

### Report to National Treatment Agency on adult drug treatment plan progress – 2009/10

This report should be completed by the Partnership and returned to the NTA regional team by 14<sup>th</sup> of the month following quarter end.

**Key:**

<b>GREEN</b>	All milestones being met and on target as per plans
<b>AMBER</b>	Good progress being made against milestones
<b>RED</b>	Unsatisfactory progress - milestones and timescales not being met
<b>LAVENDER</b>	Actions not yet planned to be underway

#### 1. Barriers to delivery (to be completed by partnership)

- Crack and stimulant service, chaotic needs service and structured day programme and aftercare service became functional on 1<sup>st</sup> June 2009 after commissioning process as new service providers.
- Migration of existing clients into new services.
- Change of premises for new service providers and necessary structural change to meet client needs.

2. Partnership key treatment priorities:	Progress/further action/comment	Partnership assessment			
		Q1	Q2	Q3	Q4
1. Make treatment more accessible to problematic drug users not currently in treatment	All commissioned services now re-commissioned in line with modified service specifications.	G			
2. Work with partners to reduce numbers of individuals becoming tomorrow's problematic drug users	All Quarter 1 actions have been undertaken and are on-going.	G			
3. Work with partners to put in place solutions to help address criminal behaviour related to drug use	All Quarter 1 actions have been undertaken and are on-going.	G			
4. Put measures in place to minimize the harm to others e.g. children of drug using parent, family members, carers, local communities	Majority of objectives for this section are to be actioned throughout the year. The actions identified for Q1 has been carried out.	G			
5. Evaluate and put steps in place to address the issue of alcohol amongst drug users	Majority of objectives for this section are to be actioned throughout the year. The actions identified for Q1 has been carried out.	G			
6. Enable individuals already in the treatment system to move on and reintegrate into society	All Quarter 1 actions have been undertaken and are on-going.	G			
7. Ensure all problematic drug users have access to suitable housing, and to training and employment opportunities	All Quarter 1 actions have been undertaken and are on-going.	G			

3. Progress against NTA/HCC Action Plan on .....	Exceptions Report	On target?			
		Q1	Q2	Q3	Q4
HCC Action Plan 2007/08	All quarter 1 actions have been completed	G			

4. Progress against other action plans (in agreement with NTA regional team)	Exceptions Report	On target?			
		Q1	Q2	Q3	Q4
No NTA Action Plans Required at Q1	N/A				

5. Progress against planning grids	Exceptions Report	On target?			
		Q1	Q2	Q3	Q4
<b>Planning Grid: 1</b>					
Objective: 1.1.0 Increase engagement and numbers in structured treatment especially those form user served groups		G			
Objective: 1.2.0 Commission a specialist crack and stimulant service to meet local identified need	Specialist crack and stimulant service commissioned and came into effect 1 <sup>st</sup> June 2009	G			
Objective: 1.3.0 Re-commission all DAT funded drug treatment services in line with local identified needs in relation to engagement, retention and involvement of carers, families and underserved groups	1.3.14 Funding provided for support worker in Birchtee Practice: Person expected to take up post 1 <sup>st</sup> August 2009	G			
Objective: 1.4.0 Develop local DAT workforce to ensure it meets service delivery and service outcomes		G			
<b>Planning Grid: 2</b>					
Objective: 2.1.0 Develop stronger links between young people's drug treatment provision and adult drug treatment provision to ensure smoother transition between services		G			
Objective: 2.2.0 Maximise local marketing opportunities to raise awareness on the effects of substance misuse on the individual and family	2.2.8 Lead person identified for marketing who is proactive in raising awareness of substance misuse across all client groups and demographics.	G			
Objective: 2.3.0 Re-commission the Criminal Justice Interventions Team (CJIT) in line with local identified need		G			
Objective: 2.4.0 To ascertain the prevalence between deprivation, substance misuse and offending with a view to providing solutions to offending behaviour		L			
<b>Planning Grid: 3</b>					
Objective: 3.1.0 Harm reduction to remain a key focus for DAT activity and commissioning		G			

Objective: 3.2.0 Harm reduction is embedded in all service provision		G			
Objective: 3.3.0 Re-commission harm minimisation service in line with local identified need	Harm minimisation service has been re-commissioned and will take effect as of 1 <sup>st</sup> August 2009.	G			
Objective: 3.4.0 Ascertain level of alcohol use amongst drug misusing population	3.4.6 Drug Action Team became DAAT as of 1 <sup>st</sup> April 2009. Modernisation Manager (Alcohol) now in post to specifically address alcohol misuse in line with locally identified need.	G			
Objective: 3.5.0 Monitor risks of drug related deaths with a view to reducing those risks		G			
Objective: 3.6.0 Develop a coordinated approach to meeting the needs of substance misusing parents	3.6.5 All service specifications have been completed and include the requirement to evaluate the needs and condition of the family unit.	G			
<b>Planning Grid: 4</b>					
Objective: 4.1.0 Develop an aftercare element within the local drug treatment system to ensure that support is provided for those leaving structured treatment, returning from custody or residential rehabilitation	4.1.3 Links are completed with CJIT, CARATS and Tier 4 service providers. Tier 4 protocols have been drafted. Due to joint working with Tees-wide commissioners. This will be completed end July 2009.	A			
Objective: 4.2.0 maximise the opportunities for substance misusers to gain and sustain tenancies within housing		G			
Objective: 4.3.0 Increase pathways into employment through improved training, education and skills of drug misusers		G			

<b>6. Quarterly financial summary of investment and expenditure attached</b>	<b>Yes</b>
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<b>7. Drug rehabilitation requirements</b>				
	Partnership target 2009/10 (number)	Number year to date	Percentage of target year to date	Partnership performance: <b>Green:</b> achieving or exceeding target; <b>Amber:</b> within 10% of target; <b>Red:</b> not within 10% of target
DRR commencements	24 (95)	23	96% (24%)	A
DRR successful completions	12 (53)	10	83% (19%)	R

<p><b>8. NTA Deputy Regional Manager comments</b></p> <p><b>Progress Report:</b></p> <p><b>1. Barriers to delivery</b>          Barriers are noted but no major concerns.</p> <p><b>2. Partnership Key priorities</b>          Good progress with no concerns highlighted.</p>
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### **3. Progress against NTA / HCC Action Plan**

Good progress with no concerns highlighted.

### **4. Progress against other action plans**

N/A.

### **5. Progress against planning grids**

Good progress with no concerns highlighted.

### **6. Financial summary**

No concerns.

### **7. Drug rehabilitation requirements**

Good start in terms of both commencements and completions.

## **Summary Report:**

### **1. Funding**

Noted.

### **2. Effective engagement of drug users in treatment**

The Partnership's final year figures for 08/09 show significant growth against 07/08 baseline figures for both PDUs and All Adults recorded as being in effective treatment (2.1 & 2.2). The PDU figure has achieved target whilst the All Adult figure has (narrowly) missed it's target, but an increase of 8.9% is still a considerable rate of growth and is acknowledged as such. The percentages of new treatment journeys engaged in effective treatment for both PDUs and All Adults have stayed more or less static since the previous Quarter but performance remains high.

### **3. Treatment system exists**

Performance has fallen slightly since the previous quarter (40.4% from 42%) and a high level of unplanned discharges are being recorded. The partnership should consider remedial action against this indicator.

### **4. TOP compliance**

The Start indicator is achieving over the 80% compliance figure but performance against both the Review and Exit indicators is falling short. Exit seems particularly low when compared nationally, and with the rest of the region, and several treatment services are demonstrating very low compliance against this indicator. The Partnership should continue to deliver their TOP improvement plans. The NTA regional team and NEPHO will continue to provide support where required.

### **5. Drug strategy priorities**

Performance seems fairly comparable with the rest of the region and the national picture with no notable negative or positive results being demonstrated at this stage.

*Please note: In terms of 'Improved successful exits', Q1 will serve as the baseline so no % change can be reported until Q2.*

## **6. *Waiting times***

Excellent performance.

## **7. *Care Plans***

Excellent performance.

## **8. *Harm Reduction and healthcare indicators***

Overall performance remains good though performance has slipped against several of the indicators since the previous quarter and improvements against HBV commencements (4.1.2) and HCV tests (4.2.1) would be welcome.

## **9. *DIP***

Good performance with 100% of clients who were triaged going on to start treatment. The number of those clients already in treatment at the time of the DIP referral (32%) seems very high and the Partnership are advised to monitor.

## **10. *CARAT – CJIT transfer***

Performance has improved since the previous quarter though there are still 13 clients who were not engaged in the community following referral from CARAT. The Partnership should continue to examine the referral routes and give assurance that there is the maximum possible opportunity for those leaving custody to engage in community based treatment.

### **Other / General Comments:**

A very positive start to the year for the Partnership with good progress made against treatment plan actions and the majority of the performance indicators. TOP improvement work should continue and performance against the Harm reduction indicators should be monitored to prevent further slippage.

**John Liddell**

**Deputy Regional Manager  
National Treatment Agency  
August 2009**

### **Regional Manager Comments:**

Stockton continues to deliver at a high level and in several areas showing excellent performance results.

The Partnership have identified and actioned areas for TOP completion which is commendable. It is recommended that the Partnership use Section 4: Progress against other action plans (in agreement with NTA regional team) to monitor the TOP improvement Plan for the next 3 quarters. It would be of interest to have further discussion on progress in relation to the Crack and stimulant service, and an update on the new premises and the migration of existing clients into new services in Stockton at the mid year Treatment Plan review.

It would be appreciated if those responsible for the Joint Commissioning of Drug Treatment Services in Stockton were notified of the NTA's comments through distribution of this progress report and a note of thanks offered to all of those involved in the Joint Commissioning for Drug Treatment and the Provider services for what has been achieved in Quarter 1 2009/10.

**Beverley Oliver**  
**Regional Manager**  
**National Treatment Agency**  
**August 2009**