

Board Meeting

Thursday 4th June 2009

Report Summary Sheet

Report title	Modernisation of Substance Misuse Treatment Services in Central Lancashire
Executive summary	Lancashire Drug and Alcohol Action Group (LDAAT) are responsible for the commissioning of young people's substance misuse treatment services and adult drugs treatment services. NHS Central Lancashire is responsible for commissioning adult alcohol prevention and treatment services. LDAAT is undertaking a re-commissioning of its service providers with the aim of improving access to and quality of service provision. This paper describes the reasons for re-commissioning and recommends NHS Central Lancashire and LDAAT integrate their resources on substance misuse treatment to provide an equitable and quality service across Central Lancashire.
Action requested	The Board is asked to acknowledge the need to modernise substance misuse treatment services and to agree to the recommendation to work in a formal partnership agreement with LDAAT for the commissioning of substance misuse treatment services.
PCT aim supported by this report	Improve length and quality of life
PCT enabler	Partnership and commissioning
Board Assurance reference	Manage and engage in effective partnerships across the health economy at both county and district tiers.
Risks attached to this project/initiative	Failure of partnership working between NHS Central Lancashire and LDAAT. Failure to improve current outdated model of service.
Resource implications	Time to support re-commissioning process. Joint commissioning of adult alcohol treatment services.

Equality and diversity assessment: This is being completed as part of a Substance Misuse Needs Assessment to help inform the re-commissioning model.
Public and/or patient involvement undertaken or required: Yes, full consultation with service providers and service users is planned as part of the re-commissioning process.
Communication undertaken or required: Yes a communications group / plan is in place to support the re-commissioning

Report presented by: Maggi Morris, Director of Public Health
Report author: Tom Woodcock, LDAAT Strategic Director and Davina Parr, Acting Associate Director Public Health

Modernisation of Substance Misuse Treatment Services in Central Lancashire

Introduction

1. Harms associated with drug and alcohol misuse are widely recognised with NHS Central Lancashire identifying “Risk taking Behaviours” as one of its key priorities. Responsibility for commissioning community based services currently rests with NHS Central Lancashire (for prevention and adult alcohol treatment services) and the Lancashire Drug and Alcohol Action Team (LDAAT) for community drug services and young people’s alcohol treatment services. The current service model is outdated resulting in services which are inequitable and inconsistent. Services must be re-commissioned to reflect local needs, an evidence based approach and new national strategy. This paper describes the rationale and process for the modernisation of substance misuse treatment services in Central Lancashire.

Background - The National Context

2. **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.
3. **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. Priorities include to engage harmful and dependent drinkers with prevention and treatment services; tackle alcohol-fuelled crime and disorder; and promote sensible drinking.
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. Descriptions of each of the service “tiers 1-4” is set out in Appendix 1. This re-commissioning relates to Tiers 2 and 3, but a pathway approach will be taken assessing the impact across all tiers.

Resources

5. 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 and prevention comes from within PCT mainstream budgets.

Delivery Arrangements

6. Local delivery arrangements for the National Drugs Strategy were established under the previous strategy with the creation of Drug Action Teams (DAT), which are partnerships of local statutory agencies. LDAAT (Lancashire Drug and Alcohol Action Team) 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.
7. LDAAT work within the three Lancashire PCT footprints with each “locality” having a Joint Commissioning Group made up of key partners. This group the Central Lancashire Joint Commissioning Group oversees the budgets for young people’s substance misuse services and adult drug treatment services, and makes decisions on changes in funding. The group receives performance updates on services on a quarterly basis following contract monitoring meetings managed by LDAAT

Substance Misuse Treatment Provider for Tiers 2-3

8. 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. The current list of Tier 2 and 3 service providers for Central Lancashire is set out in Appendix 2.

The Rationale for Modernising Treatment Services

9. Current services are not positioned to deliver the requirements of the new drug strategy and have a narrow focus in terms of interventions available. Further details on the specific reasons for modernisation are set out in Appendix 3.
10. Most current services (community drug teams and day programmes) are operating with an outdated and complex model which reach only a small number of drugs misusers. There is a pattern of differing tiers of services which are inconsistently delivered across Central Lancashire. Financial investment is heavily weighted towards treatment as shown in the investment profile in Appendix 2. The challenge for modernisation is to lever a greater proportion of funding out of hospital, into community settings and deflect further investment into prevention.
11. Due to the complex nature of service delivery and coverage there are access problems in engaging problem users. The drug treatment services in Central Lancs have worked closely to ‘fill the gaps’ and ensure as much as possible a single point of contact or easy access to treatment but some districts such as West Lancashire are still under performing.
12. Alcohol treatment is delivered within the pattern as described above, as the service providers are the same as for drugs in each area. It is proposed that NHS Central Lancashire integrates its budgets for alcohol treatment services for adults with other sources of funding from LDAAT in order to commission a high quality service which is easily accessible, has clear care pathways and robust performance monitoring systems.

13. Trends in harm associated with alcohol misuse are showing an upward incline in Central Lancashire with alcohol attributable hospital admission rates for both males and females showing an upward trend since 2004/05. The rates are higher for males compared to females. An alcohol profile for Central Lancashire is shown in Appendix 5. Recent assessments of the needs of drugs misusers show only a 75% “penetration rate” with a quarter of drugs misusers unknown to services.

Taking Forward the Modernisation Process

14. A project team has been established which reports monthly to the Central Lancashire Joint Commissioning Group. The team includes staff from NHS Central Lancashire Public Health, LDAAT officers and Lancashire County Council. A project plan has been developed which divides the process into key elements including communications, finance, and procurement.
15. A comprehensive Central Lancashire Substance Misuse Needs Assessment is underway which will provide an evidence based overview and recommendations for the provision of tier 2-3 substance misuse services.
16. A partnership agreement between the LDAAT partnership and NHS Central Lancashire is to be agreed to establish the financial resource for services and to clarify funding and contractual arrangements.

The Outcome

17. 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 Central Lancashire. Further detail on specific outcomes is set out in Appendix 3. New services are expected to be in place by October 2010.

Links to World Class Commissioning Strategic Plan and Key Targets

18. The Risk Taking Behaviour priority includes sexual health, alcohol, drug misuse and violence. A number of Vital Signs and Local Area Agreement targets relate to harms from alcohol and drugs misuse. These are set out in Appendix 4.

Recommendations:

19. That the Board notes the reasons for modernisation of substance misuse treatment services and the partnership approach taken through the Central Lancashire Joint Commissioning Group.
20. That the Board approves the move towards an integrated approach to the commissioning of substance misuse treatment services, with a clearly defined Partner Delivery Agreement in place between the PCT and LDAAT.

Davina Parr
Acting Associate Director Public Health

Tom Woodcock
LDAAT Strategic Director

Explaining the Treatment Tier System

In *Models of Care*, treatment is grouped into four ‘tiers’ or levels. Each level reflects an increasing level of intervention intensity. This re-commissioning relates to Tier 2 and 3:

Tier 1

This level mainly includes interventions from general healthcare and other services that are not specialist drugs services e.g. A & E, pharmacies, GPs, social care agencies. Tier 1 services offer information and advice, screening for drug misuse and referral to specialist drug services.

Tier 2

This level involves more substance use-specific services and is typically delivered from open-access drug treatment services. Tier 2 includes triage assessment, advice and information and harm reduction given by specialist drug treatment services.

Tier 3

This is drug treatment delivered in the community by specialist drug services where the client will be appointed a care co-ordinator to oversee their care via the delivery of a formal care plan. Interventions include substitute prescribing, structured day programmes and psychosocial interventions such as counselling and therapy.

Tier 4

This is the highest intensity treatment intervention – inpatient treatment (i.e. detoxification) and residential rehabilitation.

Arguably there is another level which could be described as **Tier 0**– this is about population and / or targeted level interventions, for example a campaign or a social marketing programme on specific messages about sensible drinking. This is a key role for public health in the PCT and for wider partnerships such as Local Strategic Partnerships.

List of Current Service Providers (for Tiers 2 and 3)

Lancashire Care Foundation Trust (LCFT) is the main adult treatment service provider within the Central Locality which provides tier 3 community drug and alcohol treatment services across the whole Central Lancashire area.

Inward House Projects (IHP), a Lancashire based voluntary sector organisation provides structured day programmes (drugs) in the Chorley, South Ribble and West Lancs districts.

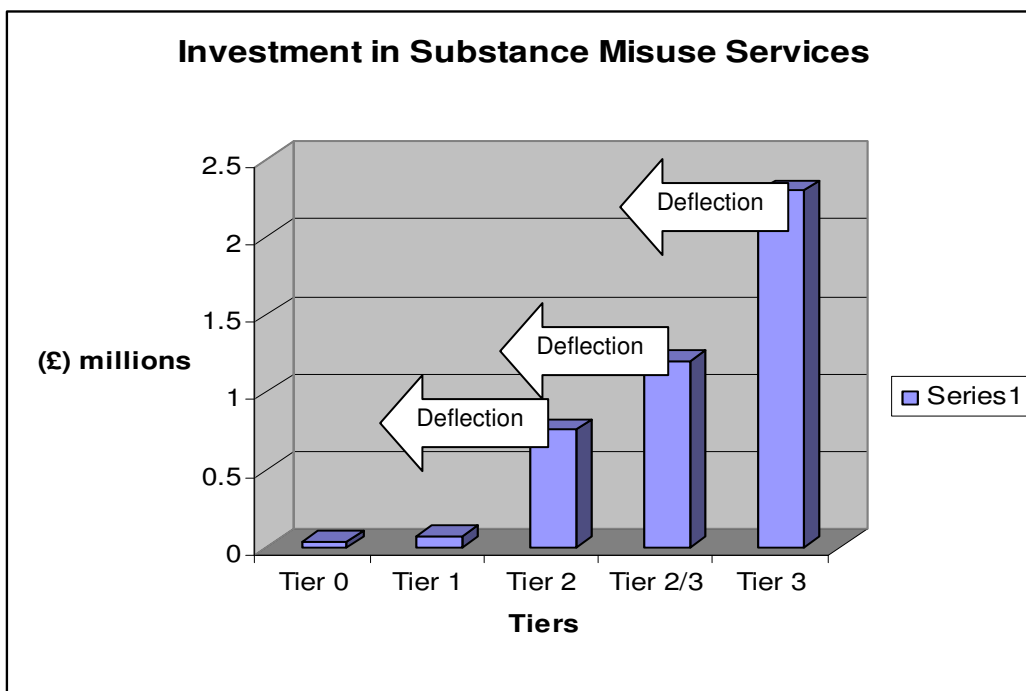
Addiction Dependency Solutions (ADS), a regional voluntary organisation provides structured drug day care in Preston. ADS also receive funding from the PCT for Tier 2 Adult Alcohol Treatment Services across Central Lancashire.

Addaction, a national voluntary sector provider, receives funding for young people’s and criminal justice services across the whole Central Lancs area.

Drugline Lancashire, a regional voluntary sector provider, receives funding for structured drug day care, stimulant drug-user services and Open Access Service.

Investment Profile for Tiers 0 - 3

The chart below provides an indication of all funding for both alcohol and drugs prevention and treatment services up to Tier 3 (PCT plus LDAAT funding, inclusive of World Class Commissioning indicative budgets for alcohol). Through modernisation the challenge is to deflect investment out of hospital treatment, into community services and then into prevention. The trajectory shown below needs to be completely reversed over time.



Appendix 3

Reasons for Modernisation of Community Drugs and Alcohol Treatment Services

Shortcomings of the current system	Outcomes of modernisation
The current system is not through design rather a culmination of historical services which have been added to over the years resulting in a complex system.	A single contract for the provision of both alcohol and drugs treatment services (Tier 2-3)
The system is not based on evidence of need in Central Lancashire, nor does it take into account the changing pattern of drugs misuse. Current services are not attracting service users.	A service specification based on a comprehensive assessment of need , using Models of Care as the “gold standard”. As a result greater reach to hidden service users with better treatment outcomes .
There are no clear service pathways for either drugs or alcohol treatment services	Clear integrated service pathways across Tiers 1-4 for both alcohol and drugs interventions and services.
There are too many providers with different service models and access points. This is confusing for service users, especially where users need to move between tiers of treatment. This also means differing quality of services.	Easier access points for service users into and between Tiers. Consistent quality of services; improved standards
There has been little or no involvement of service users in the design and quality of the current system.	Service users involved in all aspects of service re-design and future monitoring, evaluation.
There are gaps in the current system across Central Lancashire	Equitable access for service users
Performance monitoring and accountability is challenging with so many service providers – it is difficult to track the service user journey.	A more robust system of performance monitoring ; easier to manage with one service provider; clear baselines in place; clear lines of accountability . Service user treatment outcomes improved and sustained .
Adult alcohol treatment services are commissioned by the PCT separately from LDAAT (they commission young people’s alcohol treatment services), yet providers offer both drugs and alcohol services. This adds to the complexity of access for service users and doubles up the procurement and performance monitoring roles for both LDAAT and the PCT.	Through effective partnership working between the PCT and LDAAT, a single effective system of performance monitoring for both drugs and alcohol treatment services. Integrated pathways for service users with both drugs and alcohol issues.
Funding for both alcohol and drugs treatment services has been disparate, unclear and “tied up” in complex contracts eg with mental health services.	Clear picture of available funding for drugs and alcohol prevention and treatment. Identification of “ deflection points ” between tiers of services through improved efficiencies .
Because of the complex system grown up over a number of years, there is no future proofing or “corporate memory” in the current system.	Effective recording systems in place to ensure corporate memory of systems and protocols as part of a process of continuous improvement .

Appendix 4

Relevant Vital Signs / Local Area Agreement Indicators

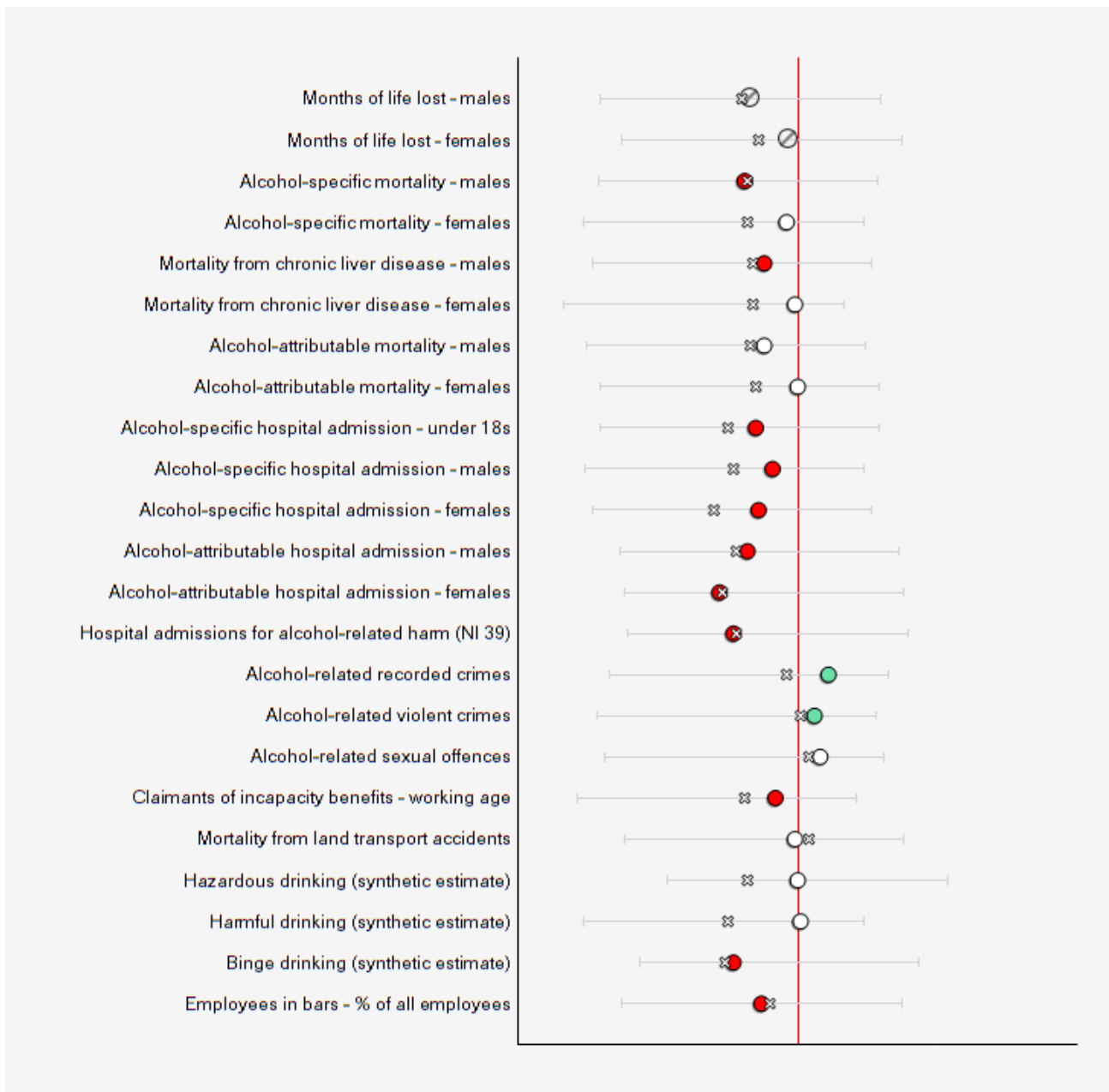
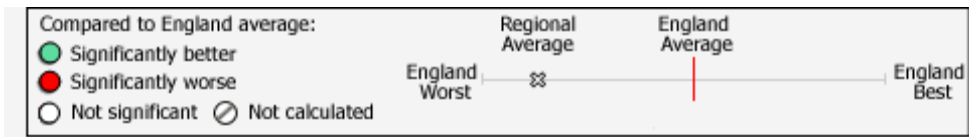
Public Service Agreement (PSA) 25: Reduce the harm caused by alcohol and drugs

This new PSA came into effect in April 2008.

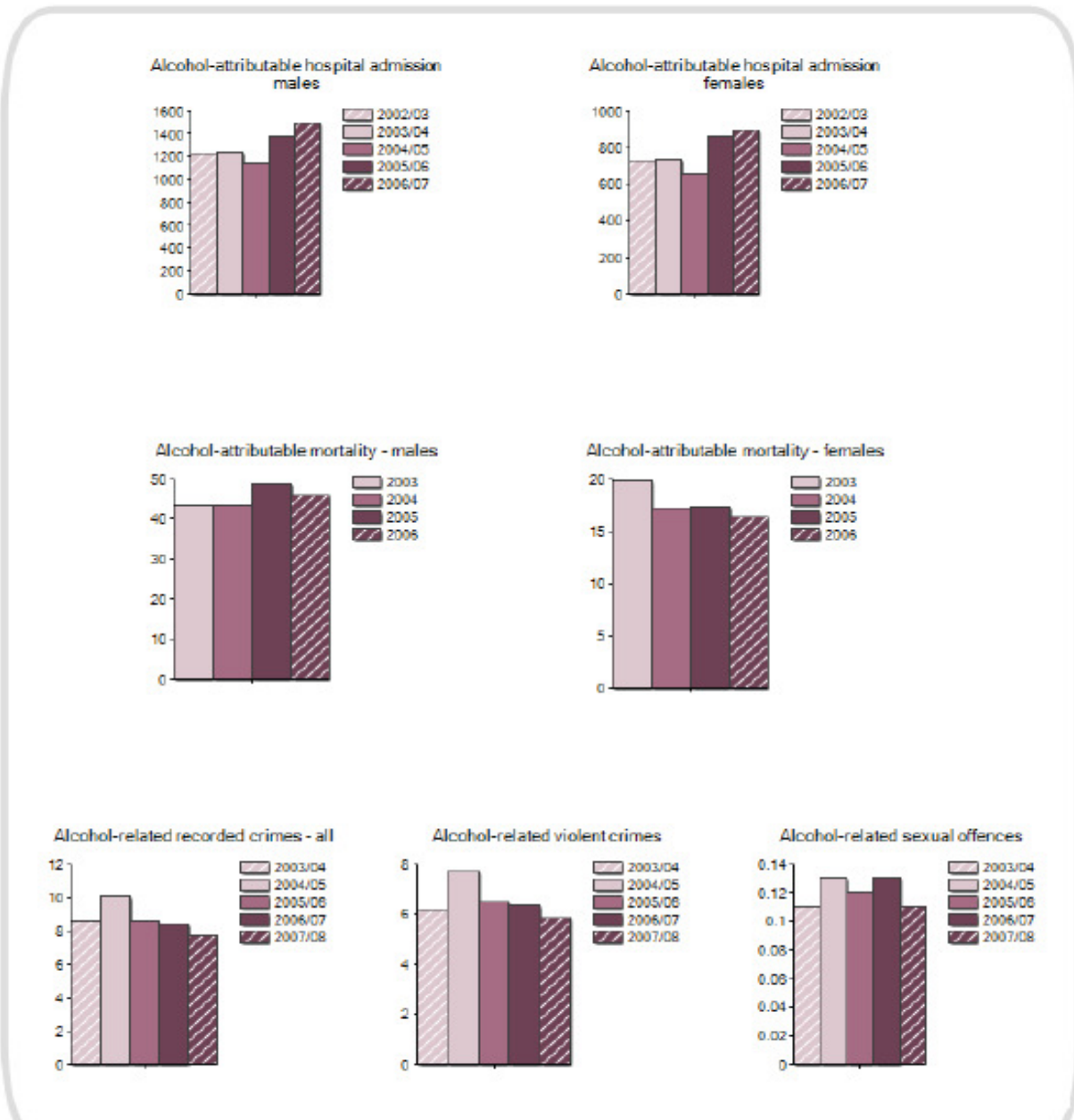
There are five indicators which are used to measure progress against the PSA, two of which are Vital Signs indicators, and also Local Area Agreement indicators:

1. Number of problematic drug users (those using opiates and / or crack as a primary, secondary or tertiary drug of choice) in effective treatment (ie remained in treatment for 12 weeks or more, or had a care planned discharge) – Vital Sign VSB14 and Local area Agreement National Indicator NI 40
2. Rate of alcohol admissions per 100,000 for alcohol related harm – Vital Sign VSC26 and Local Area Agreement National Indicator NI 39

Profile of alcohol related harm - Central Lancashire



Trends for selected indicators - Central Lancashire



Trends:

- Alcohol attributable hospital admission rates for both males and females show an upward trend since 2004/05. The rates are higher for males compared to females.
- Alcohol attributable mortality trends show a slight decline, although the rate is higher in males than in females.
- Alcohol related crimes are showing a downward trend.

Extract from LDAAT Drug and Alcohol Treatment Needs Assessment 2009/10

Analysis of drugs offences reveals that across Lancashire, the majority involve cannabis, followed by cocaine, heroin and amphetamine. The proportions of offences concerning benzodiazepine, cannabis plants, cannabis resin and cocaine have increased.

A study by Glasgow University estimated that there are approximately 6393 heroin and crack users in Lancashire. The National Treatment Agency data shows that most of Lancashire's Crack and/or Opiate users were accessing treatment services in 2007/08 and out of the prevalence figure of 6393, **25% were unknown to treatment**, indicating a penetration rate of 75%.

Crack only users however were not accessing treatment over the same period, showing that those using opiates and/or crack were more likely to be in treatment. During financial year 2007/08 the NTA reported that the baseline for all adults in effective treatment was 4354, and the baseline for Problematic Drugs Users in effective treatment was 3808. The DAAT expects to increase 2% year on year on these baseline numbers.