

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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SUBSTANCE MISUSE SERVICES (TREATMENT AND ENFORCEMENT) UPDATE

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1. Summary

- 1.1. This report sets out the recent developments in Substance Misuse Treatment Services. It provides an overview of the mobilisation of a new contract and service provider to support Medway residents affected by substance misuse. The report also offers a high-level overview of the collaboration between criminal justice and treatment services to address the wider impacts of substance misuse on society.

2. Recommendation

- 2.1 The Committee are asked to review the contents of this report.

3. Budget and policy framework

- 3.1. All substances present some level of risk, but some carry more jeopardy than others. Treatment for problematic substance use is often framed in one of two ways. The abstinence agenda or the harm reduction agenda. The former seeks to support or prevent people from using substances through, for example, peer support (12 steps programmes), legislation (Misuse of Drugs Act 1971) and current drug strategies. The latter acknowledges that, while in some cases unlawful, people use substances so the primary focus is to prevent additional harms. This may be through interventions such as opiate substitution therapy, needle and syringe programmes, and educational awareness (e.g., Talk to FRANK). The primary focus (prevention or harm reduction) can be fluid and is generally informed by the nature of political debate and the actual or perceived harm be caused to individuals or society by the various substances.

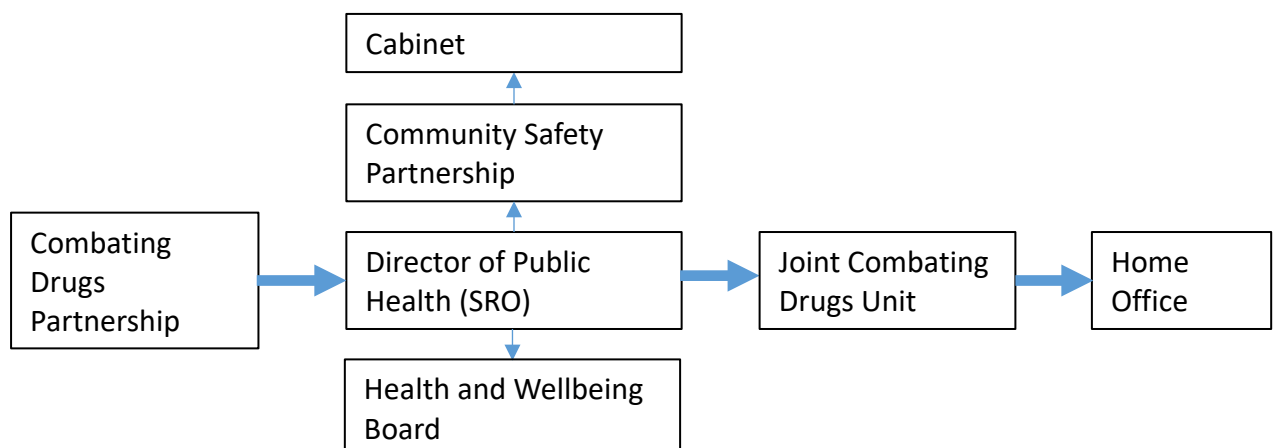
- 3.2. The two key pieces of legislation which establish drug offences in the UK are the 1971 Misuse of Drugs Act (MDA) and the 2016 Psychoactive Substances Act. The UK Government launched its 2017 Drug Strategy with the stated aims to promote effective partnership working between health and social care, the criminal justice system, housing and employment support. The strategy was framed around the following themes: reducing demand, restricting supply, building recovery, and global action. It reiterated the pivotal role of local authority public health teams in building and sustaining substance misuse services. In July 2021, the government published its initial response to a review of the national drugs policies by Dame Carol Black.
- 3.3. The government released From Harm To Hope: a 10-year drug strategy that focussed on cutting crime and saving lives associated with substance misuse, in December 2021. The strategy required local systems to establish mechanisms by which they could demonstrate progress was being made to break supply chains and deliver world-class treatment and recovery systems. The aim being to achieve a generational shift in the demand for drugs within the UK.
- 3.4. June 2022 saw the release of guidance to local delivery partners, which included the requirement to establish a local Combating Drugs Partnership. This has been completed in Medway, the Senior Responsible Owner (SRO) is the Director of Public Health, James Williams.
- 3.5. In July 2022 the Home Office published a White Paper for consultation entitled "[Swift, Certain, Tough: New consequences for drug possession](#)". At the time of writing this report, the Home Office webpage indicates that feedback to this consultation was being analysed, with no date for the publishing of the consultation findings.
- 3.6. The budget that funds the core Substance Misuse Treatment Services in Medway, comes from the ringfenced Public Health Grant. There is also a contribution from the office of the Kent and Medway Police and Crime Commissioner.
- 3.7. Since 2021 a [Supplementary Substance Misuse Treatment and Recovery Grant](#) has been made available to Medway from the Office of Health Improvement and Disparities (OHID). This grant has been ring-fenced to improve treatment and recovery systems. There are specific requirements associated with the spending of this grant. The council must comply with a menu of interventions set by OHID, including increasing inpatient detoxification capacity.

4. Background

- 4.1 Adult Substance Misuse Treatment Services are commissioned by Medway Council and have been done so since the public health duties were conferred on local authorities as part of the Health and Social Care Act 2012. To date there have been three providers of treatment services; KCA UK, Turning Point and now Forward Trust. Open Road have worked alongside Turning Point and

Forward Trust to deliver recovery services. There are a number of services commissioned to support young people to address substance use, promote education, harm reduction and treatment. These are not covered by this paper as the focus is on the new Adult Treatment Service.

- 4.2 Adult Treatment services use a mixture of medication, groups, one to ones, and other interventions to reduce the harms of alcohol and other drugs. The aim is to engage with those not currently in treatment, stabilize their substance use, and through a reduction plan work toward abstinence. The [UK guidelines on clinical management](#) provide the framework for pharmacological and psychosocial interventions.
- 4.3 Recovery services help a person to maintain their reduced substance use or abstinence. This will involve learning new skills for life, employment and foster wider community engagement.
- 4.4 Successful completion of treatment trends are available through the OHID publicly available website as part of the Public Health Outcomes Framework. These include [Successful completion of drug treatment \(Opiates\)](#); [Successful Completions of drug treatment \(non-opiate\)](#); [Successful completion of alcohol treatment](#); and [Deaths from drug misuse](#). Public health teams also have access to other restricted, non-publicly available data sets that are used to monitor performance and impact.
- 4.5 In 2022 the contracts with Turning Point and Open Road were coming to an end and a procurement exercise was undertaken. The successful bidder was The Forward Trust as the lead provider with Open Road delivering the Recovery element of the contract. The new service is branded as [RIVER](#) (Responsive, Inspirational, Visible, Empowering and Recovery-Oriented). The new contract started on 1st April 2023 and is for 3+1+1 years. The service is still being delivered from the existing hub premises at 423 High Street Chatham with the intention to find a more suitable premises as soon as possible.
- 4.6 A significant development during the procurement and subsequent mobilisation was the council, and wider system's response to the 2021 Drug Strategy and the establishing of the Medway Combating Drugs Partnership (CDP). Governance for the CDP is as follows:



4.7 The CDP has good representation from across the system and includes the following relevant to treatment and criminal justice:

- Police (Local and County)
- Probation Service (Local and Regional)
- Prison Service Regional Drug Lead
- Substance Misuse Treatment Providers (Community and Prison)
- Third sector organisations
- Integrated Care System
- NHSE Health and Justice
- Office of the Police and Crime Commissioner
- Public Health

4.8 The CDP monitors progress of the system towards the objectives of the 2021 Drug strategy and promotes collaboration to solve complex issues.

5 Description of substance use treatment services

5.1 RIVER, a description of the commissioned service, the priorities and methods of delivery.

The service model includes support for five groups of people:

- People who use substances recreationally
- People for whom substance use is becoming increasingly problematic
- People for whom substance use is problematic
- People who face severe and multiple disadvantage
- People who support others

5.1.1 **People who use substances recreationally** and for whom there are currently no apparent adverse effects. To enable self-managed care, the service will provide psychosocial education, information and guidance provided online. This will include self-audit/self-help digital interventions which will be promoted via awareness campaigns. The service will make resources available to the wider system that will enable them to signpost into the service. There will also be training for the wider workforce to deliver brief interventions for the most commonly used substances e.g. alcohol, cannabis.

5.1.2 **People for whom substance use is becoming increasingly problematic** will be supported by easily accessible and targeted interventions. There will be an online chat service offering accessible guidance, some of which will be delivered by people with lived experience and will be delivered in a non-judgmental manner. Psycho-education and harm minimisation techniques will be taught to prevent further escalation of use. Extended brief interventions, including digital programmes, or face to face will seek to help the person understand the reasons behind their substance use. Diversionary activities will provide people new opportunities to build new routines, including peer-led activities; arts and crafts; music groups; and mutual aid groups such as Alcoholics Anonymous.

People will also have access to the Forward Connect recovery community, a blend of online and face to face resources offering ongoing support. People can engage at a level that best suits their need.

- 5.1.3 **People for whom substance use is problematic** will be supported through structured pathways (opiate, alcohol and non-opiate) to provide tailored treatment. A 'Recovery Village' approach, where there is close collaboration between partner agencies, will enable service users to access holistic care from a broad range of partners including mental health, housing, Job Centre Plus, probation and other health care providers.
- 5.1.4 Peer support volunteers who have lived/living experience will provide evidence of visible recovery and will act as inspiration to those who are earlier in their treatment journey. The service will hold Visible Recovery Workshops and testimonies (talks, videos and case studies) to provide motivation and enable them to reinforce the progress they have made so far.
- 5.1.5 The service will be flexible and offer easy access for example clinical drop-ins without an appointment will be offered to service users who find it difficult to attend appointments. All service users will have disengagement plans prompting outreach workers and peers to reengage. Forward Connect will be available to this group of people.
- 5.1.6 **People who face severe and multiple disadvantages** will also face additional barriers to services. It is unrealistic for this group to attend formal structured approaches and therefore the model will emphasise "Taking services to where people are". Outreach and in-reach to other organisations that offer support will enable the service to engage and deliver treatment. This will include collaboration with projects such as the Rough Sleepers Initiative, Soup Kitchens and third sector organisations, criminal justice systems, and others who have regular contact with this group and can act as gatekeepers.
- 5.1.7 Medway HOPE is a project led by people with lived/living experience to ensure people who use opiates have easy access to Naloxone, an overdose prevention drug'. These volunteers also offer training to professionals.
- 5.1.8 The service will build motivation to engage in treatment and will always celebrate small gains and will work closely with the established multi-disciplinary teams such as the Blue Light project, Medway Vulnerability Panel, Medway Making Every Adult Matter Project and the Integrated Care System (ICS) led Integrated Locality Review. People with co-occurring conditions of mental ill-health and substance use will be supported using the Kent and Medway protocol to ensure collaborative and supportive working.
- 5.1.9 **People who support others** are in a unique position to provide ongoing support and care. Friends, family and professionals often play a key role in people's treatment and recovery, however they can be overlooked and under supported. The service will employ a family and safeguarding lead who will provide support, information and guidance to friends/family. Friends/families will be encouraged to be involved in the service user's treatment journeys and will be offered programmes to directly support and upskill themselves. There

will also be comprehensive training and support for professionals on substance misuse awareness and brief intervention tools that are available. There will be wide promotion of screening tools and self-help resources to raise awareness.

5.2 Description of Criminal Justice and Enforcement

Enforcement of laws remains the responsibility of police and it is important that there is a clear demarcation between treatment and law enforcement. Provisions within the 2021 Drug Strategy mean that enforcement can be used to restrict supply and there are direct engagement links through the criminal justice system into treatment.

5.2.1 Drug Testing on Arrest (DToA)

On arrest for a trigger offence and subsequent detention, a detainee is tested with an approved device for traces of Class A illicit substances, specifically opiates and or cocaine within their system. If the test is positive, then they are referred to their local drug treatment provider for assessment and where required receive on-going treatment.

5.2.2 Trigger offences include some offences under the Theft Act 1968, Misuse of Drugs ACT 1971, Fraud Act 2006, and the Vagrancy Act 1824.

5.2.3 The Kent Police Strategic Partnerships team, have been actively promoting the use of DToA in custody suites. This has resulted in a significant increase in people testing positive. The majority of positives have been for Cocaine use. Police are looking to purchase a case management system for use across Kent and Medway that increase the record keeping and legal consequences of someone not accepting the support offered. Police are also looking to develop an education package for people who do not require treatment but would benefit from a brief intervention to address their recreational drug use.

5.3 Criminal Justice Liaison and Diversion

5.3.1 Criminal Justice Liaison and Diversion Service (CJLDS) is delivered by Kent and Medway NHS Social Care Partnership Trust (KMPT) and commissioned by NHS England (NHSE) Health and Justice. CJLDS aims to provide early intervention for vulnerable people as they come to the attention of the criminal justice system. The service is voluntary and it is likely that some who do have a support need, will reject the service and any offer of help. CJLDS provide a prompt response to concerns raised by the police, probation service, youth offending teams or court staff. It provides critical real-time information to decision-makers in the justice system when it comes to charging and sentencing vulnerable people. CJLDS also acts as a point of referral and assertive follow up for services users to ensure they can access, and are supported to attend, treatment and rehabilitation appointments. In this way, CJLDS are expected to help reduce reoffending and unnecessary use of police and court time, ensure that health matters are dealt with by healthcare professionals, and reduce health inequalities for some of the most vulnerable in society. Medway custody suite is one of the busiest in Kent with the service

engaging with approximately 300 people each quarter. Of those 300, approximately 13% self-disclose as having a substance misuse need (although the actual level of need is likely to be higher). There is possibly a reluctance by some to self-disclose due to lack of confidence, perceived stigma and any impact the disclosure may have in any court proceedings. Others may be too intoxicated for an assessment and then released outside of the CJLDS hours.

5.4 Alcohol Treatment Requirement (ATR) / Drug Rehabilitation Requirement (DRR)

5.4.1 There has been increased attention on the use of and pathways for ATR/DRRs. This work has been driven forward by the Regional Probation team. ATR/DRRs can be issued by courts as an alternative to a custodial sentence. They require an individual to engage in, and complete, a course of treatment instead. The requirements form part of someone's court sentence. Failure to comply with the requirement would be regarded as a breach and the person could be recalled to court. As part of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) funding, Public Health have provided resources to the Forward Trust to recruit a Criminal Justice Outreach Worker. This worker will provide links between the treatment service and the courts. Workshops were held in March bringing together partners to understand barriers and establish good practice. The protocols have been reviewed and are awaiting signoff by all partners. An implementation plan will be established with strategic and operational groups led by Regional Probation and Medway Public Health. A dashboard will be used to monitor activity levels and progress to targets set as part of the Drugs strategy.

5.5 Continuity of care between custody and community

5.5.1 A key measurable for both Community and Prison treatment services is the percentage of people who were accessing treatment in prison who successfully entered treatment in the community upon release. This is referred to as the Pick-Up Rate. The 2021 Drug Strategy sets a target of 75% of people who are accessing treatment in a secure setting being picked up and engaged in community services. Medway has had higher pick-up rates than both Regional and National averages. Latest available data indicates that Medway services are achieving 52.9% successful pickups compared to 32.3% Regional and 34.5% National. The Combating Drugs Partnership will be monitoring progress toward achieving the target, holding partners to account, and setting specific actions where needed. The partnership will use the [Continuity of Care from prison to community self-assessment tool](#) to identify strengths and areas for development.

5.6 CJLDS RECONNECT

5.6.1 The RECONNECT service is commissioned by NHS England Health and Justice under the CJLDS contract with KMPT. The aim of this service is to provide enhanced support for prison leavers as they reconnect with the

community. Up to 12 weeks prior to release, RECONNECT work in partnership with prison support services to create individual care plans for people who have a mental health, health or psychosocial need, or who use substances problematically. Upon release, the RECONNECT specialist staff and lived experience workers continue to provide support for up to 6 months with the aim of helping services users access mental health services, substance use services, healthcare services (such as GPs) and receive help for social care and social needs. The service also provides specialist workers for women and neurodiverse individuals. Currently, the service is established in HMP Elmley with a plan to roll out to all Kent and Medway prisons. The service accepts transfer referrals from other RECONNECT services nationally if the person is returning to Kent or Medway including for returning Kent females from HMP Bronzefield which is part of RECONNECT Surrey.

6 Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Reduction in supplementary funding will; affect service delivery	The additional SSMTRG funding has not been guaranteed beyond 2025. This may mean the overall service delivery will need to be reduced if funding levels are not maintained	Provider was asked to demonstrate flexibility in service delivery as part of their tender documents. Discussions have been and will continue to be transparent with the provider about funding.	B2
Suitable Hub premises are proving difficult to find	The new provider has experienced difficulty finding a new hub premise. The current premises at 423 High Street is unsuitable due to the building layout. There are a limited number of suitable premises up for rent. The relatively short contract length would make it impractical to	Commissioners are supporting provider in the premises. As part of the procurement process funds to support premise transformation was included meaning the provider can afford to look at premises that may need adaptation	A2

Risk	Description	Action to avoid or mitigate risk	Risk rating
	purchase a premises.		
People with co-occurring conditions receive inequitable service	Thresholds in service referral processes may result in barriers for people with some mental health disorders (e.g. PTSD, Anxiety, depression, personality disorders) and who use substances.	Co-occurring Conditions protocol being re-written and re-issued in partnership with KCC and KMPT. Additional monitoring of impact will be conducted by Medway Public Health and concerns will be highlighted to CDP and HASC.	A2

Likelihood	Impact:
A Very high B High C Significant D Low E Very low F Almost impossible	1 Catastrophic (Showstopper) 2 Critical 3 Marginal 4 Negligible

7 Consultation

- 7.1 Service users have been involved with the design of the service model and wishes for the premises. The links built through the Combating Drugs Partnership have enabled views from partner agencies to be gathered.

8 Climate change implications

- 8.1 [The Council declared a climate change emergency in April 2019](#) - item 1038D refers, and has set a target for Medway to become carbon neutral by 2050.
- 8.2 As part of their Social Impact the provider pledged to promote the use of electric vehicles and public transport. The outreach workers will use bicycles for 75% of their outreach journeys. The service hub will be refurbished to include energy efficient appliances and lighting. The hub will become a Refill Medway point to encourage the use of refillable water bottles.

9 Financial implications

- 9.1 There are no financial implications as a direct result of the recommendations in this report.
- 9.2 The Adult Substance Misuse Treatment Service is funded through the Public Health Grant, a contribution from the Office of the Police and Crime Commissioner, and the OHID allocated Supplementary Substance Misuse Treatment Grant (SSMTRG). The contract value is £8.114million for the initial 3 years (c£2.705million per annum). To support the move to a more suitable premise £250k has been allocated from Public Health reserves. At the procurement stage the provider gave assurances that the service could be scaled should SSMTRG funding be reduced.

10 Legal implications

- 10.1 There are no legal implications of this update.

Lead officer contact

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Appendices:

None

Background Papers:

None