

Blackpool Community and Safety Drugs Partnership

Adult Drug Treatment Plan 2006/07

Part 1: Strategic summary, national targets, partnership performance expectations and funding profile

This strategic summary, self assessment and attached planning grids have been approved by the Partnership and represent our collective action plan.

Signature

Signature

Chair, Partnership name

Chair, Adult joint commissioning group

Section A Strategic summary

A1 Partnership drug treatment strategy

The partnership will continue to address the four elements of the national drugs strategy, Young People, Reducing Supply, Communities and treatment. The Adult Treatment Plan will be developed and implemented annually to ensure that the activity in relation to these elements of the drugs Strategy continues and that the relevant targets are met.

The treatment element of the strategy focuses on improving the impact of treatment in Blackpool, alongside the consolidation of improvements in access and inpatient detoxification, residential rehabilitation and abstinence service capacity. This partnership has evaluated the service user treatment journey and has agreed to priorities the retention in treatment for long enough to impact on the behavior. Service will focus on the specific of individual treatment journeys to deliver where appropriate drug free clients. All providers will ensure that clients have an agreed care plan, which identifies their needs; and a programme of action to deliver the treatment goals, and promote progression through the system for all individuals, including support for positive lifestyles such as access to stable accommodation, education, training and employment. The partnership will create a post of User/ Peer mentoring to facilitate and monitor this priority. The positive outcome of the treatment journey will deliver to communities the improvements in individual drug user's health and social functioning producing lower public health risks from blood borne viruses and overdose, and over all improvements in community safety.

A2 Summary of problem drug situation

A1 Partnership drug treatment strategy

- The main problematic drug use in Blackpool remains the use of street heroin. There is, however, continued evidence that the use of cocaine is increasing amongst the overall drug using population, and that the use of crack cocaine is increasing amongst the problem drug users (PDUs) in the area. There is also, albeit limited, some evidence of methamphetamine use/misuse. The partnership will, therefore, continue to prioritise its work with opiate users and monitor closely the use/misuse of crack cocaine and methamphetamine, to ensure that adequate services are developed to address the needs of stimulant users in the area.
- As in the treatment plan for 2005/2006, we estimate the number of PDUs to be approximately 2000 in total. By the end of October 2005, the number of PDUs in treatment in Blackpool was **1398**.

Services and Capacity:

Tier 2 Services:

Advice, Information, Counselling, Motivational Interviewing, Brief Intervention, Needle Exchange, Arrest Referral Scheme, Drug Related Deaths Prevention Service, Crack Cocaine Worker, Tenancy Support Service and Carers and Parents Support Services. Clients have access to a healthcare nurse for minor GMS services.

Tower Project and Mandatory Drug Testing

In 2005 we developed an Open Access Service within one of our geographically centrally located providers This service is provided at Tier 2 within Models of Care and aims to enable referrals into a range of specialist services from a variety of sources, predominantly self-referral.

The aim of the Tier 2 open access service in Blackpool is to engage drug misusers in drug treatment and reduce drug-related harm and to provide brief interventions if necessary, not delivered in the

context of a care plan. Another specific aim of the service is to 'hand hold' clients until they are truly embedded within tier 3 services.

Tier 3 Services:

CDT: Currently working with **650 PDUs**. The capacity for the service has been agreed with in a new SLA for the service;

Day Service: Capacity **180**

Stimulant Service: Capacity **100**

Prison Link Service: Capacity 150 (working at tier 2 also)

Shared Care:

Blackpool PCT has worked collaboratively with the local GP's, the Community Safety and Drugs Partnership and Blackpool Community Drugs Team to develop the shared care service. Whilst this model does not fit a traditional model as such, it fits the criterion within the new GMS contract and is developing to provide a comprehensive service meeting the needs of the local PDUs. This clinic is viewed as the National Enhanced Model for Blackpool Capacity: **175**.

We are also under negotiation with 4 GP practices' to develop the Local Enhanced Service within practices. It is hoped that within 2006/2007 we will have true-shared care in place in Blackpool albeit limited.

Through care and Aftercare: We developed our aftercare service utilising the TAC funding. With the evaluation of the project it has become apparent that the name requires to be amended to be 'Community Support Services' as the service does not receive consistent referrals from clients who are post care. Capacity: **150**.

Tenancy Support Workers: funded by Supporting People with a total capacity of **50** clients.

Tier 4 Services:

Inpatient Detoxification: Capacity; Kenyon House: **212** Bed nights, Kevin White Unit: **112** Bed nights.

It is acknowledged that Detoxification access is an issue not only for Blackpool, but nationally. Blackpool will work with the NTA to review Tier 4 services with the intention to provide greater choice at better costs for Blackpool clients.

Community Detox: Blackpool has commissioned a Community Detoxification Nurse who will work with clients to detox at home, Where this modality is suitable.

Residential Rehabilitation placements: For 2004/2005 we made a total of 26 placements (drugs only). It is anticipated that with the effectiveness strategy this will increase. The budget for this is to be transferred to the commissioning team and we will be looking to develop contracts with a series of provider.

It is hoped that the JCG has secured an additional one off £100K to purchase Residential Rehabilitation in 2006/2007.

A3 Partnership key treatment priorities

- We will continue with current investments outlined within the Substance Misuse Pooled Treatment Budget
- We will support the further implementation Community Support Service

- We will progress the implementation of the Drug Intervention Programme and Models of Care part 2 2005
- Pending funding availability, we will invest further in the development and expansion of Tier 2 services to ensure that there is throughput across the system of care in place within Blackpool in line with the Models of Care agenda and our Integrated Care Pathways. Whilst Tier 2 services are continuing to develop on the ground, lack of sufficient capacity at this level is putting increased strain on Tier 3 services in a number of ways:
 - We will continue to re-shape services in light of the outcomes from the client journey study, and prioritising the ownership of the journey with clients.
 - We will aspire to stretch the number of Drug Free completions through the LAA process to facilitate the increase in numbers exiting treatment drug free.
- We will continue to monitor treatment service provision in relation to waiting times and, if available, will allocate resources accordingly in order to meet national targets.
- We will continue working with the Specialist Prescribing provider to recruit additional Doctors to work at the Community Drug Team in order to increase the number of medical sessions available and reduce waiting times, whilst increasing the number of PDUs in treatment. This is particularly important in view of an expected increase in referrals of PDUs from the Criminal Justice System via DIP. We are also aware that Rob will generate an increase in those accessing treatment via DRR's and we are confident that the treatment system is flexible enough to ensure we accommodate these orders.
- Develop the post of User Involvement/ Peer mentoring to improve the effectiveness and efficiency of local substance misuse treatment systems through; greater involvement of users (potential, current and ex services users), Development of peer mentoring schemes
- We will build on the existing philosophy of integrating and mainstreaming DIP and in addition look to maximising the implementation of Restriction of Bail and Tough Choices.
- Although Shared Care remains a priority for development, Blackpool is aware that a significant amount of time in previous years has been committed to the development of this modality, therefore agreement with the NTA has been reached that this modality would not be as much of a priority as those listed above.

Section B National targets

B1 Numbers of drug users in treatment (adults and young people)

B1.1 Estimated number of problem drug users (PDU) in partnership area	2000	Source	Through the activity reports of the Arrest Referral Scheme and the Mandatory Drug Testing project, we know that approximately 50% of those arrested and testing positive in 2004 were not in treatment. The number of pdus in treatment at that time was 1036.
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Data to be used is always DAT of residence		Performance 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
B1.2 Total number in treatment	LDP(T43)	1406	1278	1408	1445
	Partnership target		1278	1408	1445
B1.3 Percentage change over previous year	LDP	30%	8%	10%	2.6%
	Partnership target		8%	10%	2.6%
B1.4 Percentage of PDUs in treatment	LDP	59%	64%	70%	72%
	Partnership target	59%	64%	70%	72%

B2 Retention rates

Data to be used is always DAT of residence		Performance 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
B2.2 Percentage retained in treatment for 12 weeks or more	LDP	55%	76%	80%	85%
	Partnership target	55%	76%	80%	85%

B3 Waiting times targets

First treatment intervention	Partnership performance %	Planned performance %		
	31 Dec 2005	31 March 2006	31 March 2007	31 March 2008
Inpatient drug treatment	9	2	2	2
Residential rehabilitation	5	3	3	3
Specialist prescribing	3	3	3	3
GP prescribing	0	2	2	2
Structured day programmes	0	3	3	3
Counselling	0	2	2	2
Other structured treatment	N/a			

Subsequent treatment intervention	Partnership performance %	Planned performance %		
	31 Dec 2005	31 March 2006	31 March 2007	31 March 2008
Inpatient drug treatment				
Residential rehabilitation				
Specialist prescribing				

GP prescribing				
Structured day programmes				
Counselling				
Other structured treatment				

Section C Partnership performance expectations

Drug treatment system – partnership performance plans

C1 Successful completions

Successful completions = discharges who complete treatment or are referred on for other services	National average 2004/5	Partnership performance %	Planned performance %		
		2004/05	2005/06	2006/07	2007/08
Inpatient drug treatment	38%	75%			
Residential rehabilitation	40%	42%			
Specialist prescribing	30%	34%			
GP prescribing	30%				
Structured day programmes	31%	43%			
Counselling	30%	55%			
Other structured treatment	32%				

C2 Places in treatment

	Actual number of places commissioned		Proposed number of places to be commissioned	
	2004/05	2005/06	2006/07	2007/08
Inpatient treatment	212 (DNW) 112 (KW)	212 (DNW) 112 (KW)	212 (DNW) 112 (KW)	212 (DNW) 112 (KW)
Residential rehabilitation	All agreed requests are funded			
Specialist prescribing	650	650	750	750
GP prescribing	150	200	250	300
Structured day programmes	200	200	220	250
Counselling	20	20	30	40
Other structured treatment	150	150	200	225

C3 Primary care prescribing services

	Actual %	Planned performance %		
	2004/05	2005/06	2006/07	2007/08
C3.1 Percentage of all GPs prescribing	15%			
C3.2 Percentage of GPs in shared care	6% (Decrease from last years figure due to development of true shared care)			
C3.3 Percentage of GP practices in shared care	Blackpool currently has 96 GPs. <u>All</u> GP practices have signed-up to the Intermediate Shared Care Clinic which is viewed as a NES model in Blackpool. All clients registered with a Blackpool GP are able to access this service; therefore 100% of our GP Practices are involved in the scheme. 14 GPs work collaboratively to provide the service which equates to a figure of 17% of GPs overall.			

Criminal justice – Drug Interventions Programme (DIP)

C4 Custody suite and court based interventions – non-intensive DIP areas only. Please note performance requirements for intensive DIP areas are agreed via Compact targets

	Expected performance 2005/06	Planned performance 2006/07	Planned performance 2007/08
C4.1 Proportion of adults who are not on the CJIT caseload with whom contact is made, who are assessed by CJIT	50%	55%	60%
C4.2 Proportion of adults assessed by the CJIT as needing a further intervention who are taken onto the caseload	75%	80%	85%
C4.3 Proportion of adults taken onto caseload who engage in treatment	90%	90%	95%

C5 Throughcare/aftercare – non-intensive DIP areas only

	Expected performance 2005/06	Planned performance 2006/07	Planned performance 2007/08
C5.1 Number of CARAT referrals from prisons	180	200	225
C5.2 Proportion of CARAT clients for whom follow up action was taken by CJIT	60%	70%	75%

Criminal justice – community sentences

C6 Community sentence with drug rehabilitation requirement (including DTTOs)

	Performance 2004/05	NPD Target 2005/06	NPD Target 2006/07 (if known)	NPD Target 2007/08 (if known)
C6.1 Commencements	61	63	101	TBA
C6.2 Successful completions (number)	23	19	27	TBA

Harm reduction initiatives

C7 Vaccinations against Hepatitis B Virus (HBV)

	Performance	Planned performance		
	2004/05	2005/6	2006/07	2007/08
Number of individuals offered HBV vaccinations	511	613		
Number of individuals who take up HBV vaccinations	210	62		

C8 Proportion of current or ever injecting drug users tested for Hepatitis C Virus (HCV)

	Performance	Planned performance		
	2004/05	2005/6	2006/07	2007/08
Percentage of current or ever injecting drug users tested for HCV	29	17		

C9 General healthcare assessment

	Performance	Planned performance		
	2004/05	2005/6	2006/07	2007/08
Number of individuals receiving a general healthcare assessment		Awaiting LCT		

C10 Specialist and pharmacy-base needle exchange programmes

	Performance	Planned performance		
	2004/05	2005/06	2006/07	2007/08
C10.1 Number attending specialist needle exchange		797		
C10.2 Number in contact with pharmacy exchange schemes	I CT: Data Not Available			
C10.3 Total number of pharmacies in partnership area		41		
C10.4 Percentage of pharmacies in scheme	15%	36%		

New Pharmacy Contract being developed. Performance targets and capacity to negotiated with provided

Housing

C11 Supported housing

	Baseline	Expected performance	Planned performance	
	2004/05	2005/06	2006/07	2007/08
Numbers of drug users entering housing support*	124	131	138	145

* As measured by the Single Client Record Form, the number of primary and secondary needs drug users entering Supporting People services

Section D Substance misuse pooled treatment budget (SMPTB) allocation and funding profile

	SMPTB allocation	2004/05	2005/06	2006/07	2007/08
D1	Total substance misuse pooled treatment budget (SMPTB)	788 000	928 255	1 313 600	
D2	SMPTB allocation to Young People's Partnership Grant	78 800	94 255	131 360	

Please detail all funding available to the joint commissioning group to support delivery of the partnership treatment plan.

	Funding profile	2004/05	2005/06	2006/07	2007/08
D3	SMPTB available for adult drug treatment (D1 minus D2)	709 200	834 000	1,182,240	
D4	SMPTB underspend carried forward from previous year	61 871	48 000	Not known	
D5	DIP main grant	392 925	494 356 209 000 (carry forward 04/05)	384,856 109,500 (A/R)	
D6	Police	0	0	0	0
D7	PCT mainstream	790 213	1,012,531	1,205,664	
D8	Social services SDC Rehab funding (drugs only) A/R	135,600	118,600	25 000 TBI 13,000	
D9	Probation – partnerships*				
D10	Supporting people*	164 097	164 097	164 097	
D11	Other (please list below)				
	LDAT contributions	75 000	104 000	£25,743 (A/R) plus SDC TBI	
D12	Total funding for adult drug treatment and DIP delivery (D3 – D12 inclusive)	2,164,809	2,820,487	2,946,003	

* These amounts not available directly to the Joint Commissioning Group, but expenditure under these headings is reported to the JCG as part of the quarterly performance monitoring process, as a result they have not been entered into the funding profile above.

Has the partnership created a pooled budget for adult drug treatment, fully available to the joint commissioning group?

YES

Partnerships in receipt of the SMPTB since 2001 must maintain mainstream investments, including inflation uprating, which is subject to audit checking. Lead PCT directors of finance will be required to verify this through the local delivery plan (LDP) reporting process.

Have **all** mainstream funding commitments been maintained and inflation uplifted?* **YES**

*If the answer is NO, please supply a written explanation as an appendix to this strategic summary.