

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

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To: Kent Health and Wellbeing Board

Date: 25th January 2017

Subject: Update from the Kent Drug and Alcohol Partnership

Summary: There have been significant changes in the commissioning of Substance Misuse Services since the formation of the Health and Wellbeing Board. This report provides the Kent Health and Wellbeing Board with an overview of changes to the governance of the Kent Drug and Alcohol Partnership (KDAP). The report also informs the H&WBB of the latest Kent drug and alcohol strategy which is out for public consultation. There have also been a number of national and local changes to the pattern of drug use. Therefore this report also summarises the key findings from the recently completed health needs assessments for drugs and alcohol, the latest performance data for substance misuse (see appendix).

Recommendations:

- The Kent Health and Wellbeing Board are asked to **COMMENT** on and **ENDORSE** the governance arrangements of KDAP
- The Kent Health and Wellbeing Board are asked to **COMMENT** on the themes of the new drug and alcohol strategy, now out for public consultation.
- Health and Wellbeing Board members are asked to **NOTE** the consultation period and **RESPOND** to the consultation with more detailed comments.

1. Introduction

Under the Health and Social Care Act (2012), local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. Prior to this act, Kent Drug and Alcohol Team commissioned services on behalf of a range of partners. With the commissioning changes to the NHS, the public health grant to Local Authorities took responsibility of commissioning

Substance Misuse services. This paper updates the Health and Wellbeing Board on the new governance arrangements, the latest Drug and Alcohol Strategy (out for consultation) and provides information on needs and performance in the appendix to this report.

2. Governance Arrangements

2.1 The Kent Drug and Alcohol Partnership (KDAP) replaced the previous KDAT Board (Kent Drug and Alcohol Team) in 2015. The changes in commissioning arrangements in the NHS and in Public Health highlighted the need for improved governance arrangements and strengthened partnerships.

2.2 The primary commissioner for substance misuse treatment services is now Kent County Council, however the commissioning for prevention is spread across the Health and Criminal Justice System. NHS England also retains commissioning leadership for Prison Health Care. This makes the function of a co-ordinated and strategic partnership important. Previously the Kent Crime Partnership Board was the key strategic lead for the KDAT. In future the Kent Crime Partnership and the Kent Health and Wellbeing Board will take oversight of the new KDAP.

2.3 The Kent Drug and Alcohol Partnership (KDAP) brings together key partners to oversee plans that aim to ensure communities and individuals receive the support that they need to tackle substance misuse, and that communities are protected from the impacts of the misuse of drugs and alcohol. The Partnership works collaboratively with a number of groups and agencies to ensure all partners are involved in the development of joint strategies where appropriate.

2.4 Key functions of KDAP include:

- shaping and contributing to the strategy and vision for the substance misuse system across Kent for agreement at the relevant governance boards,
- monitoring the delivery of Kent drug and alcohol strategies and relevant sections of Kent's Joint Strategic Needs Assessment for drugs and alcohol.
- monitor changing trends in drug and alcohol misuse in Kent and review possible impacts on communities and public services.
- champion service user involvement and ensure representation and feedback is embedded in relevant processes.
- oversee the performance and outcomes of service delivery
- oversee the safety and lessons learned from Serious Incidents across the partnership

2.5 KDAP consists of partners from a range of agencies. Within Kent County Council membership includes the Corporate Director of Social Care, Health and Wellbeing, the lead Consultant in Public Health for drugs and alcohol, the Head of Public Health Commissioning, the Head of Mental Health Commissioning, the Director of Early Help Services, and the Director for Environment Planning and Enforcement. Membership from other agencies

include a Chief Executive representative from the District Councils, representation from Kent Police, Office of the Police and Crime Commissioner, HM Prison Service, lead commissioners from Clinical Commissioning Groups, Jobcentre Plus, service user representation, NHS England and Public Health England. KDAP is chaired by the Corporate Director of Social Care, Health and Wellbeing. The vice chair is currently the Chief Executive of Maidstone Borough Council.

- 2.6 From 2017, the Partnership will meet twice per year. A Joint Commissioning Group has been established to complement and operationalise the work of KDAP. This group ensures that there is a collaboration between commissioning groups in Kent, horizon scanning to identify areas of commissioning which impact on drug and alcohol commissioning. The group also oversees quality issues, performance and data sharing.
- 2.7 There is a sub-group of the KDAP which has been set up to learn lessons from Drug & Alcohol Deaths across the whole health and crime system. This group has close links with other system wide learning and review groups including Kent Safeguarding and Domestic Homicide Reviews.

3. Health Needs Assessments

- 3.1 The effective commissioning of drug and alcohol services and ability to tackle and prevent harms associated with drug and alcohol misuse need to be led by robust needs assessments. These are produced by Kent Public Health with the assistance of a range of partner data (e.g. police and crime, education and districts).
- 3.2 The drug and alcohol needs assessments quantify the extent of misuse of alcohol and drugs in Kent; the effect this is likely to have on people and thus on health and social care and other services, and on prevention and early interventions and, the nature of current services and treatment demand for substance misuse; and what might be done to better meet identified needs. These needs assessments make clear recommendations for commissioning and feed into the Joint Strategic Needs Assessment for Kent (JSNA).
- 3.3 Three health needs assessments (Children and Young People's Substance Misuse, Adult Drug Misuse, Adult Alcohol Use) were produced in 2016 for drugs and alcohol to help shape future strategic commissioning. Further details and key findings can be found in Appendix 1

4. Kent Drug and Alcohol Strategy 2017-2022

- 4.1 The previous Kent Alcohol Strategy 2016 and Kent Police Drug and Alcohol Strategy (ending early 2017) had notable successes. For example, there has been an increase in the number of Alcohol Identification and Brief Advice (IBAs) interventions delivered and, Kent Police have been involved proactively working with Kent Trading Standards on local enforcement, e.g. restricting the supply of illegal drugs and alcohol.

4.2 The new strategy has been jointly produced by Kent Police and Kent Public Health Department on behalf of the Kent Drug and Alcohol Partnership and builds on the work from the previous strategies. It will ensure that treatment services are more focused on those with complex drug and alcohol issues. It reflects the new level of complexity in the landscape of supply and demand of drugs and alcohol.

4.3 The priority areas and key themes forming the basis of the strategy are displayed in the table below. These are applicable to both adults and children and are aligned to national evidence and locally identified priorities.

Table 1 Drug and alcohol strategy themes

Theme	Main tasks – <i>example activity</i>
Resilience	Maintain focus upon building resilience in individuals
Identification	Increase workforce training and screening capacity in both statutory and non-statutory organisations Public information and education
Early Help & Harm Reduction	Drug and alcohol pathways Increasing and earlier referrals to treatment services especially for at-risk groups Reduce preventable mortality and morbidity
Recovery	Move from an acute (episodic) model of care to a sustained recovery model. Improve support for sustained recovery
Supply	Disrupt related criminal activities Public health data contributing to the licensing process

4.4 There are no financial implications to the development of this strategy other than to make best use of available commissioning resources across the health and social care and partnership economy.

4.5 The strategy is currently out for public consultation. The consultation will close on Sunday 19th February 2017. The consultation document is available online via the KCC website and will be communicated with local health and wellbeing boards and community safety partnerships. The consultation will include focus groups with drug and alcohol service users (young people and adults), protected characteristic groups and mental health action groups and young people. The final strategy will be developed throughout 2016-17 following consultation and feedback from partners and the public. It will be launched in April 2017. A specific strategy group will be formed to oversee its implementation. This group will give a regular update of progress to the Kent Drug and Alcohol Partnership.

5. Links to Kent Health and Wellbeing Strategy

- 5.1 The role of KDAP has strong links to the Kent Health and Wellbeing strategy. For outcome 2 – ‘Effective prevention of ill health by people taking greater responsibility for their health and wellbeing’, a key priority is ‘Transform services to improve outcomes’. This includes improving identification of those who may be at risk. For alcohol, this involves the wide implementation of IBAs (Identification and Brief Advice). They are an evidence based tool that can change risky alcohol use in individuals. IBAs typically involve: Identification: using a validated screening tool to identify ‘risky’ drinking and Brief Advice: the delivery of short, structured ‘brief advice’ aimed at encouraging a risky drinker to reduce their consumption to lower risk levels. This level of IBA is a central element of preventative health and part of the Strategic Transformation Plan for the NHS and Social Care.
- 5.2 Outcome 4 is ‘People with mental ill health issues are supported to live well’. There is a strong association between problematic substance misuse and mental health issues. Partnerships, sharing staff and resources has been shown to increase the effectiveness and delivery of dual diagnosis provision, and improve the transparency of dual diagnosis prevalence.
- 5.3 The current providers of the Drug and Alcohol services in Kent are Addaction, (providing prevention and treatment for children and adolescents), CLG (Adult Treatment Services in West Kent and Swale) and Turning Point (Adult Treatment Services in East Kent). All services are currently performing above the national average (See Appendix 2).

6. Recommendations:

- The Kent Health and Wellbeing Board are asked to **COMMENT** on and **ENDORSE** the governance arrangements of KDAP
- The Kent Health and Wellbeing Board are asked to **COMMENT** on the themes of the new drug and alcohol strategy.
- Health and Wellbeing Board members are asked to **NOTE** the consultation period and **RESPOND** to the consultation with more detailed comments.

7. Contact details

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Appendix 1: Key findings from Kent's Substance Misuse needs assessments

Key findings from children and young people drugs and alcohol needs assessment

- 1.1 In 11-15 year olds in Kent, levels of drug taking and alcohol consumption are declining. However drug use increases with age. Girls and boys were equally likely to have taken drugs and cannabis is the most widely used substance (61%) with 7% of pupils report having taken it in the last year.
- 1.2 In Kent 39% of pupils in years 7 to 11, reported drinking alcohol at least once. The good news is that is the lowest rate since records began in 1988. This trend is also reflected in the reduction of alcohol related hospital admissions in those aged below 18 years nationally and in Kent.
- 1.3 The age at which young people start to misuse substances is a strong predictor of the severity of their future misuse problems. The more resilient young people are, the better the likelihood is that they will successfully overcome these problems. There is some evidence that although fewer young people in Kent abuse drugs and alcohol – the ones that do are more complex and vulnerable than the national average.
- 1.4 One-in-four deaths amongst 16-24 year olds are related to alcohol. Children who drink are at a greater risk of brain damage. They are also at greater risk of developing problems with alcohol in later life including dependency. Young people who drink alcohol also have a higher risk of being involved in road traffic accidents.
- 1.5 Young people who live in deprived areas are more likely to drink alcohol, drink at an earlier age, and drink to excess. This relationship was stronger for young women than young men. The effects of higher alcohol consumption in areas of deprivation are likely to be compounded by inequalities which adversely affect nutrition, exercise and emotional well-being.

Key findings from Kent adult drugs needs assessment

- 1.6 There has been a long-term decline in the use of drugs and drug use is now at its lowest figure for ten years. Those that misuse drugs and alcohol are typically getting older, with the most at-risk age group being 45+. This age group has the highest level of drug-related mortality. Some of these deaths are a result of this cohort's poor physical health and pre-existing health conditions.
- 1.7 The complexity and fast-changing nature of the drug market has exposed several areas of concern to address in Kent. Chief amongst these are: The spread of infections in people who inject drugs (PWIDs) including for Men

who have Sex with Men (MSM) and anabolic steroid users and the rise of the use of new psychoactive substances (NPS).

- 1.8 A secure and safe housing environment is a key factor to facilitate and sustain recovery for people with drug and alcohol problems. Individuals who have both addiction problems and homelessness or the risk of homelessness are more likely to have a wider range of needs across health, social care, drug and alcohol misuse and criminal justice. Government welfare reforms represent a significant and challenging development within the area of drug and alcohol misuse field with the large number of problem drug users in need of housing and employment support.
- 1.9 There is a strong relationship between deprivation and drug and alcohol misuse. Those living in urban areas are more likely to be misusing illicit drugs as are those frequenting night clubs and pubs.

Key findings from adult alcohol needs assessment

- 1.10 Good progress has been made in Kent by partners to implement the Kent Alcohol Strategy 2012-14. Over 11% of the Kent population 18+ has received information and advice on drinking alcohol. This was against a target of 9%.
- 1.11 Local estimates by Kent Public Health identified about 68,000 people in Kent will have some degree of alcohol dependency. National calculations based on a tool by NICE (2014) estimated that in Kent nearly 264,000 people are drinking at increasing and high risk levels (23% of the population over 18 years old).
- 1.12 It is estimated that of the 53,000 alcohol-dependent individuals in Kent who require treatment services.. Treatment services report that individuals are too often referred to them 'too late' for meaningful intervention.
- 1.13 The rates of moderate to severely dependent drinkers are higher in males. It is estimated that men comprise 89% of the moderate to severely dependent drinkers. However they only made up 64% of the structured treatment population in 2013/14.
- 1.14 There are large variations across Kent on who accesses services. Gravesham and Thanet recruit a large proportion of higher risk drinkers into treatment. Sevenoaks and Dartford have rates of recruitment that are the lowest in comparison to their expected rates. Maidstone has relatively poor health outcomes and a lower than average number of those expected to be treatment services.
- 1.15 The needs assessments can be found via the Kent Public Health Observatory.

Children and Young People's Substance Misuse

http://www.kpho.org.uk/_data/assets/pdf_file/0009/64458/Jess-Version-CYP-Substance-Misuse-Final-Draft-July2016-v2.0-2.pdf

Adult Drug Misuse

http://www.kpho.org.uk/_data/assets/pdf_file/0007/64456/Drugs-adults-NA-v1.3a-final2.pdf

Adult Alcohol Use

http://www.kpho.org.uk/_data/assets/pdf_file/0006/64455/Alcohol-NA-final.pdf

Appendix 2 The current performance of Commissioned Substance Misuse Treatment services

2.1 Young people's service

The young people's substance misuse service is provided by **Addaction**. They deliver public health interventions alongside their work on substance misuse; young people accessing early intervention services and specialist treatment receive stop smoking information are given sexual health information and for whom it is appropriate, are screened for chlamydia.

Table 1: Proportion of planned exits from specialist services in Kent

	Target	14/15		15/16				16/17		DoT
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
% with a planned exit	85%***	94% (a)	97% (a)	94% (a)	94% (a)	96% (a)	94% (a)	91% (a)	93% (g)	↑

Source: Addaction, provider of young people's substance misuse services

*** Target amended as of Q2 2016/17; online business plan updated by SBDI with authorisation

It has been agreed between Public Health and Strategic Business Development and Intelligence for the target of those with a planned exit to be amended to 85%, reflecting national performance in 2015/16. This target has not been reviewed in a number of years and not since commissioning moved to Public Health, with a high-risk and more complex client group than experienced nationally it was agreed that a more realistic target would be needed to account for the challenging delivery of structured treatment necessary for a planned exit.

2.2 Adult service

The adult people's substance misuse service is provided by **Turning Point** in East Kent and **Change Grow Live** in West Kent.

The proportion of people in drug or alcohol treatment who completed treatment successfully in the twelve months to the end of Q2 fell to 29.4%. This is slightly below the target of 30% but is still significantly better than the national average (for 2015/16) of 22%. Commissioners are raising concern at the rate of decline, particularly in the areas with the sharpest decreases.

	Target	14/15				15/16				16/17		DoT (2 recent)	DoT (previous time frame)
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Proportion of adult drug and alcohol treatment population that successfully completed treatment (rolling 12 month basis)	30% (16/17)	26% %	25% %	27% %	29% %	29% %	31% %	34% %	33% %	31% % (g)	29% % (a)	↓	↓