

To: Communities Cabinet Committee – 18 September 2013

Subject: Kent Drug & Alcohol Action Team (KDAAT) – Deep Dive

1. Introduction

1. The aim of this paper is to provide an overview of substance misuse services commissioned by Kent County Council. It will present some of the impacts which drugs and/or alcohol can have on individuals, families, communities and public services in Kent.

2. It will go on to demonstrate how Commissioned Services currently respond to these challenges and include the local data, and give insight into the work of the team that commissions these services, scrutinises providers' practices and ensures their effectiveness.

3. There has been considerable national debate and review around drug and alcohol treatment which has led to significant changes in the way services are delivered and commissioned, including the development of the incentivisation models that emphasise the rewards for optimising service delivery models of recovery.

4. The current annual cost of commissioning drug and alcohol services in Kent is £19,027,000, covering over 30 methods of intervention, delivered by 3 providers. The treatment of offenders within the prison estate also forms part of the Kent programme with treatment services being delivered by 4 providers.

The following substance misuse contracts are in place in Kent:

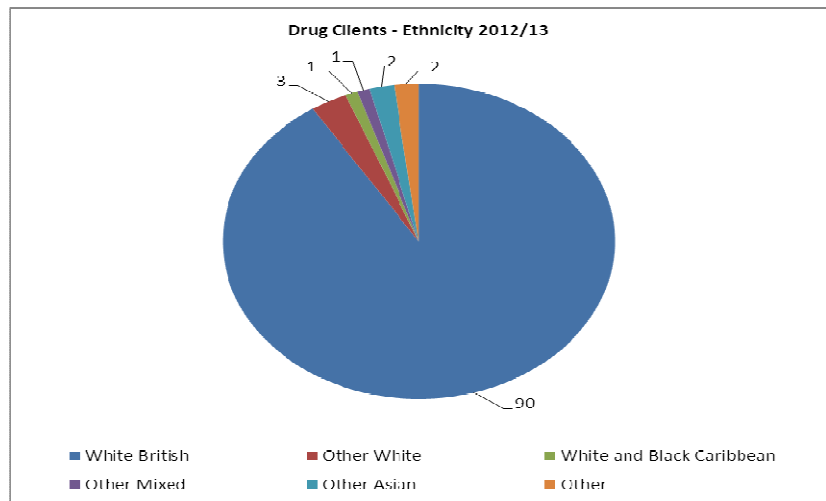
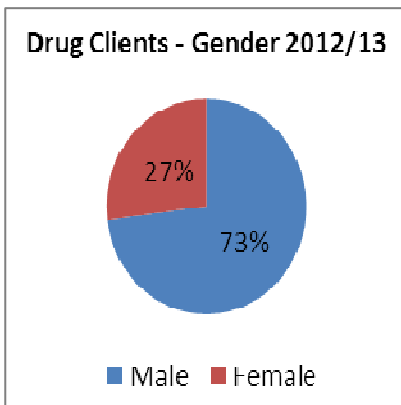
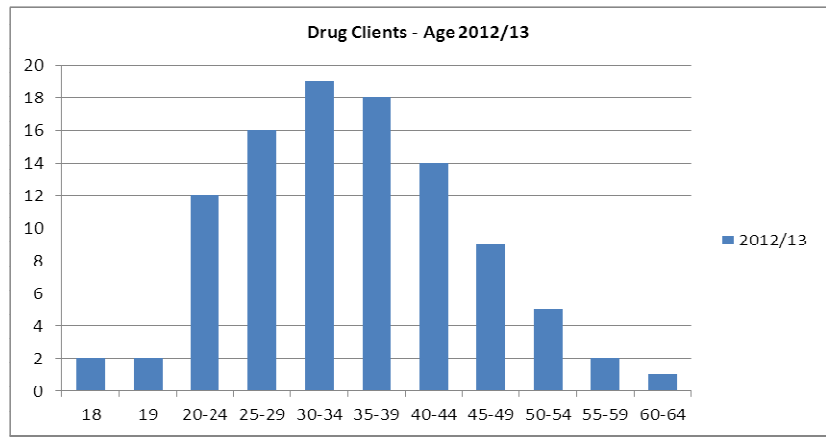
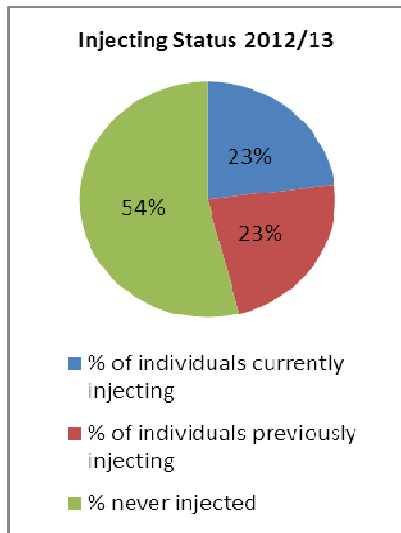
- East Kent Integrated Substance Misuse Service
- West Kent Recovery Service
- Young Persons Early Intervention and Specialist Treatment Service
- Kent and Medway Prison Drug and Alcohol Treatment

2 Current Service Provision in Kent;

2.1 Adult Services

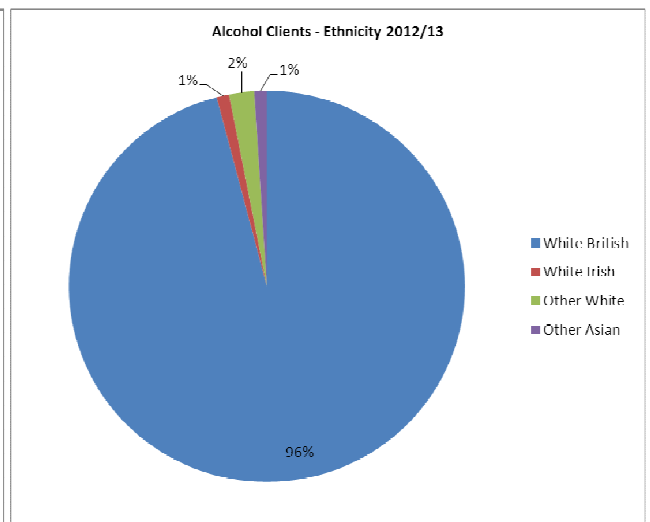
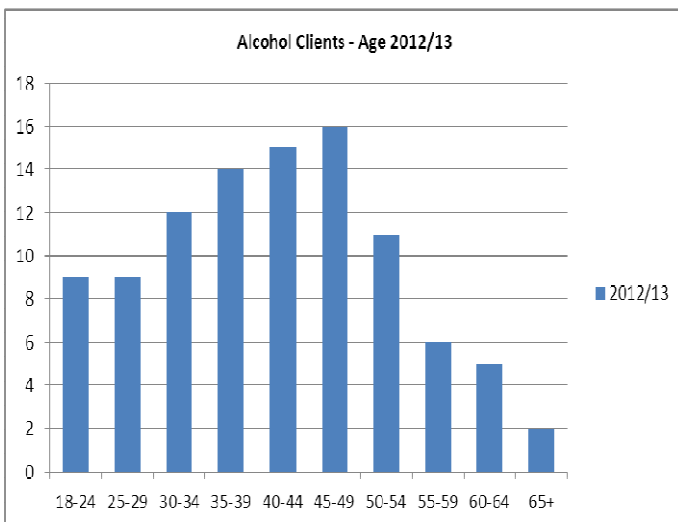
1. Adult substance misuse services are provided both in the community and in custodial settings (prison and police custody). Services are delivered through fixed site hubs across Kent. In addition, satellites operate in, but are not limited to, GP surgeries, Healthy Living Centres and Gateways, along with Roving Recovery Vehicles in East Kent. Over 37 pharmacists provide supervisory dispensing and Needle and Syringe Programmes (NSP's) in partnership with community services.

2. In terms of the demographics of drug Clients within structured treatment in Kent, data from 2012/13 identifies that:



- 19% of Clients starting a new treatment journey were receiving care from mental health services for reasons other than substance misuse, and were therefore highlighted as having dual diagnosis.
- 16% of Clients were living with children (aged 16 years old or under and for at least part of the time).
- 26% of Clients stated they were of no fixed abode or had a housing problem.

3. In relation to alcohol Clients within structured treatment in Kent, data from 2012/13 identified the following demographics:



- 32% of Alcohol clients were highlighted as having dual diagnosis.
- 23% of Clients were living with children and a further 32% of Clients had contact with their children.
- 15% of Clients stated they were of no fixed abode or had a housing problem. Integrated substance misuse services are commissioned across the 8 prisons and the immigration removal centre in Kent and Medway which make up the Kent prison estate. Services in prison custody mirror those in the community to ensure equity.

4. The substance misuse needs assessment for Kent prisons and immigration removal centre identified the following in terms of the prison population:

- Kent prisons and IRC hold approximately 4,100 offenders at any one time, but the prisons receive almost 5,000 new receptions each year and the IRC over 2,500.
- The largest group of prisoners are aged between 30 and 39.
- Of all prisoners in Kent, 27% are foreign nationals.
- Around 9% of the prison population are estimated to have a severe mental health problem, with up to 90% of the prison population having either substance misuse and / or mental health problems.
- 34% of offenders currently engage with substance misuse treatment services at some point in their sentence
- Between 1,600 and 2,500 of the prison population are likely to misuse alcohol.

2.2 Young People's Services:

1. Early intervention services for young people are provided on a one-to-one basis in youth hubs, integrated settings and in a group work basis in schools, youth offending services and children's homes. Workers are embedded within the youth offending team.

2. 2012/13 data for Kent indicates that 352 young people were in contact with treatment services (year to date). Of these, the largest group were aged 15, and 17 years old respectively.

3. Summary of Interventions for Drug and Alcohol Misusers in Kent;

3.1 Adults

Early Intervention:

- Assertive Outreach
- Brief interventions and enhanced brief interventions in service settings and satellites
- Harm Minimisation Interventions - BBV screening and vaccination including dry blood spot testing
- Needle and Syringe Programmes
- Referral to smoking cessation

Structured Treatment:

- Interventions include:
 - Arrest Referral Scheme
 - Alcohol Treatment Requirement
 - Drug Rehabilitation Requirement
 - Alcohol and Cannabis Diversion Scheme
 - Drug Testing on Arrest (Margate Police Station)
- Structured Psycho-social interventions
- Intensive Key working
- Structured Group work programmes
- Harm Minimisation Interventions
- Pharmacological Interventions
- Community Detoxification
- Ambulatory Detoxification
- Access to inpatient stabilisation and detoxification
- Access to Residential Rehabilitation
- Access to mutual aid and recovery communities including AA, NA and Smart Recovery groups.
- Tailored Interventions to improve social functioning and enhance life skills
- Family focused interventions (including support to carers/significant others)
- Initiatives to promote general physical improvement

3.2 Young People:

Early Intervention:

- One-to-one brief interventions (linked to key referral pathways i.e. Police)
- Group work including RisKit targeted at those who are likely to engage in risk taking and problematic behaviour

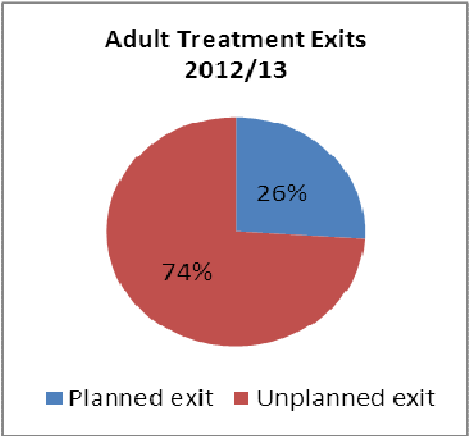
Specialist Treatment:

- One-to-one psycho-social interventions
- Intensive one-to-one support
- Specialist Prescribing
- Work with parents / carers
- Sexual health screening
- Smoking cessation

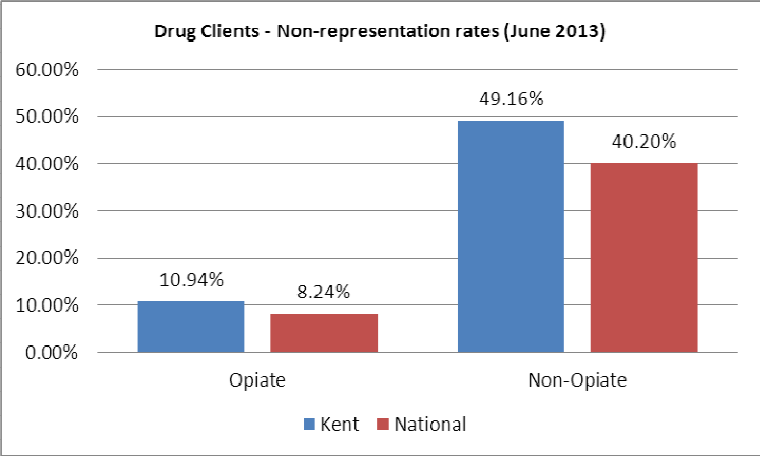
4. Is the Service that is provided timely?

1. Waiting times are positive in Kent, with 100% of all adult drug clients seen for their first treatment intervention in 3 weeks and under in the last quarter of 2012/13. This compares to 98% for England. Most adults in Kent will be able to access treatment within 2 working days. Waiting times for adult alcohol misusers needing treatment in Kent are above the national target of 3 weeks in West Kent (97% in West Kent for the last quarter of the 2012/13 financial year compared with 91% nationally).

2. Of all Adults exiting the treatment system during the latest financial year (2012/13) for drug misuse, 26% were successfully discharged via planned exits.



3. Kent compares favourably with national rates. This is the case for both Opiate and Non-Opiate users.



4. With regards to alcohol Clients, 54% of those exiting the treatment system completed their treatment in a planned way (the KDAAT target for this is 50%). At present, this remains the only outcome indicator for alcohol Clients.

5. Outcomes for young people are measured through the completion of a care plan and a planned exit which reintegrates young people with universal or targeted services.

6. In Kent, the proportion completing treatment with specialist substance misuse services for young people has remained high at 89% over the 2012/13 financial year.

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