



Leicester City Council Scrutiny Review

Drug and Alcohol Services in Leicester

2nd DRAFT REPORT

**A Report of the Health & Community
Involvement Scrutiny Commission**

April 2013

Health & Community Involvement Scrutiny Commission

Vice Chair: Councillor Deborah Sangster, led this review

Commission Members: Councillor Cooke (Chair of the commission)
Councillor Alfonso
Councillor Desai
Councillor Gugnani
Councillor Naylor
Councillor Singh
Councillor Westley

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Minutes from Health & Community Involvement Scrutiny Commission meetings

The minutes from the Health & Community Involvement Scrutiny Commission in relation to this review can be accessed on line at:

<http://www.cabinet.leicester.gov.uk:8071/ieDocHome.aspx?Categories=>

Chair's Foreword

THIS SECTION WILL BE COMPLETED BY THE CHAIR



Councillor Deborah Sangster

Vice Chair, Health & Community Involvement Scrutiny Commission

1 Executive Summary

- 1.1 This report concludes the Health and Community Involvement Scrutiny Commission's review into the Drug and Alcohol Services in Leicester.
- 1.2 The commission were keen to undertake this review in order to understand the drugs and alcohol service in light of the changes from April 2013, to public health bodies responsible for the commissioning of these services (Leicester City Council and Leicester City Clinical Commissioning Group).
- 1.3 Substance misuse refers to the misuse of drugs and alcohol by adults and young people. Addressing substance misuse is essential in order to:
 - Reduce the physical, psychological and social harm to individuals as a result of their own substance misuse.
 - Reduce the harm caused in families, particularly to dependent children, as a result of their own substance misuse, or that of a parent or close family member.
 - Reduce the harm caused to local communities as a result of crime and other anti-social behaviour stemming from substance misuse.
 - Reduce the very significant cost to the public purse
- 1.5 The Safer Leicester Partnership provides the oversight re: substance misuse and includes a range of partners, including the probation service, police, prisons, criminal justice system and the nhs.
- 1.4 The commission gathered key evidence from the 'Joint Specific Needs Assessment for Drugs and Alcohol services in Leicester (JSNA)' which was carried out by Leicester City Council and Leicester City NHS in May 2012. The JSNA is a comprehensive drug and alcohol assessment of health issues and treatment in Leicester. The commission were grateful to the lead officers for presenting the key issues and data from the JSNA.
- 1.5 The commission received written evidence from 'Quality of Life' (QoL) and 'Leicester Community Projects Trust' (LCPT), organisations commissioned to deliver drug and alcohol services in Leicester.
- 1.6 The commission supports the recommendations in the JSNA for drugs and alcohol services, and will monitor the actions taken by the City Mayor and the Executive, and by the Safer Leicester Partnership.
- 1.7 The commission will monitor the lead commissioners (Leicester City Council and Leicester City Clinical Commissioning Group) who are developing commissioning plans and processes to contract out future drug and alcohol services in the city, to take effect from July 2013.

Conclusions and Recommendations

CONCLUSIONS

- 1.8 The role of voluntary community sector in Leicester plays an important role in supporting people receiving community and residential treatment for drug and alcohol addiction, plus harm prevention, advice, education and related recovery services. The forthcoming changes to the way that drug and alcohol services are commissioned and funded will have an impact on the voluntary community sector in Leicester.
- 1.9 Councillor Sangster, chair, on behalf of the commission welcomed the information provided by officers and organisations. The commission members felt they better understand the issues impacting on the drug and alcohol services in Leicester. However, due to the changing landscape in which new commissioning plans and processes are being developed, the commission concluded that it will keep a watching brief to monitor these changes. The commission expects to receive a progress report on the recommended actions, of particular interest, is the future relationship between the lead commissioners and the voluntary community sector in Leicester.

RECOMMENDATIONS

(SUGGESTED)

- 1.10 The commission to note the report.
- 1.11 The commission supports the recommendations in the 'Joint Specific Needs Assessment: Drugs and Alcohol' report (Appendix B). In particular:
- a) Further development on dual diagnosis services,
 - b) Greater understanding of needs within BME communities,
 - c) More analysis required regarding whether service provision matches need (health equity audit)
 - d) More exploration re: needs of those using legal highs
- 1.12 The commission needs to have a clearer understanding of the commissioning processes and procurement mechanisms used.
- 1.13 A better depth of understanding is needed of the challenges that are presented within the drug and alcohol services across the city.
- 1.14 To better understand the breakdown of the unit cost per episode e.g. how much does it cost the city council to provide the drug and alcohol service to each individual service user?
- 1.15 Better understanding of the impact of age, gender and ethnicity of drug and alcohol misuse patterns across the city.

- 1.16 How much of the drug and alcohol services are commissioned by the lead commissioners (e.g. Leicester City Council and Leicester City Clinical Commissioning Group) to the voluntary community sector.
- 1.17 Lead commissioners need to build capacity in local voluntary community sector to enable effective partnership working. Lead commissioners to present a progress report in 6 months time.

2 Report

- 2.1 From April 2013 locally based Public Health bodies will become responsible for commissioning of drug and alcohol services, with Health and Wellbeing

Boards (HWB) playing a strategic co-ordinating role. Clinical Commissioning

Groups (CCG) will work closely with HWBs, and will be securing public health expertise and *vice versa*.

- 2.2 The recently appointed Police and Crime Commissioners will also have an influence over budgets for drug and alcohol interventions within the criminal justice system.
- 2.3 This represents an enormous change in commissioning, and ushers in A NEW ERA OF LOCOALISM, with decision making moving away from national bodies (the National Treatment Agency for Substance Misuse which ceases to exist) to be firmly placed within local areas. This offers significant challenges and opportunities for primary care based drug and alcohol treatment.
- 2.4 Whilst there is a potential threat for local areas to disinvest in drug and alcohol treatment, there is an opportunity for clinicians to influence lead commissioners to provide needs based drug and alcohol services that promote recovery.

FINDINGS OF THE REVIEW

2.5 Introduction

- 2.6 Alcohol and drugs are a priority theme for the Health and Well-being Board, Leicester City Council. The health needs assessment (HNA) is a systematic method for reviewing the health issues facing the population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. It will be used to inform the drug and alcohol commissioning plans and future local drug and alcohol strategies for adults and young people which is part of the wider Leicester Joint Strategic Needs Assessment programme.
- 2.7 At the review meeting in June 2012, lead officers, Kate Galoppi (Head of Drug and Alcohol Action Team, Leicester City Council) and Joanne Atkinson

(Consultant in Public Health with NHS Leicester City) gave a presentation on drug and alcohol services in Leicester (Appendix A - Presentation Slides).

2.8 Lead officers presented a summary of the 'Joint Strategic Needs Assessment (JSNA): Drugs and Alcohol Services in Leicester' compiled by Leicester City Council and Leicester City NHS in May 2012 and presented to the Safer Leicester Partnership in June 2012. The JSNA was submitted as key evidence to inform this review. (Appendix B - Summary and Recommendations of JSNA).

2.9 The commission acknowledged the vast amount of data and information collected in the JSNA and agreed that this provides a clear picture of the current service that will help all agencies to improve the drugs and alcohol services in Leicester.

2.10 Access to Drugs and Alcohol Services

2.11 There are a low proportion of referrals into services from self or family and friends, which may be a reflection on the current treatment system set up, however there appears to be a lack of knowledge of services in the community. The JSNA identified that improved marketing of treatment and access to services is needed.

Some of the services available in Leicester include:

2.12 **Leicester City DAAT (Drug & Alcohol Team)** commissions a broad range of treatment and support services across the city. Treatment services cater for individuals with substance misuse problems, their parents, carers, friends and family. They also commission specialist services to help vulnerable groups including the homeless, pregnant drug users, these services include:

- advice, information and assessment
- one to one structured counselling
- specialist treatment (including prescribing)
- recovery focussed support services
- access to medical/healthcare services e.g inpatient detoxification
- an integrated programme of support for criminal justice clients
- access to GP primary care support
- syringe distribution services
- blood borne virus screening and vaccination service
- complementary therapies
- access to residential rehabilitation
- groupwork and day care
- housing related advice and support
- access to education, employment and training opportunities
- support for parents and carers

- 2.13 Leicester City DAAT is based at Troon Way Business Centre. This team brings together representatives of all the local agencies involved in tackling the misuse of drugs and alcohol, including the nhs, city council, police, probation, social services, education, youth services and voluntary sector.
- 2.14 **New Directions** – based at New Walk. This service works with young people and adults under the age of 18 to reduce risks from drug and alcohol use. The New Directions team can also make referrals to the nhs community drug and alcohol teams as appropriate, and referrals to specialist workers for help with employment and housing issues.
- 2.15 **Drugs and Alcohol Advice Centre** – based at New Walk. This service is an information and advice access point for people worried about their own drugs and alcohol use, or affected by someone else's. A drop-in service is offered.
- 2.16 **Leicestershire Community Drug Team** – based at Paget House. This team provides assessment and treatment of drug users with enduring problems e.g. prescribing, treatment, counselling and therapy. Satellite clinics exist in Loughborough and Market Harborough.
- 2.17 **Anchor Centre** – based in Dover Street. This service provides a safe environment for vulnerable drinkers in Leicestershire. It provides access to wet room and offers addiction support, advice on housing and can refer to other services e.g. access to IT, showers and complementary therapies.
- 2.18 **Leicester Community Projects Trust Structured Day Care Services** – based at New Walk. This service is designed to allow users to regain some control over their lives following drug/alcohol use and allows them to make changes to achieve and maintain a healthier and safer lifestyle.
- 2.19 **Quality of Life** – (provided by Leicestershire and Rutland Probation Trust). provides a recovery based drug and alcohol treatment service, delivering fairly new “wrap-around” support services.
- 2.20 **Leicester NHS Partnership Trust (LPT)** – (referrals from LPCT and other agencies e.g. G.Ps). provides a range of drug and alcohol services, assessments, casework and primary care support to G.Ps.
- 2.21 **Criminal Justice Drugs Team** – (provided by Leicestershire & Rutland Probation Trust). Provides integrated treatment pathways for offenders.
- 2.22 **Drug and Alcohol use - Key points highlighted:**

Drug use:

The 2010 National Drugs Strategy aims to: 1) Reduce use, 2) Increase recovery, 3) By reducing demand, restricting supply & building recovery into communities.

In Leicester:

- Self-reported drug use is lower than that nationally, however there are significantly more drug admissions than nationally, although there are differences across the city.
- There is a clear link between mental health problems and drug misuse.
- 6% report taking drugs in last 12 months 2011/12, according to Leicester Lifestyle Survey, Vs 8.8% in England.
- An estimated 2,539 OCU (opiate / crack users) in Leicester
- Majority cannabis followed by cocaine / coke.
- Higher usage in Males, 16-24 year olds and white groups.

Alcohol use:

The 2012 National Alcohol Strategy aims to: 1) Reduce excess drinking, 2) By behaviour, crime, binge drinking, alcohol related deaths, young people drinking.

In Leicester:

Leicestershire Police data, 2010-11 show that rates of alcohol related offences for drunkenness, assault, disorder and other attributable offences are highest in the Castle ward (this includes the city centre), followed by other wards Abbey, Freeman, Westcotes, New Parks and Fosse. Also other data:

- Self-reported alcohol consumption is also lower than nationally, however there is a statistically significantly higher rate of hospital admissions, deaths for alcohol specific and related disease.
- There is a clear link between mental health problems and alcohol misuse.
- Estimated 63,000 adults (26.2%) drink above the recommended levels
- Nearly 13,000 (5.3%) adults are drinking at harmful levels, and
- Almost 9,000 (3.6%) adults are dependent on alcohol.
- In terms of drinking above recommended levels, its more males (32%) than females (23%) and 16-24 yr olds are amongst the highest users (33%). White population (36%) and Asian groups (12%).
- However, in Leicester just under half of the adult population report that they do not drink alcohol.

2.74 Hot Spots of Use in the City

2.75 Leicestershire Police data, 2010-11 show that rates of alcohol related offences for drunkenness, assault, disorder and other attributable offences are highest in the Castle ward (this includes the city centre), followed by other wards Abbey, Freeman, Westcotes, New Parks and Fosse.

2.23 As of 2011-12, 107 young people in treatment, 50% of users came from Eyres Monsell and New Parks (2 busiest wards), Braunstone/Rowley Fields, Beaumont Fields and Spinney Hills. Knighton was the only ward where there were no young people in treatment.

2.24 **FUNDING**

2.25 The impact of drug and alcohol misuse causes significant harm to individuals, families and communities. It has been estimated that drug misuse in England costs as much as £15.4 billion per year and alcohol misuse as much as £20 billion.

2.26 The commission were informed that funding available for drugs and alcohol services is pooled:

- Department of Health £3.6m
- Home Office / Ministry of Justice £1.9m
- Leicester City Council £0.35m
- NHS £1.8m

2.27 **Commission question** – of the approx. 7 million spent on drug and alcohol services in the city, which streams of monies pays for which specific service?

2.28 **Response from lead officer** - Funding currently comes from a range of sources; ring-fenced adult and young people's Pooled Treatment Budget (PTB) money, ring-fenced Home Office Drug Interventions Programme (DIP) and mainstream funds from the Primary Care Trust and Leicester City Council.

2.29 From 2013-14, the PTB will be a part of the ring fenced wider public health grant which will come to Leicester City Council from April 2013. Part of the DIP funding will be placed with the Police and Crime Commissioners from this time (about 18% of the total budget for lot 4). The allocations for 2013 are not yet know.

2.30 Although the 2013-14 funding streams are unknown at this stage, there is nothing to suggest that this will change drastically.

2.25 **Commission question** – What are the total numbers of service users, and is it possible to make a rudimentary assessment of the cost per service user per episode of treatment? (episode can be taken to relate to the total length of the intervention).

2.26 **Response from lead officer** – Kate Galoppi explained that the cost effectiveness tool is a tool that has been developed by the National Treatment Agency, now Public Health England, to help partnerships understand the

value for money of their treatment system. Appendix E shows data tables constructed using financial information provided by local services and the activity data that they had uploaded onto the system in the course of 2011/12. The commission felt that because the funding was pooled, it was unclear which streams of funding paid for which services and how much the city council was spending in each service (drugs and alcohol) across the city.

2.27 Evidence received from Leicester Community Projects Trust stated that in 2011-12, they were funded by:

- Leicester City Council £711,130 (80%)
- The Big Lottery £38,015 (4%)
- Safer Partnership £102,160 (11%)
- Lloyds TSB £42,160 (5%)

LCPT informed the commission that they have a passion for serving the people of Leicester and have worked hard to form a local partnership to bid for contracts. LCPT identified the following funding problems/issues as evidence:

- a) We have been on a standstill budget for the last 5 years, whilst having increased targets set for us by commissioners.
- b) Many council contracts are being gathered together in larger contracts that preclude us from bidding alone due to our relatively small size financially.
- c) Larger organisations have bid writing teams and greater resources which makes them very hard to compete against.

The commission were grateful to LCPT for providing a written submission as evidence to this review (Appendix D)

2.28 **Drug and Alcohol Services in Leicester - Commissioning Plans**

2.28 The commission members were provided with information relating to the city council's re-commissioning plans for the drug and alcohol services in Leicester:

2.29 19th April 2012 - Plans to re-commission three 'lots' of service provision as a single, combined 'lot' were approved. This will bring together community services, primary care services and 'quality of life' provision. An extension to one contract for specialist young peoples services was also approved to allow for further work to take place before any future commissioning plans are developed.

2.30 12th June 2012 – Plans to re-commission sub-regional criminal justice substance misuse service provision as a single, combined 'lot' including clinical provision in the community and HMP Leicester are minded to be approved. This will bring together community and custodial services, specialist services and Drug Intervention Programme.

2.31 5th September 2012 - Voluntary Action Leicestershire held a 'Tender Opportunity Briefing Session – Drug and Alcohol Services' a free event to provide advice to VCS'. Leicester City Council is seeking to re-commission

all adult specialist drug and alcohol services in Leicester, an estimated £6,000,000. Leicester City Council believe there is potential for small/medium sized VCS organisations to play a role in the delivery of these services and would like to discuss the potential of drug and alcohol VCS organisations working in collaboration with large providers.

- 2.32 July 2012 to September 2012 – ‘Drug and Alcohol User Survey 2012’ was carried out by Leicester City Council to seek views on the services and how they can be improved. Survey results have been analysed as part of the work to prepare new service specifications for the re-contracting of services. The survey results were reported to the Drug and Alcohol Commissioning Groups which are part of the Safer Leicester Partnership
- 2.33 October 2012 - Contract tendering process begins with an aim to award new contracts in April 2013.
- 2.34 1st July 2013 - Leicester City Council is working to get new service contracts in place by 1st July 2013.
- 2.35 **Commission question** – How many vcs organisations attended the Voluntary Action Leicestershire tender briefing session on 5th September 2012, and was any follow up work done by val?
- 2.36 **Response from Voluntary Action Leicestershire** – The event was hosted by VAL, but led by city council DAAT and city NHS officers. Over 30 vcs organisations attended the briefing session. Unfortunately, there was a low take up of bidders requesting the sub-contractor list. Follow up work has included promoting the programme through the VAL e-briefing and promoting the opportunity to advertise as a potential sub-contractor to larger bidders. Team.
- 2.37 **Commission question** - Who is leading the procurement process?
- 2.38 **Response from lead officer** – The city council is leading on the procurement process.
- 2.39 **Commission question** - What does the city council commission, and from whom?
- 2.40 **Response from lead officer** - The city council commissions drug and alcohol interventions for adults and young people in Leicester, and across Leicestershire and Rutland for offenders, this includes:

Adults

- a) LOT 1/Non-awarded LOT: Continuation of existing community services for a fixed term. Leicestershire Partnership Trust (LPT) and Leicestershire Community Projects Trust (LCPT) continue to deliver the community based, adult open access, needle exchange, and specialist prescribing

services for adults with alcohol / drug problems. Current cost of around £2.1 million p.a.

- b) LOT 2: Primary Care Services that support the development of GP led services for drug users where needs have stabilised but medical / psychosocial intervention is still required. Also medical input to LOT 4. This contract was awarded to Leicestershire Partnership Trust (LPT). Contract value £1.8m p.a.
- c) LOT 3: Quality of Life Services that support drug / alcohol users into recovery and integration. This contract was awarded to Leicestershire and Rutland Probation Trust and provides structured group work, Tier 2 and aftercare services to drug / alcohol users. Contract value £460,000 p.a.
- d) LOT 4: Criminal Justice Drug and Alcohol services (on behalf of Leicester, Leicestershire and Rutland County Councils) that provide a fully integrated criminal justice service developed including an alcohol treatment pathway. This contract was awarded to Leicestershire and Rutland Probation Trust. Contract value £2.6m p.a.

Young People

- e) LOT 5: Young Peoples' Specialist Drug / Alcohol Services, which includes specialist treatment and support for non-specialist services in responding to drug / alcohol issues across City neighbourhoods. This contract was awarded to LPT in partnership with Leicestershire Community Projects Trust. (LCPT) contract value £305,000 p.a.
- f) The Youth Offending service continues to provide specialist substance misuse services to young people in the criminal justice system. The pooled treatment Budget and Community Safety fund combined make a £49,500 contribution to this service. The remainder (approx. £45,000) comes from the YOS.

2.41 **Commission question** – What is the relationship between the drug and alcohol treatment services and the clinical commissioning groups and what review mechanisms are in place or being developed?

2.42 **Response from lead officer** – The CCGs are represented at the Drug and Alcohol Commissioning Group. Responsibility for the commissioning of drug and alcohol misuse will from April 2013 be the responsibility of the city council and funding for this will be included within the public health ring-fenced budget that will sit in the city council. This will be managed and monitored by the new Health & Wellbeing Board.

2.43 **Response from Quality of Life** – The city council and the new clinical commissioning group can help to improve services to users by ensuring

adequate funding is dedicated to alcohol service users aftercare where there is a clearly identified need. Assisting in increasing awareness to GPs and other professionals throughout the city of the pathways of substance misuse treatment.

- 2.44 **Response from LCPT** – Lead commissioners could help further by ensuring that all services that they commission are integrated in terms of targets so that organisations are working alongside each other and not in competition. One positive aspect of the bringing together of city drug and alcohol services into 1 lot is that it will make for a better integrated system. The CCG needs to continue to ensure services are integrated e.g. the city domestic violence services should be better connected to drug and alcohol services.

Commission question – What is the role of the voluntary sector in the delivery of drug and alcohol treatment services?

- 2.45 **Response from lead officer** - Leicestershire Community Projects Trust (LCPT) is a voluntary sector service. They are contracted by the city council to deliver a range of drug and alcohol services for both adults and under 18's, e.g. deliver open access, needle exchange and baseline services for stimulant users. These services are delivered through LCPT's Drug Advice Centre and Alcohol Advice Centre which operate duty systems so that people can access the services anytime without pre-arranged appointments.

- 2.46 LCPT informed the commission that they are increasingly reliant on partnerships in order to secure the core drug and alcohol contracts. LCPT acknowledged that the DAAT commissioners have been supportive of their work and have frequently acknowledged gratitude towards staff.

Written evidence was submitted to the commission by Leicester Community Project Trust on the role and delivery of their services (Appendix D).

- 2.47 **Commission question** – What proportion of spend is with the voluntary sector?
- 2.48 **Response from lead officer** – 4.5% directly commissioned from the voluntary sector. There are also sub-contracting arrangements through the existing service lots which we are unable to attach a financial value to without further investigation.
- 2.49 **The Quality of Life service informed the commission** that the main issue is The amount of time that is needed to be dedicated to re-commissioning processes. For example, the service had only been in place for 18 months and was performing very well when the latest round of re-commissioning commenced This takes time away from service delivery and continuous improvement, therefore it is hoped that contracts in the future will be for

longer periods.

The commission endorsed the evidence raised by LCPT and QoL, as similar concerns have been flagged up at previous Health Scrutiny Commission reviews, by representatives of the voluntary community sector in Leicester.

2.50 **Hospital Admissions**

2.51 Drug related hospital admissions

2.52 In Leicester in 2010-11 there were 97 admissions for drug poisoning, 69 admissions with a primary diagnosis and 418 admissions with primary or secondary of drug related mental or behavioural disorder.

2.53 The commission heard that Leicester had a higher rate of hospitals admissions for drug poisoning than the national average. Castle ward is nearly double and Eyres Monsell ward over 3 times the Leicester rate. Four wards: Castle, New Parks, Stoneygate and Abbey, show a statistically significantly higher mental health-related drug admission rate than the Leicester average.

2.54 Alcohol related hospital admissions (Appendix A chart).

2.55 In Leicester admission rates for both males and females are significantly higher than in England. Admission for alcohol-specific by ethnic group show that 77% of admissions are white, and 15% from asian ethnic groups (BME groups represent around 36% of Leicester's population).

2.56 Leicester has a high rate of alcohol-specific hospital admissions, and has the 14th highest alcohol specific and alcohol attributable deaths in men nationally. For women, Leicester was the 35th highest area. There is a higher rate of alcohol-related admissions in the west of the city than in the east. The top 3 causes for admissions were hypertensive diseases, mental disorders and digestive disorders.

(To note – hostels that provide accommodation for those who misuse drugs and alcohol are located in the Castle ward, and the city centre is in Castle ward, therefore may be a reason for the high rates in this ward).

2.57 Kate Galoppi explained that the treatment model used in Leicester followed national guidance. This focussed on reducing dependence on formalised services, so that services provided could be delivered in the community.

2.58 **Commission question** - Admission rates for drug poisonings?

2.59 **Response from lead officer** - The admission rate for drug poisoning in Leicester is statistically significantly higher than the national rate, as with

many of the comparator PCTs. The admission rate for drug-related mental or behavioural disorders in Leicester is also statistically significantly higher than the national rate for both primary and primary or secondary diagnosis, and higher than the majority of peer PCTs apart from Nottingham and Manchester. The number of admissions is around 6 times higher in Leicester for any diagnosis, than for a primary diagnosis of mental health-related drug admissions.

2.60 **Dual Diagnosis**

2.61 In the UK it is estimated that 33% of psychiatric patients with serious mental illness have a substance misuse problem (referred to as dual diagnosis). In Leicester in 2010-11, 9% of new drug treatment journeys for adults, and 10% of new alcohol treatment journeys, the patient had a dual-diagnosis, compared to 14% and 16% nationally.

2.62 This shows there is a clear association between mental illness and drug/alcohol dependence. This raised the question of whether dual diagnosis was being done properly in Leicester.

2.63 **Commission question** – How are dual diagnosis services configured and which agencies work with this client group?

2.64 **Response from lead officer** - Clients with complex mental health issues would be seen by specialist treatment providers. Leicestershire Partnerships NHS Trust employ a Consultant Psychologist who will see the majority of service users with substance misuse issues. The Nurse Consultant post within Leicestershire Partnerships NHS Trust is responsible for coordinating the response to dual diagnosis issues, overseeing the implementation of the strategy and disseminating best practice across the sector.

2.65 Clients with mental health issues that come into contact with Leicestershire Community Projects Trust and Criminal Justice Drugs Team are seen by intercept workers that act as the conduit with community mental health services.

2.66 To support the high number of clients with dual-diagnosis in the prison population, the 'Intercept Project' has been set up in Leicester. The project has four aims; to effectively identify mental health needs of arrestees, and prisoners, to ensure continuity of care and support, to ensure effective liaison and diversion and to help offenders with dual-diagnosis improve their lives. In addition, a new project set up in 2012, between CJDT and LCPT which works with HMP Leicester, will help support those with dual-diagnosis.

The JSNA states that funding for dual-diagnosis is identified as a weakness and further development of dual diagnosis services is needed.

2.67 Treatment and Recovery

Drug and alcohol treatment has been proven to be highly effective, with studies concluding that every £1 spent on drug treatment leads to £2.50 in savings for society as a whole and for every £1 spent on alcohol treatment, the public sector saves £5.

2.69 The NTA models of care for inpatient / residential services for drug and alcohol clients is shown in 4 tiers Appendix A. This provides a checklist with which to benchmark the local treatment system against, to ensure a full and comprehensive range of interventions are being commissioned.

2.70 The number of young people in treatment continues to fall nationally, whereas in Leicester the number has increased in the last year. In September 2011 Leicester's treatment numbers were 18% up (99) on a 12 month rolling comparison, whereby nationally there had been an 8% reduction, however this may be a reflection of Leicester's young population.

a) Current Treatment Services in Leicester:

- LCPT Leicestershire Community Project Trust
- LPT Leicestershire Partnership Trust – NHS
- QoL Quality of Life Service
- CJDT Criminal Justice Drugs Team
- Plus other related services e.g. the Dawn Centre, the Anchor Centre and University Hospitals Leicester.

2.71 For those adults in treatment in Leicester, 33% had planned exits in 2010-11, which is lower than the national average. However, the high rate of unplanned discharge from alcohol treatment services was a concern.

2.72 The commission heard from the 'Quality of Life' (QoL) service (provided by Leicestershire and Rutland Probation Trust). QoL provided a recovery based drug and alcohol treatment service, delivering fairly new "wrap-around" support services. It addresses substance misuse and made sure that service users had access to a range of services to meet their needs, (for example, education, training and employment and housing).

2.73 The 'Quality of Life Service' submitted written evidence to the commission in relation to the service they provided, Appendix C.

2.76 The commission were informed that a similar 'wraparound' service was provided by the wet day centre (the Anchor Day Centre) in Leicester.

2.77 The JSNA identified that although there was a range of 'wraparound' services available, there was not a coherent systematic process on identification and assessment of drug and alcohol misuse, nor a systematic collection of data from these services. Therefore some needs and opportunities to refresh/signpost people into treatment are being missed.

2.78 The commission supports the JSNA which identified that to increase the chances of recovery for someone who is receiving treatment, A model that focuses on support from the community and the family and assesses the wider context should be implemented.

2.79 **Self Referrals**

2.80 In Leicester, self-reported drug use and alcohol use is lower than that nationally. There are a low proportion of self/family referrals, which in some aspects may reflect how clients can access services i.e. referral through healthcare or another service, or may indicate the lack of knowledge of the services in the local community or the feeling of a lack of access.

2.81 Most people referred to adult alcohol treatment services were referred from a GP. Self-referral rates could be improved.

2.82 **Young People**

2.83 Drug and alcohol misuse among teenagers is usually a symptom, rather than the cause of their vulnerability, as many have broader difficulties such as family breakdown, inadequate housing, offending, truancy, anti-social behaviour, poor educational attainment and mental health concerns.

2.82 The JSNA identified that Leicester has a relatively high proportion of younger people in treatment with complex issues. Further work is needed to understand why this is and the mechanisms to gain a higher proportion of referrals into treatment from community based services before they enter the criminal justice system

The relatively high levels of need recorded at treatment entry also suggest the need to continue to target services that work with at risk groups of young people – for instance those who are NEET and with mental health difficulties.

Four wards in the city appear to have relatively higher levels of young people in treatment, Braunstone/Rowley Fields, Beaumont Leys, Eyres Monsell and New Parks. In 2010-11 the majority of referrals came through the criminal justice system (88%, 92 out of 105) which suggests targeted work may be needed in these wards in order to prevent drug and alcohol related offending with young people.

2.83 Numbers and proportion of young people from BME backgrounds has increased since previous year- in particular from South Asian Communities. The majority of those in treatment (75%) are using Drugs and 25% alcohol. Cannabis (84%) is the main drug of use followed by Cocaine use (8%).

2.84 **Commission question** - How do lead commissioners intend to address the questions of young people and legal highs, as legal drugs available via internet and other retail outlets are increasingly problematic in our city wards?

- 2.85 **Response from lead officers** – In relation to adult services a campaign relating to legal highs (which would be targeted to young people and adults) is in the planning stage currently.
- 2.86 In relation to young people and legal highs it does not appear that the use legal highs has become an issue for users of our young people’s services, however there is still a need to remain alert to the emergence of Novel Psychoactive Substances becoming available and to provide information and support to young people as confidence and awareness in this area may be low.
- 2.87 The drug alert system operated in conjunction with Leicestershire and Rutland and the LLR illegal drug monitoring/trends monitoring group provides an opportunity for immediate alerts about new substances to be posted and consideration of advice to services and users. For instance, a local alert about a possible new legal high circulating in the Saffron lane area was posted by a service in March 2012 and responded to by other services.
- 2.88 From commissioning perspective we are currently beginning the modelling process for the re-contracting of our young person’s services and we will be looking for opportunities to ask users, services and other stakeholders which issues are a particular concern for them and how we might best address them. This will present an opportunity for issues around legal highs to be aired although we are aware that Cannabis and alcohol use are the main issue of concern for young people at this stage.
- 2.89 **Supporting / Connecting Evidence from Previous Reviews**
- 2.90 The Health Scrutiny Commission members were aware of the funding issues raised by QoL and LCPT, as these echoed the findings of previous reviews conducted by the commission into the ‘Funding Concerns raised by the Voluntary Sector’ and the ‘Mental Health Review of Working Age Adults’, which highlighted:
- Not a level playing field, as larger organisations have in-house law advice and bid writers.
 - VCS was not able to bid for contract services if TUPE was involved because VCS generally had lower wage levels and pension/benefits schemes.
 - Experience, commitment, knowledge and skills of working in local community is not taken into account.
 - More national or regional organisations being awarded contracts, resulting in local VCS being squeezed out/collapsing.
 - There should be greater focus on value rather than cost in contracts.
- 2.91 The commission believes that VCS are closer to the community and better understands local needs, to provide drugs and alcohol support services.
- 2.92 Evidence relating to 1) dual diagnosis, 2) a greater understanding of needs within the BME communities in the JSNA is also supported by the previous

reviews.

3 Legal Implications

None identified

4 Financial Implications

None identified

5 Appendices:

Appendix A - Presentation slides 'Drug and Alcohol Services in Leicester'

Appendix B - Key findings and Recommendations of the 'Joint Specific Needs Assessment: Drugs & Alcohol in Leicester, May 2012'

Appendix C – Role of 'Quality of Life Service' delivering drugs and alcohol services.

Appendix D – Role of 'Leicester Community Projects Trust' delivering drugs and alcohol services.

Appendix E –Unit Cost Data

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