



Health and Adult Social Care Overview and Scrutiny Committee

18 June 2024

Substance Misuse Treatment Services Update

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Summary

This report presents the update requested by Overview and Scrutiny on 22 August 2023. It contains data that outlines the impact of the new adult substance misuse treatment service. It also details the work taking place to develop a collaborative approach with criminal justice partners, and work to improve the continuity of care between prison and community for people who use substances.

1. Recommendation

1.1. The Committee are asked to note the update report and note the risks to service delivery presented by uncertainty around medium to long-term funding.

2. Budget and policy framework

2.1. The core Substance Misuse Treatment Services in Medway is funded from the ringfenced Public Health Grant. There is also a contribution from the Office of the Kent and Medway Police and Crime Commissioner. Additional funding has been made available from the Office of Health Improvement and Disparities (OHID) through the Supplementary Substance Misuse Treatment Grant (SSMTRG) and the Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG). Both the SSMTRG and the RSDATG funding are due to end March 2025, with no decisions made or assurances given to local authorities by OHID on the funding beyond 2025.

2.2. The multi-agency Combatting Drugs Partnership (CDP) oversees the strategic response to the national Harm to Hope Drug Strategy published in 2021. The service and activities reported here contribute to that response.

3. Background

3.1. On 22 August 2023 a report was presented to Overview and Scrutiny that detailed the new treatment service and the links with enforcement. The report author was asked to bring a service update once the newly commissioned service was established. They were also asked to update the Committee on the use of the [Continuity of Care from prison to community self-assessment tool](#).

3.2. The mobilisation and launch of the newly commissioned community treatment and recovery service went well and the service is now established as a hub and spoke model. The main hub is at Kingsley House Gillingham with the spokes currently operating from Rochester and Chatham. The service also delivers outreach to take services to where people are.

3.3. Update on service activity

3.3.1. The treatment service saw approximately 1190 people in structured treatment in the first year, 615 of those were new presentations. This is a slight fall in the number of people in treatment from the 2022/23 baseline, however some disruption to service is always expected because of a competitive commissioning process. After an initial dip from April to November 2023, numbers in treatment have been increasing month on month since December 2023.

3.3.2. The breakdown by substance for those in treatment was: (all values rounded, Local Outcomes Framework Apr 23 – Mar 24)

- Opiates = 220
- Crack Cocaine (no opiates) = 30
- Opiate and Crack Users = 300
- Alcohol only = 400
- Non-opiates and alcohol (no crack) = 150

3.3.3. 48% of those in treatment were showing substantial progress in treatment, this is marginally more than the England average of 47%. "Substantial Progress" includes all successful completions of treatment, or where the person is not using problem substances, or where they have substantially reduced the use of the problem substance. Substantial progress in treatment can be broken down by substance with 60% of opiate clients, 29% Crack, 44% opiates and crack, 51% Alcohol, and 35% of non-opiate and Alcohol (no crack) making substantial progress. All are comparable to the England averages. The progress in treatment rates indicate the complexities of treatment for different substance types.

3.3.4. The Forward Trust have developed strong links with the following organisations and partnerships to support those with interdependent need:

Rough Sleepers Initiative	Outreach support, advice and referral pathways for those with high levels of need.
Supported Housing	In-reach to housing schemes for clients with a substance misuse need.
Medway Multiple Disadvantage Network	A multi-agency network that brings together partner organisations supporting those facing multiple disadvantages, who are most likely to fall between gaps in services and experience premature death. The interdependencies often include substance use, rough sleeping, criminal justice involvement and mental ill-health.
Medway Police	Support Drug Testing on Arrest (DToA) and those in custody where substance misuse is apparent.
Ladies' night / Streetlight UK	Support for women who sell sex by providing harm reduction advice and access to treatment to marginalised groups.
Medway Drug and Alcohol Related Death Panel	Using treatment service data to reduce deaths and disseminate learning
Medway Local Drugs Information System Alerts Panel	Evaluating and disseminating presented evidence to reduce likelihood of overdoses
Multi-agency safeguarding hub	Information sharing to support safeguarding enquiries and support.
Connecting Communities (Prisons)	Auditing those using substances in prisons and creating effective referral pathways into community substance misuse services.

3.3.5. The Individual Payments Scheme (IPS) project is funded through OHID with the aim of achieving sustained employment for people in substance treatment. The contract for the new scheme was awarded to Forward Trust in April 2024 and will support anyone of working age engaged in structured treatment to assist them into jobs that they want, regardless of their stage on the recovery journey. The service has recruited one Senior Employment Specialist and two Employment Specialists who started their roles in May. The first steering group with employment partners, including DWP and Medway Council Employment takes place on the 5th of June, with service expected to start later that month.

3.3.6. In the Medway service, and in other substance misuse treatment providers in England, recruitment difficulties have become a significant issue. While the additional funding from OHID (Supplementary Substance Misuse Treatment

Grant, and the Rough Sleepers Drug and Alcohol Treatment Grant) has been welcome and enabled the service to achieve more, it has had the unintended consequences of destabilising the workforce with an increase in vacancies for both specialist and generalist roles. The service is currently carrying 13 vacancies. The ongoing uncertainty about this funding (only guaranteed until March 2025) has meant that many of the new projects are time limited and the staff employed on temporary contracts. This is a significant risk for the system.

3.4. Overview of selected Combatting Drugs Partnership activities

3.4.1. The Combatting Drugs Partnership (CDP) meets quarterly for updates and to agree priorities / actions, via the strategic action plan and outcomes framework. These actions are then completed via sub-groups or single agencies as appropriate. The CDP reports to the Community Safety Partnership for information.

3.4.2. **Co-occurring conditions evaluation of the existing protocol.** The [joint working protocol for co-occurring conditions](#) provides a framework to support people who are experiencing mental ill-health and substance misuse harms at the same time. Following a recent workshop with key partners, a survey is being rolled-out to understand if there is a shared understanding and consistent implementation of the protocol across Medway. The survey is aimed at frontline staff, primarily working in mental health services, adult social care or community substance misuse (treatment and recovery) services. The project team are looking at effective ways to capture the experiences of people who have been affected by co-occurring conditions. Gaps identified through the evaluation will be added to the Combatting Drugs Partnership strategic action plan.

3.4.3. **Preventing Drug Related Deaths.** A Local Drugs Information System Alerts Panel (LDIS) is called and chaired by Medway Public health where there has been a sudden change in drug overdose trends, or where there are adverse reactions to substances used. Where the evidence indicates, and the anticipated benefits of an alert evaluated, an alert will be issued. This work is supplemented by the regular harm reduction messaging and services to prevent overdoses. Medway Public Health are active members of the South East LDIS group that is seeking to improve the evaluation of evidence and the quality of alerts issued. Two LDIS Alerts Panels have been called in 2024, one for a sudden increase in overdoses among people who use heroin, the other for suspected synthetic cannabinoids in vapes. Neither resulted in a drugs alert being issued, but both resulted in targeted harm reduction and other interventions.

3.4.4. **Learning from Drug Related Deaths.** Medway Drug and Alcohol Deaths Panel is based on guidance from OHID. Deaths where substance use has played a significant role have been reviewed and learning disseminated. In 2023/24 the panel conducted a deep dive review for one person who faced additional barriers the review was shared with the Kent and Medway Safeguarding Adults Board. Actions based on the recommendations are being

monitored through the Combatting Drugs Partnership and has resulted in a project to increase support for people with alcohol related cognitive impairment.

3.4.5. The Panel has also identified gaps in continuity of care between Medway Maritime Hospital and community substance misuse services for patients known to be misusing substances. As well, as missed opportunities for early identification of those admitted into hospital with problematic drugs and/or alcohol use and limited/no referral made to community services. Forward Trust are now delivering in-reach support into Medway hospital twice a week to improve continuity of care, but this is a limited resource.

3.4.6. **Drug worker support for Youth Offending Team / Youth Service.** The Open Road drugs worker (funded through SSMTRG) shared between the Medway Youth Service and the Youth Offending Team is in place and this has resulted in an increase in referrals into the treatment system. The worker has also linked in with the police to increase DISP (Drug Intervention Support Programme) referrals.

3.5. **Update on Continuity of Care Self-assessment tool**

3.5.1. A subgroup from Medway's Combating Drugs Partnership completed the first iteration of the continuity of care self-assessment tool at the beginning of 2024. This has enabled the establishment of a Kent and Medway Continuity of Care Group (prisons) to improve the continuity of care for people leaving prison who need drug and alcohol treatment in the community. It aims to:

- Better understand the barriers to engagement in treatment following release from prison.
- Develop an integrated care pathway from prison to the community to support recovery from substance misuse.
- Reduce reoffending among people leaving prison, improving outcomes and reducing inequalities.

3.5.2. The key deliverables for 2024-25 are based on the self-assessment tool's findings and discussions with stakeholders. These include:

1. To review and **improve pathways** from prison to community for structured substance use treatment, so that the transition is as seamless and inclusive as possible.
2. To improve **data collection and information sharing** between partners, engaging with NDTMS data reports to monitor progress, in line with national priorities.
3. To **implement priority actions** from the self-assessment tool, providing a system perspective and response to local challenges.

Examples of priority actions identified from the tool for 2024/25 are outlined below:

Topic	Examples of key recommended actions
Governance and assurance	Establish a group to report into the CDP, implementing the action plans findings.
Pathways and relationships	Oversee the implementation of identified projects: <ul style="list-style-type: none"> • 3-month pilot in HMP Rochester to improve access to structured substance services in prison • 12-month pilot to improve prison leavers at risk of homelessness accessing ex offender accommodation upon release
Reducing attrition factors	Improve collaboration and coordination of lived and living experience voices to inform service improvement, through existing groups (such as RIVER service user council, Probation EPOP service, Connecting Communities service user forums, Prison EPIC lived experience service).

The continuity of care self-assessment tool is now being used across Kent and Medway to further underpin the collaborative work.

3.5.3. **Continuity of Care (Prisons).** The Harm to Hope Drug Strategy calls for a 75% pick up of those leaving prison treatment systems into community treatment systems within 10 years. Medway currently achieves 50% (England average 49%) and both Public Health Commissioners and Forward Trust are confident that this will continue to increase, due in part to the additional collaborative work taking place.

3.6. Update on other collaborative work with Criminal Justice partners

3.6.1. There is strong collaborative working in Medway between Council Commissioned services and the criminal justice partners. This work is either reported into or delivered under the governance of the Medway CDP.

3.6.2. **Prison Treatment.** Prison Substance Misuse Treatment is funded and commissioned by NHS England (Health and Justice) and sits outside the Local Authority Commissioned services. There is good collaboration between prison and community service providers. Based on the findings of the continuity of care self-assessment tool, which identified people using substances were not always accessing prison-based treatment, a 3-month pilot has been established in HMP Rochester. The aim of this project (funded through the SSMTRG) is to identify prisoners who appear under the influence of illicit substances but are not currently engaging with substance misuse treatment. Then through focused engagement they will be supported to access appropriate treatment. This, in turn, will support with the continuity of care from prison to community ambitions below, as substance misuse needs will be identified earlier, and flagged upon leaving the prison.

3.6.3. **Drug Testing on Arrest (DToA).** Scheme funded by the Home Office to test for drugs in Police custody as an early identification and access to

intervention for drug misuse. On arrest and 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 (via the [‘Make Time Count’](#) app).

The requirements for DToA are:

- 18 or over
- Authorised custody suite (all 7 primary suites and Bluewater)
- Arrested for a Trigger Offence or where an Inspector or above suspects specified Class A drug use was a contributory factor.

- 3.6.4. Kent Police is estimated to be around 90% DToA compliant (April 2024). There have been high volumes of drug tests and high levels of referrals locally, in line with national trajectories and ambitions. However, there has been a decrease in national funding from 2024/25. The priority is now shifting to more ‘focused’ drug testing and referrals, evaluating impact. This includes following up when people do not attend referral appointments (which is quite common) as an opportunity to address unmet need and reduce re-offending, and reducing inappropriate referrals (e.g. through additional education / diversion resources to meet the needs of non-dependent users of substances).
- 3.6.5. **Community Sentence Treatment Requirements (CSTR)**. There is a consistent and intense focus on CSTRs centrally in government due to the evidential basis of community sentences being more impactful on reducing reoffending and supporting treatment rather than alternative short prison sentences. This focus is further intensified due to the continued lack of prison spaces. Numbers of CSTRs have increased.
- 3.6.6. Alcohol Treatment Requirements (ATR) figures are overall stable, with violent offences being the majority cause of requirement imposition. Drug Rehabilitation Requirements (DRR) figures show a slight increase. However, numbers for ATR and DRR remain very low across Kent and Medway. The Kent and Medway CSTR Steering Group, chaired by the Probation Delivery Unit, are working to increase these numbers.

4. Advice and analysis

- 4.1. Medway is making progress in the ambitions of the Harm to Hope 10-year drug strategy. The Combatting Drugs Partnership has united a broad range of stakeholders around common ambitions. The Strategic Action plan remains a living document that can be amended as new issues emerge.
- 4.2. The Substance misuse treatment service (Forward Trust) has mobilised well and is beginning to deliver against the required key performance indicators though recruitment remains a significant challenge.
- 4.3. There are strong collaboration projects between community and criminal justice partners which will improve outcomes for service users.

- 4.4. There is uncertainty around the medium to long term funding from central government for the system-wide approach to addressing the harms caused by drugs. This includes SSMTRG, RSDATG and IPS funding. This is likely to have a disruptive effect on staffing and the types of interventions that can be delivered. The risks this uncertainty causes are difficult for commissioners and providers to mitigate against.

5. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Staff recruitment and retention	Sudden additional investment from OHID in treatment system since 2021 has meant significantly more jobs are being created across the sector. This has destabilised the workforce and resulted in higher staff turnover.	Action plan in place with Treatment Service Provider to monitor staff instability and fill vacancies.	Bill
Funding Uncertainty	Additional funding for the substance misuse treatment system (SSMTRG and RSDATG) ends in March 2025. No replacement funding has been announced. Services will need to be reduced to be delivered within the budget available. This is most likely to affect those facing severe and multiple disadvantages most, including people experiencing rough sleeping.	Inform OHID of risk and seek assurance / mitigation from them. The contract is written in such a way that the core service is defined. Should all additional funding stop a significantly reduced capacity service would remain.	All

Risk	Description	Action to avoid or mitigate risk	Risk rating
Co-occurring conditions of Substance use and Mental ill-health	People with co-occurring conditions face additional barriers accessing services (particularly mental health support). This can lead to them not recovering as the compounding factors are not addressed.	<p>Co-occurring conditions protocol adopted by Treatment provider, Mental health provider and Adult Social Care. Medway Public Health are undertaking an evaluation of impact to assess how effective it is at improving outcomes for people. An action plan will then be written to address gaps.</p> <p>The ability to meet the need is dependent on sufficient mental health and treatment capacity, and collaborative working practices.</p>	All
Silo approach to drug harm reduction and treatment	Problematic substance use is rarely seen in isolation and multiple disadvantages are common.	A collaborative approach is used between agencies to address issues such as housing, employment, physical health, domestic abuse, criminal justice involvement. The Combatting Drugs partnership oversees this collaborative response. Additional funding has been accessed to increase opportunities for	CII

Risk	Description	Action to avoid or mitigate risk	Risk rating
		people in treatment to gain employment (IPS Scheme)	
Age thresholds between young persons and adult services	Service thresholds create barriers that hinder successful transitions and therefore treatment outcomes.	All age system approach being developed. A single all age service (with age-appropriate delivery) has been designed and is in the process of being commissioned	CII
Drug deaths increase due to adulterants in drug supply	There have been high profile accounts of adulterants in drug supply. These are often high strength synthetic opioids including nitazenes which can result in overdose and death.	Local Drugs Information System Alerts Panel established to evaluate evidence and where appropriate disseminate alerts to warn of potential risks alongside harm reduction advice.	BII

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

6. Consultation

6.1. No additional public consultation undertaken for this update report.

7. Climate change implications

7.1. There are no additional climate implications of the activities outlined in this report.

8. Financial implications

- 8.1. The cost of delivering substance misuse treatment services are met from existing revenue budgets, funded by the Public Health grant and other specific grants.

9. Legal implications

- 9.1. There are no legal implications to the Council as a result of this report.

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Appendices

None

Background papers

None