

# Ealing DAAT

## Adult drug treatment plan 2007/08

### Part 1

#### Section A: Strategic summary

#### Section B: National targets

#### Section C: Partnership performance expectations

This strategic summary incorporating national targets and partnership performance expectations, together with the funding profile, self assessment and attached planning grids have been approved by the Partnership and represent our collective action plan.

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*Signature*

**Chair, Ealing**

**Chair, Adult Joint  
commissioning group**

## Section A: Strategic summary

### **A1: Partnership drug treatment strategy:**

Ealing DAAT is a multi-agency strategic partnership tasked with implementing the National Drug Strategy.

Prior to the introduction of this strategy drug services across the country were of disparate quality. Ealing was no exception to this, with a poor record of people accessing services and unacceptably high waiting times.

Ealing DAAT and the providers they commission have made sustained gains in increasing the numbers of individuals in services and reducing the waiting times. Ealing DAAT has exceeded the requirements of the National Drug Strategy to increase drug users engaged in treatment by 100%, between 1998-2008. During 2005/06 1,574 individuals had been treated. Waiting times have also shown marked improvement with the majority of clients now being able to access services within 3 weeks.

While these gains are significant there is still more work to be done on improving the quality and range of services on offer in Ealing.

The NTA's Treatment Effectiveness Strategy has placed the emphasis on the quality of treatment offered and an emphasis on sustaining and maintaining the gains made in treatment.

In tandem with this policy objective our needs assessment has identified some priority areas which we hope to address over the coming year. In particular we plan to re-tender the tier two service in Ealing to better meet the geographical spread of need through increased satellite provision.

Through consultation with both provider agencies and service users it became clear there was demand for an Aftercare & Resettlement programme, which would offer training, education and employment opportunities, in addition to advice and support with housing issues. This service will help underpin and sustain the gains made elsewhere in the treatment system and improve the integration of service users back into the community.

Next year therefore, will mark a significant period of service redesign for Ealing DAAT to address core deficits at both "the front door of treatment", tier two and the exit, aftercare and resettlement.

For the treatment system as a whole we want to ensure that there is good throughput and partnership working

between service providers. Therefore we are reviewing our compliance with Models of Care 2006. In particular we plan to develop assessment forms that are fit for purpose but reduce the bureaucratic burden of data collection to both service providers and service users.

Next year we plan to improve the way we commission by building the capacity of service users & and carers to participate in strategic decision making. The voice of service users and carers will be put at the centre of planning and commissioning.

The major constraints to these planning intentions are deficits within the commissioning team due to the long term sickness leave of Integrated Commissioning Manager. In addition the wider policy context of NHS deficits and budgeting pressures may mean we will have deliver service improvements with a reduced uplift or no uplift.

**A2: Summary of outcome of needs assessment in relation to problem drug situation:**

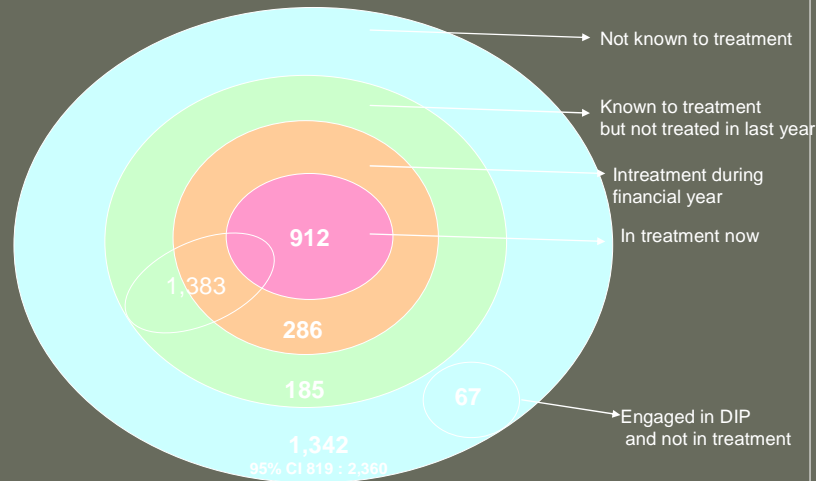
Ealing is one of the largest outer London boroughs and has a population of 300,947 on the 2001 census.

Ealing borough is renowned for its diversity which ranges from the predominantly Asian communities of Southall and its surrounding wards to the predominantly White communities around Ealing Broadway; the areas around Acton are known to have a large community of Black Caribbean's. Increasingly, Ealing is also seeing a large increase of immigrants from the former Soviet bloc and European accession states.

**Prevalence:**

- Latest figures released by the NTA identify the numbers in structured drug treatment for 05/06 1,574
- Glasgow estimates put the number of problematic drug users (Opiate & Crack) at 2,725.

### The treatment bulls eye for crack and or opiate users!



- Ealing would have to nearly double the number currently engaged in treatment to meet this needs of the treatment naïve!

#### Characteristics of treatment population:

We have determined the following key characteristics by analysing the treatment population year on year from 2003/04 to 05/06

- The majority of clients are aged 20-29 and 30-39 with a smaller cohort of older 40+ and younger teenage clients.
- The majority of clients are White British, with a second large a category of Asian clients and a smaller number of Black Caribbean clients. The proportions engaged in treatment reflect the demographic make-up of the borough.

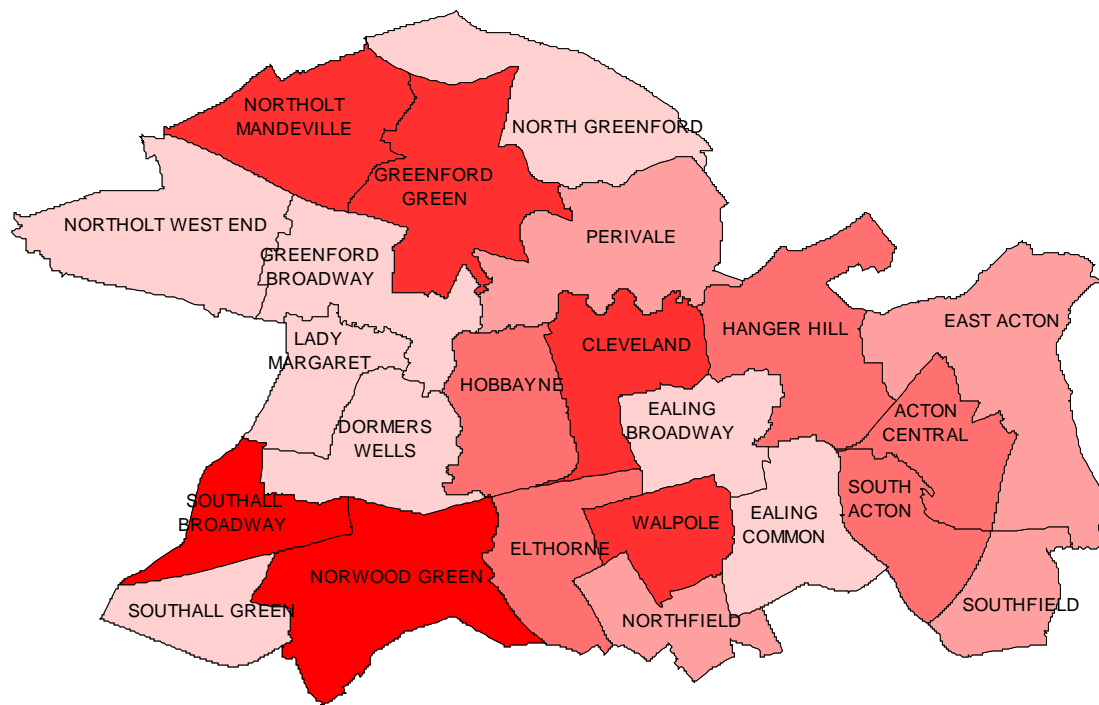
- The majority of clients are male, with a ratio of 3:1 males to females. This is in line with national prevalence rates for women in treatment. The ratio of female clients in DIP is smaller typically 8:1 due to the typically male patterns of offending being tied into the trigger offences.
- The overwhelming majority of clients in Ealing's treatment system are Opiate users, many of them poly opiate & crack users with a smaller number of primary crack users. The majority of those testing positive in 0607 are testing positive for opiate & crack, 42%.
- In 0506 we know that the majority of clients engaged in treatment did not inject- 55%. However 30% of individuals had injected, 19% current injectors and 11% previous injectors, this reflects an increase from 25% in 04/05.

In conclusion a typical Ealing client, (if there were such a thing) would be a White British male, mid twenties and use both opiates & crack by smoking.

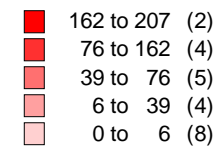
#### **Geographic pattern of drug use & need:**

To further understand the need of drug users and target our resources more effectively we must look at the geographical spread of those accessing our services.

**Map of Tier 3 & 4 clients 0506:**



Ealing\_Wards by CountOfNDTMS\_S

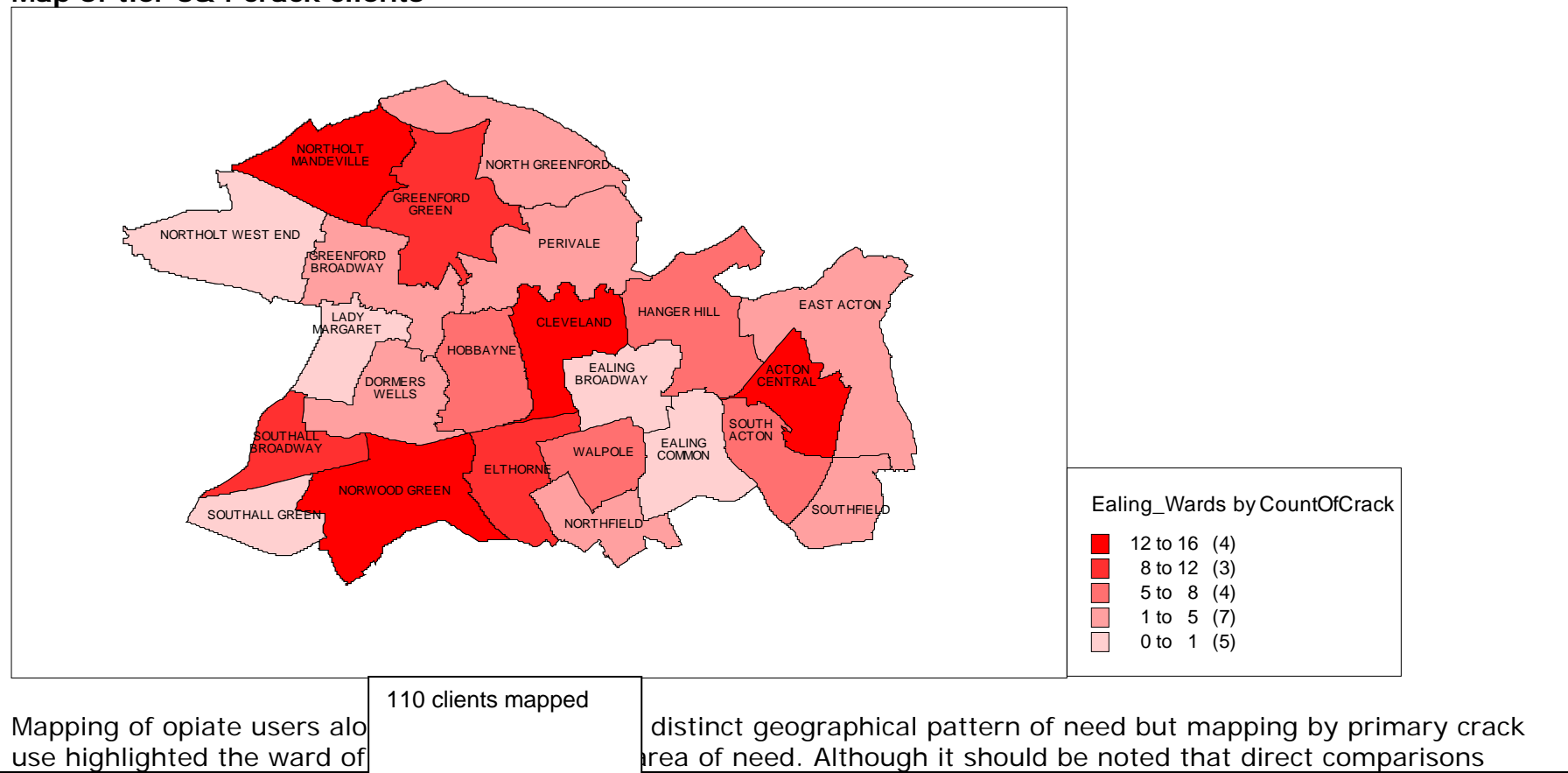


1,209 individuals accessed treatment  
 74 clients NFA  
 55 no postcode recorded  
 82 not geo-coded  
 996 mapped

The map above shows that the Northolt, Walpole and Cleveland wards have the highest number of individuals accessed treatment. Walpole and Cleveland which w

services are from the west of the borough, Southall, since it is particular estates within the ward boundaries of activity within these wards.

### Map of tier 3&4 crack clients

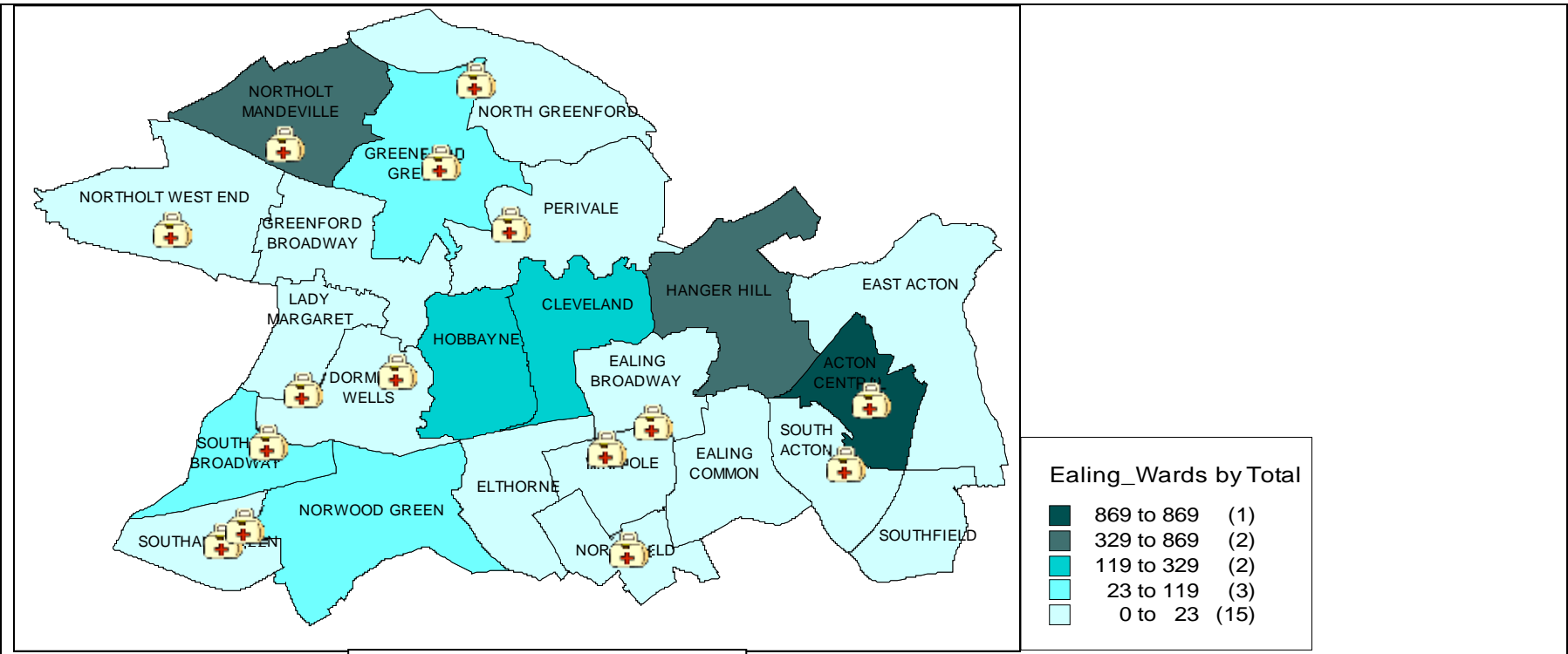


between the two maps are difficult as the overall volume of crack users mapped is much smaller.

Looking at tier 3 data alone only gives us an idea of those successfully engaged in services. Potential there could be a large cohort of un-accessed drug users. We can look at needle exchange data, crack house locations and tier 2 data to get an idea of the geographical location of any un-accessed need.

**Pharmacy Needle Exchange:**

The following chart shows the volume of packs distributed by ward area between April –Oct 2006 and the location of the needle exchange pharmacies within the borough.



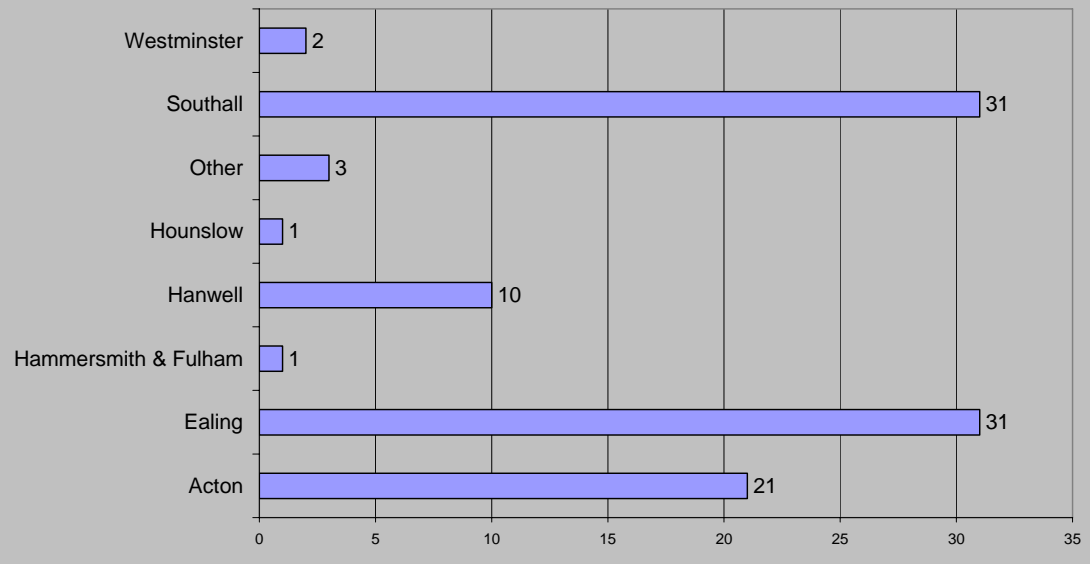
2191 packs distributed  
 279 records recorded as NFA  
 203 outside borough boundary

Interestingly the areas of Northolt, Hanger Hill and Southall are highlighted as areas where a large number of clients are coming from and where there is a high volume of presentations. This confirms that there is additional need in Northolt that needs to be addressed and suggests that there may be an unaccessed cohort in Acton & Hanger Hill that we need to engage. Although Southall does not appear to have a large volume of presentations to needle exchange this may be because the drug users are primarily smoking or it may be that only recently two new pharmacies have been recruited and this may increase take up within the area.

**Tier Two Outreach:**

The following chart looks at the areas where our street outreach team engage with clients. The town centres of Southall, Ealing and Acton seem to be areas that attract both street drinkers and homeless drug users. This again ties in with the evidence outlines in previous maps.

**April-September**  
**location of clients targeted by street out reach service**



### **Crack Houses:**

The following chart shows the location of all 30 known crack houses in the borough as of November 2006. Police intelligence suggests that many of these premises are owned by vulnerable adults with severe drug problems or mental health issues. They often become the victim of abuse as their premises are taken over by others to sell and use class A drugs. A smaller number of addresses are known to be premises where larger scale drug dealing is undertaken.

Unfortunately we cannot publish the map of crack houses in the public domain; however the location of the crack houses again reflects the pattern of need. Concentrated west of the borough in Northolt, Southall and Norwood Green with another cluster in Acton.

In conclusion, there is evidence to suggest that need is concentrated within particular wards on the borough and if police intelligence reports are correct sometimes particular estates. These areas are Southall, Norwood Green & Northolt in the West. Cleveland, Hobbayne and Walpole in the centre and Acton in the East.

### **Ealing Drug Markets:**

Ealing has two main drug markets according to police intelligence. An opiate focused market in Southall and a crack focused market in Acton. In Acton the market is controlled by Caribbean gangs and is thought to be an area of production and distribution. In Southall the gangs are more fluid with new immigrant populations joining the lower ranks within the organisations and climbing to positions of authority. In particular at the moment there are a number of Somali gangs believed to be operating in Southall.

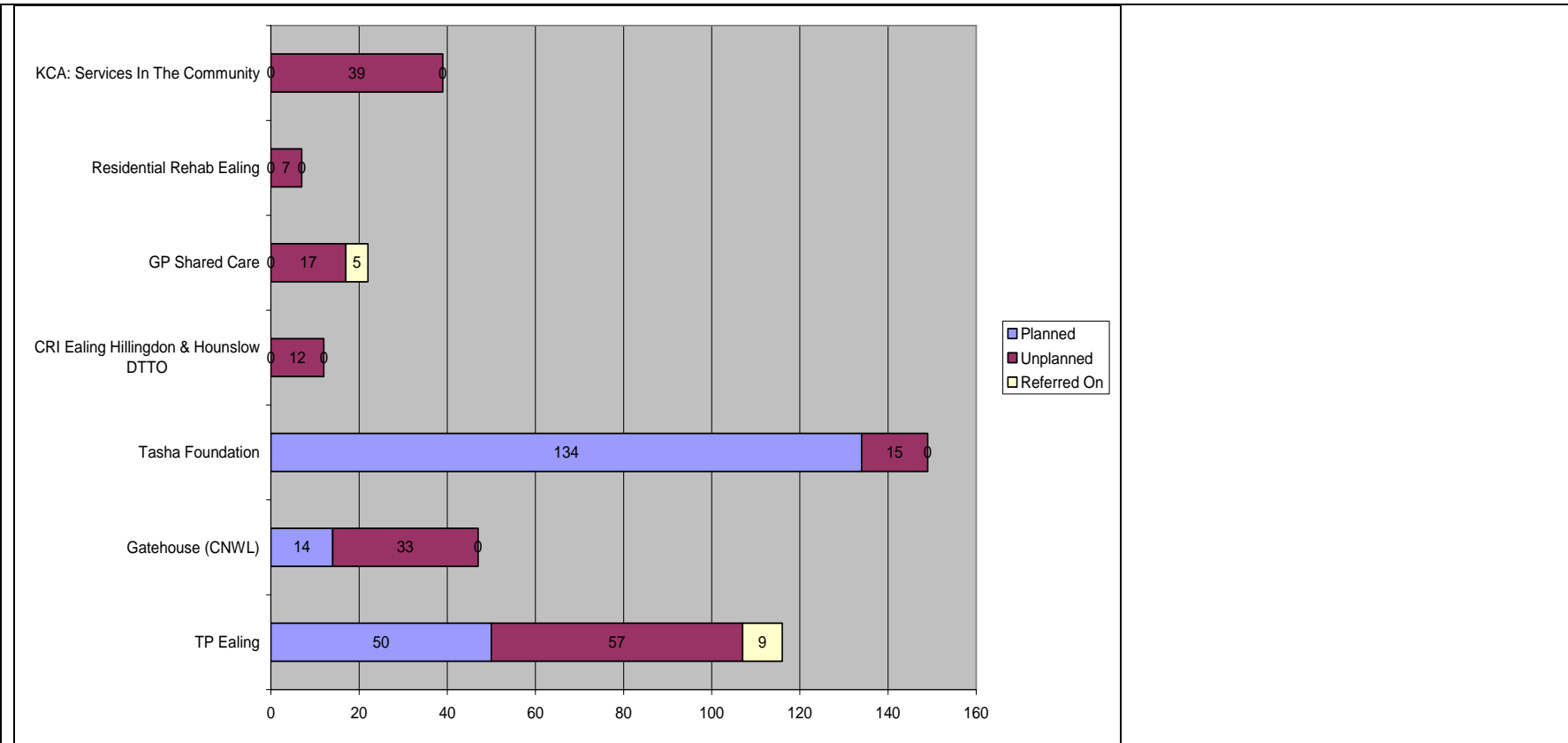
These are the estimated current prices of drugs on the borough

- Crack 0.2gm for £10
- Cocaine £40- £50 gm
- Heroin 0.3gm for £10
- Skunk/ Weed 2.5gm for £20
- Hash 2gm for £10

### **Ealing's Treatment system:**

The mapping of the treatment system highlighted the complexity of Ealing's system with the large number of agencies commissioned and high volume of clients. Interagency transfers appeared to be good but there was further need to improve throughput within services to prevent silting up.

The analysis also highlights some concern over the number of drug users exiting treatment in a planned way. The proposed work next year to improve the Models of Care compliance should facilitate both movement through the system and improve the quality of care planning to ensure that service users are exiting in a planned way with appropriate referral to the new aftercare service.



### A3: Partnership key treatment priorities:

- Re-tendering Tier Two provision to better address the geographical spread of need within the borough.
- Develop Aftercare service within the borough to address holistic needs of clients
- Build the capacity of service users, carers and the community to participate in strategic decision making
- To improve throughput and seamless transition within agencies by reviewing and updating compliance with MOC 2006

- Improve the delivery of DIP programme by reviewing service model in line with best practice.
  - To increase the availability and take-up of Hep B vaccinations and Hep C tests
  - To improve the overall quality, diversity, availability and value for money of Tier 4 Rehab and Detox services.
  - To conduct a diversity needs assessment to ensure that local needs of the community are being served
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## Section B: National targets

### B1 Numbers of drug users in treatment (Adults and Young People)

<b>B1.1 Estimated number of problem drug users (PDU) in Partnership area</b>	2,725	Source	Glasgow Estimates
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DATA TO BE USED IS ALWAYS <u>DAT OF RESIDENCE</u>		Performance 2005/6	Target 2006/07	Performance April – September 2006	Target 2007/08
<b>B1.2 Total number in treatment</b>	LDP(T43)	<b>1,574</b>	<b>1,238</b>	<b>1,252</b>	<b>1,480</b>
	Partnership Target	<b>1,574</b>	<b>1,600</b>	<b>1,252</b>	<b>1,728</b>

### B2 Retention rates – Adults only

DATA TO BE USED IS ALWAYS <u>DAT OF RESIDENCE</u>	Performance 2005/06	Target 2006/7	Performance July 2005 – June 2006	Target 2007/08
<b>B2 Percentage retained in treatment for 12 weeks or more (LDP and partnership target)</b>	76%	83%	<b>86%</b>	85%

### B3 Waiting times - Adults only

<b>B3.1 Waiting time to first treatment intervention</b>	Partnership performance %	Planned performance %
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<i>See Models of care 2006 for definitions of structured treatment interventions</i>	Quarter end - 30 September 2006	2006/07	2007/08
Inpatient drug treatment	50%	69%	85%
Residential rehabilitation	100%	84%	85%
Specialist prescribing	78%	74%	85%
Primary care/shared care prescribing	94%	85%	85%
Day programmes	100%	85%	85%
Psychosocial interventions	83%	85%	85%
Other structured treatment	100%	85%	85%

### B3 Waiting times - Adults only

B3.2 Waiting time to subsequent treatment intervention	Partnership performance %	Planned performance %	
	Quarter end - 30 September 2006	2006/07	2007/08
See Models of care 2006 for definitions of structured treatment interventions			
Inpatient drug treatment	96%	70%	85%
Residential rehabilitation	26%	35%	85%
Specialist prescribing	68%	50%	85%
Primary care/shared care prescribing	53%	42%	85%
Day programmes	77%	30%	85%
Psychosocial interventions	83%	45%	85%
Other structured treatment	33%	65%	85%

## Section C: Partnership performance expectations

### C1 Planned discharges

Planned discharges who complete treatment drug free, complete treatment or are referred on for other services	Partnership performance 2005/06	Planned performance 2006/07	Partnership performance April - September 2006	National upper quartile performance April - September 2006	Planned performance 2007/08
See Models of care 2006 for definitions of structured treatment interventions					

Inpatient drug treatment	60%	<b>70%</b>	<b>96%</b>	<b>70%</b>	72%
Residential rehabilitation	22%	<b>50%</b>	<b>26%</b>	<b>56%</b>	62%
Specialist prescribing	51%	<b>51%</b>	<b>68%</b>	<b>63%</b>	56%
Primary care/shared care prescribing	30%	<b>51%</b>	<b>53%</b>	<b>65%</b>	53%
Day programmes	72%	<b>41%</b>	<b>77%</b>	<b>65%</b>	58%
Psychosocial interventions	75%	<b>54%</b>	<b>83%</b>	<b>64%</b>	61%
Other structured treatment	56%	<b>65%</b>	<b>33%</b>	<b>60%</b>	65%

## C2 Places in treatment

See Models of care 2006 for definitions of structured treatment interventions	Number of places commissioned	
	Actual 2006/07	Proposed 2007/08
Inpatient treatment	40	45
Residential rehabilitation	54	60
Specialist prescribing	627	650
Primary care/shared care prescribing	270	300
Day programmes	142	160
Psychosocial interventions	300	350
Other structured treatment	550	600

## C3 Care planning

	Partnership Performance 2005/6	Partnership Performance	Planned performance %	
		April – September 2006	2006/07	2007/08
<b>Proportion of individuals starting treatment who have a care plan</b>	99%	88%	80%	100%

## C4 GP Prescribing

	Actual Performance 2006/07	Planned Performance 2007/08
<b>C4.1</b> Percentage of GPs who provide treatment within a locally or JCG defined shared care arrangement.	33%	35%
<b>C4.2</b> Percentage of GPs in the partnership area who are prescribing to drug users outside of shared care, but within a commissioned service model.	0	0
<b>C4.3</b> Percentage of GPs in the partnership area who have completed successfully <u>Part 1</u> of the RCGP Certificate in the Management of Drug Misuse	20%	33%
<b>C4.4</b> Percentage of GPs in the partnership area who have completed successfully <u>Part 2</u> of the RCGP Certificate in the Management of Drug Misuse	1%	5%
<b>C4.5</b> Number of GPs employed either as practitioners with a Special Interest in drug and alcohol treatment or as addiction specialists within a local treatment system.	0%	1%

## C5 Criminal Justice Drug Treatment

<b>C5.1 Drug Interventions Programme – Compact targets</b>		<b>RAG Performance as at October 2006</b>
Number	<b>Intensive areas : Key performance indicators</b>	
1	95% of adults arrested for a trigger offence to be drug tested	100%
2a	95% of adults who test positive and have a required assessment imposed, to attend and remain at the required assessment.	72%
2b	85% of adults who test positive and who are not already on the caseload, with whom contact is made via the required assessment, to engage further with the CJIT	100%
3	60% of adults who have not tested positive, with whom initial contact (as defined in the DIR guidance) is made and who are not already on the caseload, to be assessed by the CJIT	100%
4	85% of adults assessed as needing a further intervention, to be taken onto the caseload	92%
5	95% of adults taken onto the caseload to engage in treatment	100%
6	80% of CARAT clients who are transferred to a CJIT to have follow up action taken by that CJIT	suspended pending review
<b>Non Intensive areas : Key performance indicators</b>		
1	60% of adults with whom initial contact (as defined in the DIR guidance) is made and who are not already on the caseload, to be assessed by the CJIT	N/A
2	85% of adults assessed as needing a further intervention, to be taken onto the caseload	N/A
3	95% of adults taken onto the caseload to engage in treatment	N/A
4	80% of CARAT clients who are transferred to a CJIT to have follow up action taken by that CJIT.	N/A

<b>C5.2 Community sentences with drug rehabilitation requirement</b>				
	Performance 2005/06	NPD Target 2006/07	Partnership Performance April – September 2006	NPD Target 2007/08
<b>C5.2.1 Commencements</b>	<b>103</b>	<b>83</b>	<b>87</b>	<b>TBC</b>
<b>C5.2.2 Successful completions (number)</b>	<b>20</b>	<b>28</b>	<b>14</b>	<b>TBC</b>



<b>C5.3 Integrated drug treatment in prisons</b>			
<b>Please complete Section 5.3 for each prison in the partnership area. See guidance for more details about which prisons this applies to.</b>			
<b>Name of Establishment:</b>			
<b>Assessment and Care Planning</b>	<b>Baseline Performance 2005/06</b>	<b>Performance 2006/7</b>	<b>Planned performance 2007/08</b>
<b>C5.3.1</b> Number Receiving Comprehensive Assessment	N/A	N/A	N/A
<b>C5.3.2</b> Number of Drug Users with Care Plans	N/A	N/A	N/A
<b>Treatment Delivery</b>	N/A	N/A	N/A
<b>C5.3.3</b> Number of stabilisations commenced	N/A	N/A	N/A
<b>C5.3.4</b> Number of detoxifications completed	N/A	N/A	N/A
<b>C5.3.5</b> Number Maintenance Prescribed	N/A	N/A	N/A
<b>C5.3.6</b> Number of 28 day psycho-social interventions successfully completed	N/A	N/A	N/A
<b>C5.3.7</b> Number of drug users discharged into DIP schemes	N/A	N/A	N/A
<b>Harm Reduction</b>	N/A	N/A	N/A
<b>C5.3.8</b> Number of drug users who are assessed for harm reduction needs	N/A	N/A	N/A
<b>C5.3.9</b> Percentage of drug users offered HBV vaccination in the prison setting	N/A	N/A	N/A
<b>C5.3.10</b> Percentage of drug users offered HBV vaccinations who take up HBV vaccination, who are not already immunised	N/A	N/A	N/A
<b>C5.3.11</b> Percentage of current or ever injecting drug users in the prison tested for HCV who do not know their HCV status and have injected within the past six months	N/A	N/A	N/A

C5.3.8 – C5.3.11 refer to interventions that should already be planned for and funded by PCTs as part of their wider responsibilities for prison healthcare

## **C6 –Supported housing**

Number identified with a primary drug problem by supporting people providers	Number identified with a primary drug problem by supporting people providers	Proportion identified with a primary drug problem in current contact with treatment services	Target proportion to be in current contact with treatment services
<b>2005/06</b>	<b>April – September 2006</b>	<b>April – September 2006</b>	<b>2007/08</b>

6	4	Awaiting confirmation	Awaiting confirmation
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## C7 Harm reduction initiatives

<b>C7.1 Vaccinations against Hepatitis B Virus (HBV)</b>	Performance 2005/06	Planned performance 2006/07	Partnership performance April – September 2006	Planned performance 2007/08
<b>C7.1.1</b> Percentage of new presentations offered HBV vaccinations	5%	28%	18%	100%
<b>C7.1.2</b> Percentage of new presentations who accept the offer of HBV vaccination who commence the vaccination programme	5%	12%	9.6%	20%

<b>C7.2 Hepatitis C Virus Screening</b>	Performance 2005/06	Planned performance 2006/07	Partnership performance April – September 2006	Planned performance 2007/08
Percentage of current or ever injecting drug users presenting for treatment tested for HCV who do not know their HCV status and have injected within the past six months	18%	33%	42%	45%

<b>C7.3 General healthcare assessment</b>	Performance 2005/06	Planned performance 2006/07	Partnership performance April – September 2006	Planned performance 2007/08
Percentage of new presentations completing a general healthcare assessment	-	60%	58%	70%

<b>C7.4 Specialist and pharmacy-based needle exchange programmes</b>	Performance 2005/06	Planned performance 2006/07	Partnership performance April – September 2006	Planned performance 2007/08
<b>C7.4.1</b> Number in contact with specialist needle exchanges	200	250	63	300
<b>C7.4.2</b> Number in contact with community pharmacy exchange schemes	4,100*	1,200*	2,813*	4,500*
<b>C7.4.3</b> Total number of community pharmacies in partnership area	69	69	69	69
<b>C7.4.4</b> Percentage of community pharmacies providing needle exchange as a locally enhanced service	11%	25%	20%	25%

<b>C7.4.5</b> Percentage of community pharmacies providing basic healthcare advice and referral	100%	100%	100%	100%
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\* Individual contacts

<b>C7.5 Supervised consumption</b>	Performance 2005/06	Planned performance 2006/7	Planned performance 2007/8
Percentage of community pharmacies providing dispensing, supervised consumption and shared care as a LES	26%	28%	36%