

Partnership name/logo: Safer Sandwell Partnership

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.	
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<i>Signature</i>	<i>Signature</i>
Chair, partnership name	Chair, adult joint commissioning group

Overall direction and purpose of the partnership strategy for drug treatment

The new National Drug Strategy (2008-2018) pledges to focus on maximising the impact of drug treatment to “CUT the number of families devastated by drug use” and “INCREASE the number of drug users making a positive contribution to society”. Underpinning this is a commitment to expanding and improving drug treatment services; a direction of travel taken by the Safer Sandwell Partnership over the last 12 months. In January 2008 a treatment system review was undertaken by the Centre for Public Innovation to analyse performance and service provision. The consultants also looked at the effectiveness of commissioning arrangements and processes.

Many of the recommendations from the review have been implemented. The commissioning team has been restructured and a business process around contracting and performance management will be rolled out in 2009/10. This will focus on improving quality and treatment outcomes, with providers of local drug services involved and engaged in their own performance assessments and service development.

Improving access to treatment, another key recommendation from the review, has included the development of new accommodation for drug services at Metro Court, West Bromwich. The facilities provided here mean that agencies can be based together this year to offer a wider range of services for clients requiring treatment and support. In addition the building will provide much needed space for the delivery of treatment interventions and other activities.

A new open access service to provide advice and support on substance misuse, and harm reduction and therapy based interventions has also been recently commissioned. The service will particularly target injecting users through specialist needle exchange based at Metro Court, as well as stimulant and Black and Minority Ethnic users. These are groups that this year's needs assessment has highlighted are likely to require harm reduction interventions or are under-represented in services. The service, 'Open Sandwell', became operational in January 2009, and will be piloted throughout next year both at Metro Court and within primary care settings across Sandwell.

In relation to criminal justice, case management will continue to be improved in 2009/10. The West Midlands Police Drug Intervention Team workers in Sandwell (COSAS) already play a significant role in coordinating offender management and drug treatment and support for individuals. A multi agency panel of criminal justice, treatment and Drug and Alcohol Action team representatives was also established last year. The panel are successfully targeting and jointly managing offenders whose Class A drug use is linked to a pattern of repeat offending. Alongside this, Probation has increased its capacity to improve assessment and sentencing support in Court meaning that offenders receive more timely treatment referrals and interventions.

Sandwell's Drug Intervention Programme as a whole contributes to the Borough's Local Area Agreement priority to '**reduce high volume crime**' in relation to NI 16 Serious Acquisitive Crime and NI 30 Re-offending rate of prolific and other priority offenders.

The purpose of the Partnership strategy on drug treatment for 2009/10 is:

- 1.) To build on the work started in 2008/09. An evidence based approach will be applied to the cost effective remodelling of Sandwell's treatment system. The key aim of this will be to place the individual at the heart of treatment using the findings of the needs assessment as well as provider, stakeholder and user involvement through SAVE in the design of services. The desired outcome is to develop a quality and highly performing system by 2010/11.
- 2.) To focus on developing and implementing policy emerging from the 2008 National 10 year Drug Strategy, and related agendas, where these are also local priorities. This will include:
 - 2.1) Supporting the employability agenda by rolling out the regional test bed initiative on developing generic and criminal justice pathways from treatment to education training and employment. This will encompass work with the new Job Centre Plus Drugs Coordinators once in post on cross agency work with individuals on benefits who require treatment.
 - 2.1.1) Existing provision to enable stable drug users to access education training and employment through Turning Point, contributes to Sandwell's Local Area Agreement priority of '**more people in employment**' in relation to NI 152 Working age people on out of work benefits, and NI 161 Learners achieving a level 1 qualification in literacy.
 - 2.2) Providing access to appropriate support for families and young people. This year's needs assessment identifies a high proportion of 15-24 year old problematic drug users not accessing treatment. Work will be undertaken with the Children & Young Peoples Trust Partnership to establish joint working arrangements in terms of harm reduction approaches and referral and transition pathways. The compatibility between local commissioning for adults and children's services in this area also needs to be considered.
 - 2.3) Supporting Vulnerable Adults; Sandwell Safeguarding Adults Board is working to establish a Borough wide approach to identification and support mechanisms for vulnerable adults. Drug treatment provider services will be required to have appropriate policies in place in 2009/10 and communicate these to their workforce.
 - 2.4) Personalisation of services is an agenda yet to be fully explored in relation to adult drug treatment. In terms of the local commitment to deliver services that meet individual needs however, a focus on improving treatment outcomes by increasing client engagement in care planning and outcome assessment will be a priority in 2009/10. Further consideration will be given to this agenda when guidance becomes available. This is anticipated following the findings of the national pilots on personalised treatment programmes and budgets.

Likely demand for open access, harm reduction and structured drug treatment interventions.

a) Open access

Stimulant Use

In 2007/08, 86% of all clients accessing structured treatment used heroin, this is at odds with 'front end' police test data and Drug Intervention Programme data which shows an increasing proportion of crack, cocaine and cannabis users along with a corresponding decrease in heroin users.

In addition, the Crack Cocaine needs analysis of 2005 showed 17% of users (23 of 29 crack user respondents) were not using any other drug other than crack cocaine. This is of particular importance in relation to treatment statistics cited above which would not suggest such a proportion of primary/sole crack users locally.

These findings support the need for a wider range of treatment modalities. The reinstatement of Tier 2 services through 'Open Sandwell' will be closely monitored on a quarterly basis to review access by stimulant users.

b) Structured Treatment

Black and Minority Ethnic (BME) Groups

The ethnicity of those in structured treatment compared to the ethnic breakdown of the overall population (using 2006 experimental ethnic Mid Year Estimates) shows an under-representation of non-White clients in treatment – in particular those Indian, Pakistani and Black Caribbean. Treatment data also shows a need to increase the engagement of BME groups – a group more likely to 'self' refer into treatment. Following an equality impact assessment undertaken by the DAAT in Q3/4 2007/08 the new 'Open Sandwell' service specification includes an aim to build on this in order to encourage more BME clients into treatment.

As part of the improvement plan from the Healthcare Commission and National Treatment Agency review of Diversity and Tier 4 the specialist provider will be required to undertake an equality impact assessment of the service to reduce any differential impact on these groups.

Young People

Prevalence and treatment data illustrates a need for increased penetration and engagement of those aged 15-24 years. A proportion of these treatment naïve clients are showing up in hospital admissions – a key area for referrals to increase penetration levels.

The Drug Education Confidential Counselling and Advice Service (DECCA) for young people in Sandwell recorded 100% (11) unplanned treatment exits for 2007/8 which relate to younger cannabis users. This potentially indicates the need to redesign /re-profile the access and availability of support and or treatment modalities available for this client group.

This younger age group may require a less formal structured treatment approach in order to engage them in services and work will need to be undertaken with the Children and Young Peoples Trust Partnership around looking at the identification of vulnerable young people, maximising the current opportunities available to provide transitional support and, or identifying alternative and new resources to work with this group to ultimately retain them in treatment.

Men

Treatment data identifies the need to focus on the retention of younger males; there are proportionally fewer males and fewer 18-24 year olds in treatment over 2 years than in treatment during 2007/8. A higher proportion of males leave the treatment system compared to the proportion of males entering and in addition to this a higher proportion of males than females with an unplanned treatment exit.

c) Harm Reduction

Injecting drug users

Nearly a half (47%/204) of those clients presenting to treatment during 2007/8 were either current or previous injectors. This is an increase in the proportion of current/previous injectors presenting to treatment since 2006/7 (41%) and as such an increasing need for prompt and effective harm reduction services.

2006/07 PDU estimates suggest there are 469 currently injecting drug users locally; this indicates that only half of those with immediate harm reduction needs are accessing structured treatment. The total number requiring harm reduction services however is likely to be much higher than Problematic Drug User estimates with regards to older previous injectors and the higher rate of Hepatitis C seen in this age group.

Blood Borne Viruses

Local estimates of Hepatitis C prevalence for 2005/6 place Sandwell into a 'High' prevalence band – i.e. higher than 50%. Over two-thirds of new presentations into treatment year to date 2008/9 were offered a Hep C test – work to understand why clients are not offered/fail to have an intervention status recorded is to be addressed through the local Harm Reduction Working Group. Applying national infection prevalence rates to the estimated currently injecting problematic drug using population suggests half of those potentially infected current injecting drug users have received a Hepatitis C test.

Nationally two-thirds of those accessing structured treatment received a Hepatitis B vaccination – similar to the 63% take up rate seen locally. However in terms of overall problematic drug using population estimates this would mean approximately three quarters of currently injecting problematic drug using population are yet to be vaccinated.

Local drug related deaths data shows a high incidence of alcohol in combination with drugs cited in cause of death – local overdose awareness training to address the use of alcohol together with drugs (e.g. cocaethylene) as well as safer practices will be essential to consider next year.

Key findings of current needs assessment.

Prevalence and Penetration:

Problematic drug use (PDU) refers to opiate and/or crack cocaine and includes those who inject either of those drugs - it does not include the use of cocaine in powder form, amphetamine, ecstasy or cannabis.

The local rate of PDUs per 1,000 population at 11.55 is above regional and national rates meaning more of our population are affected by opiates/crack use. Since the first sweep of 2004/5 prevalence estimates to the latest 2006/7 estimates there has been a slight decrease in the estimated number of problematic drug users aged 15-64 locally (2,441 in 2004/5 to 2,147 in 2006/7) – this accounts for 1.2% of the total population aged 15-64.

The overall decrease seen in estimated PDUs locally combined with an increased number of clients entering treatment during 2007/8 (1,123) has meant increased penetration levels locally. However this still means approximately 1,000 PDUs are not accessing treatment services. Sandwell has the lowest penetration level of PDUs receiving effective treatment regionally. Data shows key groups we need to target in order to increase treatment penetration are males, BME clients, and those aged 15-24.

Sandwell Mental Health and Social care Trust, Anchor Service is the main treatment provider locally (87% of those in structured treatment during 2007/8) with very few onward referrals to other structured treatment providers and relatively low numbers of treatment exits – 58% of which are unplanned.

Sandwell's treatment system review (Centre for Public Innovation, User consultation May 2008) found that Anchor was the most widely known service (82%) and the most likely to be accessed (67%) source of help mentioned for those with drug problems. Such findings suggest an over-reliance on one provider within the treatment system and less awareness/understanding of other less structured services locally.

Treatment mapping:

Looking at referrals and the population in treatment shows that 'self' and 'Criminal Justice System' (CJS) are the main referral sources for clients into structured treatment. Further analysis of the treatment system shows:

- Referrals to Anchor have increased from 195 in 2006/7 to 420 in 2007/8 – accounted for by an increase seen in CJS referrals (from 97 to 156) as well as direct self referrals into the Anchor project
- An increase in the proportion of male referrals into treatment from 71% in 2006/7 to 77% in 2007/8 – still an underrepresented group
- A decrease in the proportion of 18-24s referred into treatment from 43% in 2006/7 to 30% in 2007/8 – a key group we need to further engage to increase penetration.

- A decreasing proportion of younger clients entering structured treatment since last year (criminal justice currently refers the highest proportion of younger clients into treatment at present).
- Hospital episode statistics show a disproportionate amount of younger users with a drug related hospital admission but not accessing structured treatment – a key area for referrals to increase penetration levels.
- Low numbers of referrals from GPs (15 during 2007/8).
- Main drug of opiates still account for nearly all new presentations into structured treatment
- Of those in treatment 74% were male and 26% female (nationally 72% of clients accessing treatment were male). A younger client group than seen nationally –reflective of PDU prevalence estimates which show a higher rate of PDUs aged 15-24 than regional/nationally.

Attrition and Outcomes:

Whilst Sandwell has seen an increase in the numbers accessing structured treatment which is positive, National Drug Treatment Monitoring System data does not give an idea of those clients who may have contacted structured treatment services and subsequently failed to attend for an initial appointment.

This is an issue which may have been exacerbated by the physicality issues; space and environment of the previous structured treatment premises. The move to the new Metro Court building should go some way to addressing this and the rates of non attendance on initial appointment which had increased following the cessation of Tier 2 service earlier in 2007/8.

In addition, the local user consultation, (Centre for Public Innovation, May 2008) asked participants for suggestions to improve attendance – weekend and evening services, childcare facilities and better advertising of the range of services available were the most frequently mentioned. Metro Court and community based appointments to be offered by 'Open Sandwell' will offer longer and more flexible opening hours on certain days.

Looking at those in treatment who are not retained, the most numerous discharge reasons are 'drop out' and 'prison'. Again, the local user consultation (Centre for Public Innovation, May 2008) asked participants for suggestions to improve retention – texting of appointment reminders, better feedback from key-workers and contingency management in one form or another was cited as something which could improve retention.

Service users also cited non-drug help with housing, employment, benefits, finance and parenting as helping retention – areas to be covered under the 'one stop shop' provision allowed by the new Metro Court building.

Younger clients and those never injectors show lower levels of retention than other groups – therefore a need to expand modalities offered for those non-injectors through Tier 2 services.

Whilst 100% of clients in treatment during 2007/8 had a care plan, local user consultation findings (Centre for Public Innovation, May 2008) show three-quarters of respondents were unsure as to whether they had a care plan or not and were not actively engaged in the process. This is a question of improving the quality of the care planning process in order to ensure increased satisfaction with treatment and therefore better retention of clients in treatment.

Specialist prescribing accounted for over two-thirds (69%) of modalities received during 2007/8. National user satisfaction survey 2007 found that people who reported they received substitute methadone were significantly less likely to be satisfied with treatment than those who received no substitute medication. This may reflect the desire for abstinence based modalities to be made available. Commissioners will look at the evidence base for this during 2009/10.

Approximately half of those clients who left treatment during 2006/7 returned to receive another episode of treatment the following year. Provision of support for clients leaving care and relapse prevention are therefore necessary to deliver long lasting outcomes for clients.

Improvements to be made in relation to the impact of treatment in terms of its outcomes.

The Treatment Outcomes Profile (TOP) is a new national monitoring tool for drug treatment in England consisting of a series of questions asked by the key-worker and answered by the client, in order to measure outcomes in a meaningful way that is sensitive to change over time. The key focus for Sandwell is to get the process of TOPs embedded and established in order to achieve required completion levels within NTA guidelines and for data to be robust enough to be reflective of the treatment system population.

Sandwell is performing well with 77.4% of new treatment journeys between 1st July & 21st September having a TOP start form completed within NTA guidance. This is similar to regional and national levels seen and is just short of the 80% threshold required.

Completion levels for TOP reviews within guidance however at 16.7% are considerably lower than regional (36%) and national levels (28%), and well below the 80% threshold set by NTA.

68% of individuals exiting treatment in a planned manner had a TOP exit form completed within NTA guidance. This is above the regional and national completion levels of 56% and 40.5% respectively, yet still below 80% threshold.

Overall 30% of treatment exits so far for this financial year (as at Nov 2008) have been care planned discharges (treatment complete/treatment complete drug free) – this is against a target of 37% to bring us in line with the lower national quartile and is an increase from 20% earlier in the year.

Community Safety Outcomes

The process of testing and provision of treatment for offenders testing positive (as evidenced by DIP compact performance) is in place and work to increase efficacy of this process is reviewed regularly. High Crime Causing Users have been identified and a joint initiative with West Midlands Police, DAAT, Probation & COSAS now provides additional interventions to encourage engagement with treatment services - thus helping to reduce drug related offending. Work will continue to allow evaluation of this project.

Key priorities for 2009/10.

Sandwell's priorities and key performance activity for 2009/10 are:

- Ensuring a DAAT facilitated partnership approach to remodelling the drug treatment system. This will include the implementation of a quality assurance framework and quality standards as part of new performance management arrangements. Collation of robust commissioning information and the development of a positive change management culture will underpin this work.
- To increase the effectiveness of the drug treatment system by working with criminal justice and generic service providers and service users to enhance care planning, pathways development and care co-ordination/management. The aim of this is to improve the engagement, throughput, retention and positive discharge of clients.
- To improve exit and recovery outcomes for individuals in treatment by expanding primary care access, taking forward the regional test bed pilot on education, training and employment opportunities, and working with Supporting People to expand supported housing options for offenders and problematic drug users.
- Developing strategic relationships for cross thematic/agenda working particularly around children and families and social care developments on safeguarding and personalisation.
- Implement the local action plan from the 2008 Healthcare Commission/NTA review of diversity and Tier 4 inpatient and residential rehabilitation.