

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 25 March 2015
AGENDA ITEM:	11
SUBJECT:	Drug and Alcohol Treatment System Phase 1 and Phase 2 update
BOARD SPONSOR:	Paul Greenhalgh, Executive Director for People

CORPORATE PRIORITY/POLICY CONTEXT:

This report is for information only

The provision of Drug and Alcohol Engagement, Treatment and Recovery services support key indicators within the Public Health Outcomes Framework, in particular:

- 2.15: Successful completion of drug treatment.
- 2.16: People entering prison with substance dependence issues who are previously not known to community treatment.
- 2.18: Alcohol related admissions to hospital.

The engagement, treatment and recovery service also positively contributes to other indicators within the Public Health Outcome Framework (PHOF) and three goals of the Joint Health and Wellbeing Strategy:

- increased healthy life expectancy and reduced differences in life expectancy; between communities;
- increased resilience and independence;
- a positive experience of care.

The service contributes to the Council's priority theme of better prevention and early intervention for people who are vulnerable and supports key health outcomes for children, young people and adults, as laid out in the Community Strategy (2013–2018).

In addition, the service is aligned to the Corporate Plan Outcome 'to be a place where people take responsibility of their own health and wellbeing'. (Priority B: Manage Need and Grow Independence).

The reduction of substance misuse remains a priority within the Croydon Children and Young People's Plan (2013 – 16). The young people's specialist substance misuse service will play a significant role in the delivery of actions identified in the Plan through both the provision of specialist assessment and treatment interventions for young people already using drugs, and supporting mainstream agencies to address substance misuse through early intervention and prevention.

1. RECOMMENDATIONS

- 1.1 The health and wellbeing board is asked to note the contents of the report. Any questions should be directed to the report author outside of the meeting.

2. EXECUTIVE SUMMARY

- 2.1 The Council has adopted a whole systems approach to reviewing and re-commissioning substance misuse services which reflects the needs of the community, in particular residents who are disadvantaged in accessing traditional specialised services.
- 2.2 The strategy aims to ensure services are aligned to local needs and priorities for drugs and alcohol, resulting in significantly improved outcomes.
 - Phase one comprised a procurement exercise to source a redesigned engagement, treatment and recovery service for Adults and Young People with the contract being awarded to Turning Point
 - Phase two has begun and will comprise a review of detoxification, rehabilitation, pharmacy and primary care services, with future re-commissioning aligned to the new engagement, treatment and recovery service. It is anticipated that phase 2 will be completed by March 2016

3. DETAIL

- 3.1 The DAAT needs assessment identifies that there is under representation from women and BME groups in substance misuse service. The new engagement and treatment system has a requirement that services develop strategies to place a high emphasis on ensuring their services are attractive to protected groups.
- 3.2 A detailed / full Equality Analysis was undertaken prior to the development for Phase 1 of the Drug and Alcohol Treatment re-design. This will be followed by a refreshed Equality Analysis prior to Phase 2. The assessment shows that there is no potential for discrimination, harassment or victimisation and that the project already includes all appropriate actions to advance equality and foster good relations between groups.
- 3.3 Phase 1 of the re-design resulted in Turning Point being awarded the contract which commenced on the 1st October 2014. The new service provides outcome recovery-focused treatment pathways for both adults and young people. This includes proactive engagement, holistic person-centered treatment packages, and recovery and relapse prevention support. Additionally, there are preventative elements through targeted early intervention as well as support and training for the wider workforce.

- 3.4 Turning Point's delivery model places great emphasis on enhanced partnership working with the aim of minimising barriers and improving engagement. The Recovery Model which is being delivered gives greater opportunities to deliver intervention in a range of locations. An example of this work is the joint working in the Family Justice Centre, which provides a safe space for women to access a range of services.
- 3.5 Stakeholders and service users have been central to the entire drug and alcohol engagement and treatment re-design in Phase 1 and this approach will remain integral in developing Phase 2. This will be achieved by engagement events, surveys, questionnaires, Service User Council and provider and service user feedback.
- 3.6 Phase 2 includes a complex range of services; the approach is to have two distinct projects with the overall aim to ingrate with each other and with Phase 1:
- Project 2a Social care service
 - Project 2b Clinical services
- 3.7 The re-design will ensure that services support and complement the core specialist service, identifying further opportunities to deliver preventative interventions, seamless processes to access specialist in-patient services and support recovery communities thereby improving outcomes for service users. It is anticipated that the re-design will be fully completed by March 2016.
- 3.8 The task to be completed will be a review of existing service provision and it is expected that a further report will be submitted to the Health and wellbeing Board for comment on the outcomes of the review and any proposed re-design

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BACKGROUND DOCUMENTS

None