

Social Justice and Regeneration Committee

SJR-02-05(p.5) Annex

Date: 3 February 2005

Venue: National Assembly for Wales

Title: Substance Misuse Policy Review Progress Report

1. Coverage

This paper provides an overview of the work undertaken to date by the Social Justice and Regeneration Committee as part of their review into substance misuse policy and makes recommendations regarding the next steps in the policy review process. A glossary of the substance misuse related acronyms is attached at the end of the paper.

2. Policy review progress to date

2.1. *Selecting a topic for the first stage of the review*

The Committee decided to undertake a review into substance misuse policy in December 2003. A consultation exercise was undertaken between January and April 2004 in order to assist the Committee in identifying key issues relating to substance misuse policy. In response, a broad range of organisations provided information. On 30 June 2004, the Committee decided that the policy review should focus on the scrutiny of Assembly Government policy developments, identifying examples of good practice and areas which could be improved. A dedicated policy review meeting was held on 23 September 2004. Papers were presented identifying Assembly Government policy developments and work recently undertaken within the substance misuse field to ensure that the Committee policy review takes account of and compliments existing work rather than duplicating it. Members selected *the provision of substance misuse treatment services* as the topic for the first phase of the policy review.

2.2 Evidence gathering

In addition to the contributions made through the consultation exercise, further evidence has been gathered as follows:

- An evidence gathering session was held on 4 November 2004. Representatives of four treatment

providers from the voluntary, NHS statutory and private sector gave presentations and answered questions.

- Specific advice on the issues relating to the collection of service waiting list / time information was later provided by the treatment providers who presented to the Committee at the meeting of 4 November 2004.
- A programme of policy review visits to a range of organisations across Wales have been arranged though January to March.
- Representatives from the College of Occupational Therapists presented to the Committee on 26 January 2005.
- Evidence will be taken from representatives of commissioning and planning organisations (Community Safety Partnership Substance Misuse Action Team sub-groups and a Local Health Board) at today's meeting of 3 February 2005.
- The Social Justice and Regeneration Committee will hold a meeting in North Wales on 10 March 2004 which will incorporate a visit to HMP Liverpool, Walton and meetings with a number of service providers and commissioners.

3. Emergence of key themes

The following key themes have emerged from the evidence gathered to date:

3.1 Funding

- Treatment services in Wales are funded by a variety of commissioning and grant providing bodies including: NHS Wales (generally through mainstream primary and secondary services); Community Safety Partnerships; local authorities; criminal justice agencies; self-funding; and charitable support.
- The increased resources made available to treatment services in recent years by the Assembly Government and Home Office were generally acknowledged and welcomed.
- Both voluntary and statutory sector treatment agencies have reported difficulties caused by the amount of funding streams they are required to access including the staff resources used in applying for funding and providing individual monitoring reports to funders. These difficulties are being addressed by some providers and commissioners through joint contracts and service level agreements
- Short term and initiative specific funding opportunities do not facilitate the development of core treatment services.
- Treatment services and individuals are funded across Wales in a variety ways. For example, the funding arrangements for a person's treatment may be determined by the way in which they have

presented themselves as in need of treatment – via their GP, a social worker, the criminal justice service or directly to a treatment provider.

3.2. Commissioning practices / strategic organisation

- The Community Safety Partnership commissioning arrangements have worked well in some cases but the absence of a regional commission structure has caused some difficulties for agencies who provide services on a cross boundary or All Wales basis.
- Relationships between key bodies across various sectors impacts on the provision of treatment services.
- The General Medical Services Contract and new Pharmacy Contract are expected to have an impact on treatment provision
- Commissioning should be evidence based
- Commissioners have tended to focus on illegal drugs and the relationship between substance misuse and offending behaviour. Some evidence providers have expressed concerns that there is insufficient focus on alcohol misuse and the health and social aspects of misuse.

3.

Information

- There is a lack of consistent, fit for purpose information available to both treatment providers and commissioners. The information collected should be consistent, meaningful and useful.
- The focus of the information collected, which has tended to be outputs (e.g. numbers of people seen) rather than outcomes (e.g. what happened to those who were seen), needs to be shifted.
- It is difficult to estimate how many people are currently waiting for various treatment types and how long they wait.
- Requests for information from commissioners can have resource implications for some agencies
- A mapping exercises of the processes involved for individuals accessing treatment could be useful.

3.4. Capacity issues

- There is a lack of trained / experienced substance misuse workers from a range of professional backgrounds.
- The monitoring demands of commissioners can impact on the capacity.
- The funding of short term initiatives can lead to skilled workers moving to different posts rather than an increase in the number of workers within the sector.
- There are concerns that there are insufficient services to meet demand, particularly services for children, ‘clinical’ treatments such as detoxification.

Referral and care pathways

- People may need a range of treatment types to address their substance misuse related problems. It is not always possible for people to access the treatment they need at the time they need it, for example, detoxification treatment immediately prior to residential rehabilitation, or substitute medication prescribed alongside social support.
- Waiting times to access some treatment types are considered too long in certain areas in Wales by many treatment providers. Waiting times and limited budgets are thought to contribute to ‘hidden needs’ – people who do withdraw from waiting lists or do not present to agencies.
- Some evidence givers favoured the development of a single assessment and agreed ‘care pathways’ for those needing treatment to ensure that the treatment a person accesses is based on their need rather than the nature of the assessment and the referral practices of the professional they have presented to. For example, it has been suggested that the same person would be more likely to be referred for occupational therapy if their substance misuse is brought to the attention of mental health professionals rather than a GP, criminal justice worker or social worker.
- There is a lack of integration between services in some areas. For example, the providers of current treatment services have not always been involved in the development and introduction of new initiatives which have increased demand on their services.
- Some examples of multi-disciplinary integrated treatment services (e.g. a one stop shop) have been provided and are reported to be effective.

4. Next Steps

4.1 Interim report

The Committee may wish to produce an interim report highlighting the findings which have emerged from of this phase of the policy review which has focussed on the commissioning and provision of treatment services. It is suggested that the report should be structured according to the themes which have emerged from the evidence, with each section describing examples of facilitating factors and barriers to effective working which have been described by those providing evidence. Member’s may also wish to include references to relevant Assembly Government policy developments and other work recently undertaken within the substance misuse field to ensure that any recommendations made by the Committee take into account external developments and findings.

4.2 The next phase of the policy review

The Committee will want to select a topic for the next phase of the policy review. An options paper will be made available to Members before the meeting of 27 April.

Glossary of substance misuse related acronyms

CDAT (CDT, CAT)

Community Drug and Alcohol Team (Community Drug Team, Community Alcohol Team)

Team of health and social care professionals, which provides specialist assessments, advice, information, counselling and access to rehabilitation or treatment services for people who have drug or alcohol problems. Located within the statutory sector but can involve workers from other sectors.

CSP

Community Safety Partnership

Community Safety Partnerships (previously Crime and Disorder Partnerships) were established under the Crime and Disorder Act 1998. This Act and the Police Reform Act 2002 place a joint statutory responsibility on the Local Authority and the Police, in partnership with the Probation Service, Fire Authorities, Police Authorities and Local Health Boards to develop and implement a strategy to tackle crime and disorder and the misuse of drugs in their area. The 22 CSPs took over the strategic role of the 5 DAATs (Drug and Alcohol Action Teams - see below) which were abolished in March 2003. Each CSP has a substance misuse focused sub-group known as a SMAT (Substance Misuse Action Team). CSPs are charged with allocating Assembly Government and Home Office monies on the basis of local priorities and are in this sense commissioners of substance misuse services.

DAAT

Drug and Alcohol Action Team

Abolished in March 2003, DAATs were multidisciplinary partnerships drawn from health, social services, education, police and voluntary services backgrounds to lead and co-ordinate the implementation of the Welsh substance misuse strategy, *Tacking Substance Misuse in Wales: A Partnership Approach*. The 5 DAATs were co-terminious with the Welsh health authorities also abolished in March 2003.

DANOS

Drug and Alcohol National Occupational Standards

National Occupational Standards describe the UK government agreed workplace standards of performance that can be expected by employers, workers and other stakeholders. The DANOS standards provide a specification of the standard of performance required by the range of employees who work within the sector. They provide criteria for the assessment of performance both within organisations and externally, leading to certification. They can also be used as a tool in job design and evaluation, recruitment, induction training, redeployment, and career and personal development.

DRDs

Drug Related Deaths

Deaths which occur as a result of drug misuse, both directly, e.g., over-dose, and indirectly, e.g., accidents which occur whilst someone is under the influence which kill either that person or a third party

DTTO

Drug Testing and Treatment Orders

A sentence of the court introduced under the Crime and Disorder Act 1998, DTTOs replaced the power to add a requirement for drug treatment to a probation order. It can be imposed on any offender over 18 who has a dependency on or propensity to misuse drugs and for whom treatment may be helpful in breaking the link between their drug use and their offending behaviour

GMS contract

General Medical Services Contract

The nationally agreed contract for the provision of services negotiated at local level between GPs and Local Health Boards. The contract was implemented in Wales in April 2004.

LAT

Local Action Team

Abolished with DAATs in March 2003, the 22 LATs in Wales were multi-disciplinary partnerships drawn from health, social services, education, police and voluntary services who's role was to keep the 5 DAATs informed of local and operational issues.

NES

Needle exchange schemes

Developed within the wider context of harm minimisation or reduction, these schemes were set up in the 1980s in response to the spread of HIV and hepatitis amongst injecting drug users. Needle exchange schemes generally involve the provision of sterile needles and syringes and the safe disposal of used equipment. These services are based in a variety of settings, including community pharmacies and treatment services and often offer information and advice, health check ups, safer sex advice and condoms etc.

OR

National Enhanced Services

Under the General Medical Services contract (see above), National Enhanced Services are either essential or additional services which delivered to a higher specification or medical services which fall outside the normal scope of primary medical services. National Enhanced Services are commissioned by Local Health Boards according to their assessment of local needs and proprieties. Local Health Boards are not obliged to commission services which fall into this category. Services for drug and alcohol misusers are National Enhanced Services.

NTA

National Treatment Agency

The National Treatment Agency is a special health authority, created by the UK Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

SMART

Substance Misuse Advisory Regional Team

Welsh Assembly Government teams of 3 coterminous with the 4 Police Authorities in Wales. Their main role is to provide a strategic level of support to CSPs and SMARTs (see below) in the implementation and delivery of their strategies to tackle substance misuse (known as local substance misuse action plans). The SMARTs also undertake the monitoring of the management arrangements that the responsible authorities and their partners have in place to measure provision and quality of services.

SMAT

Substance Misuse Action Team

SMATs are Community Safety Partnership sub-groups which focus specifically on the substance misuse elements of the CSP statutory obligations, specifically, the development, implementation, monitoring and evaluation of the local substance misuse action plans.