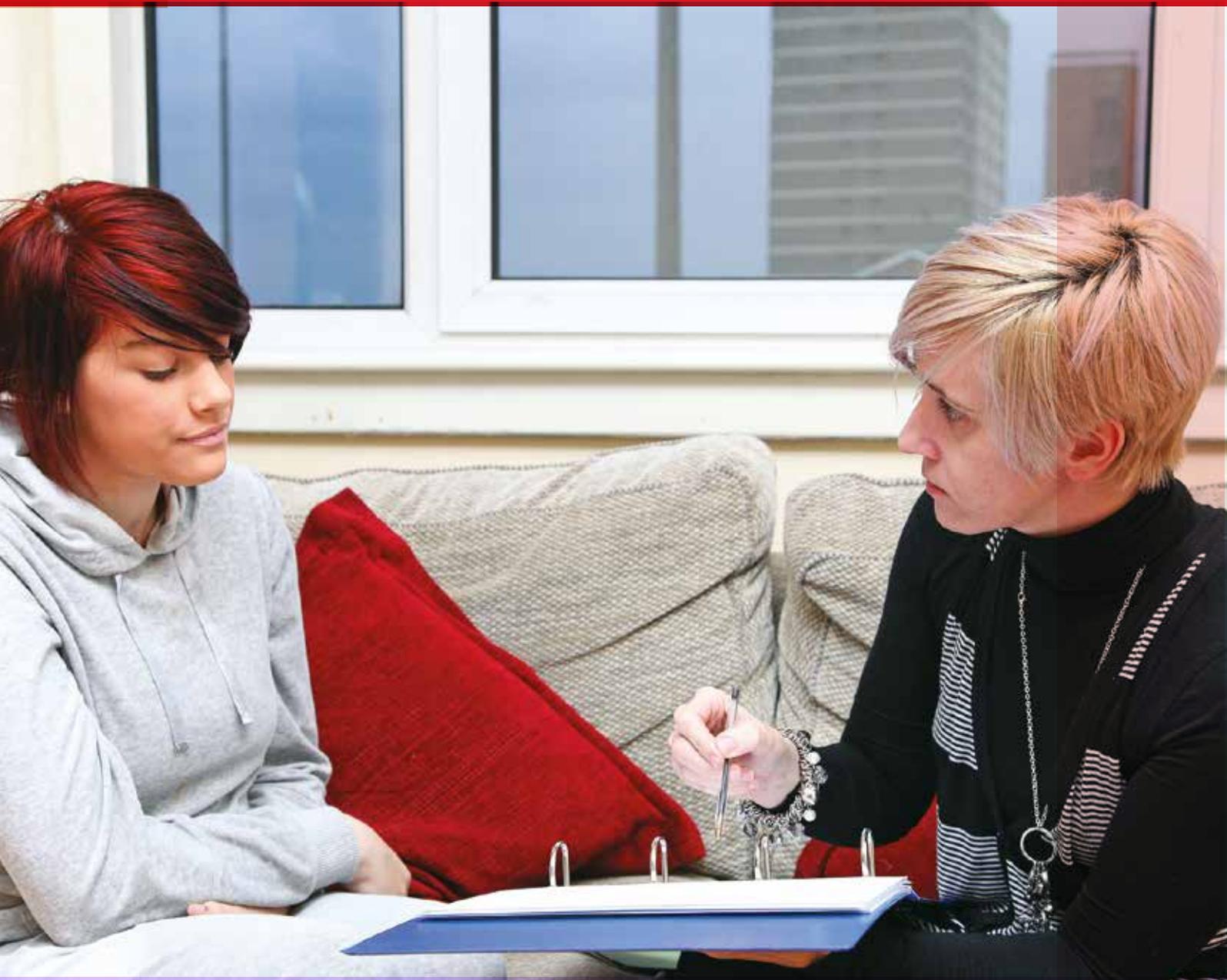


Market Position Statement: Adult Substance Misuse Services



1. Summary

- 1.1 Camden's vision is to improve the experience, outcomes, quality of life and life expectancy for people who misuse substances or are affected by someone else's substance misuse. Our treatment system will be balanced and ambitious in addressing the diverse needs of those who need help with their substance misuse. Camden services will ensure that every contact counts - people who access services will benefit from effective and evidence based harm reduction and prevention strategies to improve their health and wellbeing, whilst being supported to achieve their personal recovery outcomes and goals. We will evaluate the effectiveness of our treatment system against national benchmarks and will work with other areas to share best practice in support of continuous service development.
- 1.2 In future we want those who use our services to be able to say:
- I know what services are available to me, how they can help me to achieve my individual goals, and how to access these.
 - I am able to access all the support I need around my health and social wellbeing through one service and do not have to repeat myself to different providers.
 - The services are tailored around my personal circumstances, and the aims of my care plan are agreed and reviewed with me, and when I so wish, with other professionals who are supporting my recovery.

- I feel more confident and optimistic about my ability to achieve and sustain a stable recovery and am clear about what this means to me.
- I am able to rebuild and enjoy my life and access different opportunities in my local community without fear of stigma or marginalisation.

- 1.3 Currently, we know that the service delivery model in Camden is not effectively supporting all those needing help with their substance misuse, and there is too much variation in the outcomes. The overall service model is not integrated around individual outcomes and as a result of the historical service development the balance is still on harm reduction, not recovery.
- 1.4 Our plan is to deliver a fully recovery focused service through the re-alignment of the current provision to better match available resource to the changing client profile. This will allow us to respond to some of the financial challenges that the local authority will face, whilst ensuring improving a continuous improvement in service outcomes and good value for money.

2. Demand

Camden's Population

- 2.1 Camden has just over 220,000 ordinary residents, of these 49% are male, and 51% female. Camden's population grew by 8.5% between 2001 and 2011¹, and the current forecast is for a 11.7% population growth

between 2013-2026². Please see Camden Joint Strategic Needs Assessment for a more detailed borough profile (www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/joint-strategic-needs-assessment/)

Drug and Alcohol use in Camden

- 2.2 Drug and alcohol misuse is a complex issue. While the number of people with a serious problem is relatively small, someone's substance misuse and dependency affects everybody around them. Camden has high levels of drug and alcohol use which has led to high demand for health, community safety and social care services and associated costs.^{3,4}
- 15,000 Camden residents may have used illicit drugs in 2012/13, including almost 6,000 using at least one Class A drug.
 - Camden has one of the largest opiate or crack-using populations in London (2,350 people), including an estimated 823 injecting drug users.
 - Cannabis and powder cocaine are likely to be the most widely used illicit drugs in the borough.
 - Camden has a population of 30,200 increasing risk and 12,100 high risk drinkers. Around 29,700 or 17% of the adult population between 16-74 years of age) binge drink and around 4,000 are thought to have developed a dependency.⁵

- 2.3 It is acknowledged there is a link between substance misuse and some health inequalities, for example:
- The prevalence rates of psychiatric disorder in alcohol dependence is 30% and drug dependence 45%, compared with 12% in the non-dependent population.⁶
 - The prevalence of smoking may be as high as 80% in the service user population, compared to 21% in general population. Smoking can significantly reduce life expectancy, and the risk of relapse is significantly higher for people who continue to smoke cigarettes after achieving abstinence from other drugs.
 - Those who inject drugs or use certain substances linked to increased sexual risk taking put themselves at an increased risk of contracting blood borne viruses (BBV) and sexually transmitted disease. In Camden confirmed cases of hepatitis C have increased. Camden is currently ranked 3rd out of 12 boroughs in North East London for hepatitis C; more work is needed to understand the relationship between drug use and HIV.⁷
 - Those living in the most deprived areas of Camden are more likely to experience harm associated with substance misuse, even where consumption is comparable or lower to those living in the higher income areas.

1 London Borough of Camden – 2011 Census Key Statistics and Quick Statistics for Camden.<http://www.camdendata.info/AddDocuments1/2011%20Census%20Key%20Stats%20and%20Quick%20Stats%20for%20Camden.pdf>

2 London Borough of Camden- Camden Profile 2013

3 Public Health Intelligence, Camden Profile – Alcohol and Substance Misuse Needs Assessment, 2014 <http://www.camdendata.info/AddDocuments1/Camden%20Substance%20Misuse%20Needs%20Assessment.pdf>

4 NICE, 2007, Interventions to reduce substance misuse among vulnerable young people - Costing report – implementing NICE guidance

5 National Public Health Observatory, Local Alcohol Profile for Camden 2014

6 Farrell, M., Howes, S., Bebbington, P., et al (2001) Nicotine, alcohol and drug dependence and psychiatric comorbidity. Results of a national household survey. British Journal of Psychiatry, 179, 432–437

7 Public Health Intelligence, Camden Profile – Sexual Health, 2014 www.camdendata.info/AddDocuments1/Camden_Sexual_Health_Profile.pdf

Future demand

- 2.4** In line with national trends, it is expected that Camden will see fewer people seeking help for opiate addiction and more people who need help with non-opiate drugs such as stimulants and novel psychoactive substances (NPS).⁸ Those using stimulants or NPS are likely to be younger, more socially included and present with different needs that will require shorter, intensive interventions focused on prevention of further harm and recovery.
- 2.5** Overall, fewer opiate users are presenting to treatment, however, Camden has in recent years seen an increase in the opiate treatment population who have been in treatment for 4 years or more. There is a growing number of older drug users who continue to present with serious addiction and health problems which will need an effective local response.
- 2.6** It is expected that injecting drug use, particularly of opiate substances is likely to decrease in line with national trends. Needle and syringe sharing is also lower than a decade ago, although around one in seven of people who inject heroin or crack drugs continue to share needles and syringes.⁹ Of growing concern are people who inject image and performance enhancing drugs, such as anabolic steroids and melanotan, who are at greater risk of HIV, hepatitis B and hepatitis C infection than previously thought.
- 2.7** In terms of alcohol use, the proportion of people in the UK consuming alcohol at least once a week has been declining in both men and women and in general people drank less frequently in 2012 than in 2005.¹⁰ National evidence shows that the level of drinking

increases with age, and those aged 65 or over are more likely to drink alcohol on at least 5 days during the week than any other age group. At the same time, in terms of weekly units, younger groups are likely to drink more in one go. Camden is likely to see an increase in alcohol consumption and alcohol related harms attributable to the growing younger student population, and a growing older population. To meet these changing needs the alcohol services will need to balance prevention with harm reduction and recovery.

- 2.8** A more detailed analysis of the drug and alcohol using population, numbers in treatment and emerging need in Camden is available from the Health Needs Assessment: <http://www.camdendata.info/AddDocuments1/Camden%20Substance%20Misuse%20Needs%20Assessment.pdf>

3. Supply

- 3.0** Effective prevention, treatment and recovery can help substantially reduce the economic and social costs of drug and alcohol related harm. In recognition of the high level of need in the borough, Camden has invested significantly in open access and specialist drug and alcohol treatment services – just over £8.3m annually.
- 3.1** Treatment services in Camden, as elsewhere in London, have over time developed around the needs of those experiencing the most harm due to their substance misuse. This is because the current treatment model was designed when the number of opiate and crack users in London was on the increase,

and the Government drug strategy was focused on harm reduction.

This model is characterised by a large specialist clinical provision. Seven out of ten (67%) clients in treatment are seen in specialist clinical services delivered by Camden & Islington NHS Foundation Trust.

- 3.2** The size of the specialist NHS provided provision against the changing client profile means that the capacity is not aligned according to the presenting treatment needs and the cost of drug treatment in Camden is potentially too high. A recent benchmarking exercise between Camden and four other London boroughs with similar profile of drug misuse showed Camden had the highest treatment spend, whereas the outcomes were comparable.
- 3.3** Camden's investment in treatment has resulted in outcomes that are favourable in national comparison:
- **54% of estimated opiate users are accessing treatment (8% above London average).**
 - **20% of those in drug treatment in Camden complete successfully, 5% above national performance.**
 - **36% of clients in alcohol treatment had a successful treatment completion in 2013/14 this is a 9% improvement on previous year, whilst nationally performance remained relatively stable.**
- 3.4** Our ambition is to double the recovery rate in Camden by having an integrated outcome focused system. We want to see at least 4 out of 10 drug users supported to leave treatment successfully and sustain the recovery.

3.5 The current system is not integrated around the recovery needs of individuals and there is inequality of access and outcomes:

- **Just 10% of the treatment population are accessing the full range of interventions available.**
- **Those starting treatment are more likely to be able to benefit from a more integrated service tailored to meet individual outcomes – 18% of those in treatment for less than 2 years complete compared to 7% of those in treatment over 2 years.**
- **Just four in ten (40%) of clients in treatment access specialist recovery support through the aftercare and social inclusion programme.**
- **A fifth of opiate users who leave treatment drug free, relapse within 6 months.**
- **Treatment outcomes for drug using offenders are comparatively worse than for other drug users, and the relapse rates are higher.**
- **Camden will continue to develop the range and availability of recovery support to ensure this is widely available to all clients in treatment at any stage of their treatment journey. However, in order to fully respond to the changing needs of drug and alcohol users, a complete transformation of the existing model is required. This transformation will seek to match the resource more effectively with the changing needs of drug and alcohol users and ensure that those needing help with drug or alcohol misuse have equal opportunities to access treatment and make a full recovery.**

⁸ (European Monitoring Centre for Drugs and Drug Addiction 2012)

⁹ Shooting Up: Infections among people who inject drugs in the UK 2012. An update: November 2013, Public Health England, November 2013.

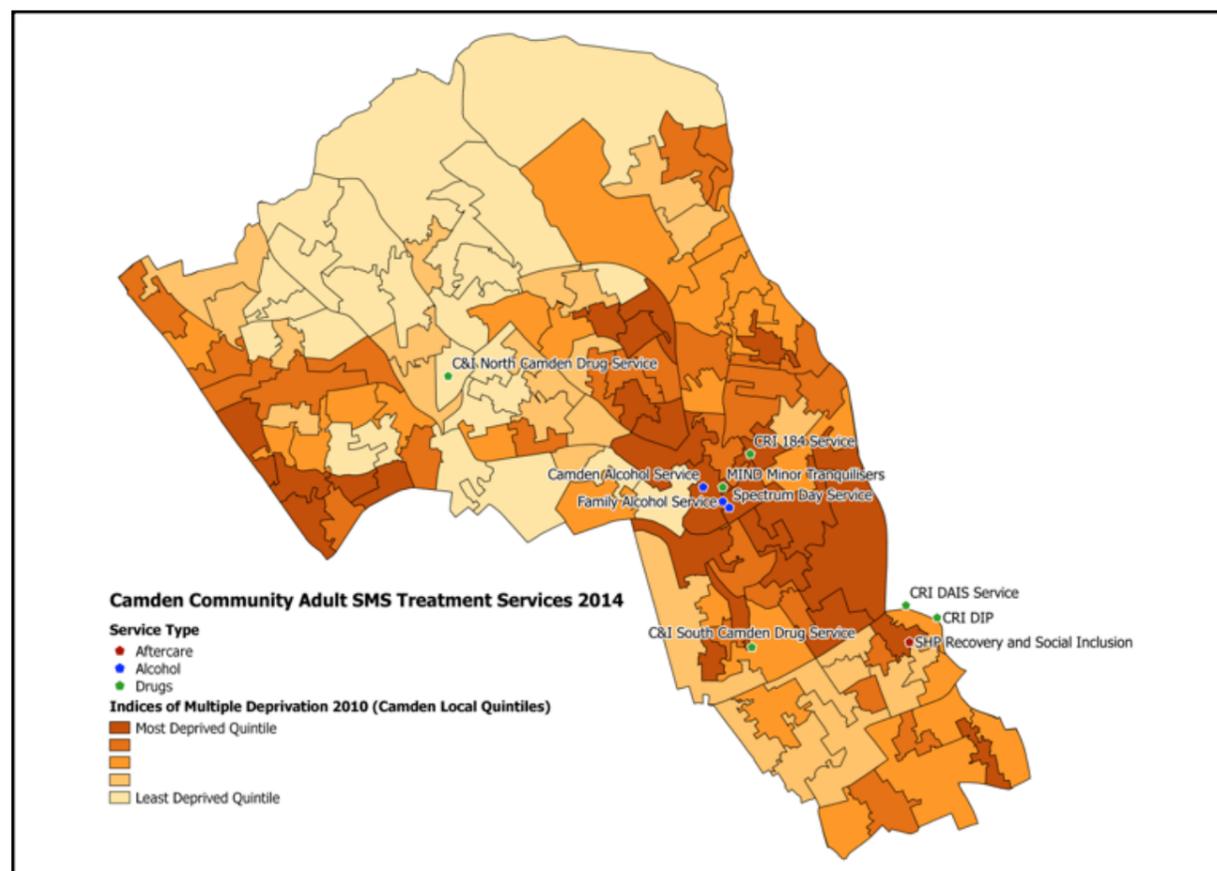
¹⁰ Office of National Statistics, 2013, Drinking Habits Among Adults 2012 <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Alcohol+Consumption>

Community Based Treatment

3.6 Community treatment and recovery services in Camden are currently delivered through a number of different contracts that offer the full range of evidenced based interventions that address the harms caused by substance misuse to around 1,600 drug users and 760 alcohol users each year. The relatively large number of contracts involved in the delivery of the current treatment model sets limitations to what extent Camden's ambition for recovery can be delivered. Please see Appendix 1 for a full list of services and service description, and Appendix 2 for current treatment maps.

3.7 Map 1 (below) shows the site of the existing community treatment services against levels of deprivation in Camden. The current substance misuse delivery model is based around fixed site services located mainly around Camden Town and King's Cross. Although, the service is also accessible through a small number of satellite services in hostels and GP practices, this fixed site centric pathway model means that the service is not equally accessible across the borough, especially in the northwest of the borough where there are relatively high levels of deprivation and potential treatment need. In addition there are likely to be cohorts of treatment naïve people who are reluctant or unable to access a fixed service and might be more likely to engage if the service was available from a greater range of venues.

Map 1. Community substance misuse treatment services in Camden



3.8 Camden's plan is to make the service more geographically available, possibly through co-location and joint working arrangements with other health and social care providers. Camden is also looking at other ways to add flexibility by making services available through extended opening hours and care at home or other preferred location. These arrangements aim to reduce access inequalities and make treatment more available to Camden's changing drug and alcohol using population.

Locally commissioned services in Primary Care

3.9 People registered with various GP practices across Camden are able to receive opiate substitute prescribing treatment direct from their GP. Delivered in partnership with the drug treatment provider(s), GPs provide a community based treatment option for people who may be in employment; volunteering or are sustaining their goals towards recovery.

3.10 Camden will be looking to re-specify the local commissioned service for drug misuse for 2015-16 to incorporate Camden's ambition for recovery and expand provision in line with primary care developments such as Camden's GP federations.

Locally commissioned services in Pharmacy

3.11 Camden commissions two services through community pharmacy:

- **Supervised Self-Administration (SSA) of methadone or buprenorphine (opioid substitute medication) is available for those adult users new to treatment; at risk of misusing prescribed medication or who lack safe storage facilities. For 2014-15 39 of Camden's 42 pharmacies are offering this service.**

- **Needle exchange services are delivered through a mixed economy model from pharmacy, community drug services and selected hostels¹¹. In 2014-15 fifteen pharmacies have been strategically commissioned to reduce the transmission of BBV and other infections caused by sharing injecting equipment, through the distribution of clean sterile needles, syringes and associated injecting paraphernalia. This benefit the wider society through a reduction in BBV and reducing the incidence of inappropriately discarded used injecting equipment in Camden.**

3.12 The future planning of pharmacy based services will be informed by Camden's public health needs assessments for sexual health¹² and pharmaceutical services¹³. The service commissioning options will include any qualified provider, where there is evidence that successful service provision is not dependent on professional specialism.

Residential Treatment

3.13 Residential treatment includes detox, primary, secondary treatment and aftercare and is accessible via Camden Care Management. These services are funded through public health and adult social care and the total budget is around £1m. Residential treatment is accessible to any Camden resident who requires high level, intensive, support to gain abstinence from drugs or alcohol, and who meet the local authority Fair Access to Care Services (FACS) criteria for significant or critical need. The residential treatment is

11 www.nice.org.uk/guidance/PH52

12 http://www.camdendata.info/AddDocuments1/Camden_Sexual_Health_Profile.pdf

13 <http://www.camdendata.info/AddDocuments1/Camden%20PNA%202011.pdf>

provided through a framework agreement encompassing 18 providers who deliver programmes varying in intensity, philosophy and length.

- 3.14** Residential treatment will continue to be a part of the recovery focussed treatment pathway in Camden, although the demand for this provision is expected to reduce further. In future it is anticipated that an increasing number of people will be able to benefit from abstinence based structured interventions in their local community.

Recovery Support

- 3.15** Recovery support is a key element of successful substance misuse treatment. A good access of both formal and informal recovery support will support treatment completion and long term recovery and wellbeing in local communities. All community drug treatment services will offer a range of recovery focused interventions. In addition, Camden has invested in specific recovery programmes of support, including:

- **Aftercare and Social Inclusion Service that supports around 450 drug and alcohol users each year to access basic skills training, education, training and employment.**
- **Recovery peers, a group of volunteers who offer motivational support and encouragement to people in treatment.**
- **SMART recovery, a rolling peer support programme that people can join at any time during or after treatment.**
- **Intuitive Recovery, a peer education programme that supports people towards abstinence.**
- **Recovery Café, a recently funded initiative which aims to give people training and employment opportunities, whilst also providing a sober space for people to come together.**

- 3.16** Despite these developments, the current treatment delivery is not fully recovery focused. Camden's plan is to improve the range and access to recovery focused activities through service re-specification, specific investment and community asset development.

4. Stakeholder feedback

- 4.1** The plans for the substance misuse services in Camden will be shaped by stakeholder feedback and continuous dialogue with those who benefit from and deliver our services.

- 4.2** Camden held two stakeholder workshops in June 2014 for users of services and professionals working within the substance treatment services respectively. The findings from these workshops will inform Camden's recovery vision that will effectively represent the current and future needs of users of services as well as incorporate the knowledge and expertise of professionals working within those services with the ultimate goal of achieving successful recovery outcomes. A number of themes were identified that will guide the development of the vision and the planning of services:

- **Improved communication of what is available and greater transparency between services**
- **Improved access to mental health services through substance misuse treatment.**
- **Addiction as a health issue, not criminal justice concern**
- **Reduction of stigmatization**
- **Equal focus on harm reduction and recovery**
- **Users of services at the focal point of service delivery**

- **Better access and tailored treatment responses as opposed to 'one size fits all' model.**

- 4.3** We will want to work closely with Frontline, Camden's substance misuse user involvement group hosted by VoiceAbility, to gather user feedback and collaborate on the plans for the new service.

5. Models of Practice

- 5.1** People who use our services will be able to participate and make positive contributions in their local communities. Our services will help people to build recovery capital that sustain the benefits of treatment in the longer term. This could be through stable housing, employment, positive social networks and access to local services. Our strategy will further reduce the negative impacts of substance misuse on families and will help more children and young people to enjoy and achieve in their local community.

- 5.2** Some people stop using drugs successfully by themselves without support or treatment. Many though will need professional support. This support should be tailored towards helping people to gain strategies to be able to resist misusing substances and develop the personal skills and resources to lead independent, meaningful lives and sustain recovery.

- 5.3** Camden will need to re-configure the current provision to make better use of the service capacity and to ensure that the provision of clinical and non-clinical interventions is appropriate to meeting the changing needs of the drug and alcohol users. The overall service model is not integrated around individual outcomes and as a result of the historical service development the balance is still on harm reduction, not recovery.

- 5.4** The current voluntary sector contracts for drug treatment come to an end in October 2015. This brings about opportunities for improving service efficiency and making the treatment model more recovery focused through service transformation.

- 5.5** It is anticipated that in future treatment in Camden will be delivered through fewer contracts, and the services will be more integrated with other health, social care and housing provision, offering holistic, recovery focused interventions that are appropriate to individual circumstances. This includes people who offend and use substances. The recovery support will incorporate assertive interventions around sustainable recovery, such as access to employment, training and education. The holistic treatment model will also take into account those affected by someone else's substance misuse, aiming to reduce the lifetime impacts of substance misuse on individuals, their children and families.

- 5.6** In future the substance misuse providers will have an increasing role in reducing drug and alcohol related harm in Camden through awareness raising and training programmes. The providers will work with public health to co-ordinate communications material aimed to improve awareness of harms, early prevention and access to treatment.

- 5.7** A major part of the service development will be to improve the range of recovery activities that sit alongside clinical and psychosocial interventions. Our approach to partnership working and community asset development mean that people who use our services will be able to benefit from a well co-ordinated, streamlined offer of care that will support longer term recovery and wellbeing in the local community.

- 5.8** A specific area for further development is to establish a better co-ordinated for people with dual diagnosis of substance misuse and mental health. A separate market position statement is available for mental health and the future

development of services for both substance misuse and mental health will include pathways for people with dual diagnosis.

5.9 Camden has already started the realignment of the community alcohol treatment provision and a new integrated service will start on 1 April 2015. This service will work across different health and social care settings and will offer holistic interventions to people misusing alcohol and their families that aim to prevent further harm and promote sustainable recovery.

5.10 In terms of community drug treatment services, Camden will be working with customers, professionals and citizens to identify options for the new treatment model, including the location of service delivery, and opportunities for community based asset development. The scope of the procurement is going to include all community based contracts and it is anticipated that the procurement will take place in the spring of 2015. The implementation process is likely to take place between November 2015 and April 2016.

5.11 Camden is working closely with Islington Council to identify future joint opportunities for service development which may include options for residential treatment services, recovery services and structured day programme. The timelines for these developments have not been finalised at this stage.

5.12 In addition, Camden is currently developing a new service for 18-25 year olds who have substance misuse, mental health or sexual health needs. The new treatment pathway will include this transitions service and the expectation for services aimed young people and adults to work seamlessly together to offer holistic solutions to end life time dependency on substances and to reduce the harm to young people and families.

5.13 There is an assumption that the market would be prepared to provide the proposed model either through the NHS, voluntary sector treatment providers or the wider market. We want to work with providers who:

- **Have explicit quality standards and publish results of independent monitoring**
- **Are transparent and prepared to work to an open book accounting approach**
- **Want to share and exchange intelligence and expertise with other partners**
- **Can demonstrate impact the service has & the outcomes they provide.**
- **Are committed to placing residents or customers at the centre of support and can demonstrate how they are active in shaping the design, delivery and quality assurance of the offer.**
- **Want to innovate and develop approaches which reduce service dependency and promote sustainable recovery over time.**

6. The likely future level of resourcing

6.1 The reduction in Government funding will have a major impact in Camden as in other local authority areas. The latest Government settlement has left Camden with a budget gap of around £70m by 2017/18.

6.2 Camden's current funding to adult and drug treatment services is just under £8.3m per annum. Our intention is to deliver significant efficiencies of around 20% - 25% over the next three years through the transformation of the drug and alcohol treatment pathways and services. The base for this assumption

is to be able to reconfigure the current treatment offer, to consider more flexible treatment access which is less reliant on a large fixed site service, or specialist (statutory) provider offer.

6.3 We will need to ensure that services and spend are matched to the needs of residents and deliver best value for money. Currently it is felt that there is too much capacity/ activity occurring within specialist services to support those with lower intensity of need.

6.4 These efficiencies will be delivered as part of the overall development of the Council's financial strategy for 2015 – 2018 based on Outcomes Based Budgeting (OBB) approach. The aim of this approach is to focus the Council's resources on organisational priorities as set out in the five year strategy 'Camden Plan': Another financial driver is the Camden and Islington public health transformation programme, which further seeks to improve service efficiency and value for money through the streamlining of investment and focus on the priorities set by local Health and Wellbeing Boards.

6.5 There are further opportunities to deliver efficiencies through contracting arrangements through joint working with Islington in commissioning some of the more specialist elements of the pathway. Options include structured day service and residential treatment.

6.6 At the same time Camden is committed to retaining a sufficient level of investment to build recovery support to sustain treatment outcomes and value for money in terms of reduced treatment / support need in future.

Appendix 1 – Current community drug and alcohol treatment contracts

Community Drug Treatment

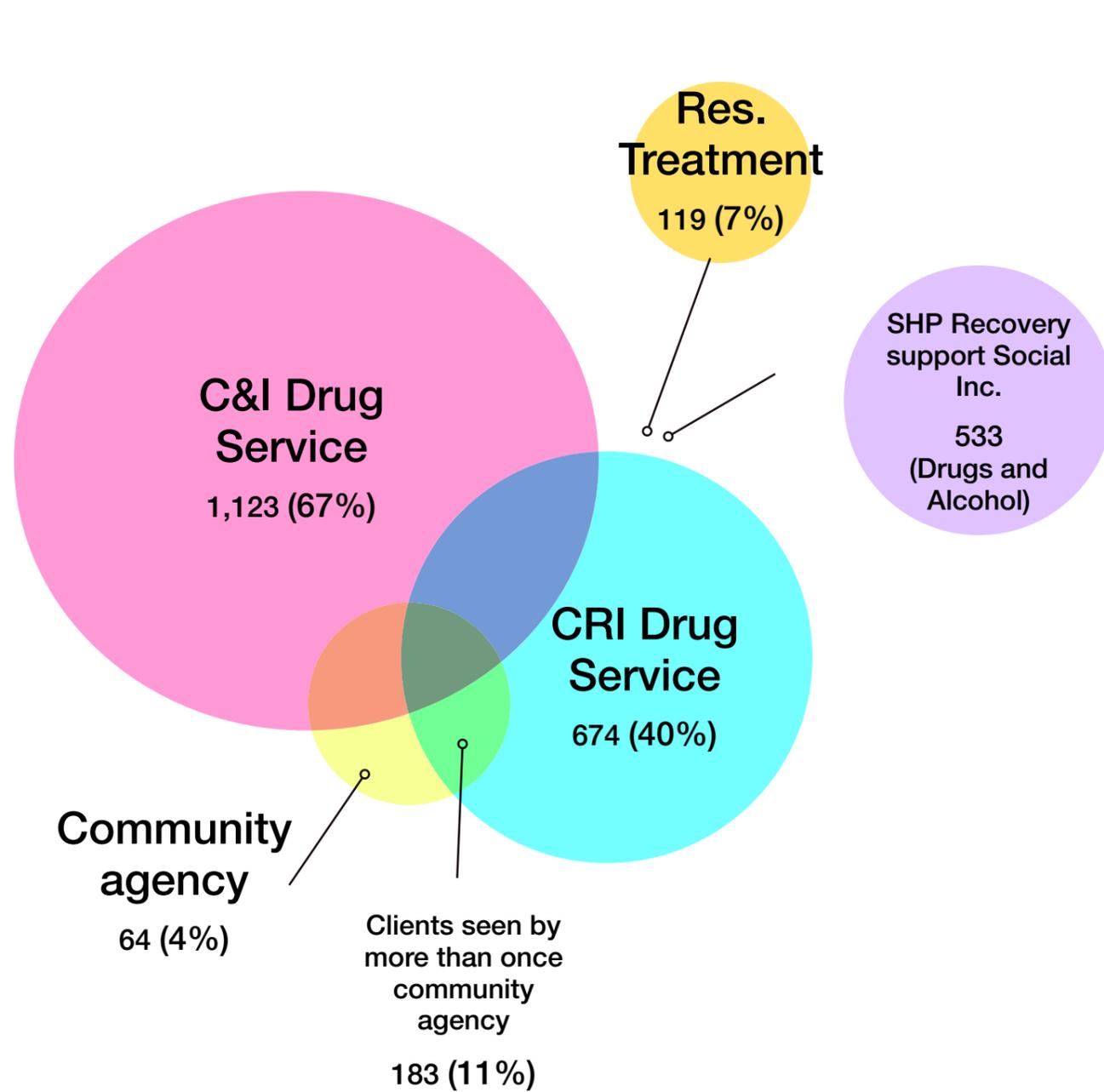
Service Type	Name	Provider	Description	Location (main service)
Open access	184 and DAIS	Crime Reduction Initiative (CRI)	Non-medical services which include advice and information, one to one and group work complementary therapies, harm reduction services, and a fixed site needle exchange	Royal College Road (NW1) and Pentonville Road (N1)
Arrest referral and Integrated Offender Management (IOM)	Camden DIP	CRI	Assertive support for individuals who test positive for drugs on arrest or those leaving prison, to access treatment and other services. IOM is a partnership response that targets most prolific, non-statutory offenders.	King's Cross Road (WC1)
Specialist Clinical Services	South and North Camden Drug Services	Camden and Islington NHS Foundation Trust (C&I)	Substitute prescribing; assessment and support for mental health needs; harm reduction services including a fixed site needle exchange; and access to psychology and residential services (care management). The service also provides shared care support for drug treatment delivered across 15 (out of Camden's 38) GP practices in Camden.	Hampstead Road (NW1) and Daleham Gardens (NW3)
Recovery Support and Aftercare	Camden Social Inclusion and Aftercare Service	Single Homeless Project (SHP)	Psychosocial and social inclusion support to help people strengthen coping and life skills. Access to education, training and employment. Co-ordination of a network of recovery peers who work across Camden to help others achieve recovery. The service also provides a rolling structured day programme for statutory offenders under drug rehabilitation requirement.	Grays Inn Road (WC1)
Other	Minor Tranquilliser Service	MIND in Camden	Support for people who have problems with minor tranquillisers such as benzodiazepines to stabilise, reduce or withdraw from these drugs. The service also helps people find different ways of dealing with problems for which minor tranquillisers are prescribed, such as anxiety and insomnia.	Barnes House, NW1

Community Alcohol Treatment

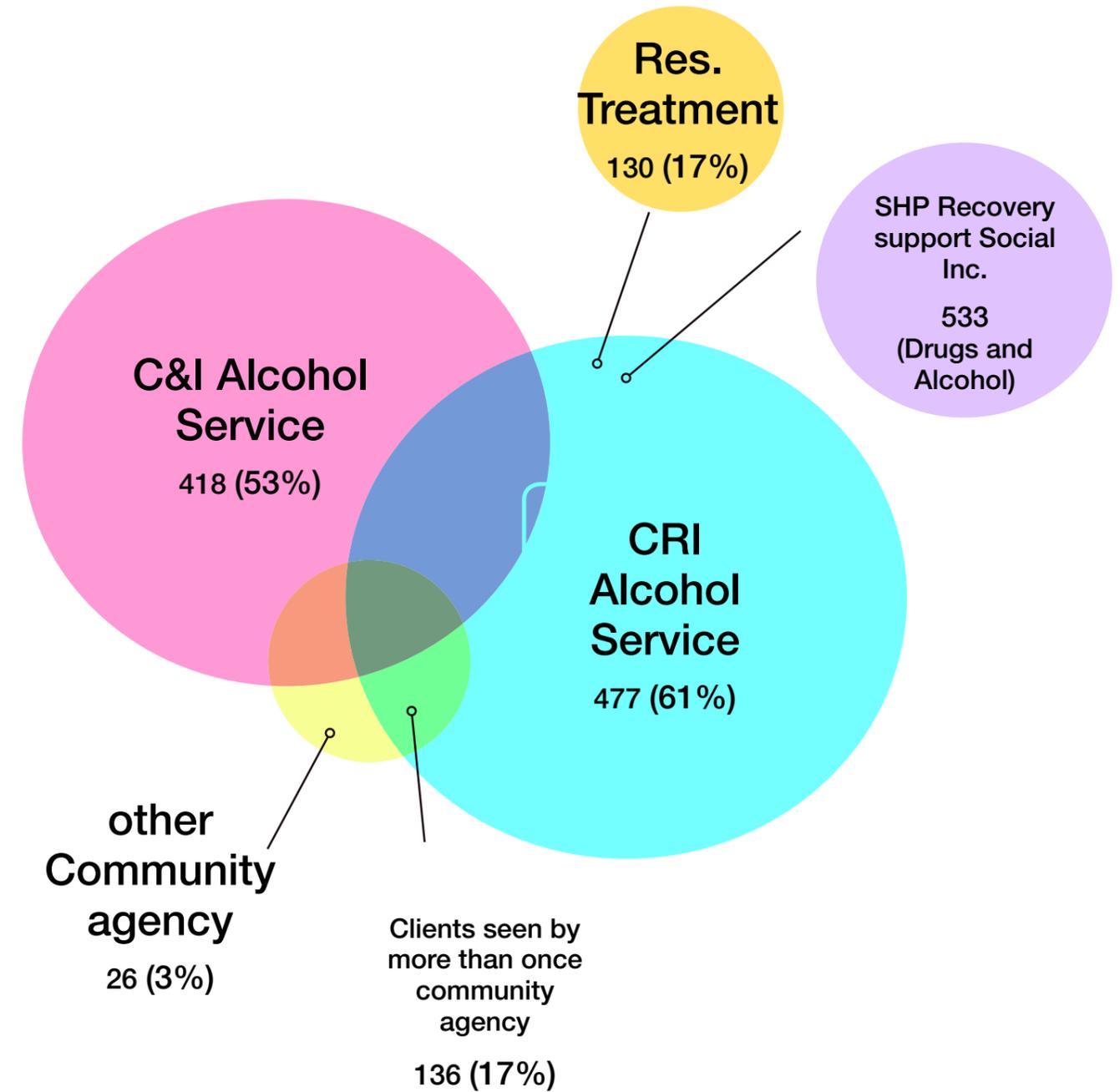
Service Type	Name	Provider	Description	Location (main service)
Open access	Spectrum Specialist Day Service	Thamesreach	Advice and information, structured motivational support and assertive engagement to people who are street active in Camden and use alcohol or drugs to access treatment and other services such as housing, health and social inclusion	Greenland Street (NW1)
Open access	Camden Alcohol Service	Crime Reduction Initiative (CRI)	Advice and information, brief interventions / extended brief interventions and structured psychosocial interventions to Camden residents who misuse alcohol. Including specific provision of extended brief interventions in five GP practices.	Early Mews (NW1)
Specialist Clinical Services	Camden Specialist Alcohol Treatment Service	C&I	Medically assisted withdrawal and psychology to dependent and high risk drinkers.	Early Mews (NW1)
Services for families affected by alcohol	Camden Family Alcohol Service	National Society for the Prevention of Cruelty to Children (NSPCC) and Phoenix Futures	Support for families affected by parental alcohol misuse. Access is through professional referral only, the service works with families who are part of child protection procedures. (The NSPCC funded posts are out of scope of the procurement, but the NSPCC will work with the new provider to continue service delivery.)	Greenland Street (NW1)

Appendix 2 – Current treatment maps

Drugs



Alcohol



Adult Social Care Commissioning

Camden Council

5 Pancras Square

London

N1C 4AG

Email: substance.misuse@camden.gov.uk