

Safer Sandwell Partnership Part 1 2008/9 - (Needs Assessment and Key Priorities)

1. Introduction; Safer Sandwell Partnership Strategy for Drug Treatment

During 2007/08 the Safer Sandwell Partnership prioritised work to review and restructure the client treatment journey, focusing particularly on engagement and referral process between open access and structured treatment services. Numbers entering treatment remained on target, and waiting times were significantly reduced by returning to open access provision at Tier 3, Anchor, from July.

The implementation of improved performance management arrangements by the DAAT and JCG on behalf of the Partnership has also enabled Sandwell to develop a number of improvement plans based on in depth analysis of the system. User involvement through the Sandwell Addicts Views Expressed (SAVE) group has been an extremely successful part of this with representation at all key meetings and planning events. A peer consultation undertaken by SAVE during the autumn had an excellent response rate and significantly contributed to the Partnerships Needs Assessment 2007.

Although the Partnerships commissioning and management infrastructure around drug treatment has become more robust, significant challenges remain around retention and penetration of the Problematic Drug Using Population (Class A Opiate and Crack Cocaine use). Further work will continue in this area, and the Partnership has commissioned a formal review of the drug treatment system. This will continue the focus on:

- Developing service provision around a 'client treatment journey' within the context of an effective treatment system.
- Tackle levels of retention that currently show Sandwell to have the worst performance figures nationally
- Improving engagement of users into treatment and understand the factors that are contributing to the low rate of Problematic Drug Using penetration
- Building on wrap around and support services
- Responding to the changing nature of problematic drug use especially apparent in the rising identification of crack and other stimulant use
- Looking at continuity of treatment for those in the criminal justice system

It is anticipated that an interim report will be available towards the end of the treatment planning process in early March, and that this will refine the priorities and milestones for next year.

The Partnerships' strategic aim for the future centres on improving the effectiveness and efficiency of the drug treatment system in order to sustain resources and reintegrate more drug users back into the community. Using the treatment plan to support the delivery of Local Area Agreement targets around the health and wellbeing, safer and stronger and employment and skills elements will strengthen the capacity to achieve this. Linkages with supporting people commissioning to maintain people in effective accommodation, drugs intervention programme contributions to reducing volume crime and up skilling stable individuals to access training education and employment in terms of the worklessness agenda are developing and will be built on in 2008/09.

2. Key demographics and local patterns of drug use

Sandwell is ranked as the 16th most deprived area in the country with 53% of the population living in very deprived wards. There are significant levels of poor health; high morbidity rates, high levels of infant mortality, long-term illnesses, mental health problems and chronic conditions. Housing, skills and worklessness are also key local issues, and the percentage of residents with no qualifications is higher than regional and national averages. Gross weekly pay is also below regional and national averages at £320. Unemployment is relatively high at 4.2% compared to a national average of 2.4%.

Until relatively recently, crime rates were high in comparison to other areas in the West Midlands; they have now been brought into line with the regional average.

In relation to drug use, in Sandwell there are an estimated 2,000 - 2,441 individuals using drugs problematically. In relation to the 2006 mid year estimates of the local population this accounts for approximately 0.84% of the total local population. The size of the estimated local Problematic Drug Using population has shown no statistically significant change in recent years.

Sandwell has a higher rate of problem opiate and crack users than the regional rate, yet a similar rate of injecting drug users. Presenting opiate users (85%) are higher than regional or national proportions, and conversely stimulant use of cocaine, crack and amphetamines at 7% is lower than regional or national proportions.

In contrast to the predominantly opiate using population seen in structured treatment, 69% of Criminal Justice Drug Intervention Programme clients on the caseload during 2006 had a main drug of heroin, 11% cocaine, 7% crack cocaine, 9% cannabis and 1% amphetamines. This suggests that stimulant users are under represented in the treatment system.

3. Key findings of the Needs Assessment

The needs assessment process 2007/08 involved a degree of navigation around the different data systems that partners use. In many service areas there is an absence of drug related data, for example housing, adult social care and children and families which indicates that drug use is not a recognised priority and may be absent in the assessment process. Available local statistical records have therefore been supplemented by anecdotal evidence from key workers and users. A priority for 2008/09 is to develop this process and identify agency contact points and expectations for the sharing of data to inform needs assessment.

Penetration:

Sandwell has the lowest overall penetration rate of West Midlands Partnerships and the lowest Problematic Drug Using penetration rate. Reaching the target of 1105 users into treatment 07/08 would equate to less than half our Problematic Drug Using population in treatment (45.3%).

Retention:

Sandwell's most recent (Q2 2006/7) retention performance at 56% is one of the poorest for all partnerships nationally. However this masks a great difference between the two main providers (17% Addaction and 75% Anchor).

Sandwell has a significantly younger user profile than regionally or nationally. National research suggests that age and gender are linked to and have an effect on retention; indeed, Anchor retention results improve as male client age increases. This also applies to white clients, of whom a higher proportion is retained for 12 or more weeks than non-white clients.

The local proportion of criminal justice new presentations (43%) is higher than the regional average (40%) and significantly higher than the national average (29%). Non-Criminal Justice Service referred cases result in a larger proportion of positively retained clients than Criminal Justice Service clients - overall, 56% of non-Criminal Justice Service clients were retained for the 12 weeks or more compared with 46% of Criminal Justice Service clients.

The greatest proportion of negatively retained clients (<12 weeks) are those with an unplanned discharge reason of 'prison'. Indeed the (SAVE) Service Users Perception of Drug Services questionnaire results show the most frequently cited reason for dropping out of treatment was prison, followed by missed appointments and not being ready for change.

Gender

The gender breakdown of estimated Problematic Drug Users shows a higher proportion of males than females in comparison to the regional average (81.7% males locally compared with 78.2% regionally). This is reflected in the gender breakdown of opiate and/or crack users in treatment during 2006/7. Local anecdotal evidence highlights that services are particularly good at engaging women. There is therefore a need to engage more males into treatment according to the estimates of the problematic drug using population both in and out of treatment.

Ethnicity

In comparison to the overall population there is a slightly higher proportion of non-white clients in treatment than in the overall population (21.4% v 20.3% respectively). This is accounted for by the numbers of 'mixed' clients seen in treatment compared to the overall population (4.25% v 2.1% respectively). The comparatively lower levels of Asian and Black clients in treatment may be due to the way in which clients classify their ethnicity as 'mixed' rather than as Asian or Black. However the Census is increasingly out of date, and changes in the diversity of the overall population may account for the larger proportion of non-white clients seen in treatment during 2006/7. The rate of missing ethnicity information was 2.8% of clients in treatment.

Further analysis using 2005 ethnicity population estimates (produced by ONS) show that there is now a lower proportion of non-white clients in treatment compared with the overall population (21.4 v 22.3%). The updated ethnicity estimates reflect some overall growth in the mixed population which suggest that this group is not as 'over represented' in treatment as initially thought on comparison with the 2001 Census. More notably Asian Indian & Asian Pakistani seem to be further under-represented in light of the updated ethnicity estimates.

Criminal Justice System

Males are more likely to be trigger offence (acquisitive crimes; burglary, vehicle crime, theft & robbery) defendants than females; 79% v 21% respectively, with 50% of those who commit trigger offences aged 18-24. The most common trigger offence for individuals testing positive was theft including attempted theft. Overall the gender and age traits of those clients on the Drug Intervention Programme caseload seem to reflect the estimated Problematic Drug Using age and gender proportions evidenced by the Home Office estimates.

Possession of Class C Cannabis continues to be the most numerous offence type in the borough accounting for over two-thirds (69.5%) of all crime offences. The peak age for people arrested with Class C drugs is 19-21 with over nine-tenths (94%) of offenders male. These may be more likely to be recreational users than 'problematic drug users'

Unmet Needs:

An equality impact assessment carried out in quarter 3 2007/08 by the DAAT highlights that drug use is still a hidden issue within certain populations. Cultural and religious beliefs are compounding access issues. The perceived lack of choice around abstinence based treatment options and service locations have been highlighted as well as a need for community engagement strategies for parents, users and community leaders. The needs assessment also identifies that there is a higher proportion of 'non-white' Problematic Drug Users known to but not in treatment compared to those in treatment. Pakistani, Bangladeshi and Black Caribbean seem to be over-represented when compared to those already in treatment.

Male heroin users aged 25-34 account for the single largest group 'known' to services but not in treatment. Overall of the not known group, 87% were primary heroin users and 13% primary crack users.

Treatment system mapping conclusions:

- Low rates of identification/access of problematic drug using population
- Decrease in the proportion of young males between referral stage and in treatment stage (43% v 29%)
- Lower proportion of males, 18-24s and BME clients retained in treatment
- Evidence that identification of stimulant using population is higher in the criminal justice system

4. Demand for Services - 2007/08 treatment figures/needs assessment

a) Open access

430 users; 140 receiving brief interventions; 200 telephone advice and information; 300 complimentary therapy sessions

b) Harm reduction services

250 individuals accessing needle exchange services

All individuals offered Hep B vaccinations; with 35% taking up the service. In addition, 85% of all new presentations who are current or ever injecting drug users offered a test for Hep C with 25% taking up the offer.

All new presentations receiving a general health assessment

c) Community based structured services

1200 individuals to receive structured drug treatment, including 40 receiving psycho-social counselling; 20 users receiving supported housing; 30 users placed in employment/training or education; 40 users placed on the structured day programme

d) Residential based structured treatment

20 individuals admitted to inpatient treatment with a length of stay of 14-21 days, 12 individuals entering residential rehabilitation placement, with a length of stay of 13-26 weeks.

5. Partnership Priorities 2008/09:

Work will continue around developing the effectiveness of the treatment system with a focus on increasing partnership delivery. This is set against the context of a reducing Pooled Treatment budget over the next 3 years and areas of unmet need as identified by the local assessment.

Summary:

- Partnership delivery of activity to engage problematic drug users from all sections of the community.
- Improved alignment of resources to develop wrap around care and services by coordinating activity with LAA priorities, Choosing Health and the Safer Sandwell Partnership Strategic Plan.
- Focus on Treatment system effectiveness:
 - To improve retention and positive discharge
 - To respond to the needs of stimulant users
 - To deliver abstinence options
 - To enhance opportunities for access to GP shared care
 - To improve performance and accountability
 - To have clear governance arrangements including clinical audit processes
- Effective partnership between criminal justice agencies to develop existing joint offender management and treatment interventions in order to reduce volume crime
- Strengthen the PCTs role in the leadership of primary care delivery, and public health issues around harm reduction and Blood Bourne Virus planning.
- Strengthen SMBCs role in the development of Housing and Social Care provision for drug users
- Prepare for the findings of the Healthcare Commission/NTA review of 2007/8 (Diversity and Tier 4) and monitor the action plan developed from the Healthcare Commission/NTA review of 2006/7.