

REPORT TO: Healthy Halton Policy & Performance Board
DATE: 13 January 2009
REPORTING OFFICER: Strategic Director – Health & Community
SUBJECT: Safer Halton Partnership Drug Treatment Plan 2009/10
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To advise the Healthy Halton PPB of the findings of the needs analysis that supports the drug treatment plan for 2009/10
- 1.2 To advise the Healthy Halton PPB of the strategic priorities for the 2009/10 treatment plan.

2.0 RECOMMENDATION:

- i) That the Board notes and comments on the report.**

3.0 SUPPORTING INFORMATION

- 3.1 As part of the cycle of needs assessment, drug strategic partnerships must complete a summary of the needs assessment work that has been undertaken² and set key priorities for the coming financial year. Each partnership is required to submit to the National Treatment Agency, by the 16th January 2009, a strategic overview (in the region of 4-6 pages of A4) as part of the adult drug treatment plan submission. Plans are reviewed by a multi-agency panel and feedback provided to partnerships in February. Final plans are to be submitted to the National Treatment Agency for approval and sign off by the end of March 2009.
- 3.2 The treatment plan should cover the following elements:
- a) The overall direction and purpose of the partnership strategy for drug treatment;
 - b) The key priorities for developing a drug treatment system to meet local needs during the following financial year;
 - c) The key findings of the current needs assessment, including a brief summary of prevalence and penetration levels, treatment system mapping, the characteristics of met and unmet need, attrition rates, and treatment outcomes (see appendix 1)

3.3 Overall Strategic Direction.

Halton Drug & Alcohol Action Team are developing and implementing the drug treatment system within the context of Halton's Local Area Agreement. National Indicator 40, 'drug users in effective treatment', is currently included in Halton's Local Area Agreement. Drug treatment services will provide added value to the LAA by enabling mainstream services to more easily engage with and promote their services to the partners, children and carers of those in the drug treatment system, who are often themselves socially excluded and/or hard to reach. In addition to the crime reduction priorities identified by the Safer Halton Partnership, the treatment plan for 09/10 onwards will also clearly link to 3 other priorities identified by the Local Strategic Partnership; Children & Young People, Healthy Halton and Employment, Learning & Skills.

3.4 Strategic Priorities

- To improve the integration of service users, their children & carers into the community.
- To reduce the crime committed by problematic drug users.
- To develop a workforce with the appropriate skills, knowledge & expertise to improve the outcomes of drug treatment.
- To reduce the physical, dental, sexual and mental health risks associated with problematic drug use.
- To work with the Children Trust and the Halton Safeguarding Children Board to improve the outcomes for the children of drug using parents.
- To continue to improve the involvement of service users and carers in the development of the drug treatment system.
- To undertake an audit of clinical governance.

3.5 Key Findings of the Needs Assessment

See Appendix 1

4.0 **POLICY IMPLICATIONS**

- 4.1 Over the coming year the DAT will be working with neighbouring Local Authorities and PCTs to tender and commission a substance misuse service across a 'mid-Cheshire' footprint. Based on a social inclusion model, the service will support the delivery of key LAA outcomes around physical and mental well being, worklessness, reducing criminality and safeguarding vulnerable adults and children. Such an approach it is anticipated will ensure improved value for money as well as enabling the Boroughs that come together to more effectively position themselves in the market place.

5.0 **OTHER IMPLICATIONS**

5.1 The funding allocated to Partnerships to commission drug treatment is partially based on the achievement of the NI 40, 'number of problematic drug users in effective treatment'. There is currently a gradual downward trend in this area. Together with the needs assessment showing the lowest prevalence of problematic drug users in the North West, this may mean there is a reduced level of funding being allocated by the NTA to the partnership over the coming year/s.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

Improved outcomes around children in need and safeguarding children.

6.2 **Employment, Learning & Skills in Halton**

Improved outcomes around reducing worklessness

6.3 **A Healthy Halton**

Improved outcomes around physical and mental well being, especially in relation to blood borne viruses.

6.4 **A Safer Halton**

Reductions in drug related criminality.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The proposed model of service is based on one of promoting recovery and social inclusion. These are aspects of national policy that have only recently come to the fore. As such there may only be a limited number of providers in the market that can deliver this type of service. Alternatively, providers may now need to formally come together in partnerships to deliver this kind of contract, which again is a new development for this area of service delivery. Halton DAT propose to manage this risk through; working in collaboration with the NTA to ensure providers are aware of the service local partners are seeking to commission; ensuring the specification and performance management framework accurately reflects the service that is required; holding an event with providers in order to outline in detail the vision for substance misuse services in across the

Boroughs; and in partnership with the new provider and staff group, re-model the workforce to ensure that it can meet the outcomes required.

7.2 It is anticipated that with additional alcohol money being made available to PCTs, and with other DATs also tendering and commissioning for new services, that there may not be capacity in the provider market to respond to competing for this contract. Halton DAT propose to manage this risk by ensuring that the contract value is potentially large enough to interest bidders; that through the NTA potential providers are kept up to date with the timetable for the commissioning process; that the partners can go to the market and start their commissioning process before other areas.

7.3 A qualified workforce with a commitment to delivering a personalised service that motivates its customers to make changes in their lives will be a vital component of this new service. Halton DAT continues to work with current providers to ensure that NTA workforce targets are met and that vacancies are reviewed with the commissioner prior to recruitment. This should help to ensure that over time, the skills and expertise of the workforce change sufficiently to support the delivery of the required outcomes.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.



Safer Halton **PARTNERSHIP**

a member of the Halton Strategic Partnership

Halton Drug Action Team Executive Summary for Drug Treatment Plan 2009/10

1. **NEEDS ANALYSIS**

1.1 **Prevalence**

- In terms of performance, the overall 'numbers in treatment' achieved for 07/08 was broadly similar to 06/07. 'Retention in treatment' however, fell significantly to 80% by the end of the year, 6% below the NTA target and 8% below the LPSA 2 target.
- The estimates of the prevalence of opiate use and/or crack cocaine use (2006/07) North West Region shows that for Halton the estimated number of problematic drug users (PDUs) aged between 15 – 64 for 2006/07 was 722. This is a reduction of 30 from the previous years prevalence estimate. It is the lowest prevalence estimate in the North West with Trafford being the next highest at 825.
- The prevalence rate of PDUs per thousand aged between 15 – 64 for Halton is 8.98. This is the 13th highest of the 22 North West DATs. The North West rate is 12.28.
- Of the estimated 722 PDUs resident in Halton, 15.2% (n=102) had not been in treatment during 06/07 or 07/08.
- The penetration rate for PDUs in 07/08 was 70.61, the highest in the North West. On 31/03/08, 99% of PDUs in contact with treatment were 'in effective treatment'.
- The DAT level 'treatment naïve' cohort has also reduced considerably from 324 individuals identified in last years needs assessment to 110 individuals in this years assessment. Within the overall cohort there were reductions in the numbers of 'treatment naïve' in 15 – 24 year olds and women.
- The estimated number of drug injectors aged 15-64 for 06/07 was 281, 12 less than 05/06. This is the lowest prevalence figure in the North West.

1.2 **Drug Use**

- Heroin continues to be reported as the primary drug of use of those in contact with treatment services. In 07/08 47% (398) of individuals reported heroin as their primary drug, as compared

to a regional figure of 63%. The second highest reported was cannabis, 18% (157), and cocaine, 14% (121) the third.

- In terms of secondary presenting substance misuse, crack cocaine was the second most prevalent at 24% (191) and alcohol third at 11% (88).
- Of the individuals presenting to the Agency Syringe Exchange, the largest cohort were steroid users, by 2:1. Heroin was the second most injected drug.

1.3 The Treatment System

- In terms of the overall treatment system, sources of referrals, planned and unplanned exits have remained broadly similar from 06/07 to 07/08.
- Of the 256 exits from the treatment system in 07/08, 41% (107) were planned, 48% (123) were unplanned and 1% (26) were referred on.
- As with 06/07, in 07/08 there were no transfers from the Outreach service into other services within the treatment system.

1.4 Equality & Diversity

- Of those in contact with Halton treatment services in 07/08, 73.6% were male, 99% were white and 19% were under the age of 25. This is slightly higher than the regional total for males and under 25s
- The mean age of individuals in contact with treatment services in Halton was 33.16.
- The total in treatment for females increased from 348 in 06/07 to 439 in 07/08.

1.5 Harm Reduction

- Halton would appear to have relatively low numbers of individuals injecting heroin and crack cocaine. Nearly three quarters of those individuals entering treatment have never injected.
- The most prevalent age bands for injecting heroin were from 25 upwards. 73% of heroin injectors were aged 30 and above.
- Around a third of those in treatment or those new to treatment who were current or previous injectors had been screened or tested for Hepatitis C. Just under a quarter of those new to treatment received a Hepatitis B intervention.

1.6 Hospital Episode Statistics (HES)

- In 06/07, 742 individuals had a drug related hospital episode. This equates to around 2 episodes per day. Of those episodes,

37% were with individuals over the age of 41.

- In terms of presentations, after Halton General, Royal Liverpool was the most frequently attended, followed by Royal Liverpool Children's Hospital, Warrington, University Hospital Aintree and then the Countess of Chester.

1.7 **Work Force**

- In 07/08 the DAT undertook a second workforce skills audit.
- 55% of the workforce was not professionally qualified. Those who were professionally qualified were either Registered Mental Health Nurses (7) or Registered general Nurses (1).
- Of the managers, 4 had attended an accredited management training programme. 3 had not.
- Of the non-professionally qualified staff, 3 had achieved NVQ level 3. 2 were undertaking this training, but 6 had not.
- The audit found a slight improvement on the previous audit carried out in October 2007. However there was still a failure to reach the NTA managers and non-professionally qualified targets.

1.8 **Community Safety**

- The number of individuals in contact with DIP but not treatment has fallen from 16 in 06/07 to 1 in 07/08.
- Whilst there has been a slight improvement in DIP activity and performance, with 2 of the 3 national KPIs being met, the overall low activity means that Halton has the highest cost per head service in the North West.
- In 07/08 Halton achieved its DRR commencements and completions targets.
- The service users that took part in the 12 week into treatment survey in the main report reductions or stopping of criminal activity.

1.9 **Service Users & Carers**

- For service users, the majority report that they are satisfied with both the service overall and their relationships with staff. However the issues of treatment choices and knowing the range and availability of wraparound services remains a challenge.
- The short waiting times, and receiving a prescription were highlighted as positives, with self reported reductions in crime and chaotic behaviour.
- Just under 90% of service users were aware of how to make a complaint and were comfortable to do so if necessary.
- Just over half of respondents to the satisfaction survey, 54%, did not know if their care plan showed the timescales around when they might be ready to be discharged.

1.10 Hidden Harm

- With regards to those individuals commencing a new treatment episode in 07/08, 45% (140) had children. 21% (66) lived with the client, 15% (47) lived with a partner, and 6% (18) with another family member.
- Halton had the highest mean age in the North West, 28.13, of those who stated a parental status.
- On average regionally, individuals who stated they had children living with them had 1.98 children living with them at least part of the time. Halton had the highest regional mean number of children living with individuals at least part of the time – 2.32
- The regional average when looking at just opiate and crack users in 1.92. Again Halton is significantly higher in comparison to this regional average with 2.47 children.
- In 07/08 76 children were the subject of child protection plans. 10 (13%) were as a result of parental drug use, 17 (22%) parental alcohol use and 7 (9%) parental substance misuse. Overall 45% of child protection plans were where parental factors of substance misuse were involved.