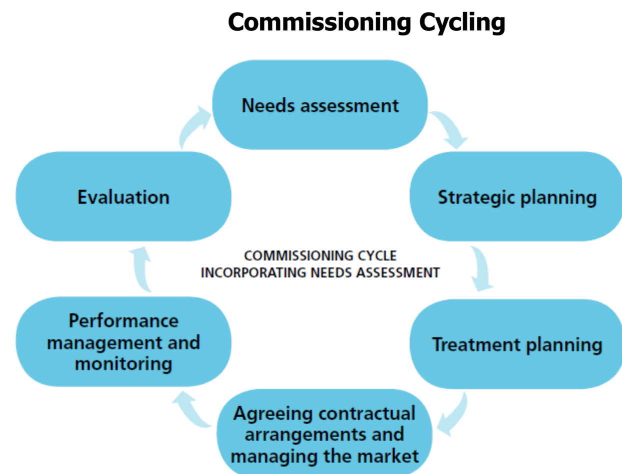
London Borough of Tower Hamlets Substance Misuse Needs Assessment 2013/14

Executive Summary
February 2014

Introduction

1. Conducting a Substance Misuse Needs Assessment is essential to treatment planning and commissioning (see below, commissioning cycle) as it reviews service demand, offers comparison to relevant regional and national baselines and assesses local partnership performance over time. This needs assessment has reviewed the needs of the Tower Hamlets' substance misusing population to support the Drug and Alcohol Action Team (DAAT) and its wider partnership to respond to future treatment demand.

Commissioning Cycling



2. The Tower Hamlet's Substance Misuse treatment system has developed over time and is now one of the largest treatment systems in London. Its performance has historically been strong although in recent years there has been a decline in outcomes. Presentations to borough treatment services are heavily opiate and crack focused, with much of the resources targeted to a complex and high need client group which needs to be managed through the treatment care pathway to effective recovery.

Approach

3. This needs assessment has been based on a range of desk research and data analysis, primary and secondary research and an assessment of service provision across the borough. The core data used to support the needs assessment was derived from the National Drug Treatment Monitoring System (NDTMS), which is critical to assessing both service need and performance and supports an understanding of treatment demand to inform substance misuse intervention priorities for local partnerships.

4. Additional operational data was available through Mi-Case and directly provided by services across the DAAT. Partnership data was also gathered and analysed that has supported the findings of this assessment.

5. Primary quantitative and qualitative research included:

   - 200 Service Users surveys
   - 45 interviews with practitioners and stakeholders
   - 4 focus groups with 36 participants
   - 64 stakeholders engaged in workshops and presentations

6. All emerging findings were also scrutinised by an independent steering group with representatives from the project team, Public Health England (PHE), Home Office (HO) and a DAAT Coordinator from an external authority.

Resources

7. In 2012/13 Tower Hamlets spent £9.5m on community based substance misuse treatment in the borough. All borough substance misuse services are commissioned and/or delivered by LBTH via the DAAT, the Drug Interventions Programme (DIP) and Children's Commissioning with annual funds for the DAAT (and DIP) in the region of £9.5m for 2013/14 which is derived from the PH Grant (£8.8m) and the Mayor's Office for Policing and Crime (£613k for DIP). This funding commissions 25 services to address the treatment needs of local drug users.

Impact of commissioned services

8. There are a range of performance highlights which have emerged from the borough's treatment system. The key impacts of commissioned services are:

Drugs

- The Borough's treatment penetration rate for opiate and/or crack users (OCU) is 34% (down 3% on the previous year). This is set

against an estimated OCU population of 3,027. The 2012/13 penetration rates are set out in the table below.

OCU Penetration Rates 2012/13

Tower Hamlets Glasgow Estimates	Tower Hamlets	London	National
2010/11 Estimated OCU Population	3,027	52,623	298,752
Number of OCUs in Treatment 2012/13	1,037	16,276	119,763
Penetration Rate 2012/13	34%	31%	40%

- Women are under-represented in treatment in the community (at 20%) and are below the London and national rates of presentation.
- In 2012/13 there were 833 new entries into treatment, 2,154 people in treatment and 611 people exiting the treatment system
- Treatment providers with the highest volume of clients were Lifeline CDT with 857 (40%) clients, Tower Hamlets Specialist Addictions Unit (SAU) 339 (16%), Health E1 with 257 (12%) and NAFAS 149 (7%).
- Just over a third, 217 (36%) left treatment in a planned way, successfully completing treatment (accounting for 20% of the drug treatment budget) and 233 (38%) left in an unplanned way, majority of which dropped out of treatment.
- As a percentage of the numbers in treatment 9.3% opiate clients successfully completed treatment (compared to 9.8% London and 8.7% national average). However, in September 2013 this dropped to 5.1% (compared to cluster top quartile performance range, 8% to 10%).
- Thirty-four percent of non-opiate clients successfully completed treatment (compared to cluster top quartile performance range, 49% to 63%). In September 2012/13 this dropped further to 29.5%.
- Tower Hamlets has a prevalence rate of 17 per 1,000 aged between 18 and 64 OCUs, 15 for opiate users, 16 for crack users and 4 for injecting drug users (opiate use is twice as prevalent compared to London and national averages, whilst crack use is more than three times the national rate).
- OCUs in effective treatment make up almost the entire treatment population in Tower Hamlets which has ranged between 96% and 93% since 2008/09.
- North West Health Observatory figures indicate 30,810 at risk drinkers, with 9,168 consuming alcohol at higher risk and 16,382 binge drinkers.

Alcohol

- Alcohol admissions to the treatment system are growing in Tower Hamlets (with 470 alcohol referrals, 738 in treatment amongst providers and 432 treatment exits).
- Tower Hamlets is hitting a 50% successful completion rate for alcohol users with around half (46%) reporting unplanned exits.
- Alcohol related hospital admissions have risen from 986 in 2002/03 to 2,577 in 2012/13 almost tripling over this period.
- Alcohol is an increasing concern locally and one which the treatment system needs to address.

The Performance of the Partnership

9. In Tower Hamlets one in four clients in treatment (opiate and non-opiate) have very high complex needs (442), this is almost twice as many very high complex need clients compared to the national average.

10. Tower Hamlets opiate treatment population falls into cluster E and non-opiate treatment population into cluster D. Clusters range from A to E, with A representing the least complex treatment populations and E the most complex. Therefore the borough's cluster comparators are the most complex opiate and the second most complex non-opiate Local Authority areas.

Opiate Clients

11. In September 2013 Tower Hamlets had 1,456 opiate clients in treatment, which is below cluster average placing Tower Hamlets mid-table for the size of its opiate treatment population. There has been a significant reduction in the number of opiate clients successfully completing treatment since October 2012, this means Tower Hamlets is ranked 6th lowest for the number of opiate successful from

a position of 14th highest at the 2012/13 baseline.

12. In 2012/13 one in four opiate clients had a drug using career length that spanned over 21 years, similar to cluster average. However a high proportion (43%), have been in treatment for less than one year, higher compared to cluster average of 22% and the proportion of opiate clients that have had more than four previous treatment journeys is equal to 24% (higher compared to 19% cluster and national average) which has increased from one in five in the previous year.

13. Whilst completion rates are broadly consistent with cluster average, this suggests a significant number of opiate clients are engaging and disengaging in treatment and as the number of previous attempts at treatment increase they are less likely to complete the next time they are in treatment.

14. The outcomes data suggests, in the past six months, there have been 46% less clients successfully completing treatment (138, 2012/13 baseline and 74, September 2013). The proportion of opiate clients re-presenting to treatment has fluctuated between 37% and 19% since 2010/11, with September 2013 showing 34% re-presentations.

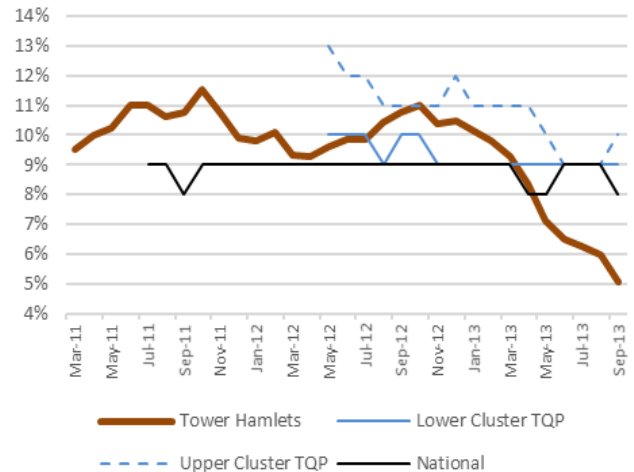
Non-Opiate Clients

15. In September 2013 Tower Hamlets had 224 non-opiate clients in treatment, which is below cluster average and ranks Tower Hamlets 8th lowest for the size of its non-opiate treatment population. Non-opiate clients account for 13% of the total treatment population. In the past 6 months, 6% less non-opiate clients successfully completed treatment (70, 2012/13 baseline and 66, September 2013). In the latest reporting period there have been no re-presentations to treatment.

16. The distribution of non-opiate clients in treatment is broadly similar to cluster and national average, with the majority (59%) in treatment with no previous treatment journeys, however completion rates are much lower at 37%, compared to 47% cluster and 43% national average.

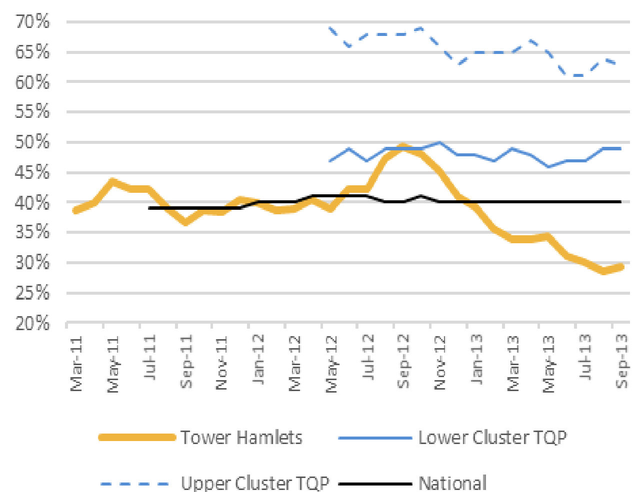
17. As a proportion of the numbers in treatment 5.1% opiate clients successfully completed treatment in September 2013, the chart below maps this trend from 2010/11 baseline against cluster and national performance.

Partnership: Opiate % Successful Completions, Cluster and National Comparators



18. For the non-opiate clients, 29.5% successfully completing treatment in September 2013.

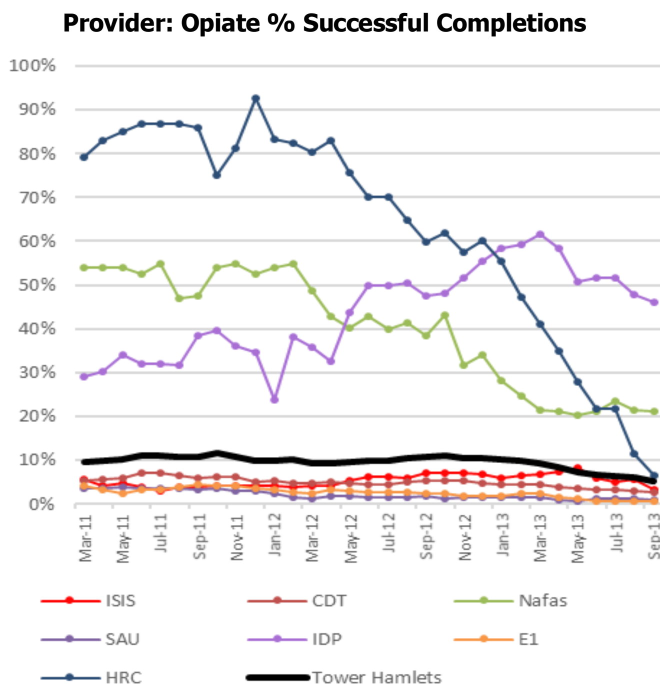
Partnership: Non-opiate % Successful Completions, Cluster and National Comparators



The Performance of substance misuse treatment providers

19. Tower Hamlets has numerous providers reporting into NDTMS, however the bulk of opiate clients are distributed amongst seven main treatment providers and non-opiate clients amongst five.

20. In September 2013 the number of opiate clients in treatment across the main providers ranged from 745 to 63, Lifeline CDT having the highest number of opiate clients in treatment and RAPT Day Programme the least. Compared to 2012/13 baseline the number of opiate clients in treatment has fallen with the majority of providers. Fewer opiate clients have been successfully completing treatment at each baseline period for all providers. The reduction in the number of opiate clients in treatment was proportionately less than the reduction in the numbers successfully completing, as a result successful completions as a proportion of the numbers in treatment show a stark decline in performance, as set out in the chart below,.



21. In addition a high proportion of clients re-presented to treatment, one third of completions resulted in client re-presentations for Lifeline CDT and NAFAS and 28% for the Harbour Recovery Centre.

22. In the first 6 months of 2012/13 treatment exit outcomes show opiate clients dropping out of treatment far outweigh those successfully completing treatment. Collectively 11% left treatment in a planned way (successfully completing treatment). For all providers, with the exception of NAFAS, this ranged from 0% to 18%. NAFAS however achieved 72% planned exits. The proportion of unplanned exits resulted in almost 50% opiate clients dropping out of treatment; this is equal to 111 clients collectively.

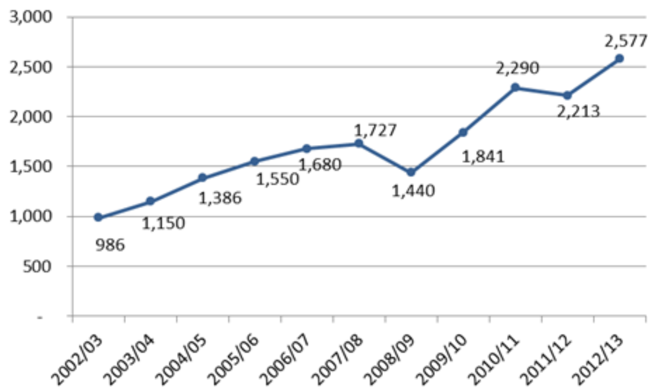
23. Non-opiate clients ranged from 54 to 19, NAFAS having the highest and SAU the least. The number of non-opiate clients in treatment has increased slightly or remained the same across most providers. There were no re-presentations to treatment.

24. The treatment exit outcomes for non-opiate clients show higher proportion of planned exits with some providers, whilst equal for others in comparison to the proportions that dropped out of treatment. Overall the treatment outcomes for non-opiate clients are better compared with opiate clients with almost half leaving treatment having successfully completed.

The Impact of Drugs and Alcohol in the Community

25. A wider review of partnership data shows that drugs and alcohol has a significant impact on the borough in terms of health, crime, community safety. The borough has seen increasing levels of drugs and alcohol callouts made by the London Ambulance Service, the borough has also seen increasing levels for Alcohol related admissions to hospital 986 in 2002/03 rising to 2,577 in 2012/13 and almost tripling over this period, this trend can be seen below.

Hospital Admissions for Alcohol Related Harm (NI39) 2002 to 2013



26. There was an average of 256 drug offences per month in the borough, with peaks in the summer of 2012, there was a hugh spike of possession cases that resulted in convictions in June 2012, (associated with preparations for the Olympics). The numbers of drug trafficking offences (dealing) is lower and there has been a broadly consistent level of offences throughout this period with a spike in October 2012. The Borough Police have targeted a dealer a day as part of a local campaign and during this period there was an average of 16 arrests a month.

27. Tower Hamlets has a higher rate of recorded crime attributable to alcohol, greater than London and England; although this is falling it did see a rise in the estimate in 2009/10. With respect to violent crime Tower Hamlets also has a higher rate than London and England and once again this figure is declining broadly in line with the London and England profiles. The rate for sexual crime attributed to alcohol is however growing compared to London and England which are declining albeit very slowly. This is a concern but is likely to be affected by the club based night time economy emerging in the borough.

28. The impact and cost of drugs and alcohol on the borough is great and it is important to engage these people in treatment and to work particularly with the 'frequent flyers' of these services to ensure that treatment can be used to mitigate repeat episodes.

Primary Research Findings

29. A range of primary research was completed in developing this needs assessment. This included stakeholder interviews and workshops, a service user questionnaire completed by 200 respondents, four focus groups targeting opiate users, non-opiate users, women and alcohol treatment clients. The headline findings of these are set out below.

Stakeholder interviews

30. Interviews and workshops engaged over 50 practitioners and stakeholders in the borough. There were many themes which came out of these interviews however the main focus was:

    - The treatment system lacks holistic planning and has evolved with additional services being added over time
    - Heavy operational focus on opiates, low level of non-opiate engagement, but high complexity clients in deprived and challenging environment
    - Volume of providers creates a situation where clients are held onto and transferred haphazardly, leading to duplication of provision, lack of mutual value and some interagency miss-trust
    - Critical need to address the 'disjointedness' of treatment provision and to consolidate a clear understanding of what everyone is doing.
    - Clients are often not treatment ready particularly with respect to detox and rehab
    - Low levels of treatment value from clients
    - Low levels of recovery focus but a priority aim of the treatment system, pockets of good practice although these are often not shared
    - An overwhelming positive commitment to improve the treatment system but a clear realisation amongst providers and stakeholders that whilst this will be opportunistic for the treatment system it is likely to be a threat to them

Service User Questionnaire

31. Throughout the survey and its findings there was a loyal sense of support for the way the treatment system works from the majority of

the 200 respondents who took the time to complete the survey:

- 96.0% think their substance misuse negatively impacts on their life
- 78% feel optimistic about their ability to reduce dependency
- 85.8% have a good relationship with their treatment providers
- 85.8% key worker skills and abilities in interpreting their needs are good
- 71.8% felt their treatment provider was good at meeting their needs
- 74.9% have a care/recovery plan and
- 80.6% of these worked on care/recovery plan with their key worker
- Going forward they prioritised:
    - After care
    - 'After/out of hours' services
    - Better service access across the borough
    - More and better counselling, psychosocial therapies, alternative therapies
    - More access to housing, detox, rehab and aftercare
    - Better information and communication about what's available

Service User Focus Groups

32. Four Focus groups were completed as part of this needs assessment. There were a range of key findings that are set out in the main body of this report and in a separate focus group report. The main themes that emerged are set out below:

- Clients felt that there is a branding issue in local treatment as many have pre-conceived perceptions of services which stigmatise provision
- Their consistent view was that Drugs and Alcohol are a common part of life for many in the borough
- Focus groups felt there was an absence of commitment and operational structures to support client recovery
- Many felt that services are incoherent and need better integration, particularly with respect to drugs and alcohol
- Most clients experience unstable housing, poor public services access and more support for ETE
- Focus Group participants do not see GPs are being part of their care team and there is concern about the quality of care received from GPs
- Clients feel there is a desperate need for more effective aftercare and recovery support
- Treatment clients felt that services need to be more patient centred
- There were also strong arguments for more Peer involvement to support recovery

Conclusions [Key issues emerging from the assessment]

33. There are some clear issues for the treatment system to contend with, in particular:

- Reduction of successful completions achieved by the partnership
- Slowing down of new treatment entries across most providers
- Several bottlenecks in the system, in particular the borough's CDT
- General low levels of client readiness for the recovery journey
- Low levels of treatment compliance by clients (drop outs)
- Low levels of recovery capital in clients
- High levels of complexity and diversity within the system
- Some poor inter agency procedures and protocols to enable effective treatment transfers
- Specific operational issues within the DIP
- Clients in Shared Care arrangements in the borough tend to be stabilised but not benefiting from a strong recovery focus to their treatment

34. The role of shared care in the borough's treatment is strong with over 800 clients receiving their treatment in this way. Capacity to effectively support and treat clients in this shared approach suggests the need for a strong revamp. Particularly as this is affecting the capability of the Partnership to meet its successful completion targets set in the Public Health Outcomes Framework.

35. The difficulty in engaging clients and their lack of recovery capital prevents successful completions from emerging and fails to support clients to be treatment ready and to enable the associated benefits of recovery being realised. In short, treatment needs to actually be provided and clients and practitioners need to better distinguish between the role of substitute prescription as a method of stabilisation/maintenance and structured treatment as a support to reducing and eventually stopping their drug use.

36. Diversity and the cultural needs of different clients are also key considerations for the borough. It is vital that prospective clients from all communities are at ease with entering the treatment systems either to stabilise their substance misuse and or to begin a journey through to recovery. In Tower Hamlets there seems to be a far greater proportion of the former and far fewer of the latter.

Value for Money

37. Addressing Value for Money (VFM) and cost effectiveness is a relatively inaccurate science nonetheless the NDTMS have provided tools that can support a better understanding. The VFM tool estimates that if there were no provision for drug treatment this would have a cost to Tower Hamlets of £23.7m. However based on a budget of £4.2m over the spending review period there is a net benefit of £16.9m and a cost benefit ratio of 1: £2.82.

38. The large variation in subsidy per head of providers suggests varying cost in provision, varying numbers of clients in effective treatment and potential to rationalise some of these costs against need.

Recommendations

39. This needs assessment has identified a number of key priorities for the Tower Hamlets Treatment System, these are set out and addressed below:

    - Develop a treatment system that meets the needs of the local community
    - Develop a clear annual treatment plan
    - Support the transition to an integrated drugs and alcohol service
    - Better alignment of services and treatment activity
    - Deliver more outcome focused treatment
    - Improve the recovery capital of clients
    - Develop more client facing services
    - Rationalise the commissioning function and performance management of contracts
    - Support the ongoing workforce development of treatment staff and stakeholders
    - Use the procurement process to better clarify the roles and responsibilities and operational relationships between providers
    - Better clarify the distinctions between shared care and structured treatment roles in the treatment system
    - Utilise the procurement process to rebrand services

40. Aims of the Drug and Alcohol Treatment Service should be:

    - To offer personalised opportunities for those using drugs and/or alcohol to move towards total cessation.
    - To reduce the harm caused by substance misuse on the local community including contributing to a reduction in crime and anti-social behaviour
    - To ensure that the principles of harm minimisation underpin the delivery of all interventions in order to improve the health and well-being of service users
    - To deliver a non-judgemental and inclusive service which treats service users with

dignity, respecting gender, sexual orientation, age, ethnicity, physical or mental health ability, religion, culture, social background and lifestyle choice
- To deliver services which are accessible, responsive and offer greater service user choice
- To improve the outcomes for children of service users by reducing the impact of drug and alcohol related harm on family life and to promote positive family involvement in treatment
- To facilitate a co-ordinated and holistic approach to recovery which emphasises the inclusion, or re-entry into society of service users by working with a range of local partner agencies
- To reduce the impact of drug and alcohol misuse on the wider public sector economy by promoting effective treatment and harm reduction responses in a range of settings including primary and community health care, mental health and criminal justice services
- To identify and safeguard vulnerable adults and children of adults who use the services

41. A key recommendation to the DAAT Board is that they needs to review a set of options going forward as to how the treatment system should be re-procured.

42. Options are emerging from this needs assessment and service review, it is recommended that the DAAT undertake an options appraisal of these treatment/ procurement options and debate this issue early in 2014.

43. The borough's partnership between its providers and other statutory agencies has been well established but there is a current opportunity to improve these relationships and to build a stronger set of local commitments to drugs and alcohol. It is on this basis that the following recommendations and treatment plan priorities are made:

44. Strategic Recommendations:

- Maintain the management of drugs and alcohol treatment planning, commissioning and performance management through the DAAT team within the Council
- Establish evidence based commissioning and treatment planning by using this needs assessment and set appropriate targets and performance management tools for the borough's drugs and alcohol treatment system
- Maintain the priority of drugs and alcohol treatment services through current and future changes to funding streams in Tower Hamlets
- Develop and maintain annual treatment plans which fit into the Public Health commissioning priorities to tackle addictions in the community
- The Tower Hamlets DAAT needs to maintain up to date data and to review performance against the 2014/15 treatment plan

45. Key Treatment Plan Priorities:

- Tower Hamlets has seen a slow decrease in opiate presentations over the last three years. However this does not address the wider treatment naive population. Opiate users should always be a priority group within substance misuse treatment provision
- Services will need to be maintained and strengthened for non-opiate and other problematic substance misuse
- There is a clear need to plan for and target the increasing emergence of alcohol.
- Increase the numbers of those entering the treatment system to maintain a steady client flow through
- Undertake a more dynamic approach to sourcing new clients and or targeting ex-clients who may now be treatment naive
- Maximise the number of clients in effective treatment, this is currently falling and may affect future service success and impact
- Develop programmes to increase the Recovery capital available to clients
- Work to address the recovery agenda and drive forward the increase in Successful Completions for the borough

- Establish a focus on addressing the long term clients i.e. clients who have been in the treatment system for over 6 years.

46. Operational Priorities:

- Set targets for the treatment provision secured through the re-procurement exercise
- Define service scope and capacity to expand the community focus of the work and to provide beyond the traditional 9-5 operational model, extending to more evening and or weekend provision where feasible
- Redefine the Borough's Shared Care system to take account of the treatment/recovery needs of clients in particular those receiving their substitute prescribing from their GP
- Review and support aftercare and consider effective options to extend aftercare services
- Support providers to work with the 'assertive' outreach services within the DIP to support re-engagement and to engage new clients
- Target non-opiate and alcohol treatment provision with associated treatment options in particular psychosocial analysis, behavioural treatment and motivational interviewing.
- Review the role and provision of community detox
- Support clients readiness for treatment
- Enhance the key worker capabilities in the borough
- Implement a comprehensive and frequent review of client treatment and care plans both from a clinical and treatment perspective.
- Improved contract management, setting recovery focused delivery targets for each provider, in part this is already in the performance management of the providers but may need revisiting and reinvigorating.
- Clear fiscal controls with all providers in contract to support treatment system benefits and to guide/influence decision making
- Contracts to be set to secure a controlled and where possible reducing subsidy level and increasing cost benefit ratio regarding costs of crime as nominal targets.
- Review those parts of the treatment service where there are high levels of expenditure but which do not contribute to performance targets or indicator
- Develop Annual workforce development plan
- Work with partners to secure effective up to date data exchange on; A&E admissions, drugs and alcohol Hospital admissions, Ambulance service call outs and maintain a working review of Policing, drug and alcohol crime and Integrated Offender management (IOM) and Probation client data.

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For further information about Drugs and Alcohol Services, please contact the Drugs and Alcohol Action Team (DAAT) on 020 7364 3176