

ATTACHMENT A

Partnership name/Gloucestershire

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.



Signature Terry Standing



Signature Eddie O'Neil

Chair, Gloucestershire Safer and Stronger Communities Partnership

Chair, adult joint commissioning group

Overall direction and purpose of the partnership strategy for drug treatment

This summary is on behalf of Gloucestershire Safer and Stronger Communities Partnership. It follows the template provide by NTA. Guidance for completion of the statement is provided at www.nta.nhs.uk/areas/treatment_planning.

1.0 This strategic summary builds on 2008/9 Strategic Summary and previous Treatment Plans since 2003 <http://www.glospct.nhs.uk/search.aspx?q=daat>. Regional NTA reviews and feedback have been consistently positive on the quality of the Adult Treatment System. This allows GSSCP to continue providing much of the currently commissioned work.

1.1 The strategic summary remains guided by principles of responding to diverse populations of drug users and their families, preventing harms to the community, tackling Health Inequalities and ensuring 'end to end' case management of drug users in the criminal justice system and community. The Gloucestershire treatment system is built on a comprehensive tiered system following Models of Care (2005 and 2007).

1.2 The Partnership will commission a system that provides appropriate support to the drug user still using and in need of harm reduction and for users wishing to stop their use completely and in need of abstinence based treatment.

1.3 The strategic direction of Gloucestershire's Adult Drug Treatment Plan is set by the HM Government Drug Strategy (2008) Drugs: Protecting families and Communities www.drugs.homeoffice.gov.uk. This Government Strategy emphasises the vital role that Treatment plays in minimising a variety of harms to the individual drug user, their family and communities. The GSSCP is committed to providing relevant, flexible and personalised treatment to the diverse range of drug using populations in the county.

2.0 The New key areas from the National Strategy for the Gloucestershire Treatment Plan are 'Delivering New approaches to drug treatment and social reintegration (p27-32) and Preventing Harm to Families affected by drug misuse.

2.1 The National Strategy emphasises assisting drug users into employment and training via the Welfare Reform White paper. The ACMD (2005) 'Hidden harm' document remains the guiding principle for working with drug using parents and their children.

2.2 This National 10 year strategy provides guidance on areas such as Police enforcement and preventing harm to children which will be covered by a county drug strategy to be developed during 2009/10. Young Peoples issues are covered in the Young Peoples Treatment Plan submitted separately to NTA.

2.3 Although alcohol is a key issue in providing drug treatment, alcohol as a primary problem is dealt with in separate Gloucestershire plans <http://www.glospct.nhs.uk/search.aspx?q=daat>

3.0 The Strategic Direction for adult drug treatment is in a framework of multi agency performance management determined by NHS, Local Authority, Police and Probation targets and is aligned with GSSCP Community Safety Agreement.

3.1 The Healthcare Commission Substance misuse improvement Review has scored the Partnership as 'Good' and has been consistent for the last 3 years. Drug Related deaths (DRD) data provided nationally indicates a considerable **drop** in DRD's in the county of 72% This is based on low numbers (11 in 2006/7 to 3 in 2007/8) and therefore subject to volatile changes but is a success and seen as a proxy indicator for the overall health of the system.

3.2 The key targets for 2009/10 will include NHS Vital Signs (VSB) 14 'Drug users in Effective treatment'. This is the Dept of Health/NTA indicator which brings together the numbers of Problem Drug Users (PDU) and our ability to retain, refer and successfully discharge them. The GSSCP expects high quality performance on this target.

3.3 Drug use is not included within the designated indicators for LAA. NI 40 based on PSA 25 records 'Problem Drug users in effective treatment' and mirrors VSB 14 above.

NI 42 Perceptions of drug dealing and drug use has been chosen as the main indicator in Outcome 19 on Drugs and Alcohol and is dependent on 'Place survey' data which will be provided to the Council in late February.

3.4 GSSCP recognises the impact that drugs have on crime, community safety and communities feeling safer. The GSSCP continues as a priority to commission integrated treatment services for individuals in the criminal justice system to assist in reducing and diversion from crime, and assist in community safety initiatives for the county. PSA 25 notes that "a third of acquisitive crime is believed to be undertaken to fund a drug addiction"(HM Government 2007:3). GSSCP welcomes continued joint commissioning involvement from partner agencies including Police and Probation. NI 38 on Drugs and offending awaits guidance on baselines

Key issues for Commissioning on behalf of GSSCP in 2009/10

4.0 Successful implementation of web based data collection system

4.1 Development of new service specifications for all services and interventions

4.2 Service providers to demonstrate increased role for service user involvement

4.3 Continued oversight of the Pooled treatment Budget by ATJCG and increasing alignment/accountability of Area Based grant within this process .Investigate use of budget to assist service users in purchasing essential items for employment, training and housing related issues

4.4 Following the HM strategy (2008) above there will be a renewed focus on working with drug using parents more effectively by prioritising their access to and engagement with treatment,

4.5 There will be increased emphasis on assisting service users with pathways into employment. This will include inviting Job centre managers onto the Joint Commissioning Group

4.6 Continued investigation of Health inequalities and the differential impact of drug use in different localities in the county.

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

interventions. This section should identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact.

5.0 Demand for all drug services is likely to remain constant and slightly increasing; including criminal justice referrals, according to local referral data and the Glasgow/Home Office estimate.

5.1 The 18-24 cohort will be targeted for intervention as the Needs Assessment indicates a high proportion of them not receiving treatment or dropping out early.

5.2 Black and Asian service users have lower % retention rates than SW and National averages but this is based on very low figures i.e the figures are not statistically significant. However continued attention to the needs of Black and Asian users remains a priority.

6.0 An initial Equality Impact Assessment has been undertaken on the Harm Reduction Strategy. This indicates that diverse groups are not being disadvantaged by service provision.

6.1 Service provision is arranged to make it accessible for all groups and areas of the county. Outreach and home visits are available where needed.

6.2 It is anticipated through the efforts of service user representatives and provider staff that the demand will increase for 'Tier 3' psychosocial interventions, structured day programmes and care, and Tier 4 In patient detoxification, Residential rehabilitation and aftercare provision.

Key findings of current needs assessment. This should be a brief summary of prevalence and penetration levels, treatment system mapping, the characteristics of met and unmet need, attrition rates and treatment outcomes. **The full needs assessment report is submitted with the adult drug treatment plan and will be available at the Gloucestershire PCT website after the plan is agreed at regional level in mid March 2009.**

Prevalence and penetration levels:

7.0 According to the estimate produced by the University of Glasgow, there are 3101 problematic adult drug users (PDUs) using opiates and/or crack in Gloucestershire (95% confidence interval: 1976 - 4235¹). Of these, an estimated 1024 (33%) are defined as treatment naïve, that is, they have not been in contact with Tier 3 / 4 treatment services in the last two years.

7.1 Amongst the treatment naïve population, 231 accessed needle exchange and a further 89 have received the Drug Intervention Program (DIP). This leaves a population of c700 PDU's that are not in contact with treatment services. Profiles of these clients suggest that treatment naïve drug users are more likely to be male and aged 25 years or older. The Expert Group have tested the Glasgow figure for prevalence assumptions over the last 3 years. Although the final estimates for Glasgow are not clear at time of writing a working assumption will be that the PDU estimate is too high meaning the number of Treatment naïve PDU's is lower. This estimate will be discussed with NTA before final submission of the Treatment Plan in March 2009.

7.2 The profile of the 'in treatment' population in Gloucestershire is, in general, similar to the regional and national averages. The most substantial differences relate to treatment exits, where Gloucestershire has much higher levels onward referrals (49% of treatment exits) and far lower levels of unplanned discharges (21% of discharges). Gloucestershire services are currently analysing the number of referred on clients in more detail.

Attrition rates and treatment outcomes:

7.3 Retention rates in Gloucestershire were generally found to be slightly below the regional and national averages, however the current rate has increased from 2006/07.

7.4 Exploration was carried out into county location and retention and discharge from treatment. Retention in treatment over 12 weeks was lowest in the Cotswolds (64%) and Gloucester (68%). Planned discharges were highest in the more rural localities of Stroud (84%), the Cotswolds (83%) and the Forest of Dean (81%).

7.5 Further analysis is planned (awaiting data from the NDTMS) relating to clients who have exited treatment before 12 weeks. It is anticipated that this work will help to identify potential unmet need and enhance the effectiveness of the Gloucestershire treatment system.

Client characteristics – met and unmet need:

7.6 The profile of the 'in treatment' population has changed slightly since 2006/07. The percentage of individuals in treatment in the 15-24 age group has decreased and the estimated number of clients 'not known to treatment' has increased. This contrasts with the 35-64 age group where there has been a shift from an estimated 41% in 2006/07 not being known to treatment down to 17% in 2007/08. The 35-64 age group has 60% of the estimated PDU population in treatment compared to 38% in 2006/07. This suggests the treatment system is reaching a greater proportion of clients in this age group.

¹ A confidence interval is a range of values that describes the uncertainty surrounding an estimate.

7.7 Based upon the Needs Assessment, the group which was reported to have the highest percentage currently injecting is those currently in treatment. The majority of PDU's in treatment and currently injecting were opiate users.

7.8 The percentage of clients who have children living with them, has increased between 2006/07 (13.3%) and 2007/08 (23.2%). The quality of recording relating to parental status has improved with considerably less missing data which may have impacted upon such change (please see page 19).

7.9 Treatment Outcome Profile (TOP) data analysis reports 20% of clients being in employment; this matches the regional figure and is lower than the national figure of 26%. As the TOP is a recent implementation, it is anticipated that more substantial data will become available during 2009/10, which will allow more conclusive judgements to be made regarding its' outcomes (see section 3.8). Local data confirms that 14% of clients were employed at the point of assessment for treatment with a further 7% recorded as being a student.

7.10 79% of Gloucestershire clients report **not** having a housing problem. When analysed according to county district (see appendix C), Gloucester has more housing need than any other part of the county (25.5%). This may also be a product of the fact Gloucester has the largest treatment population within Gloucestershire.

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

This should cover improvements in individual drug user's health and social functioning, lower public health risks from blood borne viruses and overdose, and improvements in community safety.

8.1 All injecting drug users to be offered Hep C testing and 100% effective recording to be achieved

8.2 Continued investigation of Drug Related deaths via re-established Confidential Enquiry Process. This will include piloting Naloxone for service users to prevent fatal overdose

8.3 Continued emphasis on Prolific offenders (PPO) and increased community safety; including fast tracking to treatment and continuing a decrease in drug related crime

8.4 Drug using Parents to receive priority attention for access and engagement with treatment. This will ensure treatment gains for adult parents to improve performance on 'Hidden Harm' and the wellbeing of children in drug using families.

Key priorities for 2009/10. This section should cover the key priorities for developing open access, harm reduction and structured drug treatment interventions to meet local needs during 2009/10 and beyond. This should include any key priorities linked to the government's Drug Strategy and any actions outstanding from the Healthcare Commission/NTA improvement review-

The Actions below are specifically related to improvements and outcomes for service users and families. They will all be underpinned by the implementation of: a new web based data system; development of a system wide service governance model: the development of new service specifications and market management; increased service user involvement and continued Harm reduction emphasis as in 7.1 and 7.2 above. With the ability to increasingly scrutinise outcomes via the Treatment Outcomes Profile (TOP) The Partnership will look for successful performance on: Effective treatment (VSB14); and achievement of NTA Key Performance Indicators, Wait times, Retention and Care planned discharge.

9.0 Establish a full understanding of why service users drop out of treatment early (attrition) and actions (Part 3 Plan) to counter and improve this. Particular attention will be given to under 25's and parents.

9.1 Continued investigation of the use of care planning and service user understanding in these plans. This will include the 3 main community services (CSSMS, Primary care /GPSwl

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GDAS) meeting regularly to ensure that service users are being referred appropriately and that data recording accurately reflects this

9.2 A reduction in the number of 'referred on' service users and improvement in successful planned discharge and successful 'exits' from current performance (bottom quartile and specific percentage or Part 3)

9.4 Continued emphasis on the Needs of parents to access and successfully engage in treatment including liaison with young people's commissioners to ensure Safeguarding protocols and welfare of children

9.5 Improved management arrangements for GPSwl and Enhanced GP primary care treatment arrangements

9.6 Continued involvement and collaborative working with Supporting people and other Housing organisations to ensure Housing needs of drug users including offenders are considered and provided for.

9.7 Establish commissioning and working arrangements with Job Centre and Employment Organisations.

9.8 Continued commissioning of family/carer related interventions