

## **COMMUNITIES DIRECTORATE**

### **Kent Drug & Alcohol Action Team**

#### **ANNUAL OPERATING PLAN 2008/09**

**Director: Angela Slaven Unit Manager: Lola Triumph**

## **SECTION ONE - SERVICE PROFILE**

### **PURPOSE OF THE SERVICE**

The core purpose of the Kent Drug and Alcohol Action Team is to deliver the 10 year National Drug Strategy on a local level. The current ten year drug strategy ends on 31 March 2008 and the new strategy: Drugs: protecting families and communities is effective from 1st April 2008.

The new strategy focuses more on families and provides as the title suggests a greater focus upon communities – how drugs impact upon neighborhoods and how communities can tackle the issues of the harm caused. There is a stronger emphasis on targeting the money and effort where difference can be evidenced and increased emphasis on working across institutional boundaries. There is a new emphasis on drug users having a responsibility to engage in treatment. The greater emphasis on families brings for the first time a key responsibility to deliver services to children and young people. KDAAT have completed an extensive needs analysis and this will inform the shaping and development of services in 2008/09 and beyond.

The national strategy is delivered across five main headings:

1. Families and communities
2. Enforcement
3. Treatment
4. Prevention
5. Communications

KDAAT will develop services within this framework and ensure that the local Kent perspective is reflected in service provision and the broader strategic aims. The strategic activities of KDAAT will be achieved by drawing on the multi agency expertise of individual agencies represented on the partnership.

The drug treatment strategy for individuals aged 18 and over is underpinned by the following principles:

- Treatment interventions are available to individuals when needed.
- The treatment system focuses on outcomes, client engagement and activities that will address health inequalities among the drug using population.
- Drug treatment is integrated into the wider community safety, health, social care and other social inclusion programmes.

KDAAT also commissions drug and alcohol education, prevention and treatment services across Kent for children and young people up to the age of 18 years. These services are delivered in partnership with childrens' services, education and schools and community safety/enforcement agencies. The purpose of the services is to deter and prevent drug and alcohol misuse by children

and young people, which can negatively impact on children and young people as individuals, and also their families and the communities in which they live. The focus upon families will bring to the fore the “Hidden Harm” agenda and in how to support children in families where substance misuse is a key factor.

KDAAT will continue this year to embed substance misuse within evolving childrens service partnerships and Integrated and Targeted Youth Support.

## **OPERATING CONTEXT**

The primary focus of the KDAAT is on tackling social, personal and community issues arising from illicit drug use. More recently, local and national stakeholders have recognised alcohol as critical in regards to the health, crime and disorder impact on individuals and the community, the national strategy however focuses upon drug misuse and this is the mainstay of the KDAAT commissioning agenda.

KDAAT received a 5.1% reduction in NTA Pooled budget allocation for 2008/09 and the schedule suggests a year on year reductions until 2010/11 unless KDAAT improves the number of drug misusers entering and sustaining treatment. A failure to achieve this will require a reconfiguration of the Kent Treatment System to ensure frontline services continue to meet demand.

The launch of the new National Strategy and the revised National Institute of Clinical Excellence (NICE) guidelines for substance misusers will place additional pressures on the financial position of the KDAAT arising from the need to prescribe to a wider group.

The Drug Intervention Programme (DIP) and Integrated Drug Treatment Services (IDTS) must be better aligned to ensure continuity of care for individuals presenting at police custody suites or leaving prisons and assessed as appropriate for referral into treatment. The linkage across the criminal justice and health care systems are a critical factor in delivering the national and local drug strategy.

KDAAT young persons’ services will be shaped by the national drug strategy and the national alcohol strategy. This increases the requirement for effective prevention and treatment and sees the family in the whole. A challenge to all KDAAT services and an opportunity to reconfigure and redesign how we deliver services to the communities across Kent. National and local priorities require that drug and alcohol young persons services are embedded within universal, preventative and specialist services for children and young people and that there is a partnership response to children, young people and their families.

Effective links are needed with the Youth Offending Service due to the high prevalence of drugs and alcohol as significant contributory factors to youth offending.

The recent Kent young persons service needs assessment (January 2008) sets out the priorities for Kent in relation to young persons substance misuse. One key priority is to provide a distinct and effective response to alcohol related issues as well as drug related issues.

## **USERS**

KDAAT works with service users to inform and shape services to meet local need and an active service user development group exists supported by the appointment of two service user representatives and a Service User and Diversity Coordinator. Recent consultation with service users indicated that service users are looking for meaningful participation at all levels.

The profile of treatment service users is as follows:

- Self-referral is the most indicated route into treatment followed by referrals from criminal justice services, e.g. police, probation and prisons
- Males account for over 70% of individuals in treatment services
- The largest proportion of service users appear to be in age group 25-34 (43%), followed by 35 – 44 year olds (28%)
- 93% of clients indicated that they are White British. The Mid 2005 population survey estimates that 91.1% of population in Kent is White British.
- Ethnic minority groups continue to be underrepresented in treatment services.
- The estimated number of Class A problem drug users in Kent as assessed by the Home Office Drug Treatment Model is 5385. This suggests that at least 2,000 problem opiate and/or crack cocaine users are not currently in contact with treatment services.
- 2684 clients accessed treatment between April – October 2007.
- The main problematic drug of use continues to be heroin, following the national pattern of the treatment population.
- Nearly 60% of clients accessing structured treatment present with heroin as their first choice of drug. 14% of individuals presented with cannabis as first choice of drug.
- All other drugs constituted no more than 6% each as the first drug of choice.
- The areas of highest prevalence of drug use appear to be urban areas such as Thanet, Dartford, Gravesend, Maidstone, Canterbury and Folkestone. These are also places where service centres are based.

### **Unmet need:**

The level of rural drug use in Kent is not known and difficult to assess but Edenbridge and Swanley are identified as relatively isolated areas where people with drug problems would find access to services difficult. Sheerness and Leysdown on the Isle of Sheppey are also identified as areas where access to specialist services may be problematic.

KDAAT have assessed that a significant number of 'treatment naïve' population are missed at point of arrest and also when involved with Kent Probation. There is a need to strengthen and agree early identification processes with Kent Police and Kent Probation Service and enhance the routes into treatment.

A lack of access to childcare facilities was specified as a particular problem (for both male and female service users).

Women with substance misuse problems who experience domestic violence have particular problems accessing refuge accommodation because of their drug use and agencies need to develop stronger links.

KDAAT young persons needs assessment (January 2008) sets out in detail the profile of substance misuse by young people. Service development will follow in response to this. This impact within the lives of young people's of alcohol misuse is significant with a recent Kent national pupil survey reporting that 7% of 11 – 15 olds have been drunk three or more times in the last month. A breakdown shows that 5.7 % of 11 year olds get drunk once or twice a week which rises to 33% of 15 year olds. Kent has a slightly higher proportion of young people who have never taken illegal drugs than nationally, the profile of those young people who have taken drugs mirrors the national profile. Young people in Kent give high priority to the need for information and advice on drugs and alcohol.

## REVIEW OF PERFORMANCE 2007/08

### KEY PERFORMANCE INDICATORS

<b>Indicator</b> <i>Local indicators as well as national ones, categorised if appropriate e.g. as 2010, LAA1, Best Value, CPA, PAF. (2008/09 target n/a for LAA1)</i>	<b>Actual performance 2006/2007</b>	<b>Estimated performance 2007/08</b>	<b>Target 2008/09</b>
Number of Drug users in treatment	2672	3262 (Feb 08)	N/A
Numbers retained in treatment for 12 weeks or more	60%	70%	N/A
LAA 2 NI 40: The percentage change in the number of drug users using crack and/or opiates recorded as being in structured drug treatment in a financial year who were discharged from treatment after 12 weeks or more, or who were discharged from treatment in a care planned way.	New Indicator	Estimated Baseline?  New baseline will be available in May 08	5%  TBC in June 2008 as part of LAA 2 process
All adult drug users recorded as being in effective treatment	Not available	1797	1885 (TBC)
Percentage of new presentations to be retained in treatment for more than 12 weeks or subject to a care planned discharged within the first 12 weeks	Not available		73%
Individual leaving the treatment system in a planned way	Not available		TBC
NI 38: The average offending rate by those identified as Class A drug misusers in the course of their contact with the criminal justice system.	New Indicator		TBC in June 2008 as part of LAA 2 process
NI 39: Year-on-year percentage change in the rate of alcohol related admissions per 100,000 population using Hospital Episode Statistics.	New Indicator		TBC in June 2008 as part of LAA 2 process
NI 42: Perceptions of drug use or drug dealing as a problem	New Indicator		TBC in June 2008 as part of LAA 2 process
NI 115: reducing the proportion of young people frequently misusing substances			
Numbers of young people in <b>early intervention or treatment</b>	463	470	480

Numbers of young people receiving targeted interventions	3285	3000 (budget cut)	3000 (pending funding agreement)
Number of young people accessing DISP	304	340	150 (pending funding agreement)
Numbers of schools achieving Healthy Schools status		95% participating	

### KEY ACHIEVEMENTS/OUTCOMES IN 2007/08

The main focus of 2007/08 has been to build and strengthen relationships across a range of strategic partnerships. KDAAT continues to work extensively with the PCTs and the commissioning agreement between KCC and Kent PCTs is a national example of good practice in the drug sector. The joint investment continues to enable the deployment of resources to where it is most needed in the drug treatment system and negotiations have continued to increase resources with the sector, of particular note is the increase in C.P. shared care and the prescribing options open to treatment providers. .

KDAAT is represented at Crime Disorder Reduction Partnerships (CDRPs) substance misuse reference groups, key housing forum such as Supporting Commissioning Board and the District Housing Forum. The Director of Substance Misuse and Youth Offending Service attends the Safer and Stronger Community group which is a sub group of the Kent Local Strategic Partnership (Known as Kent Partnership). The establishment of the joint KCC/PCT Public Health Team has opened up new opportunities for joint working and research.

In 2007/08, local investment increased through Kent PCTs', *Choosing Health* monies and the Supporting People Programme commissioned new substance misuse floating support services in West Kent.

Drugs treatment services are not exempt from the current financial challenges facing the public sector as a whole and proactive steps are being taken to minimise the impact of the reductions to the Kent National Treatment Agency Pooled Treatment Budget allocation for 2008/09.

Service User involvement has seen a significant improvement and new opportunities have been developed to increase participation. There are service gaps in engaging carers and KDAAT will develop a carer involvement strategy in 2008/09.

KDAAT has worked to support the Kent County Council Alcohol Select Committee and the emerging findings will inform an increasing role for KDAAT in working to provide treatment, advice and information as well as a role in working with the alcohol industry.

The Kent and Medway partners have taken part in a number of workforce development initiatives during the past year and developing the competence of the entire workforce. This will underpin the achievement of the key priorities. Workforce development will feature significantly throughout the 08/09 treatment plans.

KDAAT is now on target to achieve the numbers into treatment although continued attention must be paid to the retention figure and significant and direct work has been undertaken with providers to refocus their attention to achieving this outcome.

Performance to date is:

- Numbers in treatment is 3262 against an annual target of 3542
- Numbers retained in treatment is 67% against an annual target of 85%

KDAAT is on track to achieve its young persons' targets for 2007/08 despite an uncertain year in relation to funding. KDAAT welcomed the Prime Minister's Unit to Kent in October 2008 in recognition of pioneering work in relation to young offenders and children of substance misusing parents. A service review in relation to the treatment programmes to support the work of the Youth Offending Team was undertaken and significant changes have been made to the delivery model. In the short term this has resulted in a downturn in performance but every confidence exists that this will revert to previous high performance and improved outcomes for young people.

KDAAT has reviewed the Data and Information provision in particular reviewing the relationship to Crime and Disorder Reduction Partnerships across the county. Improvements have been made to the reporting mechanisms but these will be further developed in 2008/09.

The KDAAT Board has increased its focus upon performance and monitoring of contracts and has reviewed its' relationship to the treatment providers. This is again an area for further development in 2008/09. The membership of the KDAAT Board has been strengthened with broader representation including the Supporting People team.

## **SERVICE COMPARISON**

### TO OTHER COUNCILS

The current performance against the national target - number of individuals retained in treatment is below other councils in the South East region. KDAAT has not performed well this year and improvement plans are in place with performance monitoring at the centre of activity for commissioning managers.

KDAAT is a High Focus Area for Government Office for South East in recognition of its pioneering services and consistent high performance.

## **SECTION TWO - PRIORITIES AND OBJECTIVES**

### **KEY RESPONSIBILITIES OF THE SERVICE**

	Key Corporate / Directorate Targets	
<b>PLAN</b>	<b>TARGET</b>	<b>LEAD OFFICER</b>
Towards 2010 Target 60 / Directorate Priority / LAA2	Support Young People to reduce the risk of them offending. (Support for target).	Karen Sharp
Directorate Priority	Contribute to the improvement in health and well being of the people of Kent	Lola Triumph / Karen Sharp
Directorate Priority	Develop and demonstrate cross-unit and partnership working at a local level	Lola Triumph / Karen Sharp
Directorate Priority	Develop recruitment and retention practices which improve the % of disabled people who are employed	Lola Triumph / Karen Sharp
Directorate Priority / Towards 2010 Target 42	Achieve ISO 14001 EMS roll-out by 31 December 2008. (Support for this target).	Lola Triumph / Karen Sharp

Kent Agreement 2	Reducing drug & alcohol misuse and the harm it causes	Lola Triumph
Children & Young People's Plan Priority 5 /	With partners, ensure that services continue to be developed to improve and promote healthy lifestyles outcomes for children. Action 16: Ensure 100% of schools are working towards Healthy School status by 2009. (Also Towards 2010 Target 51) Action 21: Further improve access to drug, alcohol and smoking cessation and other early intervention services for children and young people	Karen Sharp
Children & Young People's Plan Priority 8	Further improve multi-agency approaches and services for children at risk and in need of child protection. Action 41: Create services for children and families who are at risk as a result of mental health or of drug or alcohol dependency.	Karen Sharp
The Kent Agreement	To reduce the harm caused by substance misuse (especially to increase the number of drug-misusing offenders entering treatment through the criminal justice system).	Angela Slaven
Towards 2010 Target 50	Introducing a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drugs and early or unprotected sex. (Support for this target).	Karen Sharp

*Towards 2010 detailed action plans can be found at*

<http://www.kent.gov.uk/publications/council-and-democracy/towards-2010-action-plans.htm>

New drug strategy is available on the Home Office website

<http://drugs.homeoffice.gov.uk/drug-strategy/overview/>

### **OPERATIONAL OBJECTIVES**

- To deliver local treatment services in line with the National Drug Strategy and the National Alcohol Strategy.
- To commission Drug and Alcohol treatment services in line with the local needs of Kent and in line with best practice.
- To commission services for young people to deter and prevent the misuse of alcohol and drugs.
- To deliver a comprehensive range of young person focused services in partnership with the children's' service, education and schools and community safety partners.

### **CORE SERVICES AND FORECAST ACTIVITY LEVELS**

Across Kent a minimum of 2,500 individuals' access drug treatment services on an annual basis. To date an average of 200 individuals present to structured treatment services on a monthly basis and KDAAT needs to ensure commissioning levels to sustain and improve this outcome.

Self-referral accounts for most referral to treatment services such as the community prescribing service and structured psychosocial Intervention. Second highest referrals are from the criminal

justice services. We anticipate a further demand for triage assessments through referrals from Drug Intervention Programme (DIP), Probation Service and through the roll out of the Integrated Drug Treatment Systems (IDTS) and Conditional Cautioning (CC).

There is a projected number of 900 client referrals from the Integrated Drug Treatment Service (IDTS) HMP Elmley, this is likely to have a significant impact on the treatment system in the community.

The estimated number of individuals infected with Hepatitis C is 3739. 3108 of infected individuals are either drug users or ex injecting drug users. Between July – September 07, 55,974 syringes were distributed in West Kent and 117,378 syringes in East Kent. There was 3475-reported number of visits to pharmacy and service syringe exchanges in West Kent and 4276 visits to syringe exchanges in East Kent. There is an expectation that demand will increase in the new financial year.

2.7 posts are employed within the KDAAT young persons service commissioning structures to ensure that services are commissioned in line with strategic directives and best value principles.

Contracts will be established with service providers at levels decided pending confirmation of national allocations. This will enable achievement of the targets set out in Key performance indicators above.



## PROJECTS, DEVELOPMENTS AND KEY ACTIONS

Where necessary, the Managing Director is authorised to negotiate, settle the terms of and enter the following agreements/projects:

Project/Development/key action	a/c manager	Links to Corporate/Directorate targets	Deliverables or outcomes planned for 2008/09	Target dates
Resource the Dual Diagnosis project to continue the project for one year. This gives time to review the evaluation and YOS inspection recommendations. Mainstream funding will need to be negotiated.	Karen Sharp	To reduce the harm caused by substance misuse (especially to increase the number of drug-misusing offenders entering treatment through the criminal justice system).	Review of the project following The Sainsbury Centre evaluation to County Youth Justice Board	July 08
Invest in a needs assessment of services for children of substance misusing parents.	Karen Sharp	CYPP Action 41: Create services for children and families who are at risk as a result of mental health or of drug or alcohol dependency.	Needs assessment with services, gaps and need presented to KDAAT and Kent Childrens Safeguarding Board	Oct 08
Commission an effective local drug treatment system	Lola Triumph	Kent Agreement/PSA 25. To reduce the harm caused by substance misuse (especially to increase the number of drug-misusing offenders entering treatment through the criminal justice system).	Robust commissioning, information and performance management system	June 08
Access and engagement with the drug treatment system	Lola Triumph	The Kent Agreement. PSA 25	Redesign of the local treatment system so as to attract and motivate clients to access treatment services	Sept 08
Retention in and effectiveness of the drug treatment system	Lola Triumph	The Kent Agreement. PSA 25	Reduce retention rates in treatment services through a robust care planning, case management and exit planning arrangements	March 09
Drug users have a defined pathway to enable service users to integrate into the community during and following the completion of treatment, including access to appropriate housing, education and mainstream health	Lola Triumph	The Kent Agreement. PSA 25	Better outcomes of drug and alcohol misusers	Sept 08

To ensure that 400 substance misuse workforce funded through the KCC, NTA and PCT are equipped to deliver managerial and frontline services	Lola Triumph	The Kent Agreement. PSA 25	Competent and able substance misuse workforce	Ongoing
Robust and integrated care management approach to managing drug and alcohol issues	Simon Southworth	The Kent Agreement. PSA 25	Improved social care and health outcomes for substance misusers	
Services are responding to the diverse needs of drug and alcohol misusers in Kent	Liz Osbourne	The Kent Agreement. PSA 25	Substance misuse services are meet the needs of drug and alcohol misusers	
Development of the Kent wide alcohol strategy	Lola Triumph/ Karen Sharp	Towards 2010 Target 50	Response and support the implementation of recommendations of the KCC Alcohol Select Committee	

In line with financial regulations, capital projects will be subject to a review by the Project Advisory Group prior to approval to spend by the Leader

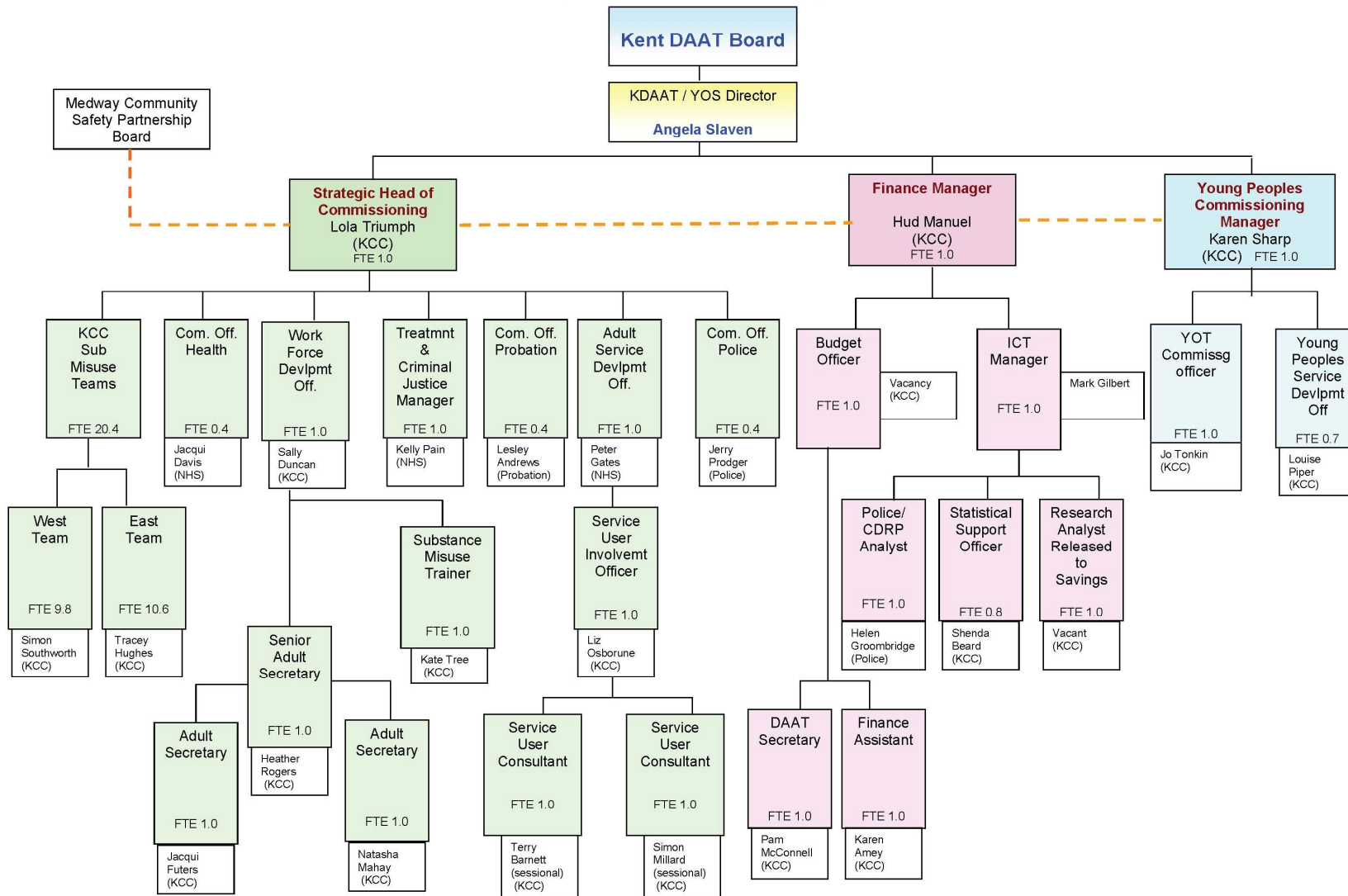
#### USER/RESIDENT INVOLVEMENT PLANNED FOR 2008/9

<i>Name</i>	<i>Start date/ end date (dd/mm/yy)</i>	<i>Consultation type</i>	<i>Target Group</i>	<i>Target area (Kent, Town, district, ward etc</i>	<i>Brief summary</i>	<i>What we want to find out and how we will use the information, (approx 25 – 50 words)</i>	<i>Statutory Yes/No</i>	<i>Feedbac k to public date</i>	<i>Contact name, e-mail &amp; phone No.</i>
Young persons service user group	01/04/08 31/03/09	Social care and health	Young people in treatment	Kent	Focus group held quarterly with suggestions how to make treatment more effective	Feedback feeds into performance monitoring and changes in service delivery	no		Karen Sharp Karen.sharp@kent.gov.uk
Drug Intervention and Support Programme evaluation	01/04/08	Social care and health	Young people caught in possession of a	Kent	Focus group held quarterly with suggestions how to make this programme more	Feedback feeds into performance monitoring and changes in service delivery	no		Karen Sharp Karen.sharp@kent.gov.uk

group			substance		effective				
Joseph Rowntree Foundation bid	01/07/08	Social care and health	Children and Young people up to 18	Kent	KDAAT are to bid to participate in a Substantial research project funded by the Joseph Rowntree Foundation	The influences on young people drinking alcohol in particular family attitudes and also the influence of popular culture	no		Karen Sharp Karen.sharp@kent.gov.uk
Service user involvement Strategy	30/6/08	Social care and health	Adult substance misusers over 18 years	Kent	Strategy provide information on how KDAAT will respond to the needs of service users in Kent	Effectiveness of the commissioning and frontline substance misuse services	Good Practice		Liz Osbourne Liz.Osbourne@kent.gov.uk
Carer Involvement Strategy	31/03/09	Social care and health	Families and 'significant others' of substance misusers	Kent	Service User and Carer Forum will explore different ways of engaging carers and 'significant others' of substance misusers	Appropriate support mechanism for carers and other 'significant others'	Good Practice		Liz Osbourne Liz.Osbourne@kent.gov.uk
Drug and Alcohol Forum (DAAF)	Ongoing	Social care and health	Service users	Kent	Service users are given the opportunity to respond to commissioning and frontline issues	Feedback	Good Practice		Liz Osbourne Liz.Osbourne@kent.gov.uk

**RESOURCES**  
**STRUCTURE CHART**

## Kent DAAT Structure Chart



**STAFFING**

	2007/08	2008/09
KS 13 and above or equivalent (FTEs)	1.0	1.0
KS 12 and below (FTEs)	33.9	34.9
TOTAL	34.9	35.9
Of the above total, the estimated FTE which are externally funded	14.1	15.1

**REVENUE BUDGET**

2007-08 Controllable Expenditure	FTE	Activity/Budget Line	2008-09								
£'000			FTE	Employee Costs £'000	Running Costs £'000	Contracts & Projects £'000	Gross Expenditure £'000	External Income £'000	Internal Income £'000	Controllable Expenditure £'000	Cabinet Member
		Service Management Kent Initiatives on	5.7	218.1	15.0		<b>233.1</b>	185.0		<b>48.1</b>	MH
85.7	6.8	Drugs	3.8	105.1	164.4	19.6	<b>289.1</b>	108.7	180.4	<b>0.0</b>	MH
0.0	5.0	Adult Treatment Young People's Services	4.6	118.2	141.1	11914.3	<b>12173.6</b>	12167.0		<b>6.6</b>	MH
0.0	3.7	Substance Misuse Teams	1.0	44.5	29.0	666.3	<b>739.8</b>	739.8		<b>0.0</b>	MH
1691.3	19.4		20.8	862.3	15.6	806.5	<b>1684.4</b>	33.5		<b>1650.9</b>	MH
<b>1777.0</b>	<b>34.9</b>	<b>Controllable Totals</b>	<b>35.9</b>	<b>1348.2</b>	<b>365.1</b>	<b>13406.7</b>	<b>15120.0</b>	<b>13234.0</b>	<b>180.4</b>	<b>1705.6</b>	
		<u>Memoranda Items:</u>									
		Central Overheads					<b>0.0</b>			<b>0.0</b>	
		Directorate Overheads					<b>0.0</b>			<b>0.0</b>	
		Capital Charges					<b>0.0</b>			<b>0.0</b>	
<b>1777.0</b>	<b>34.9</b>	<b>Total Cost of Unit</b>	<b>35.9</b>	<b>1348.2</b>	<b>365.1</b>	<b>13406.7</b>	<b>15120.0</b>	<b>13234.0</b>	<b>180.4</b>	<b>1705.6</b>	

## **CAPACITY, SKILLS AND DEVELOPMENT PLANNING**

- KDAAT will be leading on commissioning of the new government initiative Integrated Drug Treatment Services (IDTS) on the 1 April 08
- Open tender of Drug Intervention Programme and Integrated Drug Treatment Services up to value of £1million will be undertaken during 2008/09
- KDAAT Board will be reviewing the commissioning structures to ensure ability to meet demand in 2008/09

## **CORPORATE THEMES**

KDAAT young persons services will continue to consult with a wide range of young people in relation to drug and alcohol education, prevention and treatment. The service user forum will provide feedback from those in treatment.

KDAAT young persons services will work with community safety to explore joining up resources to contribute to crime and disorder reduction partnerships.

KDAAT young persons services have restructured services to pilot a system, which reduces travel of practitioners through a locality based role, rather than a tiered role. KDAAT will monitor the impact on travel costs.

All service specifications will undergo an equalities impact assessment and include a diversity statement

Statutory and voluntary organisations will sign up to a Kent wide information sharing protocol in line with new Home Office guidelines

KDAAT will continue to be represented at the Crime and Disorder Reduction Partnerships (CDRPs) substance misuse reference group meetings