

## TRUST BOARD – WEDNESDAY 30 JULY 2008 – PART II

### MODERNISATION OF SUBSTANCE MISUSE TREATMENT SERVICES IN NORTH LANCASHIRE

#### 1.0 Introduction:

1.1 Drug and alcohol misuse are key determinants of health inequalities and levels of crime. The Government estimates that the social and economic cost of Class A drugs is £15 billion, and of alcohol misuse, £20 billion. Reducing levels of drug and alcohol use will improve health and reduce offending and one of the key components of the response to the problem is the commissioning of effective treatment services. This paper describes the context and process for the modernisation of community drug and alcohol treatment services in North Lancashire in line with Government strategies and local priorities.

#### 2.0 The National Context:

##### 2.1 Drugs.

The new ten year National Drug Strategy (NDS), entitled 'Drugs: protecting families and communities', was launched in February 2008. It builds on the progress made under the previous ten year strategy and has four main themes: tackling supply and drug related crime; preventing harm to children, young people and families affected by drug misuse; delivering effective treatment services; and developing public information campaigns.

2.1.1 Under the previous NDS the priority had been primarily on increasing the numbers of people in treatment rather than improving the outcomes. The new NDS places an emphasis on a family based approach and the social and economic re-integration of problem drug users as a result of entering treatment programmes.

2.1.2 At a national level the main government departments with responsibility for delivering the strategy are the Home Office (HO), the Department of Health (DH), the Department for Children, Schools, and Families.

##### 2.2 Alcohol.

The Alcohol Harm Reduction Strategy for England was published in 2004 and a further policy document 'Safe. Sensible. Social' was published in 2007 to outline the next steps in the alcohol strategy.

2.2.1 Key components of the response to the alcohol problem are: engage harmful and dependent drinkers with prevention and treatment services; tackle alcohol-fuelled crime and disorder; and promote sensible drinking. A cross-government Ministerial Alcohol Group has been established to oversee the delivery of the strategy.

### 2.3 Public Service Agreement (PSA)

A new PSA target has been established to focus delivery of the Drugs and Alcohol Strategies. PSA 25 'Reduce the harm caused by alcohol and drugs' is primarily the responsibility of the HO and the DH and it is supported by a number of National Indicators (NI) including NI 39 'Reduce alcohol harm related hospital admissions' and NI 40 'Increase numbers of drug users in effective treatment'.

### 2.4 National Guidance for treatment:

The DH and the National Treatment Agency for Substance Misuse (NTA) have produced frameworks (described as 'Models of Care') to inform the commissioning of drugs and alcohol treatment interventions. Both these frameworks describe a continuum of interventions within a four tiered model, from advice and information at tier 1 through to specialist in-patient treatment at tier 4.

### 2.5 Resources:

The Government, via the lead departments, has maintained specific budgets for commissioning drug treatment. The main ones are; the Adult Pooled Treatment Budget (APTB), the Drugs Interventions Programme (DIP) grant (which targets offenders), and the Young People's grant. Funding for alcohol treatment comes from within PCT mainstream budgets.

### 2.6 Delivery Arrangements:

Local delivery arrangements for the NDS were established under the previous strategy with the creation of Drug Action Teams (DAT), which are partnerships of local statutory agencies. In unitary authority areas DATs were required to merge with Crime and Disorder Reduction Partnerships (CDRP) but this has not been the case in two-tier authorities.

2.6.1 In the majority of local authority areas the delivery of the Alcohol Harm Reduction Strategy has been incorporated into the same partnership structure and DATs have become DAATs (Drug and Alcohol Action Teams).

2.6.2 The co-ordination of DATs and the commissioning of treatment services is facilitated by a dedicated officer team usually based within local authorities or within PCTs.

## 2.7 Substance Misuse Treatment Providers:

The national drug treatment sector alone has an estimated value of £500m whilst alcohol treatment amounts to considerably less than half this sum. The provider landscape is a mix of NHS, voluntary, and private sector organisations, with the majority of tier 3 community services being provided through NHS Mental Health Trusts. There is a mix of national charities and smaller regional organisations and the market is highly competitive. There is a considerable range of approaches amongst services from abstinence through to harm reduction philosophies and virtually all provider agencies will deliver both alcohol and drug treatment services.

## 3.0 Lancashire Priorities:

### 3.1 'Ambition Lancashire' and the Lancashire Local Area Agreement (LAA)

The 'Lancashire Partnership' is the county Local Strategic Partnership (LSP) and in its strategic plan 'Ambition Lancashire' it sets out overarching principles and priorities. 'Narrowing the gap' is one of these principles, and, within the priority themes of Community Safety and Health and Well-being, addressing the problems associated with drugs and alcohol are key objectives.

3.1.1 The Lancashire LAA underlines the priorities and includes the drug treatment NI (40) and alcohol harm NI (39) in the final set of indicators agreed with central government. LDAAT is the lead partner for the delivery of NI 40.

3.1.2 The process of developing the county level strategic view involved consultation with all districts and incorporated a range of needs assessments across health and community safety partnerships. Substance misuse is consistently seen as a cross cutting theme for communities in Lancashire.

## 4.0 Lancashire Drug and Alcohol Action Team (LDAAT) Partnership:

### 4.1 Remit and Structure

LDAAT is a county-wide partnership, comprising of PCTs, Lancashire County Council (LCC), District Councils, Police, Probation, and Prisons, with responsibility for delivering the NDS in Lancashire.

4.1.1 LDAAT's role around alcohol is evolving and is most established around the young people's theme which has always been delivered as combined approach around drugs and alcohol (i.e. substance misuse).

4.1.2 The DAAT Delivery Unit is hosted by Central Lancashire PCT having been transferred from LCC in 2005 following some issues with its effectiveness. The DAAT Partnership structure is based on the PCT

footprint, with a Joint Commissioning Group in each locality, and it has a county-wide DAAT Executive Group, which reports into the Lancashire Partnership (the county LSP), via the Safer Lancashire Board and the Lancashire Children and Young People's Strategic Partnership. There are a number of county-wide and locality based working groups which develop specific themes and have representation from all stakeholders.

4.1.3 The DAAT Exec is also the group which GONW holds to account around delivery of the NDS.

#### 4.2 Lancashire Resources:

The budgets allocated directly to LDAAT amount to £9.6m made up c.£7m Adult Pooled Treatment Budget (APT), £1.3m Young People's Grant, £1m Drug Interventions Programme (DIP) Grant, and the remaining £0.3m from partner contributions for criminal justice treatment services.

4.2.1 Further to this there is £1.2m in LCC for substance misuse residential rehabilitation, £3m from PCT mainstream budgets as part of the Service Level Agreement (SLA) with Lancashire Care Foundation Trust (LCFT) for community substance misuse services, and c.£0.6m for tier 4 detoxification services as part of the regional collaborative commissioning arrangement.

4.2.2 Other PCT budgets specifically for community alcohol treatment amount to c.£1.5m. Overall, the specific alcohol treatment element of the substance misuse system in Lancashire is less than 20%.

#### 4.3 Lancashire Performance

DAAT's performance in delivering the treatment element of the NDS is overseen by the NTA. Service providers submit monthly returns to the National Drug Treatment Monitoring System (NDTMS) which generates reports against waiting times, numbers in treatment, and from 08-09 numbers in effective treatment (NI 40).

4.3.1 LDAAT has successfully reached targets for numbers in treatment: in 07-08 the target for numbers of different individuals accessing tier 3 services was 5247 and actual performance was 5285; the 'retention in treatment' target of 85% was also achieved; and the three week waiting time target was also consistently reached. These targets also applied to PCTs although the data was only reported on a county-wide basis.

4.3.2 Since April 08 NDTMS has been extended to incorporate alcohol treatment services.

#### 4.4 LDAAT Commissioning

The NTA also oversee the annual drug treatment commissioning cycle which comprises a DAAT Needs Assessment and Treatment Plan which are submitted for approval to a regional panel.

4.4.1 Annual reviews of DAATs are conducted jointly by the Healthcare Commission and the NTA, and the 06-07 review of Commissioning and Harm Reduction assessed LDAAT as 'Good'.

4.4.2 The DAAT has established a system of contract management with service providers which has been effective in raising performance levels and improving service quality.

4.4.3 The DAAT has also undertaken two major programmes of service modernisation for Young People's treatment services and Criminal Justice treatment services. The process of service redesign and market testing has resulted in significant increases in activity: the number's in treatment for YP services increased by over 300% between 05-06 and 07-08(service budgets were only increased by 100%); the numbers in treatment for criminal justice services increased by 16% over the first year of operation, 07-08, and significantly the county-wide levels of acquisitive crime also dropped by 16% during the same period; efficiency savings of £500k also resulted from re-commissioning the criminal justice services.

4.4.4 Both these commissioning processes involved a complete overhaul and streamlining of existing arrangements which had evolved in a piecemeal fashion without a consistent service specification. The DAAT and PCT targets for numbers in treatment for the last two years would not have been reached without this service modernisation work.

#### **5.0 The North Lancashire Treatment System:**

##### 5.1 North Lancashire Joint Commissioning Group (NLJCG)

This group meets on a monthly basis, chaired by NLTPCT, and facilitated by the LDAAT Delivery Unit. Membership includes all relevant partners including PCT (commissioning and public health), LCC, Police, Probation, Prisons, and LDAAT officers. The chair of the NLJCG attends the LDAAT Executive.

5.1.1 The NLJCG receives performance updates on services on a quarterly basis following contract monitoring meetings managed by LDAAT.

5.1.2 The NLJCG oversees the budgets for services and makes decisions on changes in funding and has a devolved budget from the

LDAAT LPSA reward grant which is split into capital and revenue elements and is non-recurrent.

## 5.2 Summary of funding:

The total funding, 08-09, for community based substance misuse services in NL is c.£3.4m (this figure doesn't include residential rehabilitation and in-patient detoxification services) of which around £3m is allocated for drug rather than alcohol treatment. Of this £3m; £230k funds the YP service, £630k the criminal justice service, with the remaining £2.14m funding community drug teams, structured day programmes, and services based in primary care. Of the total £3.4m, £1.3m comes from PCT mainstream budgets and £2.1m from LDAAT partnership budgets.

## 5.3 Service Providers:

LCFT receives funding of £1.8m and provides tier 3 community drug and alcohol treatment services across the whole North Lancashire area.

5.3.1 Inward House Projects (IHP), a Lancashire based voluntary sector organisation, receives funding of £180k for structured day programmes (drugs) in the Lancaster and Morecambe district.

5.3.2 Addiction Dependency Solutions (ADS), a regional voluntary organisation, receives funding of £326k for structured day programmes, and alcohol services, in Wyre and Fylde.

5.3.3 Addaction, a national voluntary sector provider, receives funding of £900k for young people's and criminal justice services across the whole area.

## 5.4 Performance for Drug Treatment:

The NDTMS reports for 2007-8 show that 1187 different individuals accessed structured tier 3 treatment in NL which represents 26% of the county total. Of these 399 were new presentations (in year), which is 22% of the county total for new presentations, and indicates that proportionately less new people were coming into service in NL.

5.4.1 Waiting times improved over the course of the year in the area and during the last three quarters over 90% of people were waiting less than the 3 week national target.

5.4.2 NL had the lowest rate of planned discharges in each quarter with on average only 55%, the remaining 45% dropped out of service prior to completion.

5.4.3 NL also had the highest rate of injecting users entering treatment at 42%, the highest proportion of primary heroin users at 80%, and the highest proportion of White British service users at 98%.

## 5.5 Performance for Alcohol Treatment:

There is a lot less data for alcohol services but based on reports from NDTMS for the first two months of this year there are around 200 adults receiving tier 3 alcohol services mainly at Lancaster Community Alcohol Team, IHP structured day programmes, and ADS in Wyre and Fylde. Most referrals come from GPs.

## 5.6 Needs Assessment findings:

The comprehensive Needs Assessment was carried out primarily around drugs as opposed to alcohol, and the data sets provided by NDTMS for treatment mapping do not include alcohol data.

5.6.1 The NL treatment map shows that agencies tend to work in isolation from each other a particular example is the Community Drug Team in Lancaster which only transferred 13 of the 513 individuals on its caseload to IHP structured day care which is based only 500 yards away.

5.6.2 Further problems have been created by the fact that services for Wyre and Fylde have historically been delivered in Blackpool and, even though there is now a centre in Fleetwood, access to services is poor.

5.6.3 Major gaps in the treatment system were identified for outreach services, tier 2 harm reduction services, services based in primary care, and more focussed approaches for under-represented groups.

5.6.4 An analysis of performance over the last two years shows that whilst numbers in treatment targets have been reached this is primarily due to the increased activity in the re-commissioned services and there are other elements of the system in which activity has remained static and in some cases decreased.

## 5.7 Summary of the NL treatment system:

The bulk of services (community drug teams and day programmes) are operating with an outdated model which attracts mainly white heroin users who are being maintained on prescribed methadone. The day programmes are not attracting clients and there is little evidence that entering treatment in NL will provide a pathway to recovery and social re-integration.

5.7.1 There continue to be problems of access and there is no sense of services being pro-active in engaging problem users. The drug treatment system in NL doesn't operate as a whole system and is still influenced by previous commissioning boundaries and the location of services in Blackpool which has created significant gaps in provision in Wyre and Fylde.

5.7.2 Alcohol treatment is delivered within the pattern, as the service providers are the same as for drugs in each area, and there is a review of alcohol provision due to be completed in August.

#### 5.8 NL Partnership Priorities:

In the Annual Public Health Report by the NLTPCT Director of Public Health there are a number of recommendations around alcohol one of which is the re-commissioning of alcohol services. Similarly the three CDRPs in NL each identified drugs and alcohol as priorities in their strategic assessments.

### **6.0 LDAAT Treatment Plan 08-09:**

The main objective in the DAAT Treatment Plan is a modernisation of the system through a process of re-design based specifically on the needs of each PCT locality. Current services are not positioned to deliver the requirements of the new drug strategy and have a narrow focus in terms of interventions available and client profile. The Treatment Plan has been approved by the regional panel and is consistent with the aims of the new NDS.

#### 6.1 Substance Misuse Model:

The DAAT has considered the proposal of a combined drug and alcohol treatment system given that many service users are presenting with both problems and the treatment interventions required are very similar. This approach has been welcomed by service providers who are currently delivering both elements yet are commissioned separately. There are obvious benefits to this approach in creating efficiencies both within the provider system and the treatment experience for service users.

#### 6.2 Service Modernisation Business Case:

This was presented to the DAAT Exec outlining the principles on which the new system would be based and proposing an investment model for the use of the county-wide budgets across the three PCT areas. Some details are still to be finalised but the direction of travel has been supported across the board.

### **7.0 Current Position:**

7.1 'Project North' is the working title for the service modernisation process.

7.1.1 A project team has been established which reports monthly to the North Lancashire Joint Commissioning Group. The team is comprised of staff from NLPCT Commissioning and Public Health, LDAAT officers, Lancaster and Morecambe City Council, and Lancashire County Council.

7.1.2 A project plan is in place which divides the process into key elements such as Communications, Finance, and Procurement and the project team is meeting every two weeks to facilitate the plan. Alongside this plan is a detailed Gantt chart showing the timeline which would see the new contract going live in September 2009.

7.1.3 A consultation process is underway, co-ordinated by a social marketing firm called Barkers, which comprises several stakeholder events during which the shape and focus of the proposed new system is being discussed. A series of meetings to provide individual briefings for senior colleagues in partner organisations is also in progress.

7.1.4 A partnership agreement between the LDAAT partnership and NLPCT is being finalised to establish the financial resource for services and to clarify funding and contractual arrangements.

## 7.2 Proposed Contract Arrangements

The position that the process is designed to reach is one whereby a single contract is established for the provision of tier 2-3 adult substance misuse services across the whole of North Lancashire (with the exception of criminal justice treatment). This contract will cover clinical and psychosocial interventions, and will be delivered in a wide range of settings.

7.2.1 Given the range of services in the model, it is envisaged that a 'provider partnership' will be in the best position to win the contract.

## 8.0 Recommendations:

**8.1 That the Board notes the strategic priorities informing the modernisation of drug and alcohol treatment services and the partnership approach taken through the North Lancashire Joint Commissioning Group.**

**8.2 That the Board approves the modernisation process.**

Tom Woodcock  
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Documents providing supporting information can be accessed on the LDAAT website [www.ldaat.org](http://www.ldaat.org)