City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	31 January 2018
Classification:	Public Report – with confidential appendices
Title:	**The Drug and Alcohol Wellbeing Service (DAWS)**
Report of:	Public Health Commissioning
Cabinet Member Portfolio	Adult Social Services & Public Health
Wards Involved:	All
Policy Context:	Public Health
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1. Executive Summary

1.1 This report is intended as a discussion document for scrutiny members to consider the performance of substance misuse services focusing on the main substance misuse contracted service (DAWS).

1.2 The report is to provide the committee with an overview on the performance of the substance misuse services in Westminster following the implementation of the redesigned and re-procured Drug and Alcohol Wellbeing Service (DAWS).

1.3 This redesigned asset based service model contract was implemented in April 2016 for three years with an option to extend for a further two years. The committee has not received an update on the progress of the substance misuse system since the contract was awarded.

1.4 The report makes reference to the specialist Alcohol Service provided through Change Grow Live (CGL) which forms a key part of the whole system approach. Further information can be provided on request and verbally at the scrutiny committee.

2. Key Matters for the Committee's Consideration

The committee is asked to consider the content of the report and members take the opportunity to pose questions that clarify the benefits of the current model, scrutinise the performance of DAWS and raise issues of concern that the committee would want to be addressed in the planned review of service in 18/19.

3. Background

3.1 Specialist treatment services offer a wide range of interventions to support people to recover from drug and alcohol dependence. These include detoxification, rehabilitation; talking therapies; opiate substitution treatment; ETE (employment education and training) support; peer mentoring; peer led and mutual aid services such as AA; safeguarding interventions.

3.2 It is estimated that people dependent on opiates and or crack are responsible for 45% of acquisitive crime and around 40% of all violent crimes are alcohol related. Drug and alcohol misuse are related to issues such as child protection, anti-social behaviour and domestic abuse.

3.3 The evidence shows that being in treatment itself reduces levels of offending and the Modern Crime Prevention Strategy focuses on the need for treatment, prevention and enforcement to be deployed to mitigate the impact of drug-related crime. The evidenced based drug and alcohol treatment service also supports improvements in health, reduced drug and alcohol related deaths, reductions in blood borne virus transmission and infections; improved relationships and reduced wider social harms. The Drugs Strategy (2017) echoes this, setting out the need to support people to address their dependence on substances to make the improvements necessary to reduce harms, improve health and wellbeing and to be able to re-establish healthy relationships and lifestyles.

3.4 During 2015 /16 a full review of the substance misuse treatment system followed by procurement was completed. This review resulted in a comprehensive redesign of substance misuse services from a clinically driven treatment system to an asset based whole system model. This shifted the emphasis towards building on an individual's strengths rather than their deficits as a result of dependency on substances. The new model delivers through site based hubs based in Queen Street, Wardour Street and Harrow Road with flexible, responsive and outward facing services going to where a service user's needs are best met and that equality of access can be assured.

3.5 The previous model had postcode restricted access which resulted in different services being offered through services based in North Westminster and Central South Westminster. The old model also relied on alcohol specific services being delivered through the drug treatment services. The current model has a "no wrong door" approach for all substance misuse services across the three boroughs and a standardised set of tools to measure quality and performance against expected outcomes (see appx 1). The model is

delivered through two main contracts one for substance misuse and a specific alcohol service. The system is supported by the specialist care management service.

3.6 The Alcohol service (TAS) is delivered through CGL and is focused on delivering specialised alcohol harm reduction and treatment services to residents who are in the early stages of problem drinking, have linked health problems, or who are in need of formal treatment to resolve their addiction. Often those who are in the early stages of developing problems as a result of alcohol use are amongst the working population and often unaware of the impact their alcohol use is having. This service aims to engage with these individuals early ensuring the harm reduction interventions mitigate the need for the costly interventions later on. The Alcohol services are structured to be outward facing, responsive and flexible to meet the needs of the individual.

3.7 TAS works closely with health providers in the community and through the acute hospital trusts. One of the main ambitions of the service is to reduce the repeat and emergency admissions to hospital as a consequence of alcohol misuse. The service also links with housing partners, domestic abuse initiatives and with issues raised in terms of alcohol related crime. CGL and DAWs work in partnership to ensure that individuals get the appropriate specialist intervention to meet the identified needs. Through the no wrong door approach individuals can be assessed once and supported into the correct service seamlessly.

3.8 Pathways into services are streamlined with each service carrying out the shared assessment process which is then transferred to the service most appropriate to meet the individual's needs without the user having to repeat the assessment process. A specific asset based plan is then co-designed with the service user. The allocated worker supports the user in achieving their personal goals ensuring that the individual is able to access the resources available to attain their desired outcomes

3.9 A road to wellbeing asset map has been developed and is available to access digitally (https://roadstowellbeing.com/). This links to all the specialist substance misuse services websites and informs on community based local activities to support an individual seeking to access wellbeing initiatives and make contact with services. This website will continue to be improved as more feedback is received.

3.10 The current commissioned core substance misuse services and alcohol service operate 7 days per week with some evening provision. The weekend and evening provision is supported by peer led services, mutual aid organisations and volunteers. The evening services offered are mainly group focused with some individual work whilst the weekend services have a more social focus with some workshops including art therapy and music workshops. Outreach services include work with housing partners to engage people in services from hostels and those on the street.

3.11 Since the start of the contract CQC has carried out two inspections of DAWS site based services. The first took place in the first six months of the contract start. The outcome of this was positive with very few areas identified for improvement. The second was an unannounced visit for a week in December 2017. We are awaiting the outcome of this inspection however indications from CQC is that the result will be positive.

4. Return on Investment

4.1 Public Health England (PHE) produce an annual report for Police and Crime Commissioners that summarises, for each local authority, performance against specific measures. These include estimated numbers in the population overall; numbers in treatment; age profiles of those in treatment, waiting times, referral sources, successful completions and estimate of crimes saved. The key figures for Westminster in the 2016/17 report shows that during the first year of the new model Westminster were as follows:

- The estimated levels of opiate users in Westminster population overall has dropped by 27% against an overall trend down over a number of years.
- The majority of users accessing treatment were between 30 and 55. (63%)
- Proportion of adults in treatment for opiate misuse is lower than National average by 13% for all other substances we are higher than the national averages by 5%.
- The percentage of adults entering treatment in 2016/17 are 10% less than national average for opiates but higher by 4% for all other substances.
- Alcohol is the most commonly used secondary substance used (61%).
- Waiting times less than 3 weeks for Westminster residents is 99% with 0.1% waiting over 6 weeks.

4.2 Investment in our treatment system is shown in the PHE social return on investment report to have social and economic benefits of £10,225,555 per year for Westminster. When alcohol clients are taken out of the data, drug clients in treatment demonstrate social and economic benefits of £9,923,433 with estimated reduction in criminal activity of 31% following entry into treatment. This is significantly more than the total allocated £5,531,000 to all commissioned substance misuse treatment services in Westminster. The core drug and alcohol service DAWS receives approx. 55% of the total annual allocation. Therefore, the value for money is clearly evident in benefits to the residents and visitors to Westminster including reduced crime, improved health, improved community relationships.

5. Performance

5.1 In newly redesigned treatment systems, particularly where there is significant transformation, there is an expected dip in performance. We implemented our asset based model in April 2016 and 18 months into the contract Westminster service system overall has improved in some areas and dipped in others. The most significant concerns are with our overall performance in engaging new people in services who are non-opiate users and particularly alcohol users and our successful completions for alcohol users is particularly low in comparison to other areas.

5.2 The overall system verified data provided through PHE shows that we achieved 22.3% successful completions for alcohol clients and national averages are 39%. This is a key Public Health Outcome Framework indicator 2.15 and identified as a key performance indicator within contracts. The opiate successful completions are slightly higher than the national and the non-opiate 5% lower than national averages.

5.3 Local quarter 2, 2017/18 report monitored by commissioners from our main provider of substance misuse services, DAWS, is contained in Appendix 1. This has been edited to specified Westminster performance leaving in some three borough information. This is a comprehensive document that shows the performance against the contract with additional qualitative information.

5.4 There is an action plan in place to improve performance in Westminster in relation to attracting new people into treatment and ensuring that those with additional alcohol concerns are better supported through treatment. The work being done with key stakeholders is likely to generate more referrals and with the focus on an individual's assets from first contact we should increase the positive outcomes. The employment, training and education elements within the service are improved significantly and the numbers attaining paid employment from within this complex client group are significantly improved.

5.5 Additional information from the start of the contract in April 2016 to October 2017 shows that the total number in treatment in Westminster is 894. During the same period the key performance indicator required by PHE shows the total number of successful completions of those receiving treatment from DAWS in Westminster is 254.

6. Final Comment

6.1 The re-design and re-procurement of the WCC substance misuse service which went live in April 2016 has led to improvements in outcomes in particular those entering education, training and employment. However, the numbers attracted into treatment remain relatively low with only 36% of the estimated overall numbers of opiate users in the resident population accessing treatment as opposed to a national average of 43%.

6.2 An action plan to improve performance against KPI's has been agreed with the provider and is attached in appendix 2. The impact of this will be formally assessed in Q1 18/19, in preparation for consideration of continuing with the contract extension or to progress with a further procurement exercise in 2018/19.

6.3 A report on the specialist alcohol service can be made available to the committee on request.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact gaynor.driscoll@rbkc.gov.uk 07967347800

APPENDICES: These documents are confidential as they contain restricted information not in the public domain.

Appendix 1

2017/18 Quarter 2 Report - Drug and Alcohol Wellbeing Service
(Confidential Appendix – circulated to Committee Members separately)

Appendix 2

Improvement Action Plan
(Confidential Appendix – circulated to Committee Members separately)

Background Papers

PCC Support Pack 2018-19: Key drug and Alcohol Data – PHE publications (restricted data)

Diagnostic Outcomes Monitoring Executive Summary Quarter 2 2017/18 PHE National Treatment Drug Monitoring System (NTDMS- restricted Data)