Essex Drug and Alcohol Partnership

Adult drug treatment plan 2009/10

Part 1: Strategic summary, needs assessment and key priorities

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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.	
Signature	*Signature*
Chair, partnership name	**Chair, adult joint commissioning group**

Overall direction and purpose of the partnership strategy for drug treatment

The partnership strategy for the development of drug treatment in Essex is clearly set within the Essex Drug and Alcohol Partnership (EDAP) three year strategy (EDAP Strategic Plan 2008-11) and has been informed by the initial and full Needs Assessment conducted prior to the development of the 2008/9 Treatment Plan. Key Objective 1 of this strategic plan is “Continual Improvement of existing service provision” the sub text to this being “To meet and exceed all key NTA and GO East targets and to continually improve the quality of core substance misuse services provided to the communities of Essex”.

In addition the Partnership is currently awaiting the outcome of a submission applying for Systems Change Pilot Status whereby the Partnership intends to make best use of the freedoms and flexibilities applied for to integrate the planning and developments in respect of criminal justice and non-criminal justice provision across the county (see the Systems Change Pilot submission document appended to this submission).

The intention of the partnership is to reduce the harm caused by drugs in Essex, increase the numbers of Problematic Drug Users (PDUs) accessing treatment, improve the quality of that treatment and to integrate the services provided to ensure effective end to end management of drug users in treatment to improve their life chances and to re-integrate them into the communities within which they live to support positive impacts upon the communities within Essex.

Following on from the priorities identified in the 2008/9 Treatment Plan and further developing these in light of the progress made in the current financial year and the refreshed Needs Assessment the overall direction of the partnerships strategy can be identified as follows:

- Focus on improving positive health and social functioning outcomes for PDUs and other drug users engaged in treatment (both Criminal Justice and Non-Criminal Justice) in Essex
- Ensuring a continuation of the existing needs led commissioning process for all substance misuse services
- Continue to strengthen and develop all commissioned services through a robust quality framework and Performance Management process
- Continue to develop the treatment system in line with the Treatment Redesign project and the future Systems Change Pilot proposals providing integrated service provision and joined up, end to end management of services for all clients both in the community and within the criminal justice system (including the prison treatment provision)
- Continue to focus on Key Performance Indicators (including National, Regional and Local indicators) whilst developing shadow targets as part of the Systems Change Pilot
- Continue to improve engagement with service users and families and carers
- Continue to strengthen the partnership as a whole and continue the existing improvements achieved in implementing the joined approach to developing the whole systems approach to working with drug users, their families and carers
- Continue to improve the positive impact that drug treatment planning and implementation has on the communities within Essex
- Ensure that through ongoing assessment of need identified gaps are filled appropriately

A clear, current priority for the partnership is the development of the Systems Change Pilot proposal. This will significantly advance the potential of the partnership

(and broaden both its membership and reach) to ensure the further development of the end to end approach being currently developed in Essex. This will ensure that the wider re-integration agenda and Criminal Justice provision in its widest sense is part of the joined up planning and development. This will support the partnership to increase its capacity and ability to deliver further quality outcomes for service users across the county.

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

When reviewing the data as a part of the Needs Assessment Refresh and looking to data available to the DAAT for the first two quarters of 2008/9 it can be seen that the PDU penetration rate whilst improved on 2006/7 is still low. To this end the Partnership are ensuring, through its contracts and Performance Management Framework, that commissioned services are focussing on this particular client group. This will be achieved by ensuring further developing effective Outreach (Peripatetic, Domiciliary and Detached), improving proactive engagement with “trigger” offenders, increasing the number of satellite services across the county and improvements in the provision of prescribing interventions across the county. This will, therefore, provide increased capacity within the engagement and support provision in the treatment system in areas where this did not previously exist.

Current levels of engagement of PDUs in treatment is **54%** the intention is to set a target of **65%** for 2009/10. This will result in an increased demand being placed upon the engagement services commissioned at Tier 2 and commissioners are setting individual targets within commissioned service contracts to ensure capacity is appropriate to predicted demand. The overall level of demand in respect of engaging PDUs at the planned level will see a need to engage **2266** PDUs in effective treatment (calculated against the **3486** Glasgow estimate).

The demographic of Essex and its diversity issues would indicate that the population “in treatment” reflects the overall demography of the county in respect of ethnicity. The intention of the partnership is to monitor this element of the engagement demographic in year to ensure ongoing performance in relation to both existing and emerging minority communities.

There is still an obvious differential between genders in treatment in Essex, although it can be seen that this differential is not out of line with the national picture. In a clear drive to address this issue as far as is possible the Partnership is looking to work with specific projects in Essex to ensure that effective joint working is implemented in light of current local and national initiatives. One such initiative is that designed and being implemented to fund childcare for disadvantaged children in Essex. It has been identified that Substance Misuse will be a key priority group and this initiative is being supported locally and links to EDAP are being made through the Early Years and Childcare Manager of the Directorate of Schools Children and Families in Essex County Council (ECC) and the EDAAT Commissioning Managers.

The data available to the Partnership also identifies very low numbers of under 25s in treatment. In addition to the current Needs Assessment the Partnership have a commissioned a specific piece of work to investigate the provision of services to 16-25 year olds across the county and the transitional arrangements between Young People and Adult service provision. The intention is to review the findings of this review and from its recommendations develop specific service provision or roll out relevant training and development packages to existing providers and support these by developing and implementing more robust and effective joint working protocols and agreements between Young People’s and Adults service providers.

The overarching objective is to ensure that access (an issue highly relevant in a complex county the size of Essex) to services is made as easy as possible. It has been identified through both the full Needs Assessment conducted in 2007/8 and the recent refresh that whilst the Partnership is still meeting and exceeding targets for numbers in effective treatment more needs to be done to engage greater numbers of people in treatment (see targets proposed above). To this end the Partnership has commenced (and will continue through into 2009/10) a process of redesigning the treatment system with a focus on simplified access routes, improved open access, improved pathways through treatment, greater integration of services and a whole system approach to care management and the development of more effective links to aftercare and non-specialist re-integration services to support drug users to move away from drug use and where it is an issue drug related criminality.

In addition to developing more effective access to treatment and to ensure capacity is available within the Tier 3 prescribing services to provide to the predicted and proposed increase in PDU penetration the Partnership is also reshaping the way in which services are commissioned to provide the modalities of service provision. As part of the Treatment Redesign project and following feedback from providers and service users it could be seen that the provision of services by the two NHS Trusts was not necessarily focussing in on their expertise. The Partnership, through its commissioning group have now redesigned the overall treatment pathway and third sector providers are now being contracted to deliver non-medical tier 3 interventions as well as the open access, Advice and Information and key Harm Reduction initiatives. This will continue to free up capacity within the NHS Trust services in 2009/10 to ensure that there is sufficient service provision to meet predicted demand.

Overall the likely demand that is informing planning and development is that identified above in relation to increasing the penetration into the PDU population. To this end the partnership is commissioning services to ensure capacity is provided to ensure that 65% of PDUs are engaged in effective treatment. This will comprise an increased capacity within the Tier 2 Open Access provision across the whole county, an increased capacity within both medical and non-medical services as follows:

1. Specialist prescribing – refocusing of the specialist provider contracts on the core provision of specialist prescribing provision and management of complex cases (including dual diagnosis)

2. GP prescribing – planned improvements in the Shared Care provision across the whole county (in partnership with Southend and Thurrock DAATs) to more effectively utilise the capacity commissioned within Primary Care (GP) services

3. Non-medical Structured interventions – commissioning of greater capacity within third sector provision across the county (new and previously non-existent service provision within the South of the county and a re-focussing of the services in the North)

Harm Reduction
Whilst it is identified within the Needs assessment that work is progressing in the development of BBV provision across the treatment system the partnership is progressing individual workstreams to improve on the low levels of testing and vaccination across the whole treatment system. (As per Quarter 3 progress report it can be seen that there are low levels of HBV vaccinations offered – 25%, and no data in respect of those accepting this offer, low levels of HCV testing – 27%, and very low levels reporting with HCV interventions). It is believed that there is an element of poor data reporting and the partnership has prioritised this work stream. In

addition the partnership has developed and is awaiting partnership sign off on a County-wide Harm Reduction strategy and the intention is to re-launch the Harm Reduction forum with support from the county Council's Public Health lead to further develop Harm Reduction across the system as a whole.

With the clear evidence that General Health checks are being carried out on 92% of all clients in treatment it is the belief of the partnership that sufficient capacity is provided to ensure that within this process BBV services are incorporated thereby reducing the levels of poor reporting and increasing the provision of services to the clients accessing treatment. Further engagement with PCT funded services such as GU clinics and the development of more effective referral pathways and joint working initiatives this work can be developed to effectively engage the numbers of clients identified.

Key findings of current needs assessment.

Population

For 2008/9 the estimate was refreshed and the number of PDUs in Essex was calculated as being **3,486**.

The penetration rate into the PDU population in Essex is approximately **54%** (**1,880** known to treatment) which is up from **41.4%** in 2006/7.

The actual "Number in Treatment" in 2007/8 of all drug users was **3119** against a target of **2500**, a substantial increase from 2006/7 although the number in Effective Treatment (as the new definition requires) is **2563**.

Whilst EDAP has improved its engagement with PDUs and increased numbers in treatment there is an identified need to increase the proportion of PDUs in treatment in relation to the overall number of clients in treatment.

There is a need to improve the engagement of under 25s in the treatment system. The Partnership must prioritise the development of joint working with Young People's specialist services, the engagement with this age group and the transitions working and processes.

As for 2006/7 whilst the representation of women in treatment "fits" with national studies it can be seen (as already stated) that the representation of women in treatment in Essex falls well below the actual gender mix of the general population. The partnership needs to continue to prioritise work to improve engagement strategies to ensure women are provided with every opportunity to access treatment where necessary.

As previously it can be seen in the Needs Assessment Refresh that the ethnic mix of the population of Essex is still matched exactly by the population "known to treatment". This would suggest that minority communities access treatment in exactly the same way and with the same frequency as do the majority population. However the size of the Black and Minority Ethnic communities in Essex are extremely small and small variations in numbers could have a disproportionate effect on the perception given here.

From the refreshed data and other observations (above) it can be seen that the profile of drug use and drug users in Essex can still be categorised as follows:

a) Predominantly male and White British

b) Very low levels of BME individuals presenting to treatment although this mirrors almost exactly the demographic of the county as a whole

c) The gender balance in treatment is in keeping with national findings although this still shows a low level of women in treatment when compared to the general population

d) Predominantly opiate using population in treatment

e) High levels of powder cocaine using as primary drug (not included in the PDU estimate)

f) Reduced numbers of Cannabis users presenting to treatment as Primary drug of use

g) Increasing levels of crack use as a secondary drug of presentation

h) High levels of alcohol presentation as secondary drug (but reduced from the previous year)

i) The majority of PDUs presenting are over 24 with the highest population in the 24 to 34 age range

Data

The collection, collation and reporting of data continues to be a priority to ensure that commissioning decisions are effectively informed and in light of the proposed Systems Change Pilot that the increasingly complex landscape of data issues is appropriately managed by the Partnership.

The need to develop effective Information Sharing Agreements with the broader range of agencies and organisations is vital to developing a clearer picture of the treatment naive population in the County. This continues to be a priority of the Partnership and work is currently underway on the first stage of agreements with more work planned to broaden this to the wider range of parties.

The Treatment System Redesign project continues to be a priority for the Partnership to ensure that treatment services are available across the county. In addition to the development of new services the implementation of Models of Care in line with the recommendations in the earlier Needs Assessment continues.

In order to ensure that the provision of treatment is of the highest quality and that governance is prioritised the partnership will also need to prioritise the development of a Clinical Governance and Qualiry Audit process. To this end the EDAAT have commenced the process of developing a Quality Audit tool to enhance the Perfromance Management Framework and to support the implementation of the Clinical Governance Strategy curently awaiting agreement by the partnership. This will in turn siupport the focus on improvement in perfromance and the need to achieve against the range of National Indicators set and will support the necessary Performance Management needs of the forthcoming Systems Change Pilot programme should the partnership be successful in bidding for this pilot.

Treatment Journeys

It can be seen from both the Treatment Map and the graphs in the needs assessment refresh that the highest percentage of referrals into treatment is the self-referral route.

It can be seen that there are very low levels of primary care referrals into the system although numerically there has been an increase. This continues to be an area of work that requires attention and is a priority for the Partnership.

As already stated above there has been an increase in the numbers being referred from the criminal justice system and further increases are expected.

It is also worth noting that the percentage of self referrals directly to Tier 3 prescribing services has reduced from 57.2% to 40.6% and with the developments underway at

present with regard to the treatment redesign it is expected that this would reduce further.

It can be seen from the needs assessment refresh that the numbers and proportion of planned exits from the treatment system in Essex has improved dramatically. Onward referral continues to be relatively low but overall the increased numbers of planned exits is a significant step in the right direction. Continuing focus on effective discharge of clients will be a priority for the partnership in order to improve on the current performance.

The retention figure in Essex for 2007/8 was **90%** against a target of 85%.

Planned Discharges

Whilst clear improvements can be seen within the treatment system in respect of Planned Discharges (from a level recoreded in 2006/7 of **20.6%** to a level recorded in 2007/8 of **52.9%**) and continued improvements in respect of this performance measuresd continues to see the Partnership in the Upper Quartile nationally in the third quarter of 2008/9 (**61%)** the target still remains at the level set in the 2008/9 plan of **68%** work will continue to prioritise achievement of this target.

Tier 4
The data available to partnership is poor in relation to access to and demand for Tier 4 In patient detox and Residential rehabilitation services. This has in the main been due to the arrangements for the commissioning of these services and the lack of clear monitoring of numbers accessing services, the monitoring of qiuality outcomes and the contracting arrangements (or lack thereof) with Tier 4 provision. The partnership recognises the need to effectively manage this process and has prioritised the need to develop this area of treatment provision for 2009/10.

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

The partnership, through its focus on improvements in the treatment system in relation to pathways through treatment, improved engagement of PDUs and other drug users, improved access to BBV and general health related issues and a fully integrated commissioning function in line with the proposals within the Systems Change Pilot bid has identified the following improvements to be made:

1. The development and implementation of more effective end to end management of clients in treatment as part of the treatment system redesign (Care Co-ordination) thereby supporting the improvement in health and social functioning of both PDUs and all clients in treatment and reducing the number of unplanned discharges from the system.

2. Improved access to Primary Care and general medical services for all service users (Primary Care Strategy) supporting the improvements in the general health of drug users in treatment and reducing the burden placed upon specialist prescribing services so freeing up capacity and improving throughput of clients within the treatment system.

3. Improved engagement with the Criminal Justice arena to increase the number of people being referred through to treatment from the courts, police custody and prisons thereby contributing to the reduction in drug related criminality and improvements in community safety and perceptions of crime

4. Improved access to re-integration services such as Housing, Education, Training and Employment for all service users accessing treatment across the Partnership area. With an increase in the availability of services relating to social re-integration the partnership will be supporting improved social functioning for all clients accessing treatment.

5. The effective implementation of the Harm Reduction Strategy to ensure that public health risks from issues such as Blood Borne Viruses, overdose and other drug related health issues (Harm Reduction Strategy).

6. Improved focus on performance management, Clinical Governance and quality issues to improve the provision of treatment being provided

7. The improvement of access to treatment for all residents of the partnership area to ensure those requiring these services have access.

8. The development of effective processes and policies in respect of the Hidden Harm agenda (Safeguarding) and the Protection of Vulnerable Adults (specifically those with Learning Difficulties) across the whole treatment system.

9. The development of effective management of the Tier 4 referral and contracting process to ensure effective commissioning of these services and a more effective assessment, referral, admission and discharge monitoring to ensure quality provision is commissioned and a greater understanding of the nature and level of demand is understood by commissioners.

Key priorities for 2009/10.

The priorities set for and by the partnership for the 2008/9 treatment plan were directly as a result of the findings of the previous Needs Assessment. These priorities were substantial pieces of work intended to be part of the overall three year partnership strategic approach to the development of treatment across the county. As a result many of the priorities remain as priorities here with some additional pieces of work prioritised.

In addition to those priorities, observations and recommendations to be found in the original Needs Assessment and the Refresh the matter of the recently proposed Systems Change Pilot will have a bearing on much of the work and many of the priorities proposed here.

However it can be seen that the following list identifies the major key strategic and operational priorities for the coming year (years)

1. Systems Change Pilot - Implementation of the proposal and all of the priorities contained therein to facilitate a greater integration of all related commissioning functions and the development of fully joined up provision from treatment engagement to community re-integration.

2. Clinical Governance – The development and implementation of an effective Clinical Governance Strategy (referencing Standards for Better Health, NTA Clinical Governance guidance, workforce development strategies and ensuring effective financial and commissioning management structures exist) and the attendant Clinical and Quality Audit processes to ensure that services are safe, effective and clinically sound, provided by a competent and supported workforce.

3. Harm Reduction – The ongoing work required to prioritise Harm Reduction work and integrate it within all the work of commissioned and other services to effectively improve the health of drug users in the partnership area

4. Primary Care services – The ongoing work of developing and improving Primary Care services to drug users (including the provision of Shared Care Prescribing by GPs)

5. Whole System developments –The continuation of the work started as the Treatment Systems Redesign project to ensure the further development of the integrated treatment system and the full implementation of end to end care co-ordination/management to improve engagement, throughput, retention and positive discharge of clients. This will include the closer integration of the IDTS agenda with general Adult Commissioning and planning in line with the aspirations expressed in the SCP bid.

6. Performance Management – The continued development of the Performance Management Framework to ensure the further effective development of the treatment system in line with the quality targets set.

The proposed targets as follows are prioritised:

i) Improved access to treatment for all drug users – An increase in the capacity of Open Access services across the county.
ii) Numbers in Effective Treatment – increasing the number of PDUs accessing treatment in line with the targets set in Part 2 of this plan
iii) Increasing the percentage penetration into the PDU population to **75%**
iv) Improved transitional working with the 16 – 25 age group to increase numbers in treatment from this age group (see Point 8 below)
v) Improved successful exits from treatment from 61% (Q3 2008/9) to **68%**

7. Users, Carers and Families – The continued development of effective User and Carer support and consultation services and the development of effective and evidence based family support services and interventions across the partnership area.

8. Transitional Arrangements – The development of effective joint working between Young People's and Adult services to ensure the improved engagement with the 16 – 25 year old age group.

9. Data collection – Continue to focus on developing information sharing processes, agreements and systems to enable the partnership to have a clear and current picture of the needs of both the in-treatment and treatment naïve populations

In addition the following priorities identified in last year's treatment plan and the systems change pilot will be continued into 2009/10:

1) Increase commissioning and financial flexibility locally to move away from silo commissioning and thereby achieve greater value for money and quality outcomes for our service users, carers, families and local communities. Key to this is the links developing with IDTS.

2) Increase the diversity and number of aftercare and community reintegration schemes in Essex.

3) Increase existing partnership working and deliver an increased number of successful and measurable joint initiatives.

4) Significantly increase levels of joint working with organisations that sit outside or on the fringes of current partnership working e.g. housing providers, jobcentre plus, education and training establishments county wide etc.

5) Strengthen and develop commissioned services in line with quality service frameworks to ensure that there is effective engagement and treatment delivery