



Safer Portsmouth Partnership

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.

<i>Signature</i>	<i>Signature</i>
Chair, partnership name	Chair, adult joint commissioning group

Overall direction and purpose of the partnership strategy for drug treatment

The overall direction and purpose of drug treatment is outlined in more detail in the five-year Joint Commissioning Strategy for the City (published June 2008). The primary aim as stated in the strategy is to reduce the harm caused by drugs (and alcohol) to individuals and to the community, and to enable people to achieve lasting recovery from drug and alcohol problems, so that they may achieve their individual potential. To achieve this aim, we must ensure that all services are fully accessible to all who need them. The direction in the next five years will be to develop a system of services which achieves the following outcomes in support of this approach:

Reduce drug related harm, through;

- easily accessible harm reduction services (needle exchange, advice, information and support) for all drug users;
- ensuring rapid access to assessment and treatment for drug and alcohol problems, so that engaging with treatment becomes at least as accessible as continued substance abuse;
- providing sufficient choices and options to optimise numbers engaging in treatment

More people effectively engaging with treatment, through;

- client centred assessments based on informed choice and individual needs;
- holistic care plans for all individuals engaging with structured treatment;
- user needs led services (structured & open access), responsive to assessed needs with regard to venues, times and content delivered;

More people achieving positive changes to overcome drug problems, through;

- a range of psychosocial interventions to support individuals attempting to make changes, including 1:1 key working, counselling, structured group work;
- accessible, effective detoxification options (in-patient and community) as part of a holistic care pathway;
- aftercare services which support sustained recovery, including accommodation, employment, training and social support integrated with mainstream services.

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

The “smoothed” estimate of the number of Problem Drug Users in Portsmouth (based on Hay et al 3 year estimates 2004 - 7) is 1,254 (range 1,157 – 1,384; 95% confidence interval). Our ambition is to stimulate demand amongst this group to a point where all problematic drug users are engaged in treatment or harm reduction services appropriate to their individual needs.

Open Access & Harm Reduction:

Use of the Bull’s Eye needs assessment tool identifies that approximately 570 of the estimated PDU population were not in structured treatment during 2007/8.

Approximately 110 individuals accessed Needle Exchange Services each month (primarily mobile, but with some static based clinics). Attendances at the “drop-in” Open Access day service have increased steadily over the past four quarters, with approximately 80 new people per quarter attending this service and a total of 900 – 1500 separate visits to the service being recorded per quarter. However, due to the confidential nature of these services and recording being separate from the NDTMS used for structured treatment, it is not possible to state with any accuracy what proportion of these attendees are included within the estimated 570 people not in touch with structured treatment and what proportion were using both aspects of the services.

Anecdotal evidence from current service users, the independent service users forum and qualitative interview comments made as part of the service user feedback interviewing completed in October/November 2008 suggest that there is a significant minority of drug users who are not accessing services. The practice of our needle

exchange service is to supply sufficient quantities of equipment to ensure that people not currently in contact are able to access “clean” equipment via peers. We have also begun running peer-led overdose prevention workshops at a range of venues, including non-specialist hostels and support centres, with incentivised attendance, in an effort to increase the breadth of delivery of harm reduction advice and information.

Notwithstanding the caveats on data noted above, demand and capacity for Needle Exchange and Open Access services appear to have been reasonably well matched over the past year. Whilst we will continue to monitor and evaluate the content of these services to ensure they are meeting user needs and achieving a good throughput into structured services, there does not appear to be any urgent need to alter capacity. As with other services in the City (and in line with national patterns) these services are more effective at attracting individuals aged 25+, hence the proposals to introduce a specific “transitional” service for 16 – 24 year olds will look at a full range of interventions, not just structured treatment.

Blood-spot testing for blood borne viruses was introduced in needle exchange and open access services in October 2008, it is too soon to see how effective the take up of this service has been in raising awareness and referrals for immunisation and treatment where necessary.

The assertive outreach team have been working at full staffing capacity since April 2008, which has contributed to increased rates of initial assessment and referral to structured services (averaging 120 – 140 per quarter). This team have developed good links with some aspects of primary and secondary healthcare services to improve referral pathways from those agencies, increasingly over the coming year the expectation is on this service to improve links with other community based agencies, such as homelessness services, community wardens and PCSO’s to increase accessibility for these groups.

Structured Community Interventions:

NDTMS data for 2007/8 showed over 800 individuals engaging in treatment, which was approximately 13.5% up on the previous year’s figure. Although the method of reporting has changed to focus on those deemed to be in effective treatment, figures across structured community services for the City show a continuing steady increase, in line with or exceeding our target of improving the number effectively engaging in structured treatment by 5% in 2008/9. Demand for structured treatment interventions is expected to continue to grow for 2009/10, consistent with our strategic aim of continuing to make treatment accessible to as many individuals as possible.

We have been reviewing our provision of structured treatment, in line with the overall strategic review of drug and alcohol services. This has resulted in a shift to more specific identification of and distinction between individuals accessing community prescribing services at a relatively basic level of reducing harm (through substitute prescribing) and individuals accessing more comprehensive change-focused interventions. The introduction of ACT (CBT based psychosocial groupwork programme) across community and in-patient services, to provide a consistent care pathway for individuals seeking this change-focused intervention has been central to this development. Demand for this pathway has grown over 2008/9 and is predicted to increase further, based on feedback from the venues in which it has been introduced. Capacity is being increased to meet this demand through further groups being established within existing structured groupwork venues. Ongoing evaluation of the uptake, outcomes and client feedback for the different elements of structured provision will be undertaken through the year to inform further development and planning.

Structured Counselling has continued to be a popular treatment option, demonstrating good outcomes with regard to completion rates and client satisfaction reporting. A development that will be piloted for 2009/10 is direct self-referral access to this service. The impetus for this addition has been the success of direct access for alcohol counselling, and it is hoped that the introduction of a similar route for drug users will encourage more individuals who have not previously been in contact with any services into treatment.

As with Open Access, the primary area of under-utilisation of treatment has been in younger adults (aged 18 – 24); the development of a transitional service for this group, will seek to address this gap by providing a more appropriate service specifically tailored to younger people. Realistically 2009/10 will be a developmental year for this service, so any significant impact on demand is likely to be felt in future years. We would therefore expect demand for structured services to continue to grow at approximately the same rate as the previous year.

Key findings of current needs assessment.

The partnership commissioned a substantial needs assessment for the 2008/9 Treatment Plan and has continued to work this year on developing and implementing changes to the system based the findings of that assessment. In view of this, we have not considered it a good use of resources to completely repeat the exercise for 2009/10; there have not been any significant changes in the underlying prevalence level or patterns of drug use identified over the past year, hence the existing needs assessment has been updated with the latest available treatment utilisation data to update the assessment of penetration and mapping of the system.

A range of services exist across all tiers, as outlined in Models of Care, with good protocols for referral and joint working to ensure effective care pathways. System mapping using NDTMS data does not give a full picture of the extent of inter-agency referral or joint working as the tendency to over record self-referrals and under record referrals from other services remains, despite ongoing efforts of provider service managers to encourage staff to report this more accurately.

The estimate of Problem Drug Users has been revised downwards in line with the Home Office estimate, which has itself been “smoothed” across 3 year’s assessments to provide a potentially more accurate estimate. Using this estimate (1254 PDU) and the 2007/8 total number in treatment (806) we could estimate 64% penetration level. NDTMS data provided for the “Bullseye” needs assessment process suggests a figure of 62% of problematic drug users known to treatment services, although only 681 of these (54% of total PDU estimate) were in structured treatment last year. Although there is clearly some variance, dependant on which estimates and data are used, it seems likely that somewhere between half and two thirds of the problem drug users in the City are engaging in treatment services over the course of the year. What is clear from the data on those in effective treatment is that the number engaging over a rolling 12 month period is steadily increasing. This accords with service user and practitioner feedback which reports consistently quicker access, improved client-centred care planning and more effective retention in treatment.

The increase in numbers in effective treatment is reflective of better access and retention, rather than successful discharges. The main treatment agencies have identified issues in their recording of successful discharges, as well as the need to improve the actual process for discharging people into designated after-care phases of treatment. These gaps are being rectified within existing resources.

The key areas of unmet need remain: firstly, services for primary stimulant (crack cocaine) users. Service User survey and agency data all indicate that the trend

towards increasing crack cocaine use has continued; within services this has manifested in greater numbers of individuals reporting crack and heroin use. However, the lack of pharmacological interventions for primary crack users would support the hypothesis that “crack only” drug users are not engaging in treatment, but are likely to exist within the City. The second major area of unmet need has been mentioned already – 18 – 24 year olds; although within the eligibility criteria of existing services, needs assessment and specific evaluation reports have identified that this group are under represented in services. The proposed solution to this gap is the 16 – 24 year old transitional service, which is currently being developed in conjunction with other commissioning streams, as indicated by the evaluation of service models.

Monitoring of outcomes using the TOPs tool is not yet fully effective. Agencies have improved in the consistency of entering initial TOP data, but review and discharge reporting needs improving to facilitate the generation of genuinely useful outcome data. In the absence of such hard outcome data we can obtain some more inferential guide to the effectiveness of treatment from the increasing numbers of people achieving work, voluntary or training placements via the engage and branching out projects. Targets for individuals using these services and obtaining placements through the projects have consistently been met and increased over the past few years. In 2007/8 120 people were supported by the project (target 112) of which 74 obtained employment (target 54).

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

Public Health Risks:

Recent developments to make access to blood borne virus screening more accessible through blood-spot testing in Needle Exchange and Open Access settings will be expanded to include DIP and Community Prescribing services. These developments should help to tackle the spread of BBVs and so improve the health of drug users. Similarly peer-led overdose prevention workshops that have been started this year will continue to be delivered at an increasing range of venues and will contribute to reducing the risk of drug-related deaths. We will also monitor the levels of access at static and mobile Needle Exchange, to ensure that future delivery of this service is optimised to ensure effective distribution of clean injecting equipment and maximise safe disposal of used equipment, to reduce the spread of infection.

Health & Social Functioning;

Sustaining improvements in accessibility and further developing the assertive outreach function to encourage ever more difficult to identify and engage individuals and groups into treatment, particularly substitute prescribing interventions will impact on improving the health of those individuals and on improving community safety.

Continuing to develop the available psychosocial interventions, including the expansion of the ACT care pathway will enable individuals to achieve better outcomes in a range of health and social functioning domains. Plans to implement more effective contractual arrangements with tier 4 spot-purchase providers, along similar lines to the block contracts already implemented should also improve long term outcomes for individuals accessing residential treatment.

The ongoing focus with all tier 3 and 4 providers on improving holistic care planning will improve outcomes for clients. Alongside this there will be an increased expectation of improvements in recording and reporting TOPs outcome data, which will provide better management data with which to identify and target outcome improvement measures.

Community Safety:

The improvements already detailed, particularly continued improvement in access to treatment, should have a positive impact on increasing community safety by encouraging more people to move away from illicit drug use funded in many cases through offending, into constructive treatment and hopefully positive lifestyle changes.

The proposal to introduce a holistic transitional service for young people and younger adults will also have a significant impact on community safety if it is successful in engaging more younger individuals into treatment at an earlier stage. This service will be targeting individuals earlier in their drug using careers and also at a stage when they are likely to be criminally more active. The emphasis on our outreach service engaging more proactively with harder to reach groups, such as “street-homeless” individuals will also have a positive impact on community safety.

Considering safety of all members of the communities in Portsmouth more widely, the work that has been undertaken and will continue through the children and families support worker, to ensure the requirements of the Hidden Harm agenda around parental substance misuse are progressed, will improve the safety of young people who are vulnerable due to their parents substance misuse.

Key priorities for 2009/10:

Increase proportion of PDUs accessing treatment: continue work of stakeholder steering group to oversee implementation of dual-pathway approach to treatment, which has been developing in 2008. This includes more proactive outreach; timely access to substitute prescribing and inclusive engagement policies; increasing numbers in shared care for longer-term maintenance; prescribing options and policies that meet client needs.

Developing and expanding improved care pathways: sustained focus on holistic client centred care planning as the key component to an effective system; expanding philosophically consistent structured psychosocial interventions care pathways that encourage and enable recovery and personal development; improving positive discharge policies and numbers across tiers of treatment (outcome focused); implement broader access routes into structured treatment (i.e. direct access counselling for drug users).

Develop Young Persons/Younger Adults transitional service: develop and implement proposed model to improve engagement and retention of 16 – 24 year olds in appropriate and relevant treatment, based on model of holistic, available care that addresses a full range of issues applicable to young people.

Ensure services are effectively reducing potential harm to children of drug using parents: support children and families link worker role in evaluating current caseloads and implementing improved linkages to ensure the requirements of “hidden harm” are implemented.

Develop existing harm reduction initiatives: Expand BBV blood-spot screening and evaluate impact of this work; evaluate potential for Naloxone prescribing as an overdose response/drug related death prevention initiative; continue to expand peer-led overdose prevention workshops; review efficacy of needle exchange model to inform future development of services.

Improve services available for Stimulant Users: Audit current services applicability/relevance for stimulant users and develop action plan to support the development of a “virtual stimulant service”, or care pathways across and within existing services.

More effective commissioning of tier 4 services: Review existing block purchasing arrangements for residential rehabilitation placements and implement more consistent and robust contracting procedures for all spot-purchased rehabilitation placements. Evaluate effectiveness of existing in-patient detoxification

arrangements and identify any further actions necessary to improve engagement, retention and successful discharge of drug using clients.

Improved data recording and reporting around outcomes: Monitor TOPS reporting, implementing improvement action plans for services to ensure outcomes are being effectively assessed and reported at review and discharge as well as at initiation of treatment.