

**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.

The above barriers have had an impact on the TOP completions due to the migration of clients.

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. All Quarter 2 actions and milestones achieved.	G	G		
2. Work with partners to reduce numbers of individuals becoming tomorrow's problematic drug users	All Quarter 2 milestones complete except 2.1.4 & 2.2.7 (see exception reports below)	G	G		
3. Work with partners to put in place solutions to help address criminal behaviour related to drug use	All Quarter 2 actions and milestones are complete	G	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. All Quarter 2 actions and milestones are complete	G	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 and milestones identified for Quarter 2 are complete	G	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 (see exception for 4.17 below)	G	G		
7. Ensure all problematic drug users have access to suitable housing, and to training and employment opportunities	Quarter 2 actions and milestones have been actioned and are ongoing. Further work in relation to Objective 4.2.0 (Maximise the opportunities for substance misusers to gain and sustain tenancies within housing) is still required due to collaboration with wider partnership.	G	A		

3. Progress against NTA/HCC Action Plan on .....	Exceptions Report	On target?			
		Q1	Q2	Q3	Q4
HCC Action Plan 2007/08	All quarter 2 actions have been completed	G	G		

4. Progress against other action plans (in agreement with NTA regional team)	Exceptions Report	On target?			
		Q1	Q2	Q3	Q4
TOP Improvement Plan					
1. Service Provider Manager Development 2. Quarterly Performance Reviews of Services 3. Monthly monitoring of TOP completions via SLA returns 4. TOP Responsibilities within Treatment	1. Have held two seminars for service managers which have addressed performance in relation to completions. TOP is a standard agenda item for the monthly provider manger meetings. 2. TOP is addressed as a performance indicator at each quarterly service performance review and action planned for improvement accordingly. Reviews are scheduled throughout October 2009. All service specifications include the requirement to complete TOP reports within timescales. 3. All services return monthly performance data of which TOP completion is included. This is monitored by the DAAT Data Analyst and Contract Manager. 4. TOP completion responsibilities have been developed as part of the modernisation process of the local drug treatment system. A hierarchy of responsibility is in place. 5.	L	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	G		
Objective: 1.2.0 Commission a specialist crack and stimulant service to meet local identified need		G	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	1.3.9 See TOP Improvement Plan at 4 above.	G	G		
Objective: 1.4.0 Develop local DAT workforce to ensure it meets service delivery and service outcomes	Most actions in Quarter 3. All milestones for Quarter 2 achieved.	G	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	2.1.4 Information sharing and referral protocols are in development and are scheduled to be complete by 30/10/09	G	G		
Objective: 2.2.0 Maximise local marketing opportunities to raise awareness on the effects of substance misuse on the individual	2.2.7 Development of marketing strategy ongoing and will be completed by Quarter 3 reporting. All other Quarter 2 milestones achieved.	G	G		

and family					
Objective: 2.3.0 Re-commission the Criminal Justice Interventions Team (CJIT) in line with local identified need		G	G		
Objective: 2.4.0 To ascertain the prevalence between deprivation, substance misuse and offending with a view to providing solutions to offending behaviour	All Quarter 2 milestones achieved	L	G		
<b>Planning Grid: 3</b>					
Objective: 3.1.0 Harm reduction to remain a key focus for DAT activity and commissioning	No milestones for Quarter 2	G	G		
Objective: 3.2.0 Harm reduction is embedded in all service provision		G	G		
Objective: 3.3.0 Re-commission harm minimisation service in line with local identified need	3.2.15 This milestone has been completed with Carers Service. Other drug treatment services will be completed through service reviews during October 2009	G	G		
Objective: 3.4.0 Ascertain level of alcohol use amongst drug misusing population	All Quarter 2 milestones achieved	G	G		
Objective: 3.5.0 Monitor risks of drug related deaths with a view to reducing those risks		G	G		
Objective: 3.6.0 Develop a coordinated approach to meeting the needs of substance misusing parents	No milestones for Quarter 2	G	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 This has now been completed and awaiting ratification at Joint Commissioning Group on 3/11/09. 4.1.7 Closing date for applications for Service User Involvement Officer post is 14/10/09	G	G		
Objective: 4.2.0 maximise the opportunities for substance misusers to gain and sustain tenancies within housing	4.2.7; 4.2.8; 4.2.9; 4.2.10; 4.2.11 – These actions and milestones have been dependent on collaborative working with the wider partnership. Work is ongoing.	G	R		
Objective: 4.3.0 Increase pathways into employment through improved training, education and skills of drug misusers		G	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	48 (95)	55	114%	G
DRR successful completions	26 (53)	30	115%	G

## 8. NTA Deputy Regional Manager comments

### Progress Report:

#### 1. *Barriers to delivery*

Q1. Barriers are noted but no major concerns.

Q2. Noted. No concerns highlighted.

#### 2. *Partnership Key priorities*

Q1. Good progress with no concerns highlighted.

Q2. Good progress.

#### 3. *Progress against NTA / HCC Action Plan*

Q1. Good progress with no concerns highlighted.

Q2. No issues highlighted.

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

N/A.

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

Q1. Good progress with no concerns highlighted.

Q2. Good progress.

#### 6. *Financial summary*

Q1. No concerns.

Q2. No concerns.

#### 7. *Drug rehabilitation requirements*

Q1. Good start in terms of both commencements and completions.

Q2. Excellent results.

### Summary Report:

#### 1. *Funding*

Q1. Noted.

Q2. Noted.

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

Q1. 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.

Q2. The Summary Report shows a percentage change from the previous quarter (08/09 baseline data) rather than against the 07/08 baseline so growth will appear smaller. Increases in both PDU and All Adults (2.1 & 2.2) are being demonstrated.

As with the previous quarter, percentages of new treatment journeys engaged in effective treatment for both PDUs and All Adults (2.3 & 2.4) remains static since the previous quarter but performance is high.

#### 3. *Treatment system exists*

**Q1.** 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.

**Q2.** Performance has again fallen since the previous quarter, this time by over 10%. There are high numbers of exits recorded as 'referred on'. Partnership should investigate local treatment providers understanding of this exit reason and whether a different NDTMS code would be more appropriate.

#### **4. TOP compliance**

**Q1.** 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.

**Q2.** Excellent performance across all three indicators with Exit especially showing huge improvements.

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

**Q1.** 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.*

**Q2.** Performance against Improved Access and Improved Engagement is more or less similar to regional and national data so no concerns. However, performance against Improved Successful Exits is particularly low when compared to regional/national figures. This, coupled with the fall in care planned discharge rates (section 3 above), should be investigated by the Partnership.

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

**Q1.** Excellent performance.

**Q2.** Excellent performance.

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

**Q1.** Excellent performance.

**Q2.** Excellent performance.

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

**Q1.** 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.

**Q2.** Overall performance remains good with some improvements on the previous quarter demonstrated.

#### **9. DIP**

**Q1.** 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.

**Q2.** Good performance with 90% of triaged clients going on to start treatment. Partnership should investigate the high numbers of referrals who were already in treatment. Some of these could be open treatment episodes for people who have actually left treatment but were not discharged via NDTMS.

#### **10. CARAT – CJIT transfer**

**Q1.** 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.

**Q2.** There is a high rate of attrition demonstrated in terms of CARAT referrals not picked up in community by CJIT. Is this recorded performance reflective of the Partnership's knowledge of what is happening locally? It is acknowledged that Partnership have completed investigative work around this indicator and had previously offered reassurance that there was the maximum possible opportunity for those leaving custody to engage in community based treatment.

**Other / General Comments:**

**Q1.** 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.

**Q2.** Partnership performance continues on a very positive note. Treatment systems exits appear to be becoming an issue and the Partnership should investigate accordingly.

**John Liddell, Deputy Regional Manager, National Treatment Agency**

**Regional Manager Comments:**

**Q1.** 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.

**Q2.** Continued success within the Stockton Partnership and I am reassured by your DRM that the issue of treatment exists is in hand.

I look forward to reviewing your performance in Q3.

**Beverley Oliver, Regional Manager, National Treatment Agency**