

TEST VALLEY COMMUNITY SAFETY PARTNERSHIP

Date and Time: 25th January 2007

| | | |
|---|--------------------------------|----------------------|
| Title of paper :CountywideDAATPerformanceReport | | |
| Submitted by: JohnWinter | | |
| Present at meeting: Yes | | |
| Leading partner/s: All | | |
| <p>Additional info: CRIwere commissioned by the DAAT, following formal tender process, to provide the following drug related services in Test Valley:</p> <ul style="list-style-type: none"> ▪ Open access shop front service ▪ Structured day care service ▪ Counselling service ▪ After care service <p>These have now been operating for 9 months and will shortly be subject to full review of performance for the full 12 months. However, in relation to overall performance-CRI are meeting all requirements of the commissioned contract. Full outcome of the review will be made available to the CSP, once complete.</p> | | |
| Recommendations: | | |
| <p>i) That the Board note the report.</p> | | |
| Financial and HR Implications | | |
| Promotion of Equality & Diversity | | |
| | Purpose of paper (tick) | Decision |
| | | Discussion & comment |
| | | √ |

HAMPSHIRE DAAT

Drug & Alcohol Action Team



Hampshire DAAT

Adult drug treatment plan 2007/08

Part 1

Section A: Strategic summary

Section B: National targets

Section C: Partnership performance expectations

Draft – December 2006

This strategic summary incorporating national targets and partnership performance expectations, together with the funding profile, self assessment and attached planning grids have been approved by the Partnership and represent our collective action plan.

Signature

Signature

Chair, Partnership name

Chair, Adult Joint commissioning group

Section A: Strategic summary

A1. Partnership drug treatment strategy

Following strategic development in line with funding over the last two years, the DAAT have now developed a geographic framework of services, based on Models of Care, across the County. A number of contracts covering open access, structured day care and the mobile needle exchange services, will expire this year, and whilst the DAAT fully appreciates the hard work of current providers, this does give the DAAT an opportunity to remodel some of its services.

The mobile needle exchange services will become harm reduction and outreach services, and whilst needle exchange will still be available, the emphasis for the new services will shift towards outreach, especially to reach underserved groups. There will also be a harm reduction coordinator appointed to ensure there is consistency of harm reduction support across the County and to make links with local Public Health bodies.

The open access services will become the entry point to the treatment system and will develop as triage centres but will still provide low threshold easily accessible brief interventions. Aftercare services will also be hosted at the open access centres. The structured day care programmes will become more peripatetically based and will provide a range of programmes across the week at times to meet users needs.

In addition there will be additional shared care workers in post, with greater work with primary care services, including community pharmacy services. A new structured counselling service, offering client needs led 1:1 support will be commissioned.

The Hampshire Common Assessment Tool is now ingrained within the treatment system and will form the basis of triage, full assessments and care planning. The DAAT have set a target of 100% of clients in structured care having a care plan and will audit this through annual QuAD's audits. To support referral and raise basic drugs awareness through generic staff an e-learning training package is being developed, which will be complemented by the work of the Joint Commissioning Manager and DAAT team, aftercare and harm reduction coordinators, and through the local Drug and Alcohol Awareness Groups.

Whilst the DAAT will continue to monitor the numbers in treatment, there will be greater emphasis on outcomes, including retention. This will be linked in with the Common Outcome Monitoring Tool, which although introduced during 2006/07 needs further work to ensure that is consistently applied across the County.

Service Users have been involved in the Joint Commissioning Group and in tender processes and will continue to do so. Following the introduction of the Carer Support line in 2006 there is a growing carer network and the DAAT will endeavour to develop this further to ensure Carers are also involved in DAAT decision making.

The Hampshire DIP treatment service has now been running for 18 months and has become well established and will continue working in partnership with Police, Probation and the Prison, in addition to prescribing and other treatment agencies, to support criminal justice clients and to work towards a reduction in offending behaviour in Hampshire to reduce the impact of crime on the wider community.

A2. Summary of outcome of needs assessment in relation to problem drug situation

The Hampshire DAAT have developed its drug treatment system services on geographical need due to the large size of the County and the understanding, from Service Users and Providers, that most drug users will access their drugs from the major population areas. This has resulted in a range of services being provided in each of eight main identified conurbations in Hampshire. Due to the problems with transport links this is seen as the minimum requirement, however due to funding constraints, the DAAT cannot expand these services further to be based on client need.

During 2006/07 the DAAT undertook some work looking at the needs of underserved groups, particularly BME and Gay/Lesbian drug use, and it is hoped that further needs analysis will identify areas where these groups require additional support which can then be provided through existing service delivery channels to meet those needs.

The DAAT will also be looking at the flow of clients within the Hampshire treatment system in order to identify any bottlenecks, although it is hoped that with triage services now commissioned and through expanding shared care arrangements these blockages can be released.

From NDTMS there were 2303 individuals in treatment during 2005/06, with 1411 new individual presentations. 71% of the 2303 (1635) were male with 29% (668) female. 2% were under 18, 44% between 20 and 30, 36% between 30 and 40, 14% between 40 and 50 and 4% over 50. The Ethnic breakdown is shown below.

| | White | Mixed | Asian | Black | Other/not stated |
|-------------------------|-------|-------|-------|-------|------------------|
| Presented for treatment | 93.5% | 0.84% | 0.42% | 0.56% | 5.02% |
| Census data 2001 | 97.8% | 0.70% | 0.74% | 0.27% | 0.50% |

67% of clients presented with opiate misuse as their primary drug of misuse with 14% with stimulant misuse (of which 37% was crack or cocaine). 12% presented with cannabis as their primary substance of misuse.

Whilst the trends in terms of ethnic breakdown and drug use are in line with regional and national averages the DAAT will work in 2007/08 to ensure that all provides are able to support users with whatever drug problem they have with appropriate services.

A3. Partnership key treatment priorities:

- Reviewing and developing services for underserved groups
- To coordinate and develop the harm reduction activities of the DAAT
- To develop primary care services particularly Shared Care and Community Pharmacy services
- To provide a client need led structured counselling service
- To support generic services with e-learning basic drugs awareness training

Section B: National targets

B1. Numbers of drug users in treatment (Adults and Young People)

| | | | |
|--|------|--------|--------------|
| B1.1 Estimated number of problem drug users (PDU) in Partnership area | 3524 | Source | Glasgow Data |
|--|------|--------|--------------|

| DATA TO BE USED IS ALWAYS <u>DAT OF RESIDENCE</u> | | Performance 2005/6 | Target 2006/07 | Performance April – September 2006 | Target 2007/08 |
|---|--------------------|--------------------|----------------|------------------------------------|----------------|
| B1.2 Total number in treatment | LDP(T43) | 2364 | 2120 | 1762 | 2330 |
| | Partnership Target | 2150 | 2400 | 2400 | 2550 |

B2. Retention rates – Adults only

| DATA TO BE USED IS ALWAYS <u>DAT OF RESIDENCE</u> | Performance 2005/06 | Target 2006/7 | Performance July 2005 – June 2006 | Target 2007/08 |
|--|---------------------|----------------------------|-----------------------------------|---------------------------|
| B2 Percentage retained in treatment for 12 weeks or more (LDP and partnership target) | 76% | 60% LDP 75% Partnership | 76% | 62%LDP 80% Partnership |

B3. Waiting times - Adults only

| B3.1 Waiting time to first treatment intervention <i>See Models of care 2006 for definitions of structured treatment interventions</i> | Partnership performance % | Planned performance % | |
|--|---------------------------------|-----------------------|---------|
| | Quarter end - 30 September 2006 | 2006/07 | 2007/08 |
| Inpatient drug treatment | 33% | 60% | 65% |
| Residential rehabilitation | 100% | 85% | 85% |
| Specialist prescribing | 90% | 81% | 85% |
| Primary care/shared care prescribing | 78% | 100% | 100% |
| Day programmes | 100% | 85% | 85% |
| Psychosocial interventions | 77% | 80% | 85% |
| Other structured treatment | 100% | - | - |

B3. Waiting times - Adults only

| B3.2 Waiting time to subsequent treatment intervention See Models of care 2006 for definitions of structured treatment interventions | Partnership performance % | Planned performance % | |
|--|---------------------------------|-----------------------|---------|
| | Quarter end - 30 September 2006 | 2006/07 | 2007/08 |
| Inpatient drug treatment | 13 | 60 | 65 |
| Residential rehabilitation | 100 | 85 | 85 |
| Specialist prescribing | 82 | 81 | 85 |
| Primary care/shared care prescribing | 100 | 100 | 100 |
| Day programmes | 100 | 85 | 85 |
| Psychosocial interventions | 89 | 80 | 85 |
| Other structured treatment | 100 | - | - |

Section C: Partnership performance expectations

C1. Planned discharges

| Planned discharges who complete treatment drug free, complete treatment or are referred on for other services See Models of care 2006 for definitions of structured treatment interventions | Partnership performance 2005/06 | Planned performance 2006/07 | Partnership performance April - September 2006 | National upper quartile performance April – September 2006 | Planned performance 2007/08 |
|--|------------------------------------|--------------------------------|--|--|--------------------------------|
| Inpatient drug treatment | 19% | 60% | 41% | * | 73% |
| Residential rehabilitation | 26% | 52% | 45% | | 62% |
| Specialist prescribing | 35% | 45% | 34% | | 57% |
| Primary care/shared care prescribing | 40% | 50% | 38% | | 63% |
| Day programmes | 41% | 48% | 42% | | 58% |
| Psychosocial interventions | 41% | 50% | 37% | | 61% |
| Other structured treatment | 19% | - | 27% | | |

NOTE: Awaiting National Upper Quartile Guidance from NTA

C2. Places in treatment

| See Models of care 2006 for definitions of structured treatment interventions | Number of places commissioned | |
|---|-------------------------------|------------------|
| | Actual 2006/07 | Proposed 2007/08 |
| Inpatient treatment | 80 | 100 |
| Residential rehabilitation | 35 | 35 |
| Specialist prescribing | 1105 | 1170 |
| Primary care/shared care prescribing | 250 | 260 |
| Day programmes | 450 | 500 |
| Psychosocial interventions | 380 | 400 |
| Other structured treatment | | |

C3. Care planning

| | Partnership Performance | | Planned performance % | |
|--|-------------------------|--------------------|-----------------------|---------|
| | 2005/6 | Apr – Sept 2006 | 2006/07 | 2007/08 |
| Proportion of individuals starting treatment who have a care plan | 29% | 73% | 100% | 100% |

C4. GP Prescribing

| | Actual Performance 2006/07 | Planned Performance 2007/08 |
|---|-------------------------------|--------------------------------|
| C4.1 Percentage of GPs who provide treatment within a locally or JCG defined shared care arrangement. | * | 30% |
| C4.2 Percentage of GPs in the partnership area who are prescribing to drug users outside of shared care, but within a commissioned service model. | * | * |
| C4.3 Percentage of GPs in the partnership area who have completed successfully <u>Part 1</u> of the RCGP Certificate in the Management of Drug Misuse | * | * |
| C4.4 Percentage of GPs in the partnership area who have completed successfully <u>Part 2</u> of the RCGP Certificate in the Management of Drug Misuse | * | * |
| C4.5 Number of GPs employed either as practitioners with a Special Interest in drug and alcohol treatment or as addiction specialists within a local treatment system. | * | * |

NOTE: Requested information from PCT Substance Misuse Leads

C5. Criminal Justice Drug Treatment

| C5.1 Drug Interventions Programme – Compact targets | | RAG Performance as at October 2006 |
|--|--|---|
| Number | Non Intensive areas : Key performance indicators | |
| 1 | 60% of adults with whom initial contact (as defined in the DIR guidance) is made and who are not already on the caseload, to be assessed by the CJIT | |
| 2 | 85% of adults assessed as needing a further intervention, to be taken onto the caseload | |
| 3 | 95% of adults taken onto the caseload to engage in treatment | |
| 4 | 80% of CARAT clients who are transferred to a CJIT to have follow up action taken by that CJIT. | |

NOTE: Available early January from DIRWEB

| C5.2 Community sentences with drug rehabilitation requirement | | | | |
|--|------------------------|-----------------------|----------------------------------|-----------------------------|
| | Performance 2005/06 | NPD Target 2006/07 | Performance April – Sept 2006 | NPD Target 2007/08 |
| C5.2.1 Commencements | 136 | 281 | 92 | Awaiting NPD Targets |
| C5.2.2 Successful completions (number) | 36 | 48 | 14 | |

| C5.3 Integrated drug treatment in prisons |
|--|
| |

NOTE: Not Applicable - There are no prisons funded for IDTS in Hampshire

C6. Supported housing

| | | | |
|--|--|--|--|
| Number identified with a primary drug problem by supporting people providers | Number identified with a primary drug problem by supporting people providers | Proportion identified with a primary drug problem in current contact with treatment services | Target proportion to be in current contact with treatment services |
| 2005/06 | April – Sept 2006 | April – Sept 2006 | 2007/08 |
| 324 | | | |

NOTE: Awaiting Supporting people Data

C7. Harm reduction initiatives

| C7.1 Vaccinations against Hepatitis B Virus (HBV) | Performance 2005/06 | Planned performance 2006/07 | Performance April – Sept 2006 | Planned performance 2007/08 |
|--|----------------------|-----------------------------|-------------------------------|-----------------------------|
| C7.1.1 Percentage of new presentations offered HBV vaccinations | Not Available | 70% | 25% | 80% |
| C7.1.2 Percentage of new presentations who accept the offer of HBV vaccination who commence the vaccination programme | Not Available | 25% | 9% | 25% |

| C7.2 Hepatitis C Virus Screening | Performance 2005/06 | Planned performance 2006/07 | Performance April – Sept 2006 | Planned performance 2007/08 |
|--|----------------------|-----------------------------|-------------------------------|-----------------------------|
| Percentage of current or ever injecting drug users presenting for treatment tested for HCV who do not know their HCV status and have injected within the past six months | Not Available | 15% | 27% | 20% |

| C7.3 General healthcare assessment | Performance 2005/06 | Planned performance 2006/07 | Performance April – Sept 2006 | Planned performance 2007/08 |
|--|----------------------|-----------------------------|-------------------------------|-----------------------------|
| Percentage of new presentations completing a general healthcare assessment | Not Available | 60% | 61% | 70% |

| C7.4 Specialist and pharmacy-based needle exchange programmes | Performance 2005/06 | Planned performance 2006/07 | Performance April – Sept 2006 | Planned performance 2007/08 |
|--|------------------------|-----------------------------|--|-----------------------------|
| C7.4.1 Number in contact with specialist needle exchanges | Estimate 450* | 500 | 577 (awaiting CRi OASF Figures) | 500 |
| C7.4.2 Number in contact with community pharmacy exchange schemes | Not established | 50 | Estimate 80 | 100 |
| C7.4.3 Total number of community pharmacies in partnership area | 197 | 197 | 197 | 197 |
| C7.4.4 Percentage of community pharmacies providing needle exchange as a locally enhanced service | No LES | No LES | No LES | 10% |
| C7.4.5 Percentage of community pharmacies providing basic healthcare advice and referral | 100 | 100 | 100 | 100 |

NOTE: Awaiting some exchange data

| C7.5 Supervised consumption | Performance 2005/06 | Planned performance 2006/7 | Planned performance 2007/8 |
|--|---------------------|----------------------------|----------------------------|
| Percentage of community pharmacies providing dispensing, supervised consumption and shared care as a LES | No LES | No LES | 10% |