

**AGENDA MANAGEMENT SHEET**

**Name of Committee** Health Overview and Scrutiny Committee

**Date of Committee** 27<sup>th</sup> July 2005

**Report Title** Final Report of the Drugs, Substance and Alcohol Misuse in Rugby Panel

**Summary** On 12<sup>th</sup> January 2005, this Committee agreed that a Panel be authorised to conduct a joint review (in conjunction with Rugby Borough Council) on Drugs, Substance and Alcohol Misuse in Rugby. The final report of the Panel is now being presented to the Committee for consideration and approval.

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**Would the recommended decision be contrary to the Budget and Policy Framework?** No.

**Background papers** None

**CONSULTATION ALREADY UNDERTAKEN:-**

Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members  Councillors Roodhouse, Forwood and Haywood
- Cabinet Member  Councillor Hayfield and Stevens.
- Chief Executive  David Carter
- Legal  Jane Pollard
- Finance
- Other Chief Officers  Marion Davis

- District Councils  .....
- Health Authority  .....
- Police  .....
- Other Bodies/Individuals  Monica Fogarty.....

**FINAL DECISION NO**

**SUGGESTED NEXT STEPS:**

Details to be specified

- Further consideration by this Committee  .....
- To Council  .....
- To Cabinet  .....
- To an O & S Committee  .....
- To an Area Committee  .....
- Further Consultation  .....

## Agenda No

### Health Overview and Scrutiny Committee - 12<sup>th</sup> January, 2005.

#### Final Report of the Drugs, Substance and Alcohol Misuse in Rugby Panel

#### Report of the County Solicitor and Assistant Chief Executive

##### Recommendations

1. That, subject to any comments made during consideration by the committee, the final report of the Drugs, Substance and Alcohol Misuse in Rugby Panel (and the recommendations contained therein) be approved;
2. That the Committee consider the merits of extending the review to other parts of the County; and
3. That the progression of the recommendations contained in the report be examined by the Committee in January 2006.

#### 1. Introduction

- 1.1 On 12<sup>th</sup> January 2005, the Health Overview and Scrutiny Committee agreed that a Panel be authorised to conduct a joint review (in conjunction with Rugby Borough Council) on Drugs, Substance and Alcohol Misuse in Rugby. The final report of the Panel (which is attached as an appendix to this report) is now being presented to the Committee for consideration and approval.
- 1.2 In addition to ratification, the Committee is also being asked to consider the merits of extending the review to other parts of the County as it was felt by the Panel that this matter fell within the remit of the Overview and Scrutiny Committee in consultation with the relevant Borough/District Councils. When making such a decision, the Committee's attention is drawn to the evaluation of the exercise which was made under Objective 5 which suggests ways in which the execution of any future reviews could be improved. The Committee would also need to identify the area or areas to be subject to the scrutiny exercise.
- 1.4 In order to ensure that the findings and recommendations of the report are acted upon, it is also being suggested that an update be received by the Committee in January on the progress that has been achieved to date.

## **2. Recommendations**

- 2.1 That, subject to any comments made during consideration by the committee, the final report of the Drugs, Substance and Alcohol Misuse in Rugby Panel (and the recommendations contained therein) be approved;
- 2.2 That the Committee consider the merits of extending the review to other parts of the County; and
- 2.3 That the progression of the recommendations contained in the report be examined by the Committee in January 2006.

DAVID CARTER  
County Solicitor and Assistant  
Chief Executive

Shire Hall  
Warwick

July 2005

# **Drugs, Substance and Alcohol Misuse in Rugby Panel**

## **Final Report**

**July 2005**

### **Contact for Enquiries**

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## **PANEL FOREWORD**

The Drugs, Substance and Alcohol Misuse in Rugby Panel has, as a result of a three month investigation produced this report which seeks to establish: the pattern of misuse in Rugby, the services that are available to tackle that misuse, the effectiveness of partnership working in tackling both current misuse and the challenges that have been set by Central Government for the future.

This report is the product of the health scrutiny process that has provided local authorities with the opportunity to investigate health issues in order to make them more accountable and responsive to the needs of the local community. In Warwickshire, scrutiny of health issues has been conducted primarily through the County Council with input from District/Borough Councils and other key stakeholders. This report, and the investigation that led its production, has built on that approach, as it is the outcome of a joint exercise between Councillors and Officers of the County and Rugby Borough Council.

In producing this report, the Panel was assisted by the co-operation and participation of key officers from the County Council and Borough Council. Gratitude must, in particular, be expressed to the following participants who attended meetings and submitted evidence; much of which was of immense value to the Panel:

David Gormal (Head of Partnership Development-Rugby Borough Council), Helen King and Lalitha Webb (Public Health-Rugby PCT), Patrick Ryan (Substance Misuse Service Manager-South Warwickshire PCT), Anne Steele and Stephanie Jones (Service Manager and Team Manager Swanswell Trust), Mike McLeod and John Webb (Warwickshire Police), Jolie Peaston (National Probation Service), Andrew Lawrence (Head of Community Support –Warwickshire County Council) and Kit Leck (Drugs Action Team Manager)

Through meetings of the Panel, the participation of key stakeholders and an analysis of the information gathered, the Panel have produced this report. It is hoped that this report will provide a better understanding of the issues relating to misuse in Rugby and the range of services that are being provided to tackle the problem.

**Councillor Jerry Roodhouse**  
**Chair of the Drugs, Substance and Alcohol Misuse in Rugby**  
**Panel**

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### **GLOSSARY OF TERMS**

CDRP-Crime Disorder Reduction Partnership

DTTO-Drug Treatment and Testing Orders (note that these will shortly be replaced by DRR's –Drug Rehabilitation Requirement)

DAT-Drug Action Team

PCT-Primary Care Trust

TDATG-Tackling Drugs and Alcohol Together Group

OSAP-Offender Substance Abuse Programme

Sharps bins-Disposal areas for syringes and needles

# **1-SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS**

## **Objective 1**

To establish an overall picture of substance drug and alcohol misuse in the Borough of Rugby.

### **Key Findings**

Establishing a clear accurate overall picture is difficult. This is due to the inconsistency and inadequacy of data collection. In the absence of such data, baseline information is non-existent and therefore it is not possible to analyse patterns and trends which are pre-requisites to the effective planning and co-ordination of services.

With this reservation, the following key patterns of misuse in Rugby can be surmised:

- In terms of drugs misuse, Rugby's problems are greater than the south of the county but less than the north. The problems experienced by Rugby are also distinct from the rest of the county and may, in part, be due to its geographical location within the County and the UK.
- In terms of alcohol misuse, Rugby has the greatest number of problem drinkers per 1000 than any other part of the County.
- Within the Borough of Rugby, a distinction must be made between problems experienced in the town of Rugby from the problems experienced in the rural areas.

## **Objective 2**

To establish what services are presently available in the Borough of Rugby and how they are resourced.

### **Key Findings**

Whilst establishing the current provision of services was easier than establishing patterns of misuse; identifying how these services were resourced was not and raised issues of accountability and transparency.



### **Objectives 3 and 4**

To uncover how effective the links are being made between Primary Care Trusts, NHS Trusts, Youth Service, Youth Offending Team, Probation Service, Drug Action Team, Social Services Department & Education within the Borough of Rugby.

To ask the agencies concerned their plans in regards to the Government's proposals from the Audit Commission's Report, 'Drug Misuse 2004 – Reducing the Local Impact' and Government's White Paper, 'Choosing Health'.

### **Key Findings**

Whilst there is evidence of effective linkages existing or being developed, it is not always clear to the general public as to what these linkages are and how pathways to care can be accessed and maintained. Moreover many of these linkages are based on the individuals within these organisations rather than the organisations themselves.

Despite this, and in seeking to meet future challenges, improvements are required to partnership working with particular emphasis around long term issues such as housing, allocations and short term issues such as the location of sharps bins.

### **Objective 5**

To evaluate the pilot as a method of working and on completion, to report to the Health Overview and Scrutiny committee on the merits of extending this review to other Boroughs and Districts in the county.

### **Key Findings**

Whilst the Panel found the review an extremely useful exercise it is felt that if the review is to be extended to other parts of the county consideration will need to be given to broadening the scope to make it more cross cutting, increasing the timescales and improving the strategic direction of the review to make it more holistic and countywide.

## **Recommendations**

### **A-INFORMATION, SERVICES AND RESOURCES**

- 1. That the Warwickshire Drugs Action Team be asked to investigate the feasibility of a research study which, using national and local information, is able to establish baselines on the nature and scale of drugs, alcohol and substance misuse in Rugby and provide a sustainable information system which allows for the effective and efficient provision of services and resources.**
- 2a. That the three Warwickshire Primary Care Trusts be asked to investigate issues regarding clarification of resource allocation and spend in order to ensure transparency and accountability.**
- 2b. That the three Warwickshire Primary Care Trusts be asked to review the suitability and effectiveness of accommodation arrangements for the Community Drugs Teams in operation within the County.**
- 2c That in seeking to address the problems identified in Recommendations 2a and 2b above, the Primary Care Trusts consider the appointment of an independent mediator in order to assist and ensure that the issues are resolved in an impartial and transparent manner.**

### **B-PREVENTION, EDUCATION AND SIGNPOSTING**

- 3. All agencies should work more effectively together on providing education and information for the sign posting of services. Information relating to drugs education, prevention and treatment should be available in the reception areas of all public buildings in Warwickshire and a poster campaign should be run highlighting the services that are available. Where capacity building is required in the furtherance of these objectives, these should be undertaken in consultation with all agencies.**
- 4. Notwithstanding Recommendation 3 above, a high profile campaign on alcohol misuse in Rugby is required urgently in order to acknowledge and address the scale of the problem within the Borough.**
- 5. Greater involvement and co-operation is required from GP's and pharmacies to ensure identification and referrals are made where possible.**

## **C-TREATMENT**

- 6. That the Primary Care Trusts be asked to promote and increase the involvement of GP's in the treatment of drugs, alcohol and substance misuse.**
- 7. That action be taken by the Warwickshire Probation Service to address the compliance problems experienced by DTTO clients in Rugby as a result of the location of treatment facilities.**

## **D-COUNCIL PARTNERSHIPS**

- 8. That the Borough Council work more pro-actively in locating sharps bins at strategic locations within Rugby (including the upper floor of the John Barford Car Park) to promote harm minimisation and public safety.**
- 9. That the Housing Department of the Borough Council and the Supporting People Team of the County Council improve the quality of housing support services to people with drugs and alcohol misuse in order to ensure successful and sustained rehabilitation.**
- 10. That the Borough Council be asked to refer to issues regarding Drugs, Substance and Alcohol Misuse within the Community Plan.**
- 11. That the licensing policies of the Borough Council recognise and reflect the scale of alcohol misuse highlighted in this report.**

## **E-ENSURING IMPROVEMENT**

- 12. That the Warwickshire Drugs Action Team, through liaison with relevant agencies, produce an action plan which clarifies the extent to which the recommendations in this report will be implemented, the lead agencies responsible for the implementation of each recommendation, the resources required and the timescales for implementation.**
- 13. That the Rugby Area Committee be asked to monitor the implementation of the above Action Plan and the Local Strategic Partnership be asked to promote linkages in tackling drugs, alcohol and substance misuse.**

## **2-INTRODUCTION**

### **BACKGROUND**

From January 2003, the Government required Local Authorities to scrutinise Health Service provision in their area. Given the two tier nature of Warwickshire (where five district/borough councils co-exist with a single overarching county council) the model that was chosen for conducting health scrutiny was co-ordination at county council level with key linkages with the five districts. Accordingly the Health Overview and Scrutiny Committee was established in June 2003 and has been meeting regularly since that date. Membership consists of nine county councillors with one co-opted member from each of the Overview and Scrutiny Committees of the five Borough/District Councils. These co-opted members have voting rights.

Since that period, the Health Overview and Scrutiny Committee has sought to scrutinise health services within the County with a view to ensuring accountability and making services responsive to the needs of the local community. In doing so, local government assists in promoting the health and well being of local people.

On 12<sup>th</sup> January 2005, the scrutiny committee decided to conduct a review on Drugs, Substance and Alcohol Misuse in Rugby. On a national scale there has been increasing public concern with the levels of drug, substance and alcohol misuse and this concern is replicated, to varying degrees, within the County. In recognition of the scale of the undertaking within the timescales available, it was agreed that a pilot exercise would be conducted within Rugby. This decision was in part prompted by an expression of interest from both County Council and Rugby Borough Council Members to conduct a joint scrutiny exercise and also recognition of the particular problems that were being experienced within that locality. It was also felt that the timing of the review would be appropriate given major developments within the national agenda the most relevant of which were felt to be the 'Choosing Health' White Paper and the results of a national audit commission inspection of the effectiveness of Drugs Action teams entitled 'Audit Commission's Report, Drug Misuse 2004 – Reducing the Local Impact'.

From a scrutiny perspective, it was also hoped that the pilot nature of the exercise would allow Health Overview and Scrutiny Committee and the Borough Council to test new ways of working. As a consequence it was agreed (within the terms of reference) that the review, if successful, would be extended to other parts of the county and engage other Borough and District Councils.

The decision to conduct a joint exercise on Drugs, Substance and Alcohol Misuse was endorsed by Rugby Borough Council through a meeting of the Community Leadership Panel on 20<sup>th</sup> January 2005 which was then deemed as the starting date for the review.

## **THE PANEL**

### **Membership**

The Panel had originally set membership as eight members with equal distribution from the County and Borough Councils. However due to political composition issues in Rugby it was subsequently agreed that the Panel would be comprised of ten councillors (five from each body)) and the following Councillors were chosen:

County Council: Councillors Jerry Roodhouse (Chair), Katherine King, Helen McCarthy, Bob Stevens and Sid Tooth.

Borough Council: Councillors Tony Gillias, Kathleen Hayter, Ish Mistry, Sue Roodhouse and Heather Timms.

### **Objectives**

1. To establish an overall picture of substance drug and alcohol misuse in the Borough of Rugby.
2. To establish what services are presently available in the Borough of Rugby, and how they are resourced.
3. To uncover how effective the links are being made between Primary Care Trusts, NHS Trusts, Youth Service, Youth Offending Team, Probation Service, Drug Action Team, Social Services Department & Education within the Borough of Rugby.
4. To ask the agencies concerned their plans in regards to the Government's proposals from the Audit Commission's Report, 'Drug Misuse 2004 – Reducing the Local Impact' and Government's White Paper, 'Choosing Health'.
5. To evaluate the pilot as a method of working and on completion, to report to the Health Overview and Scrutiny committee on the merits of extending this review to other Boroughs and Districts in the county.

Readers will note that the terms of reference were confined to health issues alone and this was a principle that the Panel sought to adhere to throughout its investigations.

### **Timescales**

The pilot nature of the exercise was influenced by the tight timescales that had been accorded to the review. Although initial approval by the County Council's Health Overview and Scrutiny Committee was on 12<sup>th</sup> January it was not until 20<sup>th</sup> January 2005, that the review commenced, after approval had been obtained from Rugby Borough Council. The deadline date for completion of investigations was set for the 31<sup>st</sup> March 2005.

## Methodology

The initial methodology envisaged 3 select committee meetings and was left sufficiently general in order to allow flexibility to allow Panel members to decide how best to meet the objectives within the timescales allocated. Accordingly the following methodology was adopted at the first meeting of the Panel on 28<sup>th</sup> February:

Meeting	Key Themes/Issues	Participants
28 <sup>th</sup> February 2005	<u>Establishing Patterns/Provision</u> Obtaining an overview of the patterns of misuse and the provision of services.	Rugby PCT, Drug Action Team.
15 <sup>th</sup> March 2005	<u>Needs Assessment/Resources</u> What is the estimated need—barriers affecting the quality and quantity of information---methodology for the future---rural v urban issues—factors that encourage people presenting for treatment.  Identification of resources allocated to Rugby and assessment of effectiveness.	Rugby and South Warwickshire PCT, Drug Action Team, Swanswell Trust, Probation, Police
24 <sup>th</sup> March 2005	<u>Prevention and Treatment</u> Research—Education—Role of GP's--- Deterrence and Attitudes---Access--- Outreach---Support/Counselling--- Consistency---Examination of Best practice	Rugby and South Warwickshire PCT, Drug Action Team, Swanswell Trust, Probation, Police
General		
Accountability and Governance Issues to be considered at all meetings		

## Consultation

Given the nature of the review and the timescales available, the Panel adopted a focussed approach to consultation. Although partnership working between a number of agencies was the cornerstone of the review it was acknowledged at the first meeting of the Panel that prioritisation was required and therefore key consultation was confined to those key agencies involved in the provision of service and these are reflected in the methodology table outlined above.

## **THE REPORT**

In structuring the report, the Panel have sought to adhere to the terms of reference that were set by committees of the County and Borough Council. Accordingly the main body of the report deals with the key findings of the report and these are grouped under the five objectives that constitute the terms of reference. In seeking to do this, however, the report also reflects the manner in which information was gathered. Accordingly the first two sections of the findings provide the foundations for the report in terms of setting the scene and establishing the provision of service and the resources available. Objectives 3 and 4 are dealt with together whilst an evaluation of the exercise together with suggestions for further work is set out under objective 5. Overall conclusions and recommendations are reached in Section 4 which is then followed by background documents, useful links and Appendix 1.

Upon completion, this report will be sent to the Health Overview and Scrutiny Committee of the County Council and the Partnership and Community Engagement Panel of the Borough Council for consideration and approval. In keeping with the spirit of consultation and co-operation, the various participants have been asked to comment on the final report both before and during consideration by the abovementioned bodies.

## **FINDINGS**

### Objective 1

To establish an overall picture of substance drug and alcohol misuse in the Borough of Rugby.

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### Key Findings

Establishing a clear accurate overall picture is difficult. This is due to the inconsistency and inadequacy of data collection. In the absence of such data, baseline information is non-existent and therefore it is not possible to analyse patterns and trends which are pre-requisites to the effective planning and co-ordination of services.

With this reservation, the following key patterns of misuse in Rugby can be surmised:

--In terms of drugs misuse, Rugby's problems are greater than the south of the county but less than the north. The problems experienced by Rugby are also distinct from the rest of the county and may, in part, be due to its geographical location within the County and the UK.

--In terms of alcohol misuse, Rugby has the greatest number of problem drinkers per 1000 than any other part of the County.

--Within the Borough of Rugby, a distinction must be made between problems experienced in the town of Rugby from the problems experienced in the rural areas.

### **Introduction**

- 1.1 Establishing the overall picture of Drug, Alcohol and Substance misuse in Rugby was the precursor to achieving the remaining objectives of the Panel. An understanding of the nature and scale of the problem would, it was hoped, provide the means by which to assess the current provision of service, the strength of partnership working and issues relating to forthcoming priorities.
- 1.2 It was also recognised that many members of the Panel would have little or no understanding of the issues relating to misuse in Rugby and early focus in this area provided Members with the requisite background knowledge together with an appreciation of the complexity of issues that were being addressed by the Panel.



## Findings

- 1.3 The Panel obtained key statistics and issues relating to the Borough of Rugby and the overall picture of misuse at the first meeting from the Drug Action Team and Rugby PCT. At a subsequent meeting issues relating to patterns of alcohol misuse were dealt with by the Swanswell Trust. In seeking to obtain a picture of misuse within the Borough, the Panel were mindful of the fact that national trends were important in putting context on patterns of misuse at a local level.

### Rugby

- 1.4 Based on 2003 figures, the population of Warwickshire stands at approximately 520,000. With a population of approximately 90,000 the Borough of Rugby constitutes just under 20% of the County population as a whole. The proportion of the population classified as ethnic minority is around 6% but this varies from ward to ward and in part reflects geographical diversity of the borough which although predominantly rural has urban influences in terms of Rugby and extensive transportation links.
- 1.5 In terms of socio-economic indicators, Rugby in many respects falls in the average to above average category when compared to Warwickshire and the rest of the UK. In terms of education it is above the County average in respect of percentage of people with a degree and at 1.8% unemployment, the borough though slightly above the county average (1.6%) is below the national average of 2.4%
- 1.6 Comparisons on a borough-wide basis must be considered alongside the diversity of the ward where indices of deprivation find that four areas (Newbold, Brownsover South, New Bilton and Overslade) within Rugby fall within the worst 30% of areas nationally. Similar focussed indicators support the view that pockets of deprivation (all within the town of Rugby) exist within an essentially rural, affluent borough.
- 1.7 The perception that has existed for some years has been that Rugby has a drugs problem. This perception is based on the belief that the problems that exist within the town are disproportionate to its size and status as small market town set within a relatively affluent rural borough. Whilst national trends and opinions have in part generated these perceptions; they have been reinforced by the belief that Rugby's strength in terms of transportation links also serves as a weakness in that it serves as a gateway to the conurbations of Birmingham and the North West.
- 1.8 In terms of obtaining a picture of misuse, the Panel relied on presentations made by Rugby PCT and the Drug Action Team and subsequent discussions that were held at the meeting both based on the presentations and the experiences and views of Panel members. Notes of the meetings and presentational material are included within

the background papers to this report and are available on request. For the purposes of clarity the information has been divided into drugs and substance misuse on the one hand and alcohol on the other. This division, however should not lead to the assumption that the issues are separate as the increase in polydrug use (using one or more drugs at the same time) was a pattern that was drawn to the attention of the Panel. It was also noted that, particularly amongst young people, alcohol could and often was used as a gateway for drugs misuse.

### Drugs and Substance Misuse

1.9 At a national level, findings from 2003/04 British Crime Survey 'Drug Misuse Declared' have indicated that general drug misuse whilst increasing, is doing so at a relatively stable rate when compared with previous periods. Key patterns to note at a national level are:

- In terms of general prevalence the survey found that 35.6% of 16-59 years olds had used one or more illicit drug in their lifetime. Amongst young people (16-24), this proportion is higher at 46.6%
- The most used drug is cannabis followed by cocaine, ecstasy and amphetamines. Other drugs are more rarely used.
- It is estimated that over 11 million people between 16-59 in England and Wales have at some point used illicit drugs, just under 4 million used drugs in the last year and over 2 million used them in the last month.
- Class A drug use has increased significantly between 1999-2004. This is mainly due to a rise in consumption of cocaine and ecstasy.
- Significant decreases in usage of glue, amphetamines and steroids since 1996 have been experienced. However amongst young people(16-24) in the same period there has been a significant increase in the usage of cocaine.
- In terms of geographical variations, the West Midlands has the least levels of illicit drug use (10.5%) compared with the national average for England and Wales which is 12.3%

1.10 In terms of Rugby, the following picture of drugs and substance misuse was obtained by the Panel:

*The location of Rugby has an influence both in terms of its distinct crack cocaine problem and the low take up of DTTO's. (Source: Discussions at meetings)*

1.11 The seizure of 400 individual wraps of crack cocaine in Rugby as documented by the September 2004 publication 'Communities Against Drugs' and discussions during the meetings confirmed the belief of the Panel that distinct problems associated with Rugby were in part due to its excellent road and rail transportation links. The location of Rugby was also cited as a potential reason for the low take up of DTTO's

compared with the rest of the County as the majority of facilities required for compliance were located either in the north or the south of the county.

*Between 1999-2004 drug driven crime has increased in Rugby at a rate higher than the rest of the County. (Source: County Council and Warwickshire Police)*

- 1.12 According to a Home Office research study, approximately 50% of all crimes are recognised as being attributed to drugs. Drug driven crime includes shoplifting, handling stolen, theft of and from a motor vehicle and domestic and commercial burglary. In Rugby, the County Council and Warwickshire Police have identified the following trends:

**Table 1: Drug Driven Crime by CDRP 2003/04**

	Number of drug driven crimes	As % of all recorded crime	Change on 1999/2000
North Warwickshire	2410	43.4%	- 14%
Nuneaton and Bedworth	5017	39.1%	+2%
Rugby	3603	39.8%	+17%
Stratford	2654	35.2%	- 7%
Warwick	3828	35.6%	- 19%
Warwickshire	17,512	38.3%	- 5%

The figures above have been given for recorded crime only though it is thought that in Rugby and the rest of the county the true extent of drug driven crime as a percentage of all crime could be as high as 80%

*Car Parks such as John Barford have been used as syringe dumps and environmental improvements are being undertaken to address the problem. (Source: Communities Against Drugs 2004)*

- 1.13 Disposal of syringes in Rugby has been a problem and it was noted in the September 2004 publication 'Communities Against Drugs' that improvements in Church Street had led to a displacement rather than a elimination of the problem. The effectiveness of the environmental improvements that were highlighted within the report needed to be tested in the light of evidence that was gathered at meetings of the Panel where continuing problems were being experienced by the PCT in locating Sharps bins (see page 23).

*Rugby has the highest numbers of contacts made to the Community Drugs Team (CDT) the majority of which are for information and advice. (Source: Activity in Warwickshire 1, 2 and 3)*

- 1.14 The number of contacts made to the CDT for Rugby has increased from 2722 contacts in the first quarter of 2004/5 to 3551 in the third quarter. The figures for Rugby in this respect are substantially higher than for the other (North and South) PCT areas. A higher proportion of

these contacts in Rugby are for information and advice only when compared with the other two PCT areas.

*The number of people presenting for treatment by Rugby CDT is less than other areas in Warwickshire (Source: Activity in Warwickshire 1, 2 and 3)*

1.15 Aside from the initial quarter, figures for Rugby indicate that less people present for treatment than other areas.

*Generally the ratio of completion and commencement of treatment is better in Rugby than in any other area of Warwickshire (Source: Activity in Warwickshire 1, 2 and 3)*

1.16 From 22 out of 38 completing treatment in the first quarter, to 5 out of 6 in the third quarter, Rugby's performance in this area is better than other areas in Warwickshire.

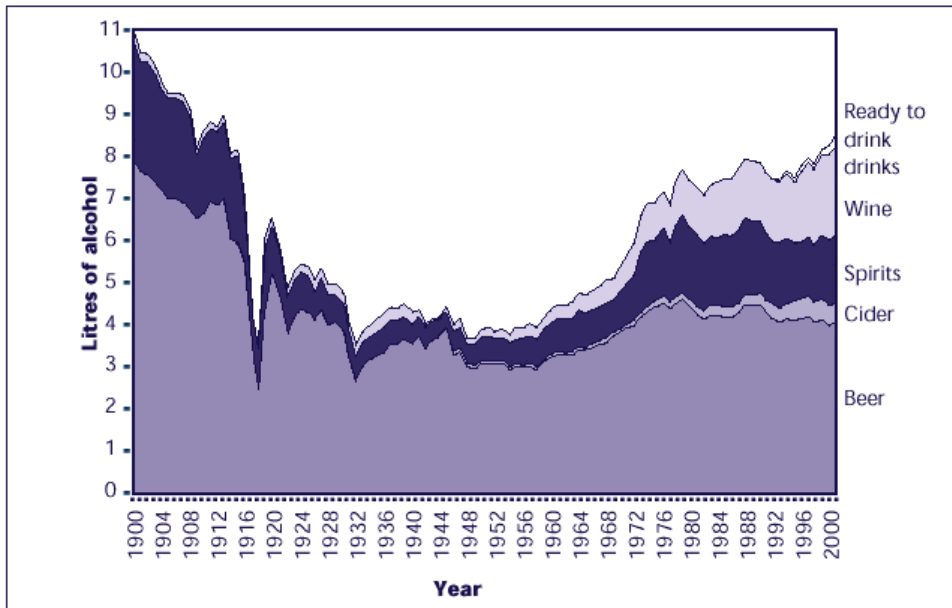
*The number of pharmacies engaged in the supervised consumption scheme is much lower than in other parts of Warwickshire (Source: Activity in Warwickshire 1, 2 and 3)*

1.17 Until the third quarter-when there were three; Rugby's performance in this area seems, at first glance, to be quite poor with only one pharmacy engaged in the scheme compared to 14 in South Warwickshire and in the North Warwickshire region. However the reason for this is that supervised consumption in Rugby is undertaken solely by the Hospital pharmacy. This practice has not been adopted by the other PCT areas.

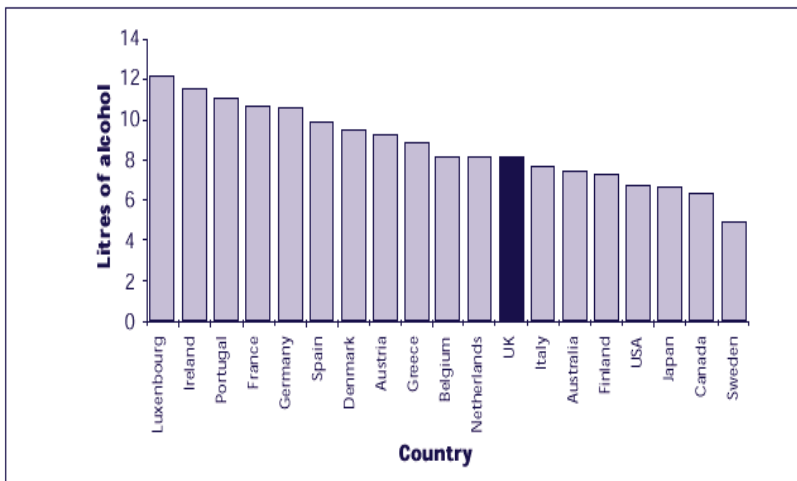
#### Alcohol-The National Picture

1.18 As in the case of drugs and substance misuse, issues relating to alcohol misuse in Rugby cannot be viewed in isolation from the national context. Since the middle of the last century, levels of alcohol consumption in the UK have been rising and whilst the UK is in the middle of the range for alcohol consumption compared to other European countries; the rising level of alcohol consumption show trends which-left unchecked- will see the UK rise to near the top of the consumption league within the next ten years.

**Table 2: Alcohol Consumption in the UK: 1900-2000 per capita consumption of 100 per cent alcohol (Source: Cabinet Office 'Alcohol Harm Reduction Strategy' March 2004)**



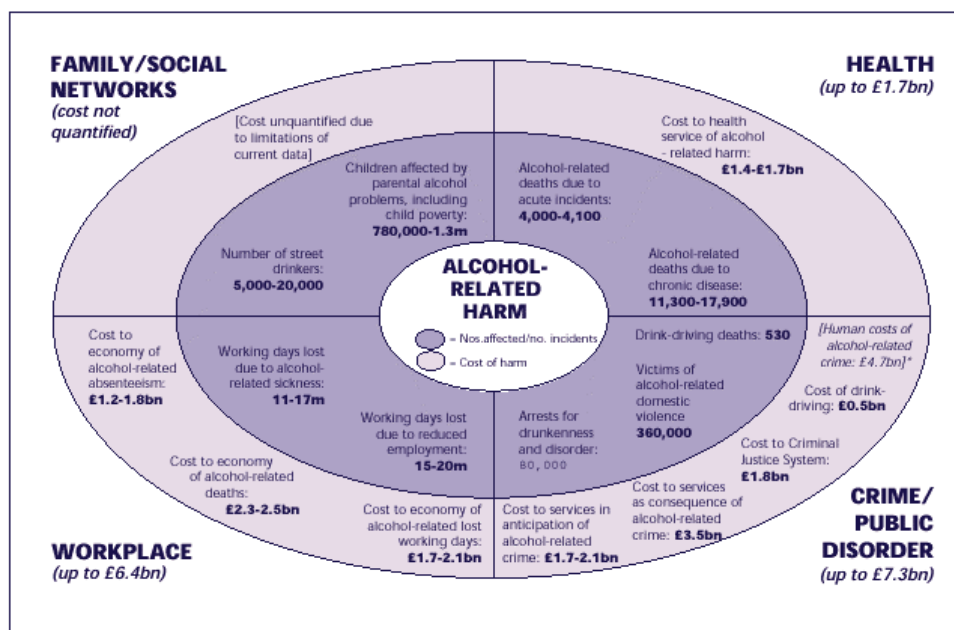
**Table 3: Alcohol Consumption in the World– litres of pure alcohol per inhabitant, 1999 (Source: Cabinet Office 'Alcohol Harm Reduction Strategy' March 2004)**



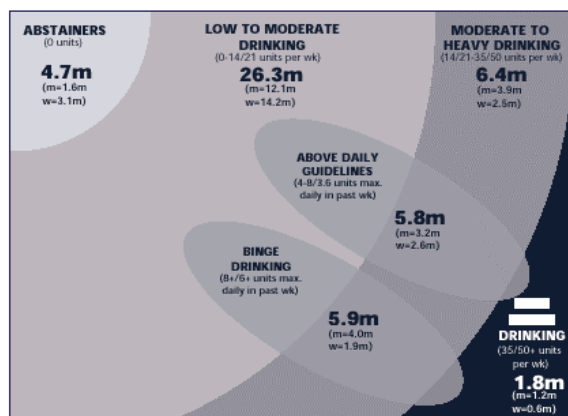
### Alcohol Misuse in Rugby

1.19 In terms of Rugby, patterns of misuse were provided by the Swanswell Trust where the cost and impact of alcohol related harm on a national and local level were quantified at both a macro and micro level:

**Table 4; The costs of alcohol related harm (Source: Cabinet Office 'Alcohol Harm Reduction Strategy' March 2004)**



**Table 5: How the population drinks (Source: Cabinet Office 'Alcohol Harm Reduction Strategy' March 2004)**



Based on the national averages in Table 5 above, it was approximated that the following categories could be applied to Rugby (Adult population of 67,420)

- 9.2% of the population were abstainers (6067)
- 51% of the population were low to moderate drinkers (34, 384)
- 11.4% drank above the daily guideline (7416)
- 11.6% were binge drinkers (7820)
- 12.5% were moderate to heavy drinkers (8427)
- 3.5% were dangerous drinkers (2359)

**Table 6: Client and General Statistics in Rugby**

Client Statistics 2003/4			
By gender			
Initial Contacts	Male	Female	Total
Problem Drinker	192	67	259
Third Party	17	40	57
Total Initial Contacts	209	107	316
In terms of representation by wards, the five highest were: Benn, Brownsover, Newbold, New Bilton and Hillmorton.			

1.20 In addition to the client statistics for 2003/04 presented above, the following picture of alcohol misuse emerged for the Panel:

*In terms of alcohol misuse, Rugby ranks as the worst area in the County per, 1000 of the population. Problems relating to alcohol misuse are increasing.*

**Table 7: Clients with alcohol related problems 2002-2004 (Source: Swanswell Trust-Information related to users only)**

	2002/2003	2003/2004	Total	Rate per 1000 population
North Warwickshire	90	118	208	3.3
Nuneaton and Bedworth	278	312	590	4.9
Rugby	228	249	477	5.4
Stratford	153	134	287	2.5
Warwick	272	267	539	4.2
Not Known/Recorded	72	160	160	---
Warwickshire	1093	1240	2333	4.6

*Incidences of alcohol related disorder have increased and a targeted police presence in the town centre has caused displacement of the problem to outlying/rural areas*

1.21 It was noted at meetings of the Panel that in line with national trends, alcohol related disorder in the town centre had increased and that police initiatives to target this area had caused displacement to outlying/rural areas. This example also emphasised the geographical variances within the Borough where issues such as underage drinking and recreational drug were a particular problem.

1.22 It was noted that on a general level; the profile of clients presenting for treatment was getting younger with the level of dependency being much worse at an earlier age. Rural issues were also brought to the attention of the Panel where it was reported that access, availability and confidentiality of services could exacerbate patterns of misuse. This was in contrast to urban areas where transportation links

encouraged accessibility of services and it was felt that greater emphasis on outreach was required in order to address this imbalance.

## **Analysis**

- 1.15 Early on in investigations it was noted that inconsistencies in the method and amount of data collection meant that an accurate portrayal of the patterns of misuse in Rugby would not be possible. In the information submitted to the Panel, there was evidence of data not being recorded or being collected on a countywide basis making an analysis of the situation at Rugby extremely problematic. Moreover the statistics presented only those in treatment-either voluntarily or through compulsion-rather than the actual scale of misuse.
- 1.16 From listening to the various agencies it was also obvious that greater communication and sharing of information is required to improve accountability and transparency. Improved partnership working in the realm of information and data gathering would also increase effective service co-ordination as it would increase the likelihood of a baseline being created from which it would then be possible to plan and resource services.
- 1.17 Despite such deficiencies, the Panel were able to obtain the following picture from the information that was made available::
- That the problems relating to misuse were not uniform within the Borough.
  - In rural areas, drink and recreational drugs were a problem. In Rugby itself, whilst soft drugs were an issue-there were problems with crack, cocaine and a general drink and disorder problem within the Town Centre on certain evenings.
  - In terms of alcohol misuse people in Rugby, people presented themselves with more serious problems than in other parts of the county. The general age profile throughout the county presenting for treatment was getting younger and younger.
  - Issues relating to drugs substance and alcohol misuse could not be divorced from national trends and cultural attitudes.
  - There was evidence to suggest that the problem relating to drugs and substance misuse was spreading beyond the confines of those areas traditionally associated with misuse.
  - In relation to other areas of the County, Rugby experienced more drugs misuse compared with the South of the County but less than that of the North. However in the case of alcohol, Rugby proportionately suffered from more incidences of misuse than the rest of the County.



## Objective 2

To establish what services are presently available in the Borough of Rugby and how they are resourced.

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### Key Findings

Whilst establishing the current provision of services was easier than establishing patterns of misuse; identifying how these services were resourced was not and raised issues of accountability and transparency.

## **Introduction**

- 2.1 After seeking to establish the picture of misuse in Rugby, the Panel were then keen to establish the current provision of services and how they were resourced. Ascertaining the current provision of service together with the level of resources allocated would enable the Panel both to assess whether demands were being met and also to complete the remaining objectives which dealt with partnership working and meeting future priorities.
- 2.2 In seeking to ascertain the level of service provision reference must be made to the role of the Warwickshire Drug Action Team, which acts as the body whose primary responsibility is to ensure that high quality drug services are provided throughout Warwickshire. It is also the principle method by which local government is involved in this sphere. The WDAT is also involved in providing education and information on substance misuse and a flow chart illustrating the roles and responsibilities is attached as Appendix 1.

## **Findings**

### Service Provision

#### 2.3 *South Warwickshire Primary Care Trust (SWPCT)*

SWPCT is the lead NHS specialist service for Warwickshire. They provide treatment to all residents of Warwickshire. Their services are divided into services for adults (over 18) and services for young people (18 and under).

Services provided by the PCT include in-patient treatment, residential rehabilitation, counselling, specialist prescribing, care-coordination and supervised consumption. These are based on specific tiers of care:

Table 8: Tiers of Care

## **The Four Tiers of Care**

### **Planning grid 1: Tier 1 – non-drug treatment specific services**

Tier 1 consists of services offered by a wide range of professionals (e.g. primary care medical services, generic social workers, teachers, community pharmacists, probation officers, housing officers, homeless persons units). Tier 1 services work with a wide range of clients including drug users, but their sole purpose is not simply substance misuse.

### **Planning grid 2a: Tier 2 – open access services**

Services within this tier aim to provide accessible services for a wide range of drug users referred from a variety of sources, including self-referrals. The aim of the treatment in this tier is to help drug users to engage in treatment without necessarily requiring a high level of commitment to more structured programmes or a complex or lengthy assessment process. Services in this tier include needle exchange programmes and other harm reduction measures, substance misuse advice and information services and ad hoc support not delivered in a structured programme of care.

### **Planning grid 2b: DIP/throughcare and aftercare**

DIP – Drug Interventions Programme, formerly known as Criminal Justice Interventions Programme (CJIP)

In order to provide timely, appropriate and joined up treatment and rehabilitation for drug-using offenders, partnerships will need to develop an integrated and enhanced care management system for offenders entering the treatment system, from all points of access within the criminal justice system. This will include pre-arrest, at arrest, at court, on DTTOs and other community sentences (with drug rehabilitation requirements once DTTOs cease) and on release from prison. Aftercare services should also be made available for those leaving structured treatment.

### **Planning grid 3: Tier 3 - structured community-based services**

This tier can be defined as providing services solely for drug users in a structured programme of care. Services within this tier include structured cognitive behaviour therapy programmes, structured methadone maintenance programmes, community detoxification, or structured day care (either provided as a drug-free programme or as an adjunct to methadone treatment). Structured community-based aftercare programmes for individuals leaving prisons are also included in tier 3.

### **Planning Grid 4: Tier 4 – residential and inpatient services**

Services in this tier are aimed at those individuals with a high level of presenting need. Services in this tier include inpatient drug treatment, including detoxification and residential rehabilitation. Tier 4a services usually require a higher level of motivation and commitment from drug users than for services in lower tiers.

In specific terms, three Community Drug Teams (CDTs) operate in the county. One Team is based in Leamington Spa and deals with South Warwickshire residents. One Team is based in Nuneaton and deals with Nuneaton & Bedworth and North Warwickshire residents. Relevantly for the purposes of this review, one Team is based in Rugby and deals with Rugby residents. The CDT team at Rugby consists of:

1 Team Leader, 1 Prescribing Nurse, 1 Assessment Worker, 2 Administrators, 1 Social Services Co-ordinator, 2 Generic Workers plus access to clinical support through 2 GP's.

In-patient treatment is provided at Woodleigh Beeches, a specialist unit based near Warwick Hospital.

Key Services (the majority of which fall within tier 3) provided by the PCT are:

- Community Drug Teams-Specialist Prescribing, Drug Screening, Community Detox, Harm Reduction/Relapse prevention, Care Co-ordination, Hepatitis, Shared Care Services
- Needle Exchange
- Psychology Service
- Co-morbidity service
- Progress2Work/Building on Progress
- Inpatient Detoxification (4 permanent plus a further 8 on standby Total: 12 beds)
- Access to Residential Rehabilitation-Drugs and Alcohol
- Specialist Alcohol CPN Service-Alcohol
- Pharmacy Based Services
- Criminal Justice Service
- Medical/Nursing Services
- Counselling Service

In terms of issues relating to service provision, it was noted that there were gaps in tier 2 provision. This manifested itself in examples such as the need for better co-operation with GP's and help and support required in the location of 'Sharps bins'.

The Panel were also informed that specific specialist young persons treatment to tackle misuse was also available. The Warwickshire Young Persons Substance Misuse Service (YPSMS) aimed to deliver drug services to young people in Warwickshire. Young persons health workers were based in host agencies around the county. The service has been hampered by staffing issues which also accounted for the lack of data in this area.

### *2.3 Swanswell Charitable Trust*

The Trust is also known as the Community Alcohol Service (CAS) and deals with people who have alcohol problems, some of whom may have drug problems also. Work is also undertaken with local employers also, helping

them develop workplace policies regarding substance misuse. The target for this scheme is the delivery of work place drug/alcohol policies to twenty employers in the County.

The Swanswell Charitable Trust is the provider of the Community Alcohol Service (CAS) in Coventry and Warwickshire. In treating people with alcohol problems the Trust also comes into contact with people with substance misuse problems. In such instances, referrals are often made to other services, including the local community drug teams. In working with employers in the region as well as residents, the Trust hopes that more employers will adopt drug and alcohol policies. The Trust also manages, through allocated resources, Community Care Alternatives which aims to give day care opportunities to clients.

For the purposes of service provision, the following staff were allocated by the Trust to Rugby: 1 ½ Community Alcohol Worker, 1 Full time Administrator, 1/3 Manager Time, 1/5 Black and Ethnic Minority Worker Time plus 2 days a month from the CPN (SWPCT funded) and a the use of a clinician once a fortnight.

The employment of such staff allowed for the following level of service provision within Rugby:

- Individual Assessment of Needs (including risk assessment)
- Care Planning
- Intervention based on 5 stage model
- Pre and Post Detox Support: One to One, Relapse Prevention Group
- Acupuncture
- Woodleigh Beeches out patient clinic
- Drop in Duty Service, Mon – Thurs 10am to 12 noon
- Linden Unit Clinic
- Monthly Information Session

#### *2.4 National Probation Service - Warwickshire Area*

In terms of misuse, the Probation Service deals with offenders and aims to get offenders into treatment. Their work includes managing people on Drug Treatment and Testing Orders (DTTOs) and delivering OSAP.

Warwickshire area National Probation Service (NPS) provide four main services to substance misusers:

- Resettlement / Throughcare
- Court based service
- Drug Treatment and Testing Orders (DTTOs)
- Arrest Referral Scheme
- Housing Support

Resettlement/Throughcare refers to the resettling of offenders once they have left prison. The Probation service are aware of all the people going into prison

who have substance misuse issues. Before these people are released from prison the Probation service write to them to see if they would like any help, not only with their substance misuse but also with housing, training and employment issues. If an inmates replies saying they would like help with their substance misuse the Probation service will arrange an appointment for them with the Community Drug Team as soon as they are released.

The Court based service seeks increase the number of offenders into treatment-either through contact at court or in custody and try and get them into treatment. In reality, the Court-based service has been geared towards getting offenders into DTTOs.

DTTOs are court-ordered treatment programmes for offenders who have drug problems. DTTOs vary in length and can last from 3mths to 3yrs, however a typical DTTO lasts for 12 months. The offender has to submit to regular drug testing and regular appointments with their probation officer. Probation has a target to commence 95 DTTOs in 2004/5.

The Probation team in Warwickshire to deal with misuse issues consist of the following:

- Area Probation Manager
- 2 Semi specialist offender managers
- 2 resettlement workers
- 4 programme tutors

The process for DTTO's involved referral from the Police and assessments by Probation based on strict criteria. Information to the courts is then supplemented by a treatment plan which can run from 6 months to three years and is managed by Probation and a Criminal Justice Worker. The treatment is planned and methodical and typically involves interventions such as substitute medication, symptomatic relief, blockers, detox/rehab, relapse prevention techniques, acupuncture, counselling.

Court reviews worked alongside treatment, to monitor progress on the Order and encourage Offenders to comply with the Order. They also gave the Court confidence that the contact, treatment and testing requirements are being complied with.

#### Enhanced Arrest Referral Scheme

The Panel were also informed of an initiative that the Police, through a national organisation called Addaction and with help from the Probation Service, were piloting on a 2 year basis to offer arrest referral support. The key essentials of the scheme were that a worker was allocated to Rugby who, on agreement, would interview people in cells on arrest. The purpose of the scheme was to link people arrested with the drug services.

The scheme also catered for following up any referrals and whether the person has taken advice/follow up appointment with CDT. It was noted that

although funding was not being received for alcohol issues; informal investigations were being made in this area.

#### *2.4 Youth Offending Team (YOT)*

The YOT is a Multi-agency team who work with young offenders aged 10-17. YOT delivers targeted prevention work with young people, assesses those who are considered to be a high risk for substance misuse and ensures that 100% of those deemed to require treatment, receive treatment.

#### *2.5 Life Education Centre (LEC)*

LEC are a charitable organisation who go into schools and deliver talks which aim to provide balanced education on general “life issues” – this includes drugs.

Life Education Centre (LEC) is a voluntary organisation that provides general, life education to school children. They attend primary schools throughout the county and give advice on a range of social issues, including drugs. Some of their work is funded by the DAT, however schools will also hire LEC independently using their own funds.

#### *2.6 County Council Education Dept.*

The County Council’s Education Department ensure that young students in school receive drug awareness work and ensure that teachers are skilled to deal with any young student that has a drug problem. To assist a Schools Drugs Advisor had been employed within the Education Department. Allied to this are performance targets which aim to get Warwickshire schools fully educated and informed about substance misuse and other health issues. The Warwickshire Health Promoting Schools Scheme is part of a national initiative designed to promote social inclusion and reduce health inequalities in schools.

#### *2.7 ConneXions*

ConneXions offer careers advice and general support to young people. Funding is received by the organisation through WDAT to undertake substance misuse assessments and interventions with young people. A ‘brief intervention’ is a general chat with a young person. An ‘assessment’ is a full, detailed in-depth discussion which aims to gather a greater amount of detail.

#### *2.8 Family and Friends*

Family and Friends provide a Helpline to the family and friends of drug users. They receive calls from around the UK and train volunteers to run the Helpline. Family and Friends have been working in Warwickshire since 1993. They provide a Confidential Freephone Telephone Helpline Service giving support and information to the family and friends of people who have a substance misuse problem. Although based in Warwickshire, they do receive

calls from non-Warwickshire residents. Family and Friends has both paid staff and volunteers.

## Resources

A table outlining resources-allocation, spend and sources is attached as Appendix 2 to this report and is also referred to in the analysis below.

## **Analysis**

- 2.9 Unlike the information that was gathered under Objective 1, the Panel found that ascertaining the current provision of service was substantially easier than obtaining an overall picture of drugs, substance and alcohol misuse within the Borough of Rugby.
- 2.10 It was noted that a range of services are being provided by agencies to address misuse in Rugby. Whilst the majority of such services seemed adequate the Panel were of the opinion that the low take up of DTTO's in the Borough may have been in part due to Rugby's geographical location and the need for DTTO clients to visit Nuneaton for compliance of their treatment orders. It was also noted that much of the information gathered highlighted the availability of services on a county wide basis rather than identify levels of accessibility at a local level within Rugby. On a positive note, however, Alcohol Treatment Requirements within new DTTO's was welcomed by the Panel as were initiatives to encourage referrals at the point of arrest.
- 2.11 However whilst ascertaining the current provision of service was relatively clear, understanding the different resource streams (aside from alcohol where it was clear) that fund those services was not. Other than anecdotal evidence given at the meeting that 25% of total funds went to Rugby, no evidence was produced during the course of investigations which indicated the exact amount that was spent on the Borough of Rugby and which services the money was spent on. In part this was due to the fact that statistics were calculated on a county-wide rather than district level but it also reflects a lack of clarity and transparency with the system.
- 2.12 The situation is further complicated by the fact that some initiatives and services which, although not directly related to drugs and alcohol, by the very impact have a bearing on the preventative agenda. One example of such an initiative is positive futures which is based on the premise that sport can help reduce antisocial behaviour and is jointly funded by the Home Office and Rugby Borough Council. The level of direct funding on drugs, therefore, can be masked by other resources which have an indirect impact on education and prevention.
- 2.13 This lack of clarity and transparency also extends to the origins of funds where it is often difficult to ascertain whether DAT funds partner existing resources (which they should) or are being sought to replace

funding (which they should not). Historical trends and legacies within the health sector have done nothing to alleviate this problem and indeed the presence of such problems raises further issues of accountability and responsibility.



### Objective 3

To uncover how effective the links are being made between Primary Care Trusts, NHS Trusts, Youth Service, Youth Offending Team, Probation Service, Drug Action Team, Social Services Department & Education within the Borough of Rugby.

### Objective 4

To ask the agencies concerned their plans in regards to the Government's proposals from the Audit Commission's Report, 'Drug Misuse 2004 – Reducing the Local Impact' and Government's White Paper, 'Choosing Health'.

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### Key Findings

Whilst there is evidence of effective linkages existing or being developed, it is not always clear to the general public as to what these linkages are and how pathways to care can be accessed and maintained. Moreover many of these linkages are based on the individuals within these organisations rather than the organisations themselves.

Despite this, and in seeking to meet future challenges, improvements are required to partnership working with particular emphasis around long term issues such as housing, allocations and short term issues such as the location of sharps bins.

## **Introduction**

- 3.1 After seeking to establish the picture of misuse in Rugby and ascertaining the current provision of services and resources; the Panel were then keen to assess how well the different services linked together and what was being done to address the priorities and challenges set by Government proposals from the Audit Commission's report 'Drug Misuse 2004-Reducing the Local Impact' and the Government's White Paper 'Choosing Health'
- 3.2 For the purposes of evidence gathering within the short timescales available, the two objectives were amalgamated and considered under the following headings:
  - Needs Assessment
  - Prevention and Treatment
  - Future Plans

## **Findings**

### Needs Assessment

3.3 In relation to needs assessment; it was noted that there was multi agency co-operation on a number of levels:

**Drugs and Substance Misuse:** The Panel noted that there was evidence of widespread partnership working with regards to needs assessment. In terms of the provision of an individual needs assessment, the South Warwickshire PCT worked extensively with Rugby PCT and other local health service deliverers to ensure that appropriate interventions and referrals were identified at an early stage. Work was also jointly carried out with Prison, Police and the Probation Service most notably through the DTTO's and the Enhanced Arrest Referral Scheme. Work was also undertaken between Social Services and Housing Teams, particularly in the sphere of Supporting People where housing and employment support were required to help sustain drug intervention programmes.

**Alcohol Misuse:** Assessments were primarily conducted by the Swanswell Trust with a full assessment of need by a Care Worker. In addition to direct contacts it was also noted that referrals could and had been made by other agencies. Similarly in the case of poly-drug use; referrals would be made by the Trust to South Warwickshire PCT.

### Prevention and Treatment

Prevention and Treatment provided the key focus for the Panel and focus on needs assessment and future priorities was treated as ancillary to focussing on this theme.

**South Warwickshire PCT:** Treatment is based on the four models of care and co-ordinated through the local community drugs teams. These teams also deal with alcohol misuse issues. As has been noted previously, the services that are provided by the PCT are available either directly through accessing health services or indirectly through processes of sharing and referral from other agencies. In terms of preventative work, the PCT produced a number of publications which sought to reduce and minimise drugs, substance and alcohol misuse. However the bulk of the work engaged here was harm reduction rather than prevention. Counselling, Needle Exchanges and a Young Persons Service were all also part of a package of measures which aimed at actual treatment. The service also worked closely with social services and housing teams to develop sustainable and structured care packages.

**Swanswell Trust:** Treatment after the initial assessment of need is based on individual support between the care worker and the client. Care planning is based on the models of care approach. The agency works within the harm reduction agenda, this can involve changing drinking behaviour and access to community and inpatient alcohol detoxification with pre and post detoxification

support. This includes relapse prevention groups. Support from health agencies is also available in the form of a clinician and a detoxification clinic at Woodleigh Beeches. On a more direct level it was noted that GP toolkits were available which sought to improve the referral process. It was also noted by the Panel that although the remit of the Trust was in the sphere of treatment, extensive work was also undertaken in the sphere of prevention through educational materials and presentations that were undertaken by the Trust.

**Probation:** The Probation Service works in conjunction with the Police and Community Drug Team in providing the healthcare to clients which can be termed as preventative and treatment. Although not primarily involved, the Probation Service in conjunction with healthcare partners provide: Substitute medication, Symptomatic Relief, Acupuncture and Relapse Prevention Counselling. This latter treatment dealt with challenging the cycle of change that was often responsible for addictive behaviour. As with South Warwickshire PCT, the Probation Service also worked closely with Housing and Social Services in seeking to develop holistic strategies.

**Other:** As noted both the Education and YOT also engaged in preventative work. In addition, Central Government initiatives such as Talk to Frank exist providing a range of information and advice on drugs.

### Future Plans

#### **Key points from the Government Papers**

Objective 4 refers to asking the agencies about their plans with regards to the Government's proposals from the Audit Commission's Report, 'Drug Misuse 2004 – Reducing the Local Impact' and Government's White Paper, 'Choosing Health'. Links to both documents can be found at the end of this report but attached below is a summary of the key points arising from each paper

#### Audit Commission's Report, 'Drug Misuse 2004 – Reducing the Local Impact'

This paper was produced by the Audit Commission in November 2004 and examined, on a national scale, the effectiveness of drug action partnerships. The report focuses on two improvement journeys—one of the vulnerable problematic drug user seeking a stable, safe life and the other is for local agencies working in partnership to reach a shared goal. Key themes in both journeys are:

Recognising the problem—finding the right route—maintaining progress

In summary, the document concludes that effective partnership arrangements together with strong community participation are the bulwarks of effective drug treatment services. Effective resource management and joint commissioning are also emphasised as key areas for improvement and success as the report

believes that 'many local services are characterised by approaches that are narrow, separate from each other and short term'

### Government's White Paper, 'Choosing Health'.

The Choosing Health White Paper was published in 2004 and seeks to make healthy lifestyles an easier option for individuals and communities. In order to achieve this there are three core principles which seek to underpin the document which are:

Informed Choice-Balancing rights and responsibilities through information and communication.

Personalisation-In order to tackle health inequalities, support must be tailored to the needs of individuals and be both flexible and convenient.

Working Together-Progress on promoting healthier choices is dependant on effective partnerships across the private and public sector with the Government taking the lead in co-ordinating and promoting such partnerships.

In terms of relevance to the work of the Panel, principal focus was on the issue of alcohol. The White Paper places the reduction of alcohol misuse as an overarching priority for action due to its association with health problems, injuries, burdens on the NHS, absenteeism, domestic violence and violent crime and disorder. The Paper also refers to the promotion of safe drinking and education amongst young people.

3.4 Due to insufficient timescales, the Panel were unable to examine the future plans and priorities to the extent which was required. However from the information that was provided the following was noted:

- An alcohol commissioner would be appointed by DAT to tackle the specific issues of alcohol misuse.
- A alcohol services review was being planned by the Swanswell Trust which would be undertaken by the three PCT's and the Alcohol Commissioner. The aim of the review was to ensure that the future service was commission led rather than provider led.
- Mapping work is being undertaken by the Police and the Borough Council through a community development worker in deprived areas of Rugby with a view to building up community resilience.
- The probation service are seeking to strengthen their ties with the Swanswell Trust. New provisions of the Criminal Justice Act 2003 require the ability to have an 'Alcohol Treatment Requirement' which will be managed by the Probation Service in conjunction with the Swanswell Trust and the courts.
- Since April 2005, prison healthcare would fall under the supervision of PCT's and one of the key responsibilities would be addressing misuse issues.

## **Analysis**

- 3.4 The Home Office in commenting on the effectiveness of DTTO's emphasised that "The key to establishing successful DTTOs is to ensure that there is effective interagency working". This comment can be applied to the issue of tackling misuse on a general level and is borne out by the 2004 Audit Commission Paper which sought to ascertain the effectiveness of Drug Action Teams across the UK.
- 3.5 During the course of investigations it has become evident that whilst there is evidence of effective linkages existing or being developed, it is not always clear to the general public as to what these linkages are and how pathways to care can be accessed and maintained. Moreover it was also felt by the Panel that many of these linkages were dependant upon the efforts and commitment of individuals rather than the organisations themselves.
- 3.6 This assertion was well supported in the sphere of prevention where it is the opinion of the Panel that leaflets and promotional literature per se is not enough to address the potential for misuse.
- 3.7 Evidence was also submitted which illustrated that improvements could be made to the manner in which the respective agencies worked together. One example that was given by both the Health Sector and the Probation Service was the difficulty that they had encountered with the local authority in seeking to obtain suitable supported accommodation for clients.
- 3.8 Of greater concern was the inadequacy of housing support services to people on rehabilitation schemes. The tendency to house such vulnerable people in clusters (most notably in estates in Brownsover) together with inadequate support mechanisms led to people more likely to fall back into patterns of misuse rather than less.
- 3.9 Another example that was cited by South Warwickshire PCT was the location of 'sharps' bins for discarded needles where, through misguided perceptions, difficulties had been encountered in the location of bins in Rugby. The issue was significant as the failure to provide such bins was causing excessive danger to the public due to discarded needles and contrasted with successful schemes in operation in other parts of the county most notably Shipston-on-Stour.
- 3.10 Overall, the dominant theme that arose from the issues of partnership working and priorities was that although much work had been and was being done, more work was required in order to make the process more effective, efficient and transparent.

## Objective 5

To evaluate the pilot as a method of working and on completion, to report to the Health Overview and Scrutiny committee on the merits of extending this review to other Boroughs and Districts in the county.

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## Key Findings

Whilst the Panel found the review an extremely useful exercise it is felt that if the review is to be extended to other parts of the county consideration will need to be given to broadening the scope to make it more cross cutting, increasing the timescales and improving the strategic direction of the review to make it more holistic and countywide.

## **Introduction**

- 4.1 The scrutiny review into Drugs, Substance and Alcohol Misuse in Rugby was the first example of a joint scrutiny exercise being conducted between the County Council and a Borough/District Council.
- 4.2 Accordingly it was deemed appropriate to evaluate the effectiveness of the exercise together with assessing the merits as to whether the exercise should be extended to other Boroughs and Districts in the County.
- 4.3 Undertaking such an exercise would seek to ensure that future joint scrutiny exercises were conducted in a more effective manner. This requirement would be particularly pertinent as the panel were mindful of the fact that the issues that had arisen during the course of investigations were not solely confined to Rugby and may require investigation in other parts of the County.

## **Evaluation**

- 4.4 If success is to be measured in terms of achieving objectives; then the Panel's record has been mixed and this will be explained more fully in the next chapter on the Panel's conclusions and recommendations.
- 4.5 In terms of evaluating the method of joint working the following benefits were realised:
  - Greater Localism-Joint working with the Borough Council enabled a greater appreciation of local issues through joint harnessing of

expertise, contacts and information and also enabled the Panel to conduct meetings at a local level.

- Partnership working-as a pilot into new ways of working, the Panel felt that the review demonstrated the effectiveness of conducting joint county-district reviews into areas of common concern.
- Strategic cohesion-Through dealing with the various stakeholders it became obvious that there were issues that fell within the domain of both the County and Borough. A joint review ensured a strategic approach to an issue that required strategic direction.

4.6 Overall, however-and more pertinently in the light of proposed joint scrutiny, the following issues arose during the review:

- Wide ranging objectives with inadequate timescales-the examination of drugs and substance issues within the Borough of Rugby in a three month timescale would have been considered ambitious. The addition of alcohol issues made it very difficult to devote adequate time to research all areas and affected the depth in which the investigation could be conducted and the extent to which consultation with the community was undertaken.
- Too many Panel members with inconsistent attendance-as noted above the timescales for completion of the project was ambitious with work being authorised on 12<sup>th</sup> January but membership not being defined until mid February. Failure to finalise membership together with the large panel made administration difficult with the first meeting only being organised on 28<sup>th</sup> February 2005. Even after finalisation, membership changed and this lack of continuity together with inconsistent attendance impaired the functioning of the Panel.
- Unclear expectations and understanding as to the level of officer support required from the two councils-it became obvious during the early stage of the review that there was a lack of understanding as to the level and nature of support that was required from both the County and Borough Council. This situation improved over time.

### **Proposals for Further Scrutiny**

4.7 Notwithstanding some of the problems that were highlighted above, it is the opinion of the Panel that the review was useful exercise and helped to clarify several matters. The Panel also gained an appreciation of the complexity of the task. Extending this review to other parts of the county has merits but the following factors need to be taken into account:

- That the terms of reference (subject to minor amendments below) be retained in order to ensure comparability. Although reference was made to the potentially wide scope, during the course of investigations it became evident that issues relating to alcohol and drugs, and substance misuse were often interrelated.
- Consideration should be given to possibly extending the scope of the Panel to include cross cutting issues such as crime and safety. This

would enable the Panel to fully include the Police and Probation into areas that were beyond the remit of the Panel.

- That objective 4 be broadened to consider overall plans and priorities rather than the current restriction which was undertaken within the framework of the audit commission report and the choosing health white paper.
- A more realistic timeframe needs to be allocated to the Panel which should be determined in accordance with the locality that is being examined.
- That a maximum number of representatives from each Council be limited to three.
- That in any future composition of the Panel; consideration be given to co-opting an individual with expertise in misuse issues.
- The greater consultation with community groups and organisations be conducted.
- Clear identification of the level of support required from the respective county and district councils should be agreed prior to the commencement of the review.
- That a holistic approach be adopted which, although focussing on localities, does so within the overall county framework and allows discretion to revisit reviewed areas such as Rugby.



## **5-CONCLUSION AND RECOMMENDATIONS**

This report has sought to establish the pattern of misuse in Rugby, the services that are available to tackle that misuse and the effectiveness of partnership working in tackling both current misuse and the challenges that have been set by central government for the future. The Panel has achieved mixed results in seeking to meet this objective.

The Panel's conclusions and recommendations can be grouped under the following five headings:

- A-Information, Services And Resources
- B-Prevention, Education And Signposting
- C-Treatment
- D-Council Partnerships
- E-Ensuring Improvement

### **A-INFORMATION, SERVICES AND RESOURCES**

In order to assess the effectiveness of the services being delivered, the Panel sought to establish the overall picture of misuse in Rugby. The lack of quality and quantity of data in this area made it impossible to determine the true scale and patterns of misuse. Establishing the scale and nature of the problem is essential to ensure that services are planned, resourced and co-ordinated effectively. Equally important is that this information is sustainable both for the sake of efficiency but in order to help create a baseline from which trends, and thereby proprieties can be made discernable. In the absence of such information it is impossible to determine the proportion that treatment users and ex-offenders represent as a total of the overall scale of misuse. It is the Panel's belief that the development of such information systems would also assist in the development of prevention and educational services. **(Recommendation 1)**

Although many of the inadequacies highlighted above are undesirable they are understandable as the various agencies have been hampered by national requirements and the multi tiered framework within the County which makes local data difficult to collect and analyse. However what is less understandable, in the case of services relating to drugs and substance misuse-but not alcohol, is why resource streams and expenditure, which fall within the control of the various agencies involved in service commissioning and provision are unable to be clearly quantified. The Panel were unable to determine the resources that are both received and spent on services in the County and the districts within the county. Improvements are urgently required in this area both in order to ensure value for money but also to ensure that accountability underpins the entire treatment and preventative process. In seeking to find a way forward the Panel was also made aware of long standing unsatisfactory accommodation issues and it is for this reason that a dialogue between the Primary Care Trusts (with external assistance if required) is being recommended. **(Recommendation 2)**

### **Recommendation 1**

**That the Warwickshire Drugs Action Team be asked to investigate the feasibility of a research study which, using national and local information, is able to establish baselines on the nature and scale of drugs, alcohol and substance misuse in Rugby and provide a sustainable information system which allows for the effective and efficient provision of services and resources.**

### **Recommendation 2a**

**That the three Warwickshire Primary Care Trusts be asked to investigate issues regarding clarification of resource allocation and spend in order to ensure transparency and accountability.**

### **Recommendation 2b**

**That the three Warwickshire Primary Care Trusts be asked to review the suitability and effectiveness of accommodation arrangements for the Community Drugs Teams in operation within the County.**

### **Recommendation 2c**

**That in seeking to address the problems identified in Recommendations 2a and 2b above, the Primary Care Trusts consider the appointment of an independent mediator in order to assist and ensure that the issues are resolved in an impartial and transparent manner.**

## **B-PREVENTION, EDUCATION AND SIGNPOSTING**

Whilst the Panel's focus was on the provision of services to tackle drugs, alcohol and substance misuse, it was agreed that more work needed to be done on prevention and education.

The importance of data and information have already been discussed. Whilst there is evidence that information and promotional literature is available it is not per se sufficient to address the problem. Pro-active campaigning is required particularly regarding alcohol in order to acknowledge the scale of the problem affecting Rugby. In terms of practical involvement greater work needs to be undertaken with pharmacies and GP's in order to ensure that a joined up co-ordinated approach is adopted. **(Recommendations 3,4 and 5)**

### **Recommendation 3**

**All agencies should work more effectively together on providing education and information for the sign posting of services. Information relating to drugs education, prevention and treatment should be available in the reception areas of all public buildings in Warwickshire and a poster campaign should be run highlighting the services that are available. Where capacity building is required in the furtherance of these objectives, these should be undertaken in consultation with all agencies.**

### **Recommendation 4**

**Notwithstanding Recommendation 3 above, a high profile campaign on alcohol misuse in Rugby is required urgently in order to acknowledge and address the scale of the problem within the Borough.**

### **Recommendation 5**

**Greater involvement and co-operation is required from GP's and pharmacies to ensure identification and referrals are made where possible.**

### **C-TREATMENT**

In addition to the help that GP's could provide in the preventative agenda, it is the opinion of the Panel that they are also an important resource in their capacity as a front line service to identify, tackle and treat misuse and greater investigation and commitment is required in encouraging GP's to engage services in this area as it would improve access, outreach and address barriers to people presenting for treatment as result of confidentiality. **(Recommendation 6)**

Rugby's location within the UK has been cited as a potential reason for the nature and scale of misuse within the Borough. However, during investigations it also became apparent that its location within the County in relation to services was also an impediment in the number of people accessing and complying with DTTO's and it is hoped that investigative work and subsequent action by the National Probation Service will be undertaken to address the problem. **(Recommendation 7)**

### **Recommendation 6**

**That the Primary Care Trusts be asked to promote and increase the involvement of GP's in the treatment of drugs, alcohol and substance misuse.**

## **Recommendation 7**

**That action be taken by the Warwickshire Probation Service to address the compliance problems experienced by DTTO clients in Rugby as a result of the location of treatment facilities.**

## **D-COUNCIL PARTNERSHIPS**

It would be remiss of the Panel to make a series of recommendations to other agencies in order to improve services and not make recommendations for improving the way that the County Council and District Council works in conjunction with others in tackling misuse.

The proposed improvements are a combination of short term and long term measures that could substantially improve services within the Borough of Rugby. In the short term, the Borough Council must work closely with the PCT and address the issue of sharps bins and their location within the town of Rugby. Both Borough and County Council must also through partnership working address problems relating to the inadequacy of support services during the provision of housing to people who are undergoing rehabilitation. **(Recommendations 8 and 9)**

As noted in the report, the scale and nature of alcohol misuse exceeds that of drugs and substance misuse in Rugby and needs to be prioritised accordingly. However in seeking to do so the Panel is also mindful of the fact that cultural norms and attitudes must be overcome on both a national and local scale. Recommendation 4 recognises the value of education and information in addressing such problems. However in the long term, the Borough Council must have regard to the nature and scale of the problem both in its community plan and licensing policies. **(Recommendations 10 and 11)**

## **Recommendation 8**

**That the Borough Council work more pro-actively in locating sharps bins at strategic locations within Rugby (including the upper floor of the John Barford Car Park) to promote harm minimisation and public safety.**

## **Recommendation 9**

**That the Housing Department of the Borough Council and the Supporting People Team of the County Council improve the quality of housing support services to people with drugs and alcohol misuse in order to ensure successful and sustained rehabilitation.**

## **Recommendation 10**

**That the Borough Council be asked to refer to issues regarding Drugs, Substance and Alcohol Misuse within the Community Plan.**

## **Recommendation 11**

**That the licensing policies of the Borough Council recognise and reflect the scale of alcohol misuse highlighted in this report.**

## **E-ENSURING IMPROVEMENT**

This report has concluded that, based upon the information that has been made available, that eleven actions are required in order to improve the provision of effective services in the sphere of drugs, alcohol and substance misuse.

An action plan is now required to clarify how the recommendations will be implemented, by whom and to what timescale. It is the opinion of the Panel that the Warwickshire Drugs Action Team is the organisation best placed to co-ordinate the production of a plan. **(Recommendations 12)**

In order to ensure that these recommendations are progressed and implemented; it is the opinion of the Panel that Rugby Area Committee in conjunction with the Local Strategic Partnership is the appropriate body for ensuring that effective linkages are established and maintained and above all that a holistic approach is adopted to implementing the recommendations which seek to address the deficiencies that have been highlighted in this report. **(Recommendation 13)**

## **Recommendation 12**

**That the Warwickshire Drugs Action Team, through liaison with relevant agencies, produce an action plan which clarifies the extent to which the recommendations in this report will be implemented, the lead agencies responsible for the implementation of each recommendation, the resources required and the timescales for implementation.**

## **Recommendation 13**

**That the Rugby Area Committee be asked to monitor the implementation of the above Action Plan and the Local Strategic Partnership be asked to promote linkages in tackling drugs, alcohol and substance misuse.**

## **6-BACKGROUND PAPERS/USEFUL LINKS**

### **Background Papers**

Agenda and Minutes of the Health Overview and Scrutiny Meeting (12/01/05)

Agenda and Notes from Meetings of the Review Panel (28/2, 15/3 and 23/3)

WDAT Activity in Warwickshire (Quarters 1, 2 and 3)

### **Useful Links**

#### Participants

[www.warwickshire.gov.uk](http://www.warwickshire.gov.uk)

[www.rugby.gov.uk](http://www.rugby.gov.uk)

*County Council and Borough Council website*

<http://www.wdat.org.uk>

*Warwickshire Drug Action team website, including links to local and national agencies*

<http://www.swarkpct.nhs.uk/>

*South Warwickshire PCT website*

<http://www.swanswelltrust.org/welcome.htm>

*Information on the Swansell Trust and Alcohol Misuse Services*

<http://www.warwickshire.police.uk/>

*Warwickshire Police*

<http://www.warwickshireprobation.org.uk/>

*Warwickshire Probation Service*

#### Documents

<http://www.crimereduction.gov.uk/drugsalcohol83.htm>

*Audit Commission report on 'Drug Misuse 2004-Reducing the Local Impact'*

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4094550&chk=aN5Cor](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor)

*Government White Paper 'Choosing Health'*

<http://www.pm.gov.uk/files/pdf/al04SU.pdf>

*Cabinet Officer Paper' Alcohol Harm Reduction Strategy*

## **APPENDICES**

Appendix 1-Flow Chart of WDAT structures  
Appendix 2-Table of Resources



**WARWICKSHIRE COMMUNITY SAFETY PARTNERSHIP  
AND  
DRUG ACTION TEAM**

**DRUGS POLICY GROUP  
(Formerly DAT Joint  
Commissioning Group)**

**JOINT  
COMMISSIONING  
GROUP  
(Adults)**

**JOINT  
COMMISSIONING  
GROUP  
(Young People)**

**AVAILABILITY  
REDUCING  
SUPPLY  
SUB GROUP**

**NORTHERN  
WARWICKSHIRE  
TDATG**

**SOUTHERN  
WARWICKSHIRE  
TDATG**

**RUGBY  
TDATG**

- Task Groups**
- ❑ Shared Care and Harm Reduction
  - ❑ Models of Care
  - ❑ Drug Intervention Programme Mgt. Board

**NORTH  
WARKS  
CDRP**

**NUNEATON  
&  
BEDWORTH  
CDRP**

**WARWICK  
CDRP**

**STRATFORD  
CDRP**

**RUGBY  
CDRP**

**Allocation and planned spend 2004-05**

**Table 1: Allocations**

Source	Allocation Title	Resource Available	Distribution of Resource		Scope				Purpose
			£		Substance		Age		
			County	Rugby	Alcohol	Drugs	Adults	YP	
	<b>Local allocations</b>								
All PCTs	NHS Legacy Inpatient Treatment	338,400	338,400	Unknown	✓	✓	✓	✗	Agreed value of core resources (spend) by lead PCT derived from PCT contributions.
All PCTs	NHS Legacy Community Services (CDTs)	670,960	670,960	Unknown	✗	✓	✓	✗	Agreed value of core resources (spend) by lead PCT derived from PCT contributions.
WCC	Social Services Department	75,383	75,383	Unknown	✗	✓	✓	✗	Contribution to support delivery of criminal justice services.
NPS	Main undamped revenue allocation	161,000	161,000	Unknown			✓		
	ARS 2003-04 Police	100,000	100,000	Unknown			✓		
	Retuns from YOT	10,500	10,500	Unknown					
WCC	Un-allocated reserve (B/F 2003-04)	216,464	216,464	Unknown					Non recurring acculualative underspend held by WCC.
				Unknown					
SSD	Core contract	107,238	107,238	Unknown	✓	✗	✓	✗	
SSD	BME Grant	15,531	15,531	Unknown	✓	✗	✓	✗	
SW PCT	Legacy BME	3,920	3,920	Unknown	✓	✗	✓	✗	
SSD	Residential Services	49,256	49,256	Unknown	✓	✓	✓	✗	
Rugby PCT	Core contract	93,187	93,187	Unknown	✓	✓	✓	✗	
SSD	Community Care Alternatives	22,270	22,270	Unknown					
Rugby PCT	Legacy Development	10,580	10,580	Unknown	✓	✗	✓	✗	
SW PCT	Legacy Community	14,828	14,828	Unknown	✓	✗	✓	✗	
Rugby PCT	Legacy	35,897	35,897	Unknown	✓	✗	✓	✗	
Rugby PCT	Legacy core	150,914	150,914	Unknown	✓	✗	✓	✗	
Rugby PCT	Legacy SWAF	20,393		Unknown	✓	✗	✓	✗	
SW PCT	Legacy Development	4,999	4,999	Unknown	✓	✗	✓	✗	
SW PCT	Legacy Misc	1,700	1,700	Unknown	✓	✗	✓	✗	
SW PCT	Legacy	500	500	Unknown	✓	✗	✓	✗	
SSD	Leaving Care Pilot Project	38,500	38,500	Unknown	✓	✗	✗	✓	
	Rethink Helpline				✓	✗	✓	✓	
	<b>Sub total local allocations</b>	<b>1,695,476</b>	<b>1,695,476</b>						
	<b>National Allocations</b>								
	Building Safer Communities Fund			10,229	✓	✓	✓	✓	
	Adult Pooled Treatment Budget (less YP component)	1,475,000	1,475,000	Unknown	✗	✓	✓	✗	Recurring allocation to support delivery of countywide adult treatment plan.
	Young Persons Substance Misuse Partnership Grant	420,145	420,145	Unknown	✗	✓	✗	✓	Allocation to support delivery of countywide young persons plan.
	Transfer from Adult PTB	40,000	40,000	Unknown	✓	✓	✓	✓	Transfer to support transition from YP to Adult services (YP Plan)
	Throughcare and Aftercare (DIP)	312,883	312,883	Unknown	✗	✓	✓	✗	Allocation to support delivery of Drug Intervention Programme.
	Enhanced Arrest Referral Scheme	119,078	119,078	Unknown	✗	✓	✓	✗	Allocation to support delivery of Drug Intervention Programme.
	DAT Partnership Support Grant	85,239	85,239	Unknown	✗	✓	✓	✓	Allocation to support strategy development.
	<b>Sub total national allocations</b>	<b>2,452,345</b>	<b>2,452,345</b>						
	<b>Sub total local allocations</b>	<b>1,695,476</b>	<b>1,695,476</b>						
	<b>Sub total national allocations</b>	<b>2,452,345</b>	<b>2,452,345</b>						
	<b>Total allocations</b>	<b>4,147,821</b>	<b>4,147,821</b>						