



Bracknell Forest Drug & Alcohol Action Team

Strategic overview 2008/09

Context

Bracknell Forest covers 109 sq km of central Berkshire and includes the former new town of Bracknell, Crowthorne and Sandhurst along with a number of smaller villages and settlements. 28 miles west of London, the area has easy access to the motorway network (M3, M4, M40 and M25), Heathrow, and direct train links into London. The north and east of the Borough form part of the Metropolitan Green Belt whilst land south of Bracknell and Crowthorne is internationally important for nature conservation. The Borough is proud and protective of its green character, with a third of our area comprising woodland.

Our Community

The Borough's population is 112,200 (2006 estimate). Between 1991 and 2001, this grew twice as fast as the average for South East England (14% compared to 7%). The population is relatively young (average age 35.4 years compared to the UK average of 38.7). Only 11.5% is of pensionable age, compared to 18% nationally.

Our population is also relatively healthy. Average life expectancy is 80.15 years. Levels of smoking and circulatory diseases are lower than nationally, although the proportions of the population who are obese or with cancer are higher. However, neither of these figures are excessive in the national context.

The 2001 Census showed that 90.6% of the population is 'White British'. The BME population is 5.9%. However, since 2001 the number of school pupils from Minority Ethnic Groups has grown from 6.1% to 12.7% in 2007.

Bracknell Forest is generally affluent (ranked 319 out of 354 on the Index of Multiple Deprivation 2004). Property prices and levels of car ownership are significantly higher than the national average and Free School Meals eligibility is low (6.7%). However, these headline figures mask significant pockets of deprivation. For instance, three primary schools have free school meal eligibility rates exceeding 15% and three Super Output Areas are in the most deprived 20% in the country in relation to education, skills and training (one in Great Hollands North, two in Priestwood & Garth). 16% of households receive a housing or Council Tax benefit.

Educational attainment of children and young people has improved significantly between 2001 and 2007. Overall results are consistently above the national averages for Key Stages 1 to 3. In 2006, GCSE results improved considerably and were above the national average for the first time. National

ranking for all local authorities in 2006 placed Bracknell Forest 18th for Key Stage 1, 10th for Key Stage 2, 10th for Key Stage 3 and 45th for Key Stage 4.

Our Economy

Bracknell Forest is within the economically buoyant Thames Valley. However, prosperity and population growth make demands on the environment, transport and housing. Average house prices exceed £240,000. Whilst finding acceptable locations for new housing and providing appropriate infrastructure are major concerns for the Council and residents. Skills shortages exist in some sectors and are being addressed by the Council and partners.

Our residents are generally well educated, however, in parts of the Borough, particularly Bracknell town wards, attitudes to learning reflect the new town origins and are less positive. We have focused on equipping parents to support children's learning in these areas.

Our Council

The Council has 42 Councillors (39 Conservative, 3 Labour), with an Executive comprising of the Leader and seven other Members. An overarching Overview and Scrutiny Commission is supported by four theme-based Overview and Scrutiny panels.

Successful partnerships, embracing key stakeholders, are essential to deliver on our ambitions. We are the lead partner in our Local Strategic Partnership, the Bracknell Forest Partnership (BFP), which is itself underpinned by 10 specific themed partnerships such as the Children & Young People's Strategic Partnership, Crime & Disorder Reduction Partnership and Health & Social Care Partnership.

Survey-based consultation is undertaken at a number of levels. We maintain a Citizens Panel (the "BF 1500") as a representative group of consultees and have used it to consult on major strategies. If required these consultations can be tailored to fit the needs of the DAAT in terms of perceptions of drug use within the borough. Working with Thames Valley Police we also support Neighbourhood Forums to ensure we understand the issues that are important to local people. It has been interesting to note that drug use/dealing has not been identified as a high priority at any of the recent neighbourhood forums. We have also developed ethnic profiling of our neighbourhoods to respond to the 2007 Commission on Community Cohesion report. Our Local Development Framework is based upon a Statement of Community Involvement, whilst development of the Children & Young People's Plan involved considerable consultation and a needs analysis involving focus groups, interviews, school based questionnaires, staff surveys and a "community survey". We run "Tell Us" conferences with young people across the Borough and this year have undertaken an online survey which has included substance misuse as one area of consultation. It is hoped that by undertaking surveys on a regular basis will highlight future service needs particularly around transitional need.

To ensure the aspirations of older people are reflected in our plans we hold with partners, a bi-annual 'Voice of Experience' conference, targeted at people aged 50 and over. We are also developing an overarching Older

People's Strategy as one of our key ambitions for 2007-2011, to complement our more specialised adult social care commissioning strategies.

Engaging with our BME residents population is sometimes more challenging, largely due to their diverse composition meaning there is very little "independent" infrastructure in the community based upon faith or ethnic groups. We are, however, working closely with the Indian Community Association and the chair of the Additional Support Programme which has representatives from all ethnic minorities in the Borough. Specific teams in Education, Children's Services & Libraries deal with children and young people from ethnic minorities and we are working with Bracknell Forest Voluntary Action to establish a BME Forum. We have also been actively involved with the Nepalese community in Sandhurst. The proportion of school pupils with English as an Additional Language has increased from 2.4% in 2001 to 7.4% in primary schools and 4.6% in secondary schools in 2007. Whilst data from the January 2007 School Census indicates that there are currently around 70 languages other than English spoken in our schools. Consequently, we have invested additional resources to support children for whom English is now a second language. School information booklets have been produced in Polish and Portuguese and have engaged with the Race Equality Foundation in learning sets to develop and embed better practice in safeguarding BME children.

Criminal Activity

Crime levels are generally low in Bracknell Forest, ranking 180 out of 354 districts in England. However, the number of crimes per 1,000 population increased by 2.9% over the period 2000 to 2005, against the decreasing national trends. This issue has been targeted and recent figures have shown a reduction of 15% in British Crime Survey crimes during the current year.

Whilst Bracknell Forest is not one of 38 "hot spot" areas in the country that has a high level of Class A drugs we can not become complacent about the availability of Class A drugs within the Borough. The proximity of both Reading and Slough which are among the 38 "hot spot" areas and the work being undertaken in both areas to tackle their problems could have a knock on effect by displacing activity to Bracknell Forest. There is a significant link between the Class A drugs, violence and crime and this has a disproportionate effect on communities. Evidence shows that Bracknell Forest is being actively targeted by dealers/suppliers from outside the Borough. Operation Falcon has allowed the police to concentrate their efforts with regard to drug supply and there have been five drug house closures in the last 18 months due to the partnership work undertaken.

We currently have 17 Prolific Priority Offenders (these are the offenders perceived to be causing the most harm through their offending). Of these only three are in the community with the remaining fourteen either on remand or serving prison sentences. However the status of PPO's changes quite regularly as they may only be serving short prison sentences or may not receive a custodial sentence. A multi agency group in place to ensure that local PPO's receive a streamlined service in order to reduce their offending behaviour.

There are no prisons located in the Bracknell Forest DAT area. Broadmoor Hospital is located within the area but due to its specialised nature of the patients it does not present any particular problems for the DAT. However it should be noted that a high number of the patients have substance misuse indicated as part of their index related to their offences. Staff at the hospital regularly screen visitors to ensure that illegal drugs are not available to patients.

Drugs Profile

The 10 year National Drug Strategy will come to its natural end in March 2008 and much progress has been made in improving the delivery of drug services. The funding available for the commissioning of services has been subject to significant increases in recent years but this will not continue and during 2007/08 there have been reductions in some budgets. The 3% reduction for 2008/09 will adversely effect Bracknell Forest DAAT's ability to maintain the high standard of treatment that is currently provide. With a projected reduction in excess of £67,000 by 2010/11 it is likely that waiting times will increase which will have a knock on effect in terms of criminal activity and perceptions of drug use in the community. It will therefore become even more important that Drug and Alcohol Action Teams ensure that they are commissioning services based on identified local need and that they are achieving best value.

Models of Care for drug users sets out the requirements for the delivery of an effective treatment system. Bracknell Forest Drug and Alcohol Action Team is seeking to build on previous success and performance by seeking tenders for a range of Tier 2 and 3 services which will commence in April 2008. Historically we have focussed on the number of clients entering treatment but this focus is now switching to measuring outcomes. The requirement for the completion of a Treatment Outcomes Profile (TOP) for each client entering the treatment system was launched October 1st 2007 and will ensure that we are measuring not only quantity but quality on a National basis.

Bracknell Forest appears to have similar levels of heroin and crack use to the neighbouring borough of Windsor & Maidenhead but a lower level than the nearby towns of Reading and Slough. The number of problematic drug users in Bracknell Forest was set nationally as 225 in 2004/05. The recent Health Needs Assessment of Drug Misuse across Berkshire East estimated 204 (95% confidence levels) problematic opiate and opiate and/or crack cocaine users, 228 crack cocaine users and 80 drug injecting users during the financial year 2004/05. The estimated prevalence rates (*per 1,000 population aged from 15 – 64 2004/05*) of problem drug use, opiate and opiate and/or crack cocaine was 2.69, Crack Cocaine user 3.01 and drug injecting users 1.06. The estimated percentage of problematic drug users (PDU's) who were opiate users is 90.71%.

Looking at trends in those drug users engaging with treatment services is showing a percentage reduction in those reporting heroin as their main drug of use. In 2006/07 73% of the treatment population in Bracknell forest were heroin users and 7% reported cocaine as their main drug of use. In the first three quarters of 2007/08 the number reporting heroin had reduced by 6% going down to 67% and those reporting cocaine has risen by 5% to 12%. This switch will be reflected in the DAAT's treatment commissioning and planning for the future.

However should this trend continue it may have an adverse impact on the DAAT's ability to provide locally based services. With more emphasis on problematic drug users being in effective treatment (those who use ether heroin or crack cocaine) we are in danger of seeing significant reductions in our funding. Should this happen it may not be possible for the DAAT to continue to maintain the levels of service and more importantly afford to fund a stand alone premises. Evidence is clear that having that local service has bought about significant increase in the number of clients accessing treatment and it would be sad to see those improvements lost.

Cannabis ecstasy and amphetamine use would appear to be no higher than any similar area and the existence of only two nightclubs may limit the availability of drugs associated with the night time economy. However the planned regeneration of the town centre will have an impact and will need to be closely monitored. In recent years there has been an increase in the number of residents accessing services who are using stimulants, particularly cocaine, as their main drug of use.

The number of drug-related deaths is relatively low in the DAT Area with only one or two per year.

Bracknell Forest has seen a steady increase in clients entering treatment since opening New Hope in July 2005. New Hope is a multi agency one stop shop which is located in Bracknell Town centre and it is from here that the majority of our services are delivered. The building is managed by the DAAT and enables us to provide accommodation and IT services to our providers at no cost to them, thereby reducing the overall cost of the service. New Hope also acts as our single point of contact for all referrals and due to the multi agency working is also our CJIT.

Unmet need

Using the data provided by the National Drug Treatment Monitoring System it has been possible to identify levels of unmet need. Using the data from 2004/05 it was estimated that there were 110 problematic drug users who were not known to treatment of this number 13 were believed to be clients who were seen via the Drug Intervention Programme. In 2007/08 the number of problem drug users not known to treatment had reduced quite significantly to 72 but the number of clients in the Drug Intervention Program not known had increased slightly to 23.

Key objectives

The key objectives in delivering drug services in Bracknell Forest from 2008 and beyond are:

To reduce the harms drugs cause to the development and well being of young people and families

To reduce the harm drugs cause to the health and well being of individuals and families

To reduce the impact of drugs on local communities – reducing drug related crime and associated anti social behaviour

Service Review

In preparation for the tendering process the DAAT's across East Berkshire undertook a review of all existing services between May and August 2007. The purpose of this review was as follows:

- Identify where services were based
- What services were being delivered
- Who are the client group
- What is the cost
- Is the service efficient
- The quality of the service being delivered

The method by which the review was undertaken was split into three parts, qualitative, quantitative and the effectiveness of services.

In setting clear boundaries and outcomes the DAAT's were able to identify any duplication of services which could lead to costs savings, areas where the joint commissioning of services could achieve economies of scale and the effectiveness of the existing services.

Service users and provider staff were also consulted and their views have been used to inform the needs assessment.

The main outcome from the service review has been to ensure that the tendering process and the design of the services to be delivered from April 2008 has taken account of local need and will lead to increased engagement, retention of clients and positive outcomes in future years. The findings have also been used in the development of the comprehensive needs assessment that has been undertaken.

Needs Assessment

In order to achieve the key objectives a needs assessment has been carried out. This needs assessment has looked at all aspects of drug treatment in the borough but has focussed on the following areas in particular:

- The access of clients from diverse population groups and how we meet their needs
- Hidden harm
- Service penetration
- Stimulant users

The data that has been used comes from both National and local sources and local resources have been used to map service penetration against various factors (GP's in shared care, Needle Exchange Provision etc).

The full needs assessment will be submitted as part of the overall treatment plan and the findings within it have been used to set the key priorities as set out later in this document.

Harm Reduction Audit

Each year the DAAT and its key stakeholders undertake an audit in respect of the way that harm reduction services are delivered. This year this process has been undertaken in more detail than normal following the results of the joint Health Care Commission/National Treatment inspection which focussed on commissioning and harms reduction.

Bracknell Forest was awarded a good rating but further analysis of the results clearly shows that improvement is needed in respect of harm reduction. This is in part due to Bracknell Forest not commissioning a non pharmacy needle exchange and a consultation has been undertaken with service users and providers as to the need for such a service. Part of the data used to inform the inspection is based on the National Treatment Agencies annual service user survey and DAAT's who have not had more than thirty questionnaires returned are automatically awarded 1 point for any relevant question. As under thirty were returned in respect of Bracknell Forest this was indeed the case.

As a result of the harm reduction audit the East Berkshire Harm Reduction Strategy has been reviewed to include the findings from the audit and will be submitted as part of the overall treatment plan for Bracknell Forest.

Treatment systems

Bracknell Forest DAAT have put much effort into the development of a full range of services. The majority of services are delivered from New Hope which is based in Bracknell town centre. New Hope is a multi agency centre and clients can access a full range of services under one roof. These include screening, triage and full assessment, specialist and non specialist prescribing, structured interventions, structured counselling, BBV information, testing and vaccination and regular drop in sessions. A specific aftercare service is also delivered from New Hope and a community venue.

Bracknell Forest DAAT jointly commissions a tenancy support post with Supporting People. However from 1st April 2008 Supporting People have commissioned a generic floating support service which will include specialisms in Drugs, Alcohol and Mental Health. This service will benefit DAAT clients due to the increase in investment and service providers will be able to refer clients to the service. The DAAT was part of the project board for this process.

Community venues are also utilised as venues as required and regular information and advice sessions are delivered within supported accommodation properties. Substance misuse workers also attend the young peoples drop in centre in order to reach those young people who are NEET.

Key Priorities

The findings of the needs assessment and harm reduction audit have been used to set the key priorities for Bracknell Forest DAAT for 2008/09.

- 83% of clients will be retained in treatment for 12 weeks or more
- 100% of clients will receive a health check
- 95% of individuals in treatment will have an identifiable written care plan which will be reviewed every three months
- Each service will have a clear strategy with regard to the discharge of clients, whether client leave services in a planned or unplanned way. These strategies will set out how services seek to re-engage with those clients who drop out of services and how they will consult, where possible, with these clients in an effort to improve outcomes.
- At least 40% of all Drug Rehabilitation Requirements will be successfully completed which will impact on the re-offending rates of drug using offenders
- 83% of individuals accessing either a first treatment intervention or subsequent intervention will wait 3 weeks or less.
- 100% of clients will be referred into the BBV service for advice, information, counselling and vaccination where appropriate. As part of this service clients will also be offered advice on sexual health.
- The involvement of service users and carers in planning and reviewing services will remain a high priority with a particular focus on providing training to improve knowledge and skills in these groups
- Specific services for stimulant users will be further developed this year with some of these services being delivered in the evening to take into account the life styles of the service users.
- All drug using offenders will be in a position to receive services at point of arrest with onward referral into Tier 2 & 3 services in an effort to reduce the rates of acquisitive crimes locally. In particular identified prolific and priority offenders will be able to access rapid entry into prescribing services.
- The clinical governance arrangements in Berkshire East were audited during 2007. However a more in depth audit will be undertaken by the East Berkshire Harm Reduction Group to ensure that they incorporate the new guidelines from NICE