

Partnership name: Croydon

Adult drug treatment plan 2008/09 Part 1

Strategic summary and Assessment of Local Need and Key Priorities

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Section A: Strategic summary

1: Partnership drug treatment strategy - The overall direction and purpose of the partnership strategy for drug treatment in Croydon

The overall aim of Croydon's Drug Treatment Strategy is to ensure we have an effective drug and alcohol treatment system to enable us to reduce the harm caused by alcohol and drug misuse to Croydon substance misusers, their families and the community in which they live. (PSA Delivery Agreement 25). This performance indicator is included in Croydon PCT's Operating Plan 'Vital Signs' (DofH) and will be the drugs target in the Local Area Agreement for Croydon.

The Croydon DAAT Partnership are committed to commissioning, monitoring and improving drug and alcohol treatment services that meet the needs identified in the recent Local Needs Assessment (Dec 2007), previous local research and the earlier Strategic Review of Services. The DAAT's drug treatment strategy is founded on the National Service Framework, Models of Care and incorporates the more recent Nice Guidance documents and the UK 'Clinical Guidelines' (Orange Book) to ensure that clinical governance is embedded within the Treatment System.

The strategy continues to place emphasis on the patient journey making this a priority so that clients receive the best possible service from initial engagement, through their treatment and on to appropriate aftercare provision. The DAAT strategy recognises the value of investment in aftercare provision so that service users are able to make that smooth transition back into the local community to lead healthier and crime free lives. The DAAT also continues to recognise the value of Service User and Carer Involvement in developing and sustaining effective drug treatment systems. The appointment of a permanent Service User Involvement Co-ordinator has ensured that service users and carers are involved in every level of their treatment – individual, service delivery and strategic planning and development and that this is sustained, even when users move on. The expertise of the Service User will be used to develop Peer Led Aftercare Groups supporting the work of relapse prevention, education, training and employment. Through care and after care provision will continue to be prioritised to ensure that service users basic needs around shelter and housing is met, by providing housing aid and floating support in partnership with the voluntary and community sector and the Local Authority.

The DAAT's Treatment Strategy aims to reduce drug related offending by the inclusion of national programmes such as "Tough Choices" (and its updates) which builds on the earlier Drug Interventions Programme. Other criminal justice pathways into treatment such as Drug Rehabilitation Requirements, Prolific and Priority Offenders programme, and work with integrated drug treatment systems in prison, i.e. CARATs will be maintained through partnership working with Police, Probation and Prisons. The DAAT Co-ordinator's additional responsibilities as Head of the Safer Croydon Partnership will ensure that those links are strengthened with partners in the Local Authority and across the wider crime agenda. The partnership is aware that it must increase the number of clients who engage and are retained in effective treatment, particularly those hard to reach individuals from the Criminal Justice system. The DAAT strategy will ensure that the Drug Interventions Programme is effective and efficient and that the new enhanced Outreach provision is a key partner in ensuring that hard to reach groups are re-engaged should they drop out of treatment. Although the DAAT continue to prioritise treatment for those Problematic Drug Users (PDUs) involved in the criminal justice system, the DAAT aims to provide rapid access to appropriate treatment for all clients not just CJ clients. It aims to ensure that there is equality of opportunity for all clients so that those who are not yet involved in the criminal justice system are not disadvantaged in terms of waiting times or treatment options.

Croydon's drug strategy is responsible for ensuring the treatment system meets the changing needs of its diverse population by ensuring that its workforce is fully skilled and culturally competent and representative of the population it serves. It will ensure that the services it commissions follows its legal obligations in terms of equality of services, opportunities and that Diversity is integrated into Croydon's drug treatment system. It is aware of the need to monitor and evaluate services to ensure that targets are met and provide support to those who are not

meeting their KPIs.

The DAAT strategy will ensure that the National Drug Strategy is implemented locally and that National and Local KPIs are met. The DAAT strategy recognises the importance of retaining people in treatment and will continue to work to improve this indicator. The strategy will ensure that the new KPI 'to increase the number of people who are engaged and retained and or successfully complete treatment for longer than 12 weeks' is met. Historically Croydon have had a high number of young people in treatment which matches the population profile. However, recent evidence has shown that this figure has been inflated partly due to a re-definition of 'treatment for young people'. Thus the DAAT strategy will ensure our data is robust and reflects activity. Alongside the aim to increase numbers in 'effective' treatment it will ensure that services are using the Treatment Outcome Profile effectively so that the partnership will be able see improvements in an individual's physical, psychological, social, and economic well being which will become the measure of effective treatment. For example the TOP profile has been incorporated into our Models of Care Single Assessment Tool to improve the co-ordination of the treatment journey.

The DAAT will continue to work with other key stakeholders to strengthen links between young people and adult treatment provision to ensure the smooth transition between services and to reduce the 'hidden harm' that can be caused by substance misusing parents. The DAAT Strategy also brings together the broader aspects of the drugs agenda i.e. community safety, health promotion and harm reduction by maintaining strong links with other partner agencies within Croydon. Harm reduction targets will be key for 08-09 ensuring that the work being delivered is properly recorded and reflects the activity being undertaken.

The DAAT is also signed up to 'ownership for alcohol' and the recommendations from the Strategic Review reflect that commitment. The findings from the Local Needs Assessment will continue to be used to further promote alcohol harm awareness, brief interventions and treatment options via mainstream resources.

The DAAT Partnership is responsible for delivering services that offer good value for money, effective treatment that can be evidenced and that meet the needs of Croydon's diverse and changing population. It is aware of the increasing importance to improve performance (the national indicator) during the financial year 2008-09 and the financial implications for future years for Croydon if it is unable to do so. The DAAT will be undertaking a review of the local treatment system to identify efficiencies and meets local needs.

The DAAT Partnership is signed up to working closely with the NTA, The Home Office, GOL and other relevant government offices to ensure that Croydon residents access the best possible advice and guidance to further develop Treatment Services that are both effective and comprehensive.

2: The likely demand for Open Access, Harm Reduction and Structured Treatment Interventions

Croydon DAAT are aware of the continued need for open access services, harm reduction and structured treatment services that meet the needs of the changing population of Croydon. Croydon currently has a high black and minority ethnic (BME) population: 40% compared to 15% for England and demographers have estimated a 3% fall in the white population and an 18% rise in the BME population by 2011.

The DAAT will continue to join with and improve its links with local BME communities and Local Authority networks to ensure it addresses these needs through the DAAT Diversity Strategy. Commissioners will ensure that Providers review, monitor and evaluate their delivery of services for negative impact and take the required actions to ensure this is addressed during the next financial year.

An enhanced Outreach Service has been commissioned from 1.1.08 and it is anticipated that this

will enable Croydon to reach more of the 'hard to reach' groups, such as refugees, asylum seekers, and those on the fringes of society who need treatment services. The impact of the new Outreach Service and the improved performance from the DIP provider (now established) will mean that Croydon will see more people entering into Tier 2 and ultimately Tier 3 services. The challenge will be for those services to retain individuals in effective treatment, and/or refer on, and/or appropriately and successfully discharge them on completion of treatment.

New prevalence data (05-06) indicates that Croydon have 1975 problematic drug users. Out of the 1975, 825 are known to treatment services. 235 were known to DIP but dropped out of treatment. This gives a Treatment Naïve population of 1150. WDP Outreach and WDP DIP will be the means to reach such groups, to offer Tier 2 interventions and signpost/refer into Tier 3 structured treatment services. Croydon are estimated to have 860 injecting drug users and from recent (06-07) NE exchange data it appears that 550 different clients have approached Community Needle exchanges and thus continued expansion of NE facilities are necessary. Prevalence suggests that 50% of IDUs could be Hep C positive and thus need harm reduction interventions and signposting/referral to treatment services. The increasing trend of cocaine use amongst those arrested indicates a need for better advice and information and motivational therapy for this client group which will be met by Outreach and the 2 Open Access clinics.

The announcement of the funding allocation and subsequent reduction in budget for Croydon has necessitated the need to make efficiency savings and prioritise funding for those areas which contribute to the main KPI. Therefore the DAAT will need to ensure that the voluntary sector Community Drug Service (CDA) have sufficient capacity to deal with the anticipated increased number of stimulant (crack/cocaine) and poly drug users and that the statutory Substance Misuse Team at Crosfield House continue to meet the demand for substitute prescribing. The development of primary care alternatives i.e. improved Shared Care and the appointment of one or 2 GPwSIs will assist with throughput of clients in the statutory prescribing service and enable the Statutory Service to receive and maintain more new clients in treatment.

The DAAT Partnership will work together over the next 3 years to ensure that treatment and wrap around services for drug users are maintained by continued partnership working i.e. provision in primary care i.e. engagement of GPs in substance misuse treatment; housing initiatives with the Local Authority to support vulnerable people; liaison with local authority leads on workforce and training. By working with Probation and Prisons Croydon will ensure they have the care pathways from the criminal justice system to treatment, i.e. interventions for DRRs, PPOs and CARAT work. Through the Local Area Agreement and the PCT Operating Plan 'Vital Signs' it will ensure that the 'drug treatment' is high on the partnership's agenda and that it receives the support from key stake holders.

The need for improved Harm Reduction interventions is apparent from prevalence data received recently which indicates that Croydon is in the 'High' band area of prevalence for HCV. (See above). Information gained from the Local Needs Assessment also indicates that we need to improve screening and ensure that care pathways to treatment are promoted and prioritised for all clients at risk. Although indications from the recent Health Care Commission Improvement Review on Commissioning and Harm Reduction awarded us 4(Excellent), we need to continue our efforts to promote harm reduction and reduce drug related deaths which is detailed in the Partnership's Harm Reduction Strategy / Action Plan.

3. Key Findings from the Local Needs Assessment (For full details of findings please refer to the Local Needs Assessment attached)

The Croydon Partnership carried out a Local Assessment of the Need for Adult Drug Service Provision in November and December 2007. It was assisted by the members of the Expert Group i.e. representatives from Treatment Services, Public Health and the DAAT) who met 3 times to consider the findings. The following information is based on that Needs Assessment (and updated with more recent information) where appropriate.

Prevalence and Penetration Rates:

Croydon is the largest London borough with a population of 337,000 and prevalence estimates based on 04/05 data indicated we had 3096 problematic drug users (PDUs) giving us a penetration rate of 21% which was poor. This information was used in the Local Needs Assessment (completed in December 07) as it was the only data available. However, shortly after the Needs Assessment was completed, updated prevalence estimates were released which gave a new estimate of 1975 PDUs with an improved penetration rate of 33% based on 2005-06 data. Croydon has accepted the new prevalence estimate as they view this as being more realistic and are using it when estimating demand for services. Previous Hickman Fisher prevalence had been used which estimated Croydon had 1480 PDUs - thus Croydon had questioned the huge jump from 1480 to 3096 in previous years.

Croydon need to improve the penetration into this cohort of people if it is to increase the numbers in effective treatment. Reference has been made earlier to the Treatment naïve population of 1050 (235 of whom were know to DIP). It is therefore key that we focus on those PDUs in the criminal justice system to reduce drug related offending by providing effective treatment by enhancing Tier 2 services through to commissioning of appropriate Tier 4 services.

Treatment System Mapping

Croydon DAAT developed 2 Treatment Systems Maps for the Local Needs Assessment covering structured treatment to measure the effectiveness and efficiency of the treatment system. The maps looked at entries in, referrals, agency transfers and exits.

Tier 3 Mapping showed that the highest number of referrals were 'self-referrals', but it was found that this often 'masked' the true referrer mainly because the two largest services had 'open access' clinics. This was highlighted by the low number of referrals from GPs – patients were referred to the open access clinics and thus became self-referrers, but this was not consistent with primary care data which showed that GPs had seen a much larger number of patients presenting with a drug problem.

Tier 4 Mapping indicated a lot of under-reporting by Residential Rehabs as many of those commissioned were not featured on the Treatment Map.

What was significant from both Tier 3 and Tier 4 mapping was the very low number of discharges/exits, both planned and unplanned. Again this was challenged by the Expert Group who felt this was an untrue representation, especially concerning planned discharges. However this is an area that we need to improve upon – i.e. data recording and policy implementation needs to be addressed.

Met and Unmet needs including attrition and planned exits

As can be seen from the executive summary Croydon appear to be meeting the treatment needs of women as there was an increase in women in treatment of 3% on 05-06 data. There were also a higher number of individuals in treatment who defined their ethnicity as Black, but a lower number of Asians than last year. The number of opiate and/or crack users in treatment was 497 compared to 467 in 05-06. There was no change in the profile of the client group, being white, male aged between 35 and 64.

Trends in drugs use appear to be similar to previous years, however there was an increase in the number of people testing positive for cocaine only (51%) compared to both cocaine and opiates (38%) according to DIP data. However the pattern of drug use for those in treatment recently was higher for opiate users i.e. 44% were opiate users, 21% use crack, 10% cocaine and 19% cannabis.

Synthetic mapping of people using or dealing in drugs indicates that most activity occurs in the most deprived areas of the borough – mainly the north and south (Fieldway) – however this geographical picture is only a synthetic estimate based on a number of contributing factors. The new Outreach service will have a worker particularly focussed on the north of borough to address some of these issues.

When looking at retention and attrition it can be seen from the Local Needs Assessment that the client group who were retained the longest in treatment were: opiate and crack users and a

greater number of females were retained for longer than 12 weeks compared with the number of males i.e. 64% compared with 60%. Croydon's retention is highest in the ethnic group that classify themselves as "mixed" (NDTMS) which is 74% compared with 76% nationally for white males. From this it can be assumed that males of mixed ethnicity aged 35 years plus are more likely to stay in treatment than other individuals.

When reviewing Treatment Exits it appeared that 75% were unplanned discharges – the DAAT feels that this is a data recording issue which should be addressed by March 2008. Focus for the new financial year will be on clinical practice, i.e. care plans, referrals and aftercare.

4. Improvements that will be made in terms of Outcomes for individuals and the community.

The DAAT Partnership considers 'retention' and 'planned discharges' to be of the utmost importance as a measure of improvement in outcomes for individuals and the community. Evidence shows that adults retained in treatment longer than 12 weeks have a better chance of remaining engaged and addressing their substance misuse. The partnership will continue to implement its action plan around retention and planned discharges by training and support for services around data recording, audit and review of clinical practice and by explicit references and compliance with Service Level Agreements.

In addition by implementing the updated practices and policies as detailed in the latest version of the Models of Care Guidance, which includes recording and reporting of TOP data, the partnership will be able to evidence improvements in the areas such as user's health and social functioning and public health risks from blood borne virus and overdose. In addition improvements in community safety will be made by the continued support of specific programmes such as the Drugs Interventions Programme, screening and brief interventions for Alcohol (from PCT mainstream funding) and other initiatives. The new outreach provider will be working alongside the Police Safer Neighbourhood Teams to ensure that local community safety issues relating to drugs are identified and addressed in a co-ordinated way.

The Partnerships continued funding for floating support and housing aid will improve outcomes for individuals and the community. In addition the investment in aftercare services for individuals such as training and access to employment opportunities and peer-led support will be made to re-integrate users back into the community. Workforce competency and training will continue to be monitored and promoted by the DAAT Unit, as well as development of the local drug and alcohol awareness training that is currently delivered.

The DAAT will review its treatment system to ensure it meets clinical governance and national guidelines. This will be achieved through an evaluation by the end of March and changes to service provision phased in over the next year. This will be monitored by the JCG and service monitoring meetings.

5. Key Priorities for the development of drug treatment services that meets local need and takes into account recommendations from previous Heathcare Commission/NTA Improvement Reviews

The Partnership have identified a number of key priorities based on previous knowledge (Strategic Review), the recent Local Needs Assessment and recent HCC Improvement reviews:

- Improved outreach services to engage with those 'hard to reach' problematic drug users (PDUs) not known and not engaged with Treatment Services.
(Recent data, received too late for inclusion in the final LNA, has indicated a smaller number of PDUs – however it is still important that we strive to increase our penetration into this cohort of people to enable us to achieve the Government Drug

Strategy Public Service Delivery Agreement 25, national indicator 1 of the PSA).

“To increase the number of people engaging and being retained in treatment for 12 weeks or longer and who have successfully completed treatment or been referred on in a care planned way”.

- Improved care pathways into treatment for those in the criminal justice system including those already receiving treatment in prison and discharged into the community.
- More targeted work with problematic drug users, i.e. opiate and crack users by increasing access and treatment options.
- Improved access to and retention of clients in effective treatment
- More planned discharges and people successfully completing treatment
- A greater number of seamless referrals to structured treatment (Tiers 3 and 4)
- To ensure commissioned providers are delivering services in line with their Service Level Agreement and that Clinical Governance arrangements are in place to ensure services are compliant with the new clinical guidelines recently published by the D of H and the NTA.
- Continued floating support /accommodation for the homeless drug users in conjunction with the voluntary and community sector and the Local Authority.
- Improved harm reduction initiatives including screening and referral for treatment for BBV and prevention of overdose. Improved and accurate recording of existing HR work that is being carried out.
- Continued support for clients in the criminal justice system around rapid access to treatment, retention and onward referral to improve treatment outcomes and reduce drug related offending.
- Better aftercare services, i.e. more structured and co-ordinated services, improved relapse prevention across the partnership led by professionals but outside treatment services and peer-led aftercare groups in a drug/alcohol free environment in an evening or at weekends
- Continued support and involvement for service users and carers.
- Improved links with YP/children’s services and families, carers and significant others. To be achieved by joined up work identified in the YP Treatment Plan i.e. to address issues of ‘hidden harm’ to children of Substance Misusing parents as well as transitional arrangements for young people transferring from YP to Adult services. A need for a family support worker has been identified.
- Deliver efficiencies across all services ensuring that the Treatment Plan is delivered effectively and within a reduced budget – which the current trajectory indicates will reduce over the next 3 years by £750,000. The PTB budget for 08-09 will be improved slightly by the PCT’s agreement to rollover under spend (predicted to be £55,000). The DAAT partnership is aware of its responsibilities to improve performance in the coming year to reverse the current downward trajectory.
- Set realistic ‘ambitions’ around the key performance indicator “Increasing numbers in EFFECTIVE treatment’ with partners ensuring the partnership is aware of the impact of performance as monitored by NDTMS on future funding in years 2009-10 and

1200-11.

- Work effectively to engage with all agendas which contribute to delivery against the PSA25 Target , benefit from and contribute to the LAA and work with other key stakeholder to ensure the 'drugs' agenda is supported from mainstream investment over the next 3 years.