of this type of treatment that clients made need to make more than one treatment journey before achieving a successful completion.

This indicator shows the number of clients exiting treatment as a percentage of all clients exiting treatment.

| <b>Successful completions</b> | <b>Target</b> | <b>Q1 2015-16</b> |
|-------------------------------|---------------|-------------------|
| Opiate                        | 25%           | 18%               |
| Non-Opiate                    | 40%           | 47%               |
| Alcohol                       | 55%           | 57%               |
| Alcohol and non-opiate        | 30%           | 36%               |

## **RE-PRESENTATIONS**

- 3.9 Once a client has successfully completed treatment, it can sometimes be the case that a return to treatment is necessary. The number doing so within six-months of leaving treatment is recorded. There can be for a number of reasons for returning into treatment; however, it is obviously the case that the lower the number doing so the better and can be seen to be a good indicator of the quality and effectiveness of the treatment that client has received.

It can also show how well they have been supported once they have left structured treatment. In the first Quarter of 2015/16, only two clients returned into treatment within six-months, which is extremely positive.

## **YOUNG PEOPLE' SERVICE**

- 3.10 The young people's service is available for all clients up to the age of 18. The new provider, CRI, agreed with users on the name WIZE-UP! For the service which has just moved from being co-located with the adults' service to their own premises, still in Grays town centre.
- 3.11 Considerable progress has been made, doubling the number of clients on their caseload from 26 when they took over the service to 53 currently. Additionally, staff members are dealing with many much more complicated cases, including those with significant hidden harm risks; their youngest case involves a child of eight.
- 3.12 Engagement with schools, academies and colleges is improving greatly and events to raise awareness of substance misuse are taking place with increasing numbers of pupils and students. This includes the so-called legal highs, which have been so prominent in the national media.

## **4. Funding**

- 4.1 The funding for the DAAT is allocated by the local Health and Wellbeing Board from the Public Health England block grant to Thurrock Council. In 2014/15 the Health and Wellbeing Board allocation amounted to £1,509,511, but was reduced in 2015/16, to £1,387,125. This represents a reduction of 8.2%.
- 4.2 A benchmarking exercise is currently underway to ensure the adult and young people contracts represent best value. It is being undertaken with a small number of CIPFA comparator LA's (statistically similar ones) that agreed to participate, the objective being to ascertain value for money against size of service including budget, staffing and outcomes/outputs. Any good practice identified elsewhere by the exercise will be considered for implementation locally.
- 4.3 Early indications are that the adult treatment service is in line with those from our CIPFA comparator sites, whilst there may be a case to expand the young people's service if funding was available.

## **Future Developments:**

- To accommodate the doubling of the caseload of young people, the Wize-Up! service is in the process of recruiting an apprentice to provide caseworkers with much-needed admin support, thus freeing up time to engage with clients.
- Community rehab & recovery is an area that the DAAT is keen to explore alternative options. Independent reviews of the current service have shown successful completions of clients exceed those numbers achieved in traditional residential treatment settings. Moreover, the costs are roughly four to five times lower, meaning many more clients can receive vital treatment

with better outcomes at a time when budgets are contracting, since current demand outweighs available funding. Essex County Council is currently operating such a scheme in Colchester and discussions are in hand with them to develop a resource to be located in south-west Essex.

- The DAAT is also seeing the early benefits of a new scheme (Drug Testing on Arrest) whereby offenders over the age of 18 who have drugs present in their system when arrested are required to attend treatment, or face further court penalties. The scheme began in April 2015 and in the first three months, 103 people were tested in Grays police station, of whom 30 were found to have Class A drugs in their system; these have been referred into drug treatment. The eventual outcome, in terms of successful treatment and reduced, or terminated offending as a result will not be apparent yet, however, but is being closely monitored.

## **5. Issues, Options and Analysis of Options**

5.1 No issues or options

## **6. Reasons for Recommendation**

6.1 For Members to note the improvement in performance following the drop after the tender process.

## **7. Consultation (including Overview and Scrutiny, if applicable)**

7.1 No requirement for consultation

## **8. Impact on corporate policies, priorities, performance and community impact**

8.1 An effective DAAT impacts all five of the SStrategic Priorities, particularly:

- **Encourage** and promote job creation and economic prosperity
- **Build** pride, responsibility and respect
- **Improve** health and well-being
- **Promote** and protect our clean and green environment

## **9. Implications**

9.1 **Financial**

Implications verified by: **Jonathan Wilson**  
**Chief Accountant**

The costs of the DAAT are met from within the Public Health England block grant allocation and do not fall to Thurrock Council budgets to support.

## 9.2 Legal

Implications verified by: **David Lawson**  
**Monitoring Officer**

As this report is for noting only, there are no legal implications arising from this report.

## 9.3 Diversity and Equality

Implications verified by: **Natalie Warren**  
**Communities Development and Equalities  
Manager**

The maintenance of a successful DAAT has substantial positive implications for all sections of the community.

## 9.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Substance misuse is identified as a major factor in the commission of acquisitive crimes, such as burglary, auto-crime and shoplifting. It follows that effective treatment of substance misusing offenders will have a positive impact in reducing these crimes.

## 10. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

## 11. Appendices to the report

- None

### Report Author:

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