

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 28th September 2018

Subject: Contract Monitoring Report – Adult Drug and Alcohol Services

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

This report provides the Committee with an overview of the adult drug and alcohol treatment services that are commissioned by Kent County Council (KCC). The report provides details of the purpose, performance, outcomes and value for money of the contracts.

The data presented in the report show that drug and alcohol services are generally performing well and providing good value for money for KCC and Kent residents. The services continue to face a number of risks which are being managed through effective commissioning and contract monitoring.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- the commissioning and provision of adult drug and alcohol services in Kent
- the service improvement initiatives that are being undertaken to improve quality and outcomes.

1. Introduction

1.1. Kent County Council (KCC) commissions a range of services to support Kent residents who suffer from drug or alcohol dependence. Adult community drug and alcohol services are funded by the Kent Public Health grant and a contribution from the Kent Police and Crime Commissioner.

1.2. The headline performance of Kent's drug and alcohol services is already reported regularly to the Committee. However, this paper forms part of the regular contract monitoring reports for the Cabinet Committee. It provides an overview of the

performance, outcomes, value for money and further direction of the drug and alcohol services that are commissioned by KCC.

2. Background - why invest

- 2.1. There is a compelling case for investing in local drug and alcohol services. Public Health England (PHE) estimates that the annual cost of drug misuse in the UK to be £10.7billion and alcohol misuse £21.5billion. This includes the costs of lost productivity, crime, policing and the NHS.
- 2.2. Although the rates of illicit drug misuse have declined in recent years, substance misuse is still a significant problem in Kent and across the country. People suffering from drug or alcohol dependence are far more likely to suffer poor physical and mental health, unemployment, and homelessness. Parental substance misuse can also present a significant risk to the safety and wellbeing of children and families in the county.
- 2.3. Drug and alcohol treatment has been shown to be very cost-effective. PHE dataⁱ indicates that:
 - Alcohol treatment reflects a return on investment of £3 for every pound invested.
 - Drug treatment reflects a return on investment of £4 for every pound invested.
- 2.4. As a Public Health Authority KCC also has an obligation to ensure provision of drug and alcohol treatment. The conditions of the Public Health grant require KCC to “have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.”ⁱⁱ
- 2.5. In addition, drug and alcohol treatment contributes to Kent’s statutory responsibilities under the Care Act to prevent or delay the escalation of care needs. Services also play a critical role in child protection: research suggests that drug and alcohol misuse is a factor in up to 70% of care proceedings involving children.ⁱⁱⁱ
- 2.6. Drug and alcohol services can therefore be shown to contribute to all three of KCC’s strategic outcomes.

3. Service overview

- 3.1. KCC has two separate adult community drug and alcohol services in Kent. These are:
 - West Kent Drug and Alcohol Service, delivered by Change Grow Live (CGL), previously known as CRI.
 - East Kent Drug and Alcohol Service, delivered by Forward Trust, previously known as RAPT.

ⁱ <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

ⁱⁱLocal Authority Circular LAC(DH)(2016)3,

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/578906/LAC_DH_2016_3_v2.pdf

ⁱⁱⁱhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669434/safeguardingprotocol2013.pdf

- 3.2. A list of the areas covered and links to service websites are included at Appendix A. Both services are commissioned to contribute to KCC's strategic outcomes to improve public health, reduce health inequalities and harm caused by drug and alcohol misuse in Kent.
- 3.3. People who suffer with drug or alcohol dependence often have complex physical and mental health needs. Kent's drug and alcohol services are therefore delivered by a range of staff including doctors, nurses, drug and alcohol professionals, and support staff. The service providers are both registered charities and benefit greatly from the contribution of volunteers, often as peer mentors.
- 3.4. The two providers tailor their service offer to meet the needs of local communities but as a minimum, both provide evidence-based interventions including:
- Advice and information on drug or alcohol misuse (for people worried about their own misuse or that of family or friends)
 - Needle and syringe exchange via local pharmacy and provider fixed sites
 - Provision of Naloxone (to help prevent opiate overdoses)
 - Community based alcohol detoxification
 - One-to-one and group-based talking therapy interventions, including motivational interviewing and relapse prevention
 - Opiate Substitution Therapy (OST)
 - Court ordered treatment (Drug Rehabilitation Requirements and Alcohol Treatment Requirements)
 - Access to inpatient detoxification and residential rehabilitation
 - Peer mentoring and referral into mutual aid (e.g. Alcoholics Anonymous, Narcotics Anonymous)
 - Recovery support and aftercare
 - Liaison with a range of partner agencies such as mental health services, police, probation, prisons, domestic abuse services, housing and employment support, Early Help and social care.
- 3.5. The services are open access. Individuals can access this support by contacting the services directly or via their GP or other professional referral.

4. Service costs

- 4.1. The 2018/19 contract values for the adult community drug and alcohol services and the number of people in treatment in the twelve months to the end of June 2018 are set out in the table below. The average unit cost has been included for reference.

Table 1: Service Costs Summary

Area	Cost	Number accessing structured treatment	Average unit cost ⁱ
East Kent	£4,923,300	2,749	£1,790.94
West Kent	£3,411,106	1,730	£1,971.74
Kent Total	£8,334,406	4,479	£1,860.77

- 4.2. The Kent average unit cost of £1860.77 compares well with the national average. According to local authority budget returns and drug and alcohol treatment data, the equivalent unit cost for England is approximately £2,470.

5. Performance

- 5.1. Drug and alcohol dependence usually has a range of underlying causes. Genuine recovery can usually only be sustained when individuals are motivated, supported and enabled to make long-term changes which address the causes of their substance misuse.
- 5.2. Drug and alcohol services can offer treatment and support to help people achieve and sustain their recovery. The performance of the services can therefore be measured in terms of the numbers of people that they support, the quality of treatment and outcomes that are achieved.
- 5.3. **Activity** – The number of Kent residents accessing drug and alcohol treatment has fallen by 1.4% over the past twelve months as reflected in the table below. This reflects a longer-term national trend of fewer people accessing treatment.

Table 2: Numbers in structured treatment

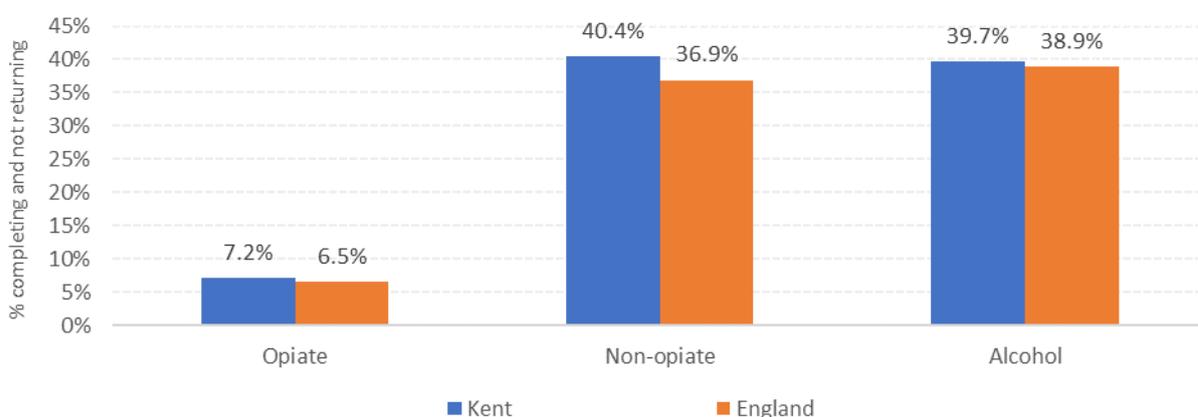
Substance Type	July 2016 – June 2017	July 2017 – June 2018	Annual Change
Opiate	2189	2141	-2.2%
Non-opiate only	357	386	+8.1%
Non-opiate and Alcohol	516	513	-0.6%
Alcohol only	1538	1494	-2.9%
Totalⁱⁱ	4600	4534	-1.4%

- 5.4. Although there have been fewer people accessing treatment over the past 12 months, the services report that many of those who do access treatment are increasingly complex. The level of activity and professional support needed per client has therefore risen and increasingly involves liaising with other services such as mental health, probation and social services. This professional liaison helps to ensure that service users receive more joined up and co-ordinated support. It also maximises the effectiveness of public resources.

ⁱ Calculated as total service cost per unique client accessing structured treatment in the year

ⁱⁱ The total number accessing treatment includes Kent residents over 18 who access treatment from the Kent Young Persons' Substance Misuse Service or service providers outside Kent. The numbers in Table 2 are therefore slightly higher than those in Table 1

- 5.5. The activity highlighted in Table 1 reflects some of the changing patterns of substance use. More people have engaged in treatment for non-opiate drug use. This includes drugs such as cannabis and cocaine.
- 5.6. **Quality** - Drug and alcohol service providers have maintained very good levels of access to treatment over recent years. The average waiting time is less than one week. Service providers maintain high standards of quality by ensuring effective governance processes and responding to service user feedback. Commissioners regularly attend service user involvement forums to help gauge the level of service user satisfaction and understand priorities and emerging issues for service users.
- 5.7. Service users who successfully complete treatment report satisfaction levels of more than 95%. A selection of service user case studies are included at Appendix A.
- 5.8. An important area for quality improvement is to better understand why some service users drop-out of treatment without completing successfully. People who have dropped out of treatment are often very difficult to contact but providers are asking peer mentors or volunteers to undertake routine surveys of people who drop out of treatment and seek feedback on how the service could be improved.
- 5.9. Feedback from service users suggest that people often drop-out of treatment because they have relapsed. Providers are addressing this by ensuring a clear focus on relapse prevention and peer support from the outset. This can include referrals into mutual aid groups such as Alcoholics Anonymous or Narcotics Anonymous.
- 5.10. More information about service quality can be found in the Annual Public Health Quality Report that is on the Committee's agenda.
- 5.11. **Outcomes** – Data from the National Drug Treatment Monitoring System (NDTMS) show that Kent's treatment outcomes are generally better than the national average. Chart 1 compares the proportion of Kent's performance on successful treatment completionsⁱ to the national rates.



- 5.12. This data forms part of the Public Health Outcomes Framework (PHOF) and is one of the key nationally reported measures of performance for drug and alcohol services.

ⁱ Source: NDTMS. Number of users of service users who completed treatment (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number in treatment.

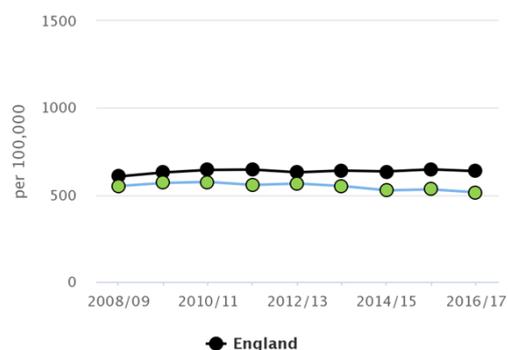
- 5.13. PHE state that “Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health”ⁱ.
- 5.14. Kent’s performance on this indicator has fallen in recent years as it has nationally. This fall reflects the complexity of the client group and the challenge of providing a good quality treatment with the available resources and budget.
- 5.15. **Value for money** – The activity and outcomes data summarised above indicates that Kent’s drug and alcohol services are delivering good value for money for KCC. Over the past twelve months, the services have achieved similar or better than national average outcomes for their clients at around three quarters of the cost.
- 5.16. The drug and alcohol service sector has been very competitive for several years and has delivered substantial cost reductions and efficiency savings. Both of Kent’s adult community substance misuse services have been competitively retendered within the past three years. The proposed contract award decisions have been presented to previous Cabinet Committees and received member endorsement and key decisions.
- 5.17. The PHE Spend and Outcomes Tool (SPOT) for local authoritiesⁱⁱ also highlights drugs and alcohol as being one of the key public health programmes that has lower spend and better outcomes than other local authority areas.
- 5.18. **Impact** – National researchⁱⁱⁱ has demonstrated the significant social return on investment of drug and alcohol treatment. These estimates suggest that drug and alcohol treatment delivers social and economic benefits of more than £37m per year in Kent. This includes the benefits resulting from reduced crime, improved wellbeing, and improvements and health and social care
- 5.19. Whilst it is difficult to separate the contribution of drug and alcohol treatment from other developments, there have been some positive trends and some which are a cause for concern. The latest available Public Health Outcomes Framework data show that hospital admissions for alcohol related conditions (indicator 2.18 below) have begun to fall slightly in recent years. Deaths from drug misuse however, have risen sharply since 2010.

ⁱ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000008/ati/102/are/E10000016/iid/90244/age/234/sex/4>

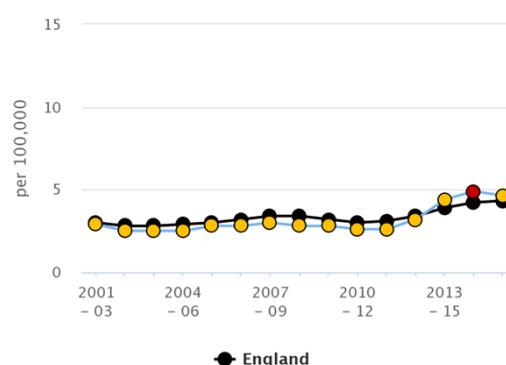
ⁱⁱ Available at <https://www.gov.uk/government/publications/spend-and-outcome-tool-spot>

ⁱⁱⁱ <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

2.18 - Admission episodes for alcohol-related conditions - narrow definition - Kent



2.15iv - Deaths from drug misuse - Kent



5.20. The drug and alcohol services work closely with partners agencies and health services to engage the most vulnerable people include those at risk of dying from drug overdoses. Both services are commissioned to distribute Naloxone, an emergency antidote for overdoses caused by heroin or other opioids.

6. Delivering ongoing service improvements

- 6.1. Service providers and KCC commissioners are working together on a wide range of initiatives to improve the quality and effectiveness of the drug and alcohol services.
- 6.2. Both services have a flexible contract which allows the services to adapt and respond to the changing patterns of drug and alcohol misuse in the county. Some key areas for improvement over the next year are:
 - Close engagement with suicide prevention programme in Kent to reduce risk of suicide among people with substance misuse problems
 - Improved support for service users with depression, anxiety and other mental health needs
 - More effective joint working and co-ordination of support for people who are already known to local mental health services
 - Development of joint-working protocol or pathways to support KCC's integrated children's services
 - Improved access to effective online / digital support where appropriate
 - Review of service delivery locations and exploring opportunities for co-location with other services, including Kent Community Learning and Skills
 - Continuing to establish and strengthen links to the full range local services across the county, especially voluntary and community sector.
- 6.3. Each of these improvement initiatives involves working with the service providers and with a wide range of partners across Kent. Commissioners expect that each will help to sustain the good outcomes that the services and service users have achieved in recent years.

7. Risk

- 7.1. The current drug and alcohol service contracts are not due to expire until 2021 at the earliest. The key risks over the next two to three years include changing patterns of substance misuse and significant increases in demand.
- 7.2. The latest substance misuse needs assessmentⁱ highlights some significant changes in patterns of drug and alcohol use in Kent and across the country. The emergence of new psychoactive substances (previously known as legal highs), changing patterns of alcohol consumption, and prevalence of mental health problems among those needing drug or alcohol treatment all present major challenges for local services. Services in Kent have been commissioned to be responsive to changing population needs and develop suitable interventions that provide the support that people need.
- 7.3. If successful in responding to this need, there is a risk that services will experience a significant increase in demand without the additional capacity to respond effectively. This risk is managed by regular reviews of population need, close monitoring of referral volumes and service outcomes.
- 7.4. Commissioners and providers are working with the health services and other partner agencies to ensure that people are provided with the right level of support at the most appropriate level and that they are not referred into specialist treatment unless they need it.
- 7.5. KCC has commissioned or delivered public health campaigns to promote awareness and information about healthy lifestyles and avoiding excessive drinking. The KCC website includes the *Know Your Score* quizⁱⁱ and provides clear advice, links to relevant sources of support.
- 7.6. The advice encourages people to take responsibility for their own drinking and seek further help if they need it. Only those with the highest scores, and therefore possible alcohol dependence are signposted to the specialist drug and alcohol services for assessment and possible treatment. Commissioners are also working with providers that deliver the *One You Kent* Service to ensure that the medium to low risk are supported within this service.
- 7.7. In addition to those risks identified above there is a national shortage in drug availability for Buprenorphine which is used within the Kent services. KCC is working proactively with both providers, PHE and other Local Authorities to manage this cost pressure and ascertain when this issue will be resolved.

8. Conclusions

- 8.1. There is a clear and compelling case for KCC investment in drug and alcohol services as set out in this paper. The service is funded by the Public Health grant and a contribution from the Kent Police and Crime Commissioner and national evidence has demonstrated a substantial return on investment.

ⁱ Available at <http://www.kpho.org.uk/health-intelligence/lifestyle/drugs-and-substance-misuse#tab1>

ⁱⁱ Available at: <http://www.kent.gov.uk/social-care-and-health/health/alcohol/know-your-score-quiz>

8.2. Kent's local drug and alcohol services perform well and deliver good value for money for KCC. Comparisons with national data suggests that Kent delivers similar or better outcomes to national rates at substantially lower cost.

8.3. Commissioners and providers are working with partner agencies on a range of initiatives which aim to further improve service quality and sustain the good outcomes that are achieved.

8.4. The current service contracts are due to run until at least March 2021 although both providers are commissioned to adapt and respond to changing population needs. The risks of changing patterns of substance misuse and increases in demand are managed through close monitoring of service data and effective commissioning.

Recommendations

The Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- the commissioning and provision of adult drug and alcohol services in Kent
- the service improvement initiatives that are being undertaken to improve quality and outcomes.

Report Authors:

Mark Gilbert, Senior Commissioner

03000 416148

Mark.Gilbert@kent.gov.uk

Relevant Director:

Andrew Scott-Clark, Director of Public Health

03000 416659

Andrew.scott-clark@kent.gov.uk

Background documents:

none

Appendix A – Service Providers

East Kent: covering districts of Swale, Canterbury, Ashford, Dover, Thanet, Folkestone and Hythe

<http://eastkentdrugandalcohol.org.uk/>



WORK FOR US

DONATE

GET HELP | OUR SERVICE | OUR HUBS | GET IN TOUCH | ABOUT THE EAST KENT SERVICE

WANT SUPPORT? WE CAN HELP

FIND YOUR LOCAL HUB

Call 0300 123 1186

Phone line open 24 hours a day,
7 days a week

Email: eastkent@forwardtrust.org.uk



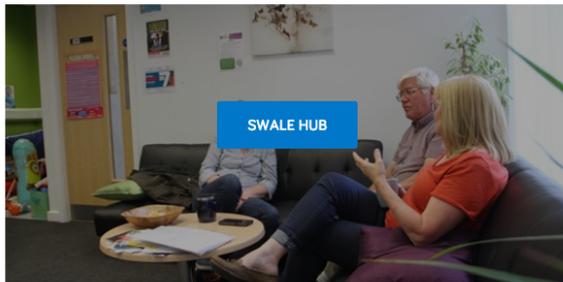
ASHFORD HUB



CANTERBURY HUB



DOVER AND FOLKESTONE HUB



SWALE HUB



THANET HUB

West Kent: covering districts of Maidstone, Sevenoaks, Tunbridge Wells, Tonbridge & Malling, Dartford and Gravesham)

<https://westkentrecovery.org.uk/>

CGL Website Make a Referral



**West Kent
Drug & Alcohol
Wellbeing Service**

Home About Us Our Services Drugs Info Alcohol Info News Calendar Contact



Worried about drugs or alcohol?
The West Kent Drug & Alcohol Wellbeing Service can support you to make changes.

You are here: Home

Welcome to West Kent Drug & Alcohol Wellbeing Service.

We are the local provider of adult drug and alcohol services in West Kent, and are part of the national social care and health charity [change, grow, live \(CGL\)](#).

Our service offers a wide range of support to meet the substance misuse needs of individuals living within the districts of Dartford, Gravesham, Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells.

Appendix B – Case Studies

The real-life case studies presented below reflect the recovery journeys of some of the people who have accessed support from the Kent drug and alcohol services.

The individuals involved have given their consent for their story to be shared although names have been changed to protect their identity.

Dean

In my late teens I started suffering from severe depression, anxiety and suicidal thoughts. I was in and out of counselling and given medication, but nothing ever really worked.

Around the same time, I started having issues with alcohol. From the very first time I remember going to the pub, it was always about how much could I drink in the timeframe I had. All I wanted to focus on was how often could I get to a pub, how late could I stay out and carry on drinking. It was my way of escaping reality.

In my mid 20s - after always "hating" drugs, even though my friends took them - I tried cocaine for the first time. It took one line and I was hooked. Over the next several years it destroyed my life.

I lost everything. Relationships broke down and I almost lost access to seeing one of my daughters. I lost my job, my flat and got into thousands of pounds worth of debt. It was the lowest I had ever been and my mental health suffered greatly as a result.

The lowest point came when I attempted suicide, not once but twice. I really just felt like I had nothing to give to society anymore and even worse, nothing to give my little girls. I thought everyone would just be better off without me.

I moved in with my Mum and tried my hardest to get clean, sober and get back into looking after myself. I'd been to the drug and alcohol service in Canterbury before but I hadn't been in the right place to make a change. Forward were wonderful – as well as all the support they gave me with my substance misuse issues, they also linked me in with a mental health service to help me address my depression. Between the two services and the work they have done together to support me, things have improved massively.

It's taken time and my journey has not been easy. I've had relapses and struggled with major depression, but I'm in a really positive place now. I have been clean and sober since December 2017, back in work since January 2018 and I see my girls every weekend. Life is worth living now.

Without the support of these services and the people around me I wouldn't be here. I now see a future for myself, which I never used to. I take pride in myself and my recovery, as well as my ability to now be the best son, friend and father.

Jane

Jane was in a vulnerable place mentally and physically. She was dependent on alcohol and occasionally used cocaine. Jane was the mother of two children who were living with their father in his home.

Jane had previously been in an abusive relationship and had extremely low self-esteem. She had attempted suicide four times within a month and was facing eviction. On her last hospital admission, Jane was detoxed from alcohol and returned to the drug and alcohol service but abstinence from alcohol was something she had not been able to maintain in the community.

The people supporting Jane believed that her best chance of success was a place in a residential rehabilitation unit where she would have the support to deal with past trauma. The drug and alcohol services prepared Jane for rehab.

Working collaboratively with partner agencies, it was made possible to stop the eviction process and the local housing teams were very involved in supporting Jane into recovery.

With support from the service and other agencies, Jane has managed to achieve and maintain abstinence. She is currently engaged in an accredited peer mentor course and she hopes to join the drug and alcohol service as a volunteer on her return.

Mary

Mary started going to the drug and alcohol service to address her drinking which had been problematic for about two years. Mary had a daughter who was on a Child in Need Plan with Social Services.

Mary says that she drank to help with sleep as she experienced disturbing night mares. Although physically fit, she was diagnosed with Post Traumatic Stress Disorder (PTSD) following a childhood trauma and more recently Domestic Abuse. Mary suffered with depression and anxiety and had regular thoughts of suicide. Whilst in alcohol treatment, Mary disclosed that she had been self-harming as a form of punishment to herself. Mary had no immediate family support but had good support from her employer and a few friends.

Despite all the difficulties in her life, Mary started a community detox programme with the drug and alcohol service and attended daily groups. She also attended the Freedom Programme for Domestic Abuse. Mary successfully completed her detox and attended a relapse prevention group with the service.

Mary has maintained her recovery with support. She has returned to her family and has now returned to work.

Jack

Jack came in to treatment in his mid-thirties to get the treatment and support he needed to stay off the drugs GBL and methamphetamine. Jack was invited to attend the Relapse Prevention group in the evenings as he was working full time. The 12-week course was

designed to support clients who are abstinent from substances and equipping them with the tools to stay abstinent.

Jack struggled to engage with the groups, repeatedly missing or cancelling the sessions, stating that he felt uncomfortable leaving work early because he didn't want to tell them that he had a substance misuse problem. After missing several sessions, he came back stating that he relapsed and was arrested for drug driving. Jack told his father about his problems and his father attended the drug and alcohol service with him which helped Jack to commit to attending more sessions to help with his recovery. Jack's father regularly rang the service for guidance on how to support his son.

Jack became very anxious about his impending Court case and started using drugs again. Following a recommendation and professional advice from the drug and alcohol service, Jack was given a Community sentence with a Drug Rehabilitation Requirement (DRR) which required that he attend the drug and alcohol service for 6 months.

Jack attended his appointments and was referred for an inpatient detoxification (funded by the drug and alcohol service). Following a successful detoxification, Jack started attending the abstinent groups at the drug and alcohol service as well as Cocaine Anonymous. Like most clients, Jack recognised that he had several underlying issues from childhood that he wanted to start dealing with so referred himself to MIND for counselling. He has been able to start processing many of the issues he has been struggling with.

Jack is continuing with ongoing support and has been heavily involved in starting up a support group in the community for those who have graduated from the structured support groups.

Jack has recently successfully completed his 6 Month court ordered DRR.

Emma

Emma engaged with the drug and alcohol service in 2012 as an entrenched drug user. She had been using heroin and crack cocaine for many years, and had been in a relationship with another drug user. Emma had three children, all known to Social Services due to safeguarding issues.

Emma started engaging in treatment after a serious health problem relating to her drug use. Emma received Opiate Substitution Therapy (methadone) but continued to live a chaotic lifestyle, and continued to use illicit drugs. Emma's relationship had broken down and she was not allowed access to her children whilst she continued to actively use illicit drugs. Emma was living in an area surrounded by drug dealers and her engagement with services was erratic.

However, the drug and alcohol service continued to support and encourage her to engage with treatment and to attend self-help groups, including support meetings with the service peer mentors. The drug and alcohol service helped Emma to sort out her benefits supported her to work with her GP when she had health problems caused by several years of injecting drugs.

After a long spell in hospital, the drug and alcohol service started to conduct home visits including medical reviews as she felt unable to leave her house where she felt unsafe.

The drug and alcohol service worked closely with the local authority on Emma's case. Emma was able to move to a new areas nearer to her family. Since moving, Emma is no longer using illicit drugs and is allowed to see her children. She says that she loves her flat and has made it a proper home. She has two dogs which get her out and about and she sees her children and family every day. Emma is very proud that he eldest daughter has started studying at university.

Emma constantly thanks the drug and alcohol service for their continued support. In her own words.... "I never imagined a life without illicit drug use and now I am living it".