
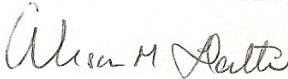



Lancashire Drug and Alcohol Action Team

Adult drug treatment plan 2009/10

Part 1: Strategic summary, needs assessment and key priorities

The strategic summary incorporating the findings of the needs assessment, together with local partnership ambition for effective engagement of drug users in treatment, the funding and expenditure profile, harm reduction and primary care self audits have been approved by the Partnership and represent our collective action plan.

<i>Signature</i> 	<i>Signature</i>  Chair, adult joint commissioning group Central
	<i>Signature</i> Chair, adult joint commissioning group East
	<i>Signature</i>  Chair, adult joint commissioning group North
Chair, partnership name	



Strategic Summary

1.0 Direction and Purpose

The LDAAT Needs Assessment document represents an ongoing process of evaluation of the substance misuse related need in the County.

The Needs Assessment is a vital component of the commissioning cycle and framework, designed to highlight gaps, inform development initiatives to meet those gaps and ensure current services are performance managed effectively and are flexible enough to evolve in line with need. In addition it enables the DAAT to benchmark how it is meeting its strategic objectives and to share best practice across the partnership.

The Needs Assessment has been informed by data from the 2007/8 National Drug Treatment Monitoring System (NDTMS) returns which have been supplemented where possible with year to date data from 2008/9.

The document builds on a very detailed piece of work undertaken for last years Needs Assessment which included a detailed Lancashire profile. This work is not replicated here for ease of reference to the current document, but is available as a matter of public reference should it be required.

1.1 Service Modernisation

The recommendations from last years report focused on the need to re- model the adult treatment system to truly meet the needs of Lancashire clients and to consider developing a combined drug and alcohol system to ensure value for money and effective use of resources across the partnership. This work has been progressed considerably during the year and the DAAT Executive has approved a Business Case to implement the Modernisation process across the County. This will result in the re-commissioning of the Adult Treatment Systems in the three PCT footprints within Lancashire. This work, including the development of service specifications, will be informed by the Needs Assessment and will be the key priority for the DAAT in the coming year.

The rationale for undertaking the work in the three PCT footprint areas is to reflect the distinct population characteristics and differences as summarised in the key findings section below. In addition this process allows for joint working with the three individual PCTs as the key partners in the modernisation process. Finally, the staged process allows the DAAT to more effectively manage the workload within the Delivery Unit.

1.2 Production Process

The Needs Assessment and accompanying planning grids have been produced this year with more of a locality focus which enables us to take into account the diverse needs of our communities and also relationships with key partners, namely the 3 PCTs in the Lancashire footprint. It is also hoped that using this process the planning grids in particular will become more useful as working documents and will effectively become the action plans for the 3 Joint Commissioning Groups and Treatment Effectiveness Groups.

2.0 Key Findings

LDAAT covers a population of roughly 1.2 million people and is a mix of urban and rural communities. Ethnic minorities constitute approximately 5% of the resident population, predominantly Pakistani and Indian with emerging Eastern European communities.

Analysis of drugs offences reveals that across Lancashire, the majority involve cannabis, followed by cocaine, heroin and amphetamines. The proportion of offences concerning benzodiazepine, cannabis plants, cannabis resin and cocaine have increased.

A study by Glasgow University 2006/07 estimated that there are approximately 6393 heroin and crack users in Lancashire. The NTA Bullseye data shows that most of Lancashire's Crack and/or Opiate users were accessing treatment services in 2007/08 and out of the prevalence figure of 6393 only 25% were unknown to treatment, indicating a penetration rate of 75%. Crack only users however were not accessing treatment over the same period, showing that those using opiates and/or crack were more likely to be in treatment. During financial year 2007/08 the NTA reported that the baseline for all adults in effective treatment was 4354, and the baseline for PDU's in effective treatment was 3808. The DAAT expects to increase 2% year on year on these baseline numbers.

2.1 Locality Variations

Lower proportion of PDU's as a percentage of total numbers in effective treatment in Central (80%) compared to East (93%) and North (90%).

Very high (97%) of White British in the North, 93% in East, with highest proportion of Pakistani (3%). Issue with Data completeness in Central – 88% White British, but 5% not stated.

Very high percentage (83%) using heroin as first drug of choice in the North, compared to 78% in East and 65% in Central. Central has significantly higher cocaine use (7%) compared to the other 2 localities at 2%.

East has significantly higher percentage of self referrals (68%) compared to 51% in North and 59% in Central. However East also has much lower percentage of GP referrals (1%) compared to 10% in North and 4% in Central. Central had a lower proportion of CJ referrals (8%) compared to 14% in both East and North.

North and Central both achieving 18% planned exits, whilst East achieved 13%. Both East and Central showing high percentage of referrals on, at 43% and 47% respectively, with North having a much lower percentage of referrals on at 27%, but a much higher percentage of unplanned exits.

2.2 Access and Engagement

Self-referrals to services increased significantly from 49% in 2006/2007 to 61% in

2007/2008 with a corresponding reduction in Criminal Justice referrals, down from 21% in 2006/2007 to 12% in 2007/2008. This trend was seen across all 3 localities. This indicates unplanned discharges decreased from 60% in 2006/2007 to 44% in 2007/2008 with a corresponding increase in 'referred on'.

Overall, the NDTMS Quarter 2 report shows that of the 451 valid waiting times for first interventions, 94% were seen within 3 weeks. Most treatment types, including Specialist Prescribing and Structured Day Programmes have an average wait time of less than one week.

Self-referrals to services accounted for 46% of referrals overall, which suggests that services have effective communication strategies in place to promote their services where it is needed. Referrals via Criminal Justice account for 28% of overall referrals and numbers of referrals to criminal justice have increased significantly since the introduction of the new service provider in May 07.

2.3 Effectiveness

The 2008/09 target for DAAT's focuses on the effectiveness of treatment journeys, in particular for Problematic Drug Users. Effectiveness is defined by remaining in treatment for 12 weeks or more, or having a Care-Planned Discharge. The data for the year to date indicates that 79% of new treatment journeys for this group of clients are effective with a similar level for all adult clients. It is hoped that this can be improved for future years through the modernisation process, with the target for new providers being set at 80% initially, with a 90% target to be hit within 18 months of the contract start.

The NDTMS partnership information report for quarter 2 suggests that the In-treatment population in Lancashire is: 92% white British, with a 1% 'other white' and 2% Pakistani with 4% recorded as "not stated" or with a missing ethnicity code. The DAAT therefore needs to ensure under-represented groups are targeted and services are made available and are accessible, and that providers are encouraged to achieve 100% data compliance in this area

2.4 Outcomes, Discharge and Exit

There is a requirement for the DAAT to develop robust substance misuse performance monitoring arrangements (including alcohol) and continue to build upon existing contract monitoring arrangements to ensure both effective delivery of services and well informed commissioning decisions across the County which are compliant with the NTA Treatment Outcomes Monitoring System (TOPS). The DAAT is working hard with providers to ensure that the 80% compliance rate is achieved so that Treatment Outcome reports can be utilised with providers to ensure the best outcomes are achieved for clients.

Of treatment exits overall, 19% were planned, with 46% unplanned and 35% referred on. This low percentage of planned exits requires further work, and will ultimately be addressed in the modernisation process with targets for new providers set at challenging levels for planned discharges, and this will be monitored closely.

More integrated referral pathways into specialist Harm Reduction services are needed and the DAAT needs to consider Abstinence Services for clients and developing such provision to offer more choice to clients. Structured Day Care needs to be reviewed with a view to re-modelling to ensure programmes offer services and facilities which will be beneficial to service users and therefore impact on early discharge rates and non-attendance.

3.0 Cross Cutting Themes

In addition to the data mentioned, the Needs Assessment takes into consideration data from some of the cross cutting themes identified by the NTA and the local treatment system.

3.1 Criminal Justice

There have been a number of developments within the criminal justice arena that will mature during the next year. IDTS will require ongoing development so that the 5 prisons within Lancashire are able to meet the necessary outcomes. The growth of the Integrated Offender Management units will also be considered within the larger remit of Criminal Justice provision. There are plans to consider DIP/ PPO alignment in more detail which may result in the establishment of a "Reducing Re Offending Board" to replace both the Tower and OMU governance structures. The Prison in Reach Function within Criminal Justice will require rigorous monitoring to ensure that it meets its new objectives, which include supporting the development of IDTS and reducing the rate of post discharge overdose. Suitable accommodation for Criminal Justice clients has also been highlighted, and it is envisaged that more suitable locations will support the engagement and retention of drug misusing offenders. During 2007 LDAAT localities funded 50% of 2 community PCSOs, to support Operation Nimrod. During 2008, very little activity has taken place within the Lancashire area and therefore a review of funding or reconfiguration of these services will be considered.

3.2 Service User Involvement

LDAAT continues to support the ongoing development of the Lancashire User Forum (LUF) and is developing a County wide model of service user involvement to be commissioned over the coming year. LDAAT continues to work with provider organisations and the LUF to develop Service User Involvement across each locality.

3.3 Harm Reduction

LDAAT is currently refreshing the County wide Harm Reduction Network and the associated harm reduction action plan. Part of this includes the reformation of the specialist Blood Borne Virus and Drug Related Death Working Groups. Clinical Governance will be incorporated into the work streams of Shared Care Monitoring groups to ensure quality across service provision.

The Treatment Effectiveness Groups continue to act as the focal point within each locality for improvements to the delivery of Harm Reduction interventions.

There continues to be some challenges around Harm Reduction interventions such as access to syringe programmes. The modernisation agenda will address the Harm Reduction challenges identified. LDAAT will work with existing providers and the modernisation agenda to ensure that all relevant guidance including NICE needle and syringe programmes 2009 are implemented.

3.4 Confidential Inquiry

LDAAT has re-commissioned Lancaster University to continue the confidential inquiry across the whole county.

3.5 Families and Carers

The DAAT recognises the continued need to develop services for families and carers of those with substance misuse problems, and actively involve them in service delivery. Data received from providers demonstrates a considerable need for family support work, particularly with vulnerable groups such as families of prisoners.

LDAAT is currently developing a family and carer model to address the issue County wide over the coming year.

3.6 Housing and Homelessness

Appropriate and suitable housing continues to be a barrier to the re-integration of drug users back into their communities. Formal strategic partnerships will need to be developed with housing services to include defined pathways services. Projects such as the Housing and Homelessness Project in the East should be replicated so that a local assessment of met and unmet housing need is clearly defined. In 2008 LDAAT has begun the process of developing partnerships with not only Supporting People but also DISC and Calico who provide floating support. The Treatment Effectiveness Groups will become the main provider forum and LDAAT will continue to encourage more joined up partnership working

Bond or rent schemes will be considered across the localities and partners will work collectively to ensure that housing providers are able to access Drug and Alcohol awareness training. This is particularly important as evidence exists that housing support can be intolerant of substance misusing individuals.

3.7 Skill and Employment

There continues to be a need to develop closer working relationships between Substance Misuse treatment services and mainstream employment services as part of a recovery/ reintegration model .In this connection LDAAT welcomes the recent announcement with regard to Job Centre Plus Drugs Co-ordinators and will work closely with Job Centre Plus to ensure that these posts are linked into the local

treatment system. The Modernisation process will also assist this process as Service Specifications will require greater demonstrable activity in this area.

3.8 *CDRP's*

LDAAT will continue to work closely with the 11 CDRPs in Lancashire, particularly with regard to the meeting of the relevant LAA KPIs. In this connection we will liaise with CDRPs on the Modernisation process to ensure that achievement of the relevant LAA KPIs is reflected in Service Specifications. In addition we will continue to work with John Moores University and the NTA to break down performance data to CDRP level.

3.9 *Diversity*

The Lancashire treatment system continues to engage white male heroin users. Across Lancashire there is growing evidence which suggests that a number of under represented groups, including women offenders and older people exist and further work is required to understand barriers into treatment. Substantial progress has been made in evidencing the need within certain groups, for example BME in East Lancashire, and the priority will now be to engage services and local community groups to provide appropriate substance misuse awareness and training. There is also an increasing population i.e. Eastern European where English is not the first language, and there exists a need to provide better language and translation services, as often this can be the barrier into services. Service providers will also be required to work more closely together in order to promote and share good practice. The 2007/08 Health Care Commission assessment also identified a number of gaps within the treatment system. Diversity issues and priority groups will be addressed in the development of the three Service Specifications in relation to the Modernisation process.

3.10 *Hidden Harm*

LDAAT will continue to support and develop the County & Locality Hidden Harm Groups and the implementation and recognition of their respective Action Plans and raise awareness and accountability of the issue strategically, including progressing hidden harm as an LAA target.

3.11 *Alcohol*

Joint working with the three Primary Care Trusts will continue with a view to jointly commissioning integrated Substance Misuse Services as part of the Modernisation process. This will incorporate joint work on achieving Key Performance Indicator NI39.

3.12 *Clinical Governance*

It has been agreed that clinical governance across the treatment system, including prisons, will be undertaken through the County and three locality Shared Care

groups. In order to reflect this position the title of the County Group has been amended to “Clinical Governance and Shared Care Monitoring Group” and a recommendation made to the three PCTs for the titles of the locality Shared Care groups to be amended accordingly. A major element to the work of all four groups will be to monitor implementation of NICE and Clinical Guidelines by various mechanisms including future audits of providers.

3.13 Tier 4

The 2007/08 Health Care Commission Substance Misuse Service Improvement Review addressed a number of gaps with regard to Tier 4 services. In addition, there is a need to focus on the recovery agenda highlighted in the new National Drugs Strategy which will include the repositioning of Tier 4 services in the care pathway. In order to address these issues a new Tier 4 lead has been appointed to work across the DAAT with a remit to coordinate and review the effectiveness of Tier 4 services across Lancashire. This group will develop an action plan in order to implement these changes during the year.

4.0 Key Priorities

The key priorities for the Treatment Plan 2009/2010 are detailed below:-

4.1 Implementation of Modernisation

As can be seen from the report a timescale was approved with North commencing first, followed by East and then Central. A GANT chart showing a detailed timeline for all three modernisation processes has been produced and is currently being refined within the Central and East localities. The process is now well underway in the North with the PPQ stage having been completed and tenders received from short listed organisations. These tenders are currently being evaluated and a new provider will shortly be selected to implement the revised Service Specification from 1st October 2009. The findings of last years Needs Assessment have been taken account of in the production of the Service Specification for Project North and this will be used as a template for the process in East and Central ,whilst taking into account relevant local issues. The service being procured is an integrated drugs and alcohol service, as recommended in last years Needs Assessment. This model has also been agreed in the East and discussions in Central are ongoing, with a report being submitted to the PCT Board in May 2009.

4.2 Implementation in East and Central

Following agreement of the process in the East a Project Group is being established to manage the process and the roles and responsibilities of the PCT and DAAT have now been completed. The development of the service specification will be informed not only by the Project North specification but by an alcohol Needs Assessment

undertaken by East Lancashire PCT. A consultation exercise will also be undertaken when a service model has been determined. So far as Central is concerned the PCT has agreed to undertake a detailed Needs Assessment covering both Drugs and Alcohol which has now commenced with completion due in July in order to inform the Modernisation process. In addition the Project Group within the Central locality has been established with terms of reference and membership having been agreed and is now meeting on a regular basis in order to oversee and manage this process.

4.3 System change Pilot

Following the recent request from the NTA, Lancashire has submitted a bid for the above involving the pooling of resources around Criminal Justice Drugs Treatment. A decision is awaited shortly. If this bid is successful it could fundamentally change the landscape of criminal justice drugs treatment and the role of the DAAT in Lancashire.

4.4 IDTS

Lancashire is at the heart of IDTS implementation having 6 prisons within its footprint. The DAAT is actively involved in this process by way of the 3 IDTS Boards and the production of the associated planning grids. In addition, in conjunction with the NTA and the 3 IDTS Boards, a post has been commissioned to be based in the DAAT in order to ensure that prison and community treatment are appropriately integrated. This post has now been recruited to.



Lancashire Drug and Alcohol Action Team

Adult drug treatment plan 2009/10

Part 2: Local partnership priorities for effective engagement of drug users in treatment

1. Drug users in effective treatment

	2007/08 Baseline	2008/09	2009/10	2010/11
Problem drug users (crack and/or opiate users) recorded as being in effective drug treatment	3808	3884	3962	4041

	2007/08 Baseline	2008/09	2009/10	2010/11
All adult drug users recorded as being in effective treatment	4354	4441	4530	4620

2. Additional partnership information – primary care

Primary Care Trust (PCT)	East Lancashire PCT			
Number of primary care practices in PCT area covered by partnership	66			
	2008/09		2009/10	
	Number	Percentage	Number	Percentage
Practices who are delivering primary care-based treatment within a commissioned service model	27	41%	29	44%

Primary Care Trust (PCT)	Central Lancashire PCT			
Number of primary care practices in PCT area covered by partnership	91			
	2008/09		2009/10	
	Number	Percentage	Number	Percentage
Practices who are delivering primary care-based treatment within a commissioned service model	19	21%	19	21%

Primary Care Trust (PCT)	North Lancashire PCT			
Number of primary care practices in PCT area covered by partnership	39 (42 in 09/10)			
	2008/09		2009/10	

	Number	Percentage	Number	Percentage
Practices who are delivering primary care-based treatment within a commissioned service model	9	28%	12	29%

3. Local drug partnership priorities linked to drug strategy delivery

Where the partnership has identified key priorities in Part 1 in the following areas please indicate with a tick (✓) in the list below

Access	Partnership priority for 09/10 (✓)	Satisfactory baseline (✓)	% sought as local priority	change as
Improved access to treatment – crack	✓	✓	4%	
Improved access to treatment – BME			-	
Improved access to treatment – parents			=	

Effective engagement of new clients	Partnership priority for 09/10 (✓)	Satisfactory baseline (✓)	% sought as local priority	change as
Improved engagement – crack	✓	✓	2%	
Improved engagement – BME	✓	✓	1%	
Improved engagement – parents	✓	✓	2%	
Improved engagement – criminal justice				
Improved engagement – under 25s				

Treatment exits	Partnership priority for 09/10 (✓)	Satisfactory baseline (✓)	% sought as local priority	change as
Improved successful treatment exits- all clients	✓	✓	4%	
Improved successful treatment exits- crack			=	
Improved successful treatment exits- BME	✓	✓	4%	
Improved successful treatment exits- parents	✓	✓	6%	
Improved successful treatment exits- criminal justice			=	
Improved successful treatment exits- Under 25s	✓	✓	2%	

Employment	Partnership priority for 09/10
Improved employment outcomes for individuals in	✓

treatment	
Housing	Partnership priority for 09/10
Improved housing status – all clients	√

