

Adult drug treatment plan 2010/11

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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Overall direction and purpose of the partnership strategy for drug treatment

Given the financial constraints that are likely to be faced over the next few years it is imperative that further efficiencies are realised, whilst continuing to focus on the broader agenda of families and re-integration as outlined in the 2008 National Drugs Strategy. There will be a specific focus to attend to the needs of some BME and disadvantaged groups, as highlighted in the needs assessment. Further efficiencies will be sought through a significant re-tendering programme, the development of a One Stop Shop and a focus on ensuring that service users are given every opportunity to successfully complete treatment. Decreasing unplanned exits, increasing successful completions and ensuring better outcomes for drug users, families and communities, employment and housing are all key priorities in 2010.

Ealing has exceeded (by 20%) the three year LAA target for the number of drug users gaining accredited certification in training courses. Ealing will continue to develop the ETE work established in the current aftercare service alongside JCP and P2W to increase access to recovery options. Ealing have made significant progress and improvement around increasing the numbers in effective treatment, building on this increase and reducing attrition from DIP into treatment are priorities for this year.

Service users will continue to be central to our planning and developments over the next year with a view to re-thinking our structures for delivering better service user involvement at all levels. There is a need to expand on service user training and ensure a robust service user enhanced group is in place. 2010 will see an increase and build upon existing representation for both service users and carers and the need to develop service user engagement as a model of excellence. Further work is needed to ensure all those in treatment have access to drug related support and mutual aid, also advocacy and support services. The existing mentoring and volunteer programme continues to grow and develop.

Housing is one of the key challenges in retaining people in treatment and is a priority for this year, it is important that substance misuse specific housing support becomes more responsive to client needs and is used as a key leverage for engaging and retaining people in treatment. The Needs Assessment indicates 10% of people are of no fixed abode, however there was a high amount of missing data for this and some other fields, this is an area we will work on in the coming year.

We will review current housing support for substance misusers and continue to develop partnership links with the aim of joint work towards Homelessness and Supporting People strategies.

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

There was an increase of referrals into the treatment system for 2008/09 with the highest number coming through the self referral and Criminal Justice route, in 2010 we have prioritised the following groups; drug using parents,

women, sex workers, Crack users, Black and Black British groups and under 25 year olds, this may contribute to a welcome increase in these groups and in those accessing treatment overall, strategic plans will be mindful of any increase in capacity for the re-specified services during the tender process. Ealing has made considerable progress in implementing harm minimisation across all local treatment services, the harm reduction agenda is linked into the Clinical Governance group, this has commences across the partnership to ensure that appropriate systems are in place and that Clinical Governance is embedded within all services commissioned for substance misuse, this group and the Drug Related Death group will provide annual reports to the partnership. Ongoing work is needed in these areas. More focus will be placed on engaging injecting drug users who access only needle exchange services into treatment and plans for the development and expansion of the Primary Care Substance Misuse (Shared Care) programme are also prioritised this year.

Key findings of current needs assessment:

Characteristics of Ealing's Treatment Population:

In the treatment population gender is represented as 3:1 male to female with over 18% of its treatment population under the age of 25. There is a high proportion of Asian clients in treatment 30%.

In terms of drug use, Heroin use remains the most common. Reported drug use as a whole has increased by 13% from last year and there has been a notable increase in reported male users of Cocaine in 08/09.

In terms of secondary drug use, Crack & Alcohol are the two largest categories.

More than half of clients (55%) are poly-drug users. For those with a primary Opiate problem, 60% also use Crack and 15% use Alcohol. For those reported with a primary Crack problem, 45% also use Opiates and 21% Alcohol. The most common route of administration is smoking, 21% of Ealing service users are previous or current injectors with, as last year, 7% of clients reported to be current injectors.

It is clear that for those in treatment, Opiates, Crack and Alcohol are the biggest problem substances and that a significant number of those using drugs use more than one substance.

The majority of clients in treatment were recorded to have no children, the high percentage of 'No Data' is an area requiring improvement. Work has begun in 2009 to identify parents, engage and signpost parents who have substance misuse problems into services. It is important to continue to develop further interventions for parents/families and carers in 2010.

The local Jobcentre Plus drugs coordinator regularly attends partnership meetings, further progress will be made this year and include Progress to Work (P2W)

There is a need to facilitate service users' successful exit from treatment and reintegration into society and to encourage and support more people into employment, training and education opportunities and pathways.

Prevalence:

Based on Glasgow estimates of problem drug use, 47% of Opiate and Crack users were treatment naïve, while 44% Opiate Users and 49% of Crack Users were treatment naïve.

Ealing has had some success in increasing the number of clients entering treatment with a treatment penetration rate of 53%, an increase of 15% more Crack users and 4% more Opiate users accessing treatment in 2008/2009 compared to 2007/2008, however there is still further work to be done in engaging those who are treatment naïve.

Clients in effective treatment measure:

While Ealing has made good progress over the years on improving this measure there is still further ground to make up to improve numbers in effective treatment. There is high attrition amongst criminal justice clients in mainstream services and ongoing monitoring is needed in this area.

Treatment system:

Ealing's treatment system in 08/09 shows positive integration between agencies with evidence of appropriate referrals from all sources. There is need for further development of routes from DIP into mainstream treatment services and from all services into aftercare, the re-tendering process in 09/10 should help streamline these pathways.

The main routes into Ealing's system of those who commenced treatment during 08/09 is via self-referral and the Criminal Justice (CJ) route, both with a rate of 36% suggesting that services are well known locally and referral pathways have improved since last year.

Better utilisation of the aftercare service is an area for further development this year.

Unplanned discharges for 08/09 show a reduction by 24% from 07/08, and highlights the work undertaken throughout the year.

A high number of clients drop out of treatment within the first six to twelve months. There remains a high number of unplanned discharges for Black/Black British, women, Crack, Cocaine and Cannabis users and the younger age groups who have a higher dropout rate and are unlikely to complete treatment in a planned way. There is a clear need to customise services to improve engagement for these client groups.

Criminal Justice Clients:

Data from Testing on Arrest shows there were 628 positive tests undertaken in 2008/09, a decrease of 16% from the previous year. The results from these 628 tests showed that 39% tested positive for both Cocaine and Opiates, followed by 33% Cocaine Only and 28% Opiates Only. Theft followed by

Possession of Class A, when combined, accounted for nearly two thirds (62%) of all offences committed by Ealing residents testing positive. Cocaine Only results were disproportionately higher amongst the Black or Black British ethnicities with Opiate Only positive results highest amongst those of an Asian background, in particular the Indian ethnicity. There is a clear need to address DIP attrition from treatment with an increase in action in relation to reengagement.

There are clear hotspot wards in the west of the borough encompassing the areas around Southall and Northolt, and to the east in and around Acton. In all 3 data sets studied, DIP, Prison & Probation, Black ethnic clients were over represented compared to their make-up in the overall population. Similarly, all 3 data sources also suggest that it is the younger age groups who are the most common problematic drug users.

Probation data shows 62% of Ealing residents reporting to use drugs were treatment naïve, with Heroin and Crack/Cocaine constituting the two most common Class A drugs used.

Approx 40% of those Ealing residents in London Prisons in 2008/09 answered "Yes", when asked; do you use drugs. Of those Ealing residents in Prison, Wormwood Scrubs holds the highest concentration. There is a need to improve the continuity of care for people leaving prison.

Geographical Mapping:

The mapping results are consistent with those found in previous years and suggest that certain wards may have higher concentrations of problematic drug use. In particular Southall and its surrounding areas are highlighted as well as Northolt and Acton.

Further monitoring and possible engagement of those clients accessing needle exchange services in terms of health and treatment status, as this is an area of potential unmet need

Good spread of GP Shared Care, supervised consumption and needle exchange pharmacies is highlighted but lack of mainstream service provision in the north of the borough.

Service User Feedback:

There is a need to expand on service user training and ensure a robust service user enhanced group is in place.

2010 will see an increase and build upon existing representation for both service users and carers and the need to develop service user engagement as a model of excellence

Workforce:

From the Confidential Staff Survey, overall satisfaction from staff was high of the staff who responded 100% reported supervision systems in place, with the majority having a personal development plan. The leadership and management training was further developed in 2009 with peer support groups in place and will continue to develop into 2010.

There is an ongoing need for training and support for staff and this will be underpinned with a Training Needs Analysis to identify skills gaps and training deficits.

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

The key priorities section below outlines much of the work in progress or planned in relation to intended improvements. This section clearly sets out the partnership commitment to the improvement of health and social functioning outcomes for service users and carers.

Further work is required to improve numbers in effective treatment and planned discharges, as proxy measures for the quality of treatment, in particular for the groups highlighted above.

Further work in relation to Harm Reduction will incorporate the main aims of reducing drug related deaths and blood borne viruses.

Some progress has been made in developing dedicated housing support, skills development, training and employment services for substance misusers and this is an area that will be further developed as more work is required to embed these further into the treatment system.

Key priorities for 2010/11:

Overall treatment system: overarching themes, retendering, one stop shop model:

Ealing DAAT will focus more on reducing risk by getting more people into treatment, working with families, targeting resources to ensure successful completion of treatment and re-integration through employment, training and education opportunities. We will also continue to improve partnership and community relations

To continue to improve our performance against new presentations and retention in effective treatment targets, improvement of performance around planned discharges and successful treatment exits will continue to be an area for improvement for the partnership and remain a priority for 2010/11.

The re tendering process will result in further streamlining the pathways into treatment and improve integration of services to ensure a seamless and patient centred service that offers value for money.

Premises for a 'One-stop-shop' for substance misuse services have been identified and the process is underway to assess the suitability and the fit of the integrated service model we wish to commission.

To improve access, engagement and successful treatment exits for drug using parents, crack users, women, sex workers, Black and Black British and 18-24 year olds:

These groups remain priority areas for the partnership and are highlighted in this year's Needs Assessment and the national strategy. A review of current work of existing services and in particular, the outreach team in conjunction with service user and carer consultation should assist a more accurate needs analysis of these hard to reach groups and development of that service.

Work has begun across young people and adult services to establish the extent and levels of parents with substance misuse problems not accessing treatment and offering methods of engagement, onward referral and signposting into services. For 2010/11 we will continue to develop close joint working between young people and adult services in order to increase the responsiveness of services for drug misusing parents and further develop the transitional link worker post. It is important to continue to develop further interventions for parents/families and carers in 2010.

The DIP stimulant post has been extended, there has been some improvement of retention in effective treatment and this has been highlighted as a priority area for all clients but in particular the above mentioned clients. Continuity of care for those clients released from prison or courts will be an area of development in 2010/11, more focus needs to be placed on reducing unplanned discharges by improving service quality and wrap-around-services, such as housing, skills development and employment opportunities. Links with providers and the local Job Centre Plus co-ordinator have been developed this year and work will continue further developed to ensure that pathways can be delivered as there is a need to facilitate service users' successful exit from treatment and reintegration into society and to encourage and support more people into employment, training and education opportunities.

To improve access, engagement, successful treatment exits for DIP clients:

The Needs Assessment has identified a number of points in the referral and treatment process where criminal justice clients are most likely to drop out. Of particular concern is the failure of those testing positive who after having attended an initial assessment failed to attend their follow up assessment. The follow up assessment is the main referral point for those entering treatment.

During 2010/11 emphasis will continue to be placed on reducing the attrition at each point of the criminal justice treatment pathway. DIP agencies have developed action plans to improve referral, commencement and retention which will be closely monitored for its effectiveness.

Continuity of care for those leaving prisons has shown an improvement but there is still work to do in encouraging discharged prisoners to continue treatment on release. Data issues between the prisons and the Ealing DIP team are also being addressed which should give a better reflection of referrals and cases picked up in the community from prison.

Clinical Governance/Harm reduction/Drug Related Deaths:

Clinical effectiveness, adequate clinical governance and audit will continue to be a key priority for Ealing DAAT. The Harm Reduction plan has been incorporated into the annual partnership clinical governance plan and a large element of the work in this group will be the continued implementation of Harm Reduction strategies.

The Drug Related Death group has developed over 2009 and membership increases to include ambulance services and police representation. A draft strategy was written in 2009 and continues to develop as a working document. Both the Clinical Governance and Drug Related Death group will provide annual reports to the partnership.

The Needle and Syringe Programme will continue to be expanded over the year and there is a need to improve harm reduction messages with vulnerable groups including needle and syringe programme clients with a particular focus on developing peer education schemes.

The Primary Care Substance Misuse (GP Shared Care Scheme) will also be expanded and developed, this year's Needs Assessment highlights the need to expand the provision and improve the geographical spread of shared care provision in the borough, particularly in Southall and Northolt.

Staff training for the above two Primary Care functions will be audited this year, a Training Needs Analysis will be conducted across services to highlight further gaps to be addressed.

The following areas for development were identified from the Expert groups and have been incorporated into the above key priorities.

1. Need to increase the number of new treatment presentations to and numbers in effective treatment
2. Need to improve the continuity of care for people leaving prison.
3. Need to facilitate service users' successful exit from treatment and reintegration into society and to encourage and support more people into employment, training and education opportunities and pathways.
4. Need to improve engagement with hard to reach groups particularly, women, sex workers, Black and Black British clients.
5. Need to improve the engagement and the rate of planned discharges among stimulant users (crack and powder cocaine).
6. Need to expand the provision and improve the geographical spread of shared care provision in the borough, particularly in Southall and Northolt.
7. Need to improve harm reduction messages with vulnerable groups including needle and syringe programme clients with a particular focus on developing peer education schemes.