



**Community and Wellbeing Scrutiny  
Committee**  
9 July 2019

**Report from the  
Director of Public Health**

**Substance Misuse Service**

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	0
<b>Background Papers:</b>	0
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## **1.0 Purpose of the Report**

1.1 This report provides an account of substance misuse services in Brent. It covers the Integrated Treatment, Recovery, Wellbeing and Substance Misuse service model and the commissioning arrangements by Brent Council Public Health. The performance of the provider, Westminster Drugs Project (WDP) with Central North West London (CNWL) NHS Foundation Trust as the clinical partner, is described. The work of B3, the service user council for Brent entirely run for and by local residents who have been directly affected by problematic drug and alcohol misuse, is described.

## **2.0 Recommendation(s)**

2.1 Members of the Scrutiny Committee are recommended to note the treatment and recovery services available to residents with problems of drug and alcohol.

## **3.0 Detail**

3.1 **Background:** Specialist drug and alcohol treatment and recovery services offer a wide range of interventions to support people to recover from drug and alcohol

dependence. These include referral to inpatient detoxification and residential rehabilitation (where appropriate); opiate substitute prescribing (often referred to as secondary prescribing); Employment, Training and Education (ETE) support; peer mentoring and peer led support; and access to Mutual Aid / Fellowship groups such as Alcoholics Anonymous and Narcotic Anonymous.

- 3.2 The responsibility for commissioning substance misuse services transferred from the NHS to local authorities on 1<sup>st</sup> April 2013 as a result of the Health and Social Care Act (2012). Services are commissioned by the Public Health team and funded by the Council's public health grant. Inpatient detoxification and residential rehabilitation are agreed on a case by case basis by the Head of Service working with New Beginnings. These services are funded through the grant but are not provided locally; clients are referred to a range of external providers such as Brook Drive, Passmore House and Streetscene. Mutual Aid Groups (Alcohol Anonymous etc.) meet regularly in Brent and form part of the local recovery system but are not commissioned.
- 3.3 Year on year reductions have been made in the public health grant which has reduced by 7.5% (£1.685 million) since 2015. Drug and alcohol services are not mandated, unlike sexual health or 0-5 services which authorities have a statutory duty to ensure are provided. This, combined with the continued reductions in the public health grant, has led, some local authorities, particularly outside London, to make significant cuts in drug and alcohol services. In Brent service redesign, close working with providers, service user's engagement and robust commissioning has meant to date we have been able to preserve services while reducing cost.
- 3.4 Increasingly, with the introduction of Universal Credit, access to welfare rights and advocacy has become a key element in maintaining well-being and recovery and now forms an important component of services.
- 3.5 The National Drug Strategy (2017) estimates that 45% of all acquisitive crime is committed by people dependent on opiates and/or crack (the two drugs which cause the most damage to local communities). An estimated 40% of all violent crimes nationally are alcohol related. Drug and alcohol misuse are also directly related to child protection, abuse of vulnerable adults, anti-social behaviour and domestic abuse
- 3.6 There is evidence that being in treatment has marked impacts on the wider health and social care economy, as well as on levels of offending. The National Drug Strategy (2017) emphasises that evidence based drug and alcohol services support improvements in health, reduced drug and alcohol related deaths, reductions in blood borne viruses, improved relationships and reduced wider social harms. The National Modern Crime Prevention Strategy (2016) focused on the need for effective treatment, early intervention and prevention alongside enforcement strategies in order to mitigate the impact of drug related crime and related anti-social behaviour. Substance misuse services in Brent have always been required to demonstrate to Public Health commissioners how they contribute to these wider societal agendas.

3.7 **Local patterns of drug and alcohol use:** Local substance misuse services are required to participate on the National Drug Treatment Monitoring System (NDTMS). This provides anonymised reports to commissioners which enable us to monitor and benchmark the performance of local services, as well as providing some insight into local patterns of drug and alcohol misuse. NDTMS gives a clear picture of who is in the treatment system locally and also estimates the numbers of substance misusers outside of the treatment system who are yet to enter services, often referred to as the ‘treatment naïve’ population.

3.8 NDTMS categorises services users according to their primary substance(s) of misuse, there being four categories:

- Opiates
- Non opiates (crack cocaine, cocaine)
- Alcohol
- Alcohol and non-opiate

Public Health England (PHE), who analyse the NDTMS returns, estimate that there are:

- 2,310 opiate and/or crack users in Brent
- 1,752 opiate users
- 1,331 crack users
- and 3,169 problem alcohol users.

These are mid-range figures based on lower and higher confidence intervals and suggest that approximately only a third of active drug users are engaged with treatment service and only a fifth of problematic alcohol users according to data provided through NDTMS.

National figures for 2017/18 would suggest that the percentage of unmet need is as follows

- Opiates 64% locally against a national average of 59%
- Non opiates (crack cocaine, cocaine) 65% against a national average of 62%
- Alcohol 80% against a national average of 82%

There are many barriers to substance misusers accessing treatment, not least an individual’s willingness to recognise they have a problem and need help. Locally we endeavour to minimise these barriers, for example there are no waiting times to access treatment in Brent.

The most recent local NDTMS data available is for Q4 2018/19. This showed that:

- 1090 local residents were engaged in structured treatment services of which

- 274 (25%) were primary alcohol users
- 152 (13.9%) were alcohol and non-opiate users
- 557 (51%) were opiate users and
- 107 (9%) were non opiate users.

The most recent national figures for comparison are for 2017/18 and show the breakdown of those in structured treatment is as follows:

- 28% were primary alcohol users
- 10% were alcohol and non-opiate users
- 53% were opiate users and
- 9% were non opiate users.

There were 485 new presentations to structured treatment services in 2018/18 of which:

- 178 (36.7%) were primary alcohol users
- 83 (33.3%) were alcohol and non-opiate users
- 167 (34.4%) were opiate users and
- 57 (11.7%) were non opiate users.

This means 1.3 residents per day in Brent enter into structured treatment intervention for their problematic substance misuse behaviour.

National 2017/18 figures show the breakdown of new presentations to structured treatment is:

- 40% were primary alcohol users
- 15% were alcohol and non-opiate users
- 32% were opiate users and
- 13% were non opiate users

**3.9 The development of the New Beginnings Service:** Following the transfer of responsibility for public health to the Council, the inherited substance misuse services were recommissioned in 2014. Six contracts - for Treatment and Recovery Services, Outreach & Engagement, Counselling and Day Programme, Criminal Justice Services and a Young People's Integrated Service - were awarded through a competitive tender on a two plus one plus one basis commencing 1<sup>st</sup> April 2015. At that stage, the individual components of the treatment and recovery system were commissioned and contracted for separately. This allowed individual provider organisations with different specialisms to provide different elements. The Clinical Prescribing contract was awarded to CNWL, an NHS Foundation Trust, all other contracts were awarded to third sector organisations.

**3.10** Contracts were extended for 2017/18 following strong performance by the providers. In response to the reduction in the public health grant, the contract value was re-negotiated and commissioners secured a 10% cash releasing saving from the contract extension with the third sector providers.

- 3.11 During 2017/18 the substance misuse services were recommissioned. The new service model was developed in conjunction with B3 and with regard to local need. The objectives for the new Integrated Treatment, Recovery, Wellbeing and Substance Misuse Service were specified as:
- To provide high quality evidence-based community based addiction treatment for adults with drug and alcohol dependence (and other co-morbidity issues),
  - To reduce substance misuse related harm and enable clients to tackle their dependence on drugs and alcohol and promote pathways to abstinence and recovery
  - To promote health, well-being and recovery amongst clients and their families
  - To enable heroin and crack users to become drug free from these substances.
- 3.12 The new specification responded to areas of local new or under meet need, for example services specifically for older users and for women and extended opening hours (10.00 am to 7.00 pm from Monday to Friday backed by 24/7 helpline). The new service model Included an improved “health and wellbeing” offer which includes clinical prescribing but also includes smoking cessation, opt out HIV testing and screening for / vaccination against blood born viruses. alongside a treatment and recovery model aimed at supporting people from addiction through to abstinence based recovery pathways.
- 3.13 Extensive market engagement took place during 2017/18 as a result of which commissioners had confidence that the market could respond to a tender for a single contract for an integrated service to replace the previous 6 separate contracts. Commissioners preferred this model as having the potential to introduce efficiencies through the sharing of “back office” functions while retaining client facing services.
- 3.14 The new service model also rebalanced the spilt between the more expensive clinical services and non-clinical elements (for example outreach, criminal justice services and recovery support).

Service users were fully involved in the development of the new service specification.

- 3.15 The contract for the redesigned Integrated Treatment, Recovery and Wellbeing Substance Misuse Service was tendered using the Competitive Procedure with Negotiations arrangements and awarded to WDP. Bids were evaluated on quality (40% weighting), social value (10% weighting) and price (50%). WDP partnered with CWNL NHS Foundation Trust to deliver the clinical elements of the new service. A four-year contract was awarded with the potential to extend for 2 further years, until 31<sup>st</sup> March 2024. Savings of 17.5% were achieved through negotiation on contract extension and through the procurement exercise, this equates to an average of £500k per annum on the original budget. The total value of the contract including any options to extend is £21,067,007.

- 3.16 B3 were involved in the design workshops to look at how services were to be bought together into a single service. This informed the service specification which included a section on how the new service would develop the “service users view” entirely written by B3 members. Members of B3 were involved in the evaluation of bids. Their involvement contributed to a more robust evaluation. However, it did require a significant commitment by B3 members and required both commissioners and the Council’s procurement team to be able to provide support and training which needed to be factored into the procurement timeline.
- 3.17 The commissioning process resulted in a service specification which better met need and delivered savings. It also resulted in a change from the previous five providers to a single lead third sector provider subcontracting with a clinical NHS service. Any change in service provider and in service design can be unsettling for service users. Therefore, following contract award, commissioners and WDP worked with B3 on the mobilisation of the new contract and the transition of clients to a new provider. This was an intensive process over several months.
- 3.18 WDP consulted B3 members of the branding of the new “Integrated Treatment, Recovery and Well Being Substance Misuse Service” with the result that the service is now “New Beginnings”.
- 3.19 New Beginnings Service covers two sites: Cobbold Road, which is the community hub, and Willesden Centre for Health and Care, where the majority of clinical services are provided, (although there is clinical outreach at Cobbold Road). The service is open 10am to 7pm Mondays to Fridays with staff in the Wembley custody suite 7 days a week and outreach work in the early morning and late evenings. The service is also supported by a 24/7 helpline (**0800 107 1754**) which is available to any Brent resident directly or indirectly affected by substance misuse.
- 3.20 The service includes a shared care scheme where clients receive the majority of their care from primary care with clinical support and advice from New Beginnings. Clients on this scheme will usually be on stable substitute prescribing and often have other chronic conditions which are suited to primary care management. It is anticipated that more clients will be supported across primary care in future through the development of outreach, pop up clinics and satellite provision over the next year which will support an aging cohort of substance misusers.

Services provided by New Beginnings include;

- Information, advice, support, assessment and drop-in
- One-to-one key working
- Needle exchange and harm reduction services
- Substitute prescribing
- Group work programmes (including abstinence and evening groups)
- Access to inpatient detoxification and residential rehabilitation

- Women-only groups
- Health assessments and blood born virus screening & vaccination
- Counselling and psychology
- Self-help and mutual aid groups
- Aftercare services
- A health and wellbeing service for people who use substances at lower levels, including alcohol, club drugs, cannabis and cocaine
- Education, training and employment (ETE) support
- Family and carer's support and advice
- Reducing offending and gang affiliation
- Sexual health advice
- Integrated Offender Management (IOM)
- Restrictions on Bail (RoB)
- Prison, Probation and Court Link Work

3.21 While many features of the new service model have been specified by commissioners, the provider has also introduced innovations in service delivery, notably WDP's Capital Card. This is a reward card for service users, families and carers of WDP services which incentivises service users' engagement through a simple earn-spend points system, akin to a Tesco Club card or a Boots Advantage Card. Clients can earn points by accessing services that support improved health and wellbeing, they can then spend these points on products and services such as gym sessions, cinema and theatre visits, hair and beauty salons, cafés and coffee shops. WDP also provide regular points-based services, such as day-trips, weekend retreats, classes and groups.

3.22 Public Health and WDP had recently been successful in a bid to Public Health England for £188k of capital funding. This will be used to renovate the communal and reception areas across both the Cobbold Road and Willesden sites (a priority for B3 members), an app for those in employment, and for a Fibro Scanning Machine which detects early liver damage caused by alcohol.

3.23 **B3: be heard, be motivated, be free:** B3 is the service user council for Brent. It was formed in 2009 by people using local drug and alcohol treatment services who wanted to help themselves and others facing the same day to issues around addiction and recovery. B3 is an entirely peer led service, run for and by local residents with approximately 120 - 130 members and an expanding volunteer base.

B3 aims to:

- raise awareness of drug and alcohol issues through information and education
- provide a voice and support for service users in Brent
- improve services in Brent through community feedback, partnership work, training and service user involvement.

3.24 B3 run the BSAFE weekend service at Cobbold Road - at weekends, B3 are the custodians and key holders for the building. "BSAFE" stands for safe

access for everyone and is a volunteer run out of hours' weekend service for individuals with substance misuse problems and/or engaged with recovery services. Weekends are a period where people can feel particularly isolated and BSAFE offers both support to maintain recovery and a route into treatment, a number of service users have accessed treatment after using the weekend service. The service operates on both Saturdays and Sundays and is regularly attended by 50-70 service users. Brent is one of the few London Boroughs that has a weekend service on both Saturday *and* Sunday.

3.25 B3 are also commissioned by Public Health to run a Recovery Champions course. This runs four times a year and participants study for two days a week for 5 weeks focusing on:

- Drugs & alcohol advice, support & consultancy.
- Presentation & communication skills.
- Self-development to build participants' confidence in working and learning together.
- The development of essential skills such as health & safety, confidentiality, personal values, boundaries, safeguarding and communication skills.
- To continue their development on the role of recovery champions and where they can signpost and refer other local residents to help and support services such as New Beginnings.

3.26 In 2018, B3 was recognised in the Brent Council "Pride of Brent" Awards as Community Project of the Year, with Radha Allen, B3's Project Manager being awarded Champion of the Year. The service has also been recognised as a national model of good practice by Public Health England (PHE) for involving service users in the development of treatment and recovery services. B3 sit on the London Service User Council for Drugs and Alcohol chaired by PHE London and regularly appear at national forums to talk about the work they undertake in Brent. In May 2019 B3 celebrated its 10<sup>th</sup> anniversary and the 8<sup>th</sup> anniversary of the launch of the BSAFE weekend service.

3.27 B3 are involved in the development and delivery of the contract as members of the Contract Management Board where they have the status of an equal stakeholder alongside public health commissioners and consultants and the service provider.

### **3.28 Performance 2018/19:**

The New Beginnings service was fully mobilised by 1.04.18 as a result of the detailed pre-contract mobilisation work undertaken by Public Health, WDP and CNWL with support from B3.

With the change in service provider there was a transfer of staff, clients and case files from across 5 organisations into a single performance management and reporting system to be led by WDP. As was expected the transfer led to a temporary drop in performance.



However, performance is improving and across a number of areas remains higher than the national average.

Key areas of performance Q4 2018/19 from NDTMS (the most recent figures):

- **Successful completions as a proportion of all in treatment:** (more is better)
- Opiate clients: local performance **9.3%** against national performance **6.0%**
- Non-opiate clients; local performance **37.45%** against national performance **35.2%**
- Alcohol clients: local performance **42%** against national performance **37.8%**.
  
- **Treatment completed/retained for 12 weeks or more:** (more is better)
- Opiate clients: local performance **94.9%** against national performance **94.5%**
- Non-opiate clients: local performance **94.2%** against national performance **84.7%**
- Alcohol clients: local performance **94.2%** against national performance **86%**.
  
- **Unplanned Exits:** (fewer is better)
- Opiate clients: local performance **14.6%** against national performance **16.7%**
- Non-opiate clients: local performance against **8.2%** national performance **18.8%**
- Alcohol clients: **4.3 %** local performance against national performance **13.6%**
- Alcohol and non-opiates: local performance **9.2%** against national performance **17.9%**.
- **Waiting times:** There were no recorded waiting times recorded for clients waiting to start first intervention.

Areas for improvement include increasing the numbers engaging with the local system against a national trend of declining numbers engaged in treatment services. Public Health will also be working to support the New Beginnings Service in improving performance on Blood Borne Viruses (BBV) including the Mayor for London's vision to eliminate Hepatitis C in London.

**3.29 Partnership working-** In addition to delivering treatment and recovery services, WDP participate in a range of operational and strategic partnership working with Brent Council and others. These include:

- A co-located social worker working with both CYP and ASC
- A co-located young people's worker in the Youth Offending Service
- The Working with Families programme
- Integrated Offender Management / Reducing offending
- Work to address Gangs and to reduce serious youth violence

- The Multi Agency Risk Assessment Conference (MARAC)
- The Violence against Women and Girls work stream
- Work to address the impact of the sex industry and prostitution
- The Multi Agency Sexual Exploitation Group (MASE)
- The Student Health and Well Being Group
- The Alcohol Pathways Group
- Outcome Based Reviews

3.30 **Final Comment** - The move to an integrated service for substance misuse, the service redesign and successful tender for the New Beginnings service which went live on 1<sup>st</sup> April 2018 have led to a more seamless treatment journey for those that need help and support with drug and alcohol problems.

3.31 The key challenge in year two of the contract will be to further improve outcomes and KPIs. In particular, given the accessibility of the service and the positive outcomes it achieves we need to increase the numbers of people presenting to or being referred to the service.

3.32 Public health will also be focussing on the performance management of the wider public health outcomes in the contract, such as Blood Born Viruses, particularly Hepatitis C where we need to increase referrals for treatment. Another focus will be the Employment Training and Education opportunities for those engaged in the service, including supporting the work of new NWL Individual Placement and Support (IPS) where WDP are also the main provider.

3.33 The approach that the Council has taken to substance misuse provision in Brent has attracted national and international interest. This has included visits from Kenya, Sweden and the Netherlands in 2017. Duncan Selbie, Public Health England CEO, also visited Cobbold Road Treatment and Recovery Centre in 2017 and was extremely positive in relation to the joint working between local services and service users in improving the treatment System. More recently in June 2019, there was a high profile visit by senior civil servants and advisors to the Cabinet who came to look at the local implementation of the IPS service and how good practice was being developed to enable service users to access support with employment and training. Brent continues to be regarded as a model of good practice nationally in relation to how service users are involved in the development of local services

#### **4.0 Financial Implications**

4.1 There are no financial implications arising from this report.

#### **5.0 Legal Implications**

5.1 There are no legal implications arising from this report.

#### **6.0 Equality Implications**

6.1 There are no equality implications arising from this report.

## **7.0 Consultation with Ward Members and Stakeholders**

- 7.1 Ward members who are members of the Community and Wellbeing Scrutiny Committee will be involved in scrutinising this report at committee.

### ***REPORT SIGN-OFF***

***Dr Melanie Smith***

Director of Public Health