

Strategic Review of Substance Misuse Services

Launch of the Strategic Review Information Pack - 23rd July 2008

Question & Answer Session

Chair : Jean Bradlow, Joint Director of Public Health, HCC and Hampshire PCT

Panel : Alex Berry, Director of Commissioning Hampshire PCT ; Howard Coulson, Hampshire Working Group ; Richard Ellis, Assistant Director, Adult Services ; Jim Dassut, Head of Mental Health & Substance Misuse, Hampshire PCT ; Jeremy Down, Joint Commissioning Manager, Hampshire DAAT ; Sue Wilks, Hampshire DAAT Manager.

1. Dorothy Allen, Hampshire PCT

Question: Dual Diagnosis, panel was asked for their views on this area and if they have any examples to learn from and posed concern over ability to extend dual diagnosis services if we fully include alcohol 'misuse'.

Jim Dassut - The current draft dual diagnosis strategy is out-dated, a meeting took place yesterday and Liz McGill (Adult Services, Mental Health Commissioner) will be leading on the production of a revised version, which will include a commissioning plan for dual diagnosis services.

Jeremy Down - Gave an overview of the current service provision and a summary definition of dual-diagnosis. In very simple terms - *dual diagnosis is a term used to describe the diagnosis of a mental illness coupled with a substance misuse issue (drugs and /or alcohol).*

Jeremy described dual diagnosis services as "varied" in terms of effectiveness and success. Historically, he felt that dual diagnosis had been dealt with by subs misuse services unless mental health issue was particularly severe. There were a range of approaches within services but no single strategic approach and this needs to be developed and this gives rise to the potential risk that individuals will be "falling between" the substance misuse and mental health criteria and fail to receive an appropriate service to meet their needs. This risk would be mitigated by joint working protocols.

Richard Ellis - From the Social Care perspective - services need to become more responsive to meet people's individual needs and the personalisation agenda should help this.

Howard – Described dual diagnosis as a "Cinderella service" and felt that in general, the needs of services users with a dual diagnosis were not being met and felt that the significant majority of service users had a dual diagnosis to some degree. He described how he had been working with Portsmouth PCT in the delivery of their dual diagnosis strategy and had identified staff within the PCT and AS work streams who do not work in a joined-up fashion and are unaware of their counter-parts roles etc. He also felt that services users needed to be given better information on how to access services.

2. John Davies - Area Manager Interventions - Hampshire Probation

Comment - Supported Howard's presentation on Service User collaboration and highlighted the success of Probation initiatives working with offenders.

Question: Posed his concern over performance driven partnerships (e.g. Home Office - LAA) versus financial driven treatment provision (e.g. NTA - treatment plans), in light of current budgetary reductions and asked for the panels thoughts on the current emphasis on performance targets and, considering the financial constraints over the next three years, the impact on DAAT funding, providers and contract renewals?

Sue Wilks - Agreed these were huge issues. She welcomed the inclusion of substance misuse indicators within the LAA improvement targets and felt that the substance misuse sector also had the potential to impact upon many other of the 198 performance indicators identified by government. It was essential that we link our work within the substance misuse sector to these targets to demonstrate effectively the contribution that the substance misuse sector can make towards quite a diverse range of performance indicators. If we can make these links successfully and in doing so demonstrate the positive impact we are making, then this would place us in a strong position to request/bid for additional local funding for the substance misuse sector.

Richard Ellis: The perception was that various departments / organisations were "slaves to performance figures". Challenge is to identify priorities which will improve people lives and work these back to the relevant performance targets. This process will be evidence based and maximise successful outcomes. He also felt that we should lobby central government to be give greater flexibility to address local needs.

Alex Berry - Challenge is to identify priorities which have common themes amongst organisations and to join up performance targets between organisations. This will ensure a more joined-up approach and improve outcomes. It was important to have contractual "back-up" plans should there be delays in the contract negotiations.

Jeremy Down - identified how a relatively small change to the NTA targets had impacted heavily on services. He explained the change in emphasis from purely 'numbers into treatment' had been superseded by 'numbers in effective treatment' in a move towards measuring outcome for people engaged in treatment, by considering retention and discharge reason as part of the new target.

3. Christopher Steggles (Public Information Liaison Officer for AA – Northdown)

Question – Given the difference between alcohol misuse and alcohol addiction, what are the priorities / intentions in providing a services to address these issues? Is it about prevention and early intervention or is it just about treatment?

Jean Bradlow - Jean had been looking closely at alcohol services. The proposed joint strategy on drugs and alcohol offered many opportunities to work with services. She is currently working with Mike Webb on new investment opportunities and initiatives around brief intervention. What was required was a broad partnership approach with districts, CDRP, Police etc to engage and involve as many partners as possible and not just to focus on treatment.

4. Cllr Tony Coates - WCC, Cabinet Member Portfolio: Housing, Wards of Droxford, Soberton & Hambledon

Observations: Perception of Winchester as affluent and "cosy", but in reality there are many areas of social deprivation with Winchester district. The reported low numbers of individuals presenting for treatment in the SRIP is not a reflection on the actual numbers using. Historical partnerships between Winchester City Council, Hampshire County Council & the PCT had "fallen through" through due to funding issues. More use must be made of voluntary sector partners e.g. night shelters, the "SRIP gives a false picture of Winchester"

Jeremy Down - Noted the Councillors concerns and observations: He explained about the prevalence estimates of problematic drug users in Hampshire (3003 problematic drug users – see SRIP page 36) and the information that the DAAT had about the uptake of treatment services by people living in particular areas. He agreed that there are issues about identifying accurately level of need at a very local level. The SRIP offered information to a certain level and the challenge is now to identify areas of high potential need / demand at a much more local level. The DAAT can not do this without the help of other partners and he would welcome feedback from agencies working with local communities to help fill in this gap in knowledge.

Richard Ellis – Agreed that treatment uptake was very different to levels of drug/alcohol use. Using analytical tools such as "mosaic analysis" may help to identify need down to ward level. It was important to have a balance between information at a county level and more local level based on accurate information. The SRIP is the starting point to refine the general information and he asked all attendees to contribute to the development of local information which help to "flesh-out" the county picture.

Jean Bradlow – As a point of clarification, Jean confirmed that the Health Improvement Partnership group had been re-established in Winchester, and will be developed over time.

Mike Webb – Recognised the emphasis given in the SRIP to alcohol issues which is very welcome but it was important to recognise the scale of the alcohol problem within the county and nationally. He reminded the audience that there are an estimated 80,000 – 90,000 adults in Hampshire who are drinking at hazardous or harmful levels and could benefit from alcohol services.

5. Graham Woolrich – Hampshire Working Group

Observation: Service Users returning from 'out of county' tier 4 services (residential rehabilitation) often face significant difficulties in finding somewhere appropriate to live and he stressed the importance of providing suitable accommodation when individuals return to their "home" area.

Jean Bradlow - Agreed accommodation was a very important issue.

Sue Wilks - Noted the importance of having a care plan in place when people leave the county to continue their treatment. Their key-worker retains a responsibility to support the client and planning to ensure they return in a supported way (if that is their choice) needs to form part of their care plan. She recognised that failure to ensure that individuals have suitable accommodation arrangements in place upon their return could negate all their hard work during treatment and leave them very exposed to the possibility of relapse. It is in no –ones best interest for this to happen

following the investment that has been put into their treatment, both financially and individually. The DAAT now part of the Wellbeing & Partnership Department, which also includes Supporting People. This was an important interface to develop strategies in this area.

Cllr Coates - Identified Winchester has 250 supported units of accommodation, 150 of which are for people with complex needs. The Winchester Supported Housing Panel prioritised who need to "move-on".

6. Pat Reynolds - Parents Support Link

Question: Pat observed that throughout the morning carers had been mentioned only once by Howard during his presentation. How can carers be reassured that their input will be recognised and acknowledged within the strategy.

Sue Wilks - Apologised if carers had not been specifically highlighted. Carers are mentioned throughout the SRIP, in recognition of the significant contribution they make. Sue stressed that she would welcome the contribution of carers to add their perspective to the development of the SRIP and in informing the next stage of consultation.

7. Paul Owens - Hants Working Group

Question: Was very aware that there are a number of services commissioned specifically for drug users, but drinkers are usually excluded from these services e.g. psychosocial service, structured day care and aftercare, even if the service is not operating at full capacity. He considered that one solution was not to commission new services but to extend / reassess the criteria for existing ones.

Also noted : further to the previous accommodation question that users cannot obtain housing until they are deemed "critical".

Jean Bradlow - These are essential points and people with complex needs need practical solutions.

Jeremy Down - Gave information on the eligibility and access to the services referred to, reinforcing that it is a condition of the Adult Pooled Treatment Budget, allocated by the National Treatment Agency that its use is ring-fenced to drug users. He acknowledged that a number of the drug specific services were not operating at full capacity, but qualified this by saying that the current level of service provision was insufficient for the numbers needed, if alcohol clients were also included. The DAAT are currently speaking to providers about the options to offer services to alcohol clients with reference to capacity and suitability of the interventions. Alcohol users are accessing after care services, but this was considered as an interim position whilst the review develops. Jeremy felt there was a need for increased investment for alcohol services and that he had to ensure that services commissioned using 'drugs' funding were not being used by alcohol clients at the expense of drug clients.

Richard Ellis - Too much was determined by historical patterns of funding and national requirements for performance monitoring. What is needed are local, regional and national priorities and we should challenge, if necessary, the NTA perspective.

Howard - noted from his recent discussions with NTA senior managers, they are unwilling to permit DAAT's to spend Pooled Treatment Budget money on alcohol issues.

8. Molly Antrobus - Test Valley Community Services

Question: How much information in the document (SRIP) has been identified from the voluntary sector on met / unmet need ? And what about children & families - the issues are not just about adult services - what is their need?

Sue Wilks – confirmed that the scope of the review is about adult service provision, but we do need to ensure that we take account of the interface between adult and children’s substance misuse provision, the ‘Hidden Harm’ (children of substance misusing parents) agenda and the safeguarding agenda. However this review is not about education ,early intervention, prevention and treatments services for children and young people. Sue reiterated that she felt the document read very much as if it had been written by the DAAT Support Team, which it had and she invited the voluntary sector to contribute to the revised document to ensure that their perspective was adequately reflected.

Richard Ellis - This is the start of the review process and local data & intelligence is essential. The DAAT can respond to requests for face to face meetings with voluntary sector representatives, if required, in order to get not just numerical data into the document, but the "nuance" of local needs.

Jean Bradlow thanked everyone for their contribution.

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