

Partnership name: Sheffield

Adult drug treatment plan 2007/08

Part 1

Section A: Strategic summary

Section B: National targets

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This strategic summary incorporating national targets and partnership performance expectations, together with the funding profile, self assessment and attached planning grids 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

Section A: Strategic summary

A1: Partnership drug treatment strategy:

The Substance Misuse Strategy for Sheffield was reviewed during 2006/7; a citywide Director of Substance Misuse Strategy post was created and the Drug Action Team (DAT) changed to the Drug and Alcohol Action Team (DAAT). The DAAT is now activity involved in the Safer Communities Partnership (SCP), the SCP now recognises the DAAT as the city-wide team responsible for substance misuse issues and partnership working on cross cutting issues has improved significantly. The Substance Misuse Theme Group, within the SCP has been established and is known as the Substance Misuse Strategic Steering Group (SMSSG). It is chaired by the Director of Substance Misuse Strategy and has high level representatives from all key partnerships. The DAAT in 2006/7 has become accountable to the SCP for substance misuse performance, the DAAT is monitored monthly, the Local Area Agreement (LAA) is reviewed Quarterly and the key targets are part of the Best Value process in addition to the LDP targets which continue to be monitored monthly and quarterly by the PCT; the Director also attends the Senior Officers meetings of the Sheffield First Partnership and works across the other partnerships, in particular the 0 -19 partnership which is responsible for children and young people.

The Sheffield Safer Communities Partnership Substance Misuse Strategy aims to address the PSA4 target by:-

- Improving the quality of treatment
- Increasing awareness of harm related to substance misuse
- Dealing with offenders driven by substance misuse
- Dealing with the root causes of substance misuse
- The availability of illegal drugs
- Illegal or irresponsible sale of alcohol

There has been considerable achievement towards this strategy in 2006/7, with particular reference to meeting the treatment needs of the substance misuse population. Commissioning activity has focused strategically towards meeting clients needs throughout the whole treatment pathway. The following achievements have been accomplished:-

- All Service Level Agreements (SLA) have been refreshed. SLAs now clarify and outline commissioning expectations of provider services, including targets aligned with the Treatment Plan and a more thorough performance monitoring of SLAs.
- A single point of referral has been commissioned for those requiring prescribing treatment, using a new agreed zoning system to ensure the client receives treatment in the most appropriate prescribing service for their need. This will be initiated in April 2007/8.
- A new coordinated harm reduction Blood Borne Virus (BBV) scheme has been commissioned for tier 3 services, to work in partnership with the provision already established in tier 2 services.
- A commissioned lead Shared Care service is now established across Sheffield.
- A service specific for carers of substance misuse clients has been commissioned for the first time in Sheffield.
- User involvement has become embedded in each commissioned service; this has been practically led and coordinated by the DAAT during 2006/7 and is now a strong focus for all providers.
- A new case management service for offenders between DIP, PPO and DRRs and to improve client engagement and movement through the criminal justice system has been commissioned.
- A DIP needle replacement service for people arrested with needles in their possession upon leaving a police station has gone live.
- Most of the performance targets for DAAT and DIP are being achieved.

The strategy during 2007/8 will continue to improve on the work already achieved and will also

include the following:-

- A single cost centre for the pooled treatment budget
- A needs assessment for 2007/8 to inform commissioning decisions
- Implementation of a new, more robust quarterly SLA reviews with all providers
- A coordinated DAAT led approach to addressing housing needs
- Written and implemented strategies for harm reduction, housing, user involvement and workforce development
- Improved referral routes within the treatment pathway
- Expansion of shared care & needle exchange provision across Sheffield in areas of most need.
- User involvement to be coordinated by the DAAT with the UI worker having more strategic leadership of the project, aligned to a User Involvement strategy and with provider services hosting and being responsible for volunteers.
- Work with carers has expanded and the worker will now also address substance misuse and carer issues within communities.
- Aftercare provision will be commissioned during 2007/8.
- DIP model review and resolution of issues.
- DIP will continue to develop, introducing conditional cautioning and required follow up.
- DIP will continue to build their links with the police, with the funding for a Detective Sergeant to coordinate work for repeat offenders with the aim of increasing engagement.

A2: Summary of outcome of needs assessment in relation to problem drug situation:

Prevalence & engagement in treatment - Sheffield has an estimated 3948 (+/-5%) Problem Drug Use (PDU) prevalence of opiate and/or crack use (Source: Glasgow 2006). 55% were engaged in structured treatment during 2005/6, however an estimated 37% have not engaged in Structured Treatment in the past 2 years.

Drug – Engagement in structured treatment varies by drug use. 57% of the 2418 Crack users compared with 35% of the 3688 opiate users have not engaged in structured treatment during the last 2 years. Of those engaging in treatment, locally we know that crack users are less likely to be retained.

Of those presenting in treatment, 79% of clients presented with primary Opiates use, 5% with primary Crack use and 65% present with secondary Crack use. This trend is similar to that found in Leeds and Bradford, with 70% and 86% respectively for primary drug heroin and 57% and 66% with crack as secondary substance. In Sheffield we know that this is likely to be a recording issue, with heroin traditionally recorded as primary drug. DIP clients are more likely to be reflective of drug use trends, as 57% of the DIP caseload are stating crack as their primary drug. 66% of crack users report daily use compared with 86% of heroin users. The weekly amount spent on drugs has the same trend for all age groups. 27% of users report a £50 weekly habit. 25% have a £101 - £250 weekly habit and 20% report a £251 - £500. This information is not taken by NDTMS so we don't have figures for comparisons with structured treatment.

There is a need to further engage and address the needs of both crack users and poly-drug users in treatment. Action is being taken to refresh SLAs with Psychosocial Interventions treatment providers, providing clear targets for engagement, retention and referral. Group work has also been commissioned for crack use specifically with one service provider. The development of a clear, structured Shared Care system in Sheffield during 2006/7 has built a foundation to build capacity and increase involvement in PSI alongside substitute prescribing.

Gender - 28% of clients in structured treatment are female compared with 23% of the total PDU, indicating that engagement of females at Tier 3 is well established. We also know that females are more likely to complete treatment successfully. The PDU is more aligned with attendance of females at needle exchange as they account for 22% of the needle exchange users and that of DIP accounting for 21% of the caseload. We also know that 30% of people presenting at supporting housing are female, indicating there is a need for further engagement of females at Tier 2.

Area – The most frequent postcodes of residence for clients in structured treatment are S2 (16%), S5 (15%) and S8 (7%), those in treatment with DIP presentations are proportionally higher for S2 (29%) compared with S5 (13%), S3, S9 and S13 (all 6%). The most frequent postcodes of residence for needle exchange are S2 (23%), S5 (20%), S3 (9%) and S6 (7%). Housing data is less complete, however indications show the areas of S5 (21%), S2 (15%), S7 (14%) and S6 (9%) have greatest need.

The strategy in Sheffield is to centralise provider services alongside a strong Shared Care and Pharmacy based needle exchange scheme in key target areas across the city. Therefore these areas will be the main focus for sighting new Pharmacy based Needle exchanges and Shared Care provision during 2007/8.

Injecting - 45% of the totals PDU are injectors; highlighting the need to continue to fund the needle exchanges and expand the pharmacy based provision. Needle exchanges were used by 1565 users during a one month period, with 80% male attendance. 18% of users are aged between 18 and 24, 53% aged 25-34 and 29% above 35 years. 36% of clients report injecting in the last month for both those in structured treatment and those through DIP. Reporting of BBV activity on NDTMS remains sporadic and information is difficult to analysis due to this, however information in 2006/7 has improved, showing 17% of people tested for Hep C and 34% of new presentations having a Hep B vaccination. Activity is lower than required given the prevalence data and work has been completed by the DAAT during 2006/7 to reconfigure BBV provision for all clients across the treatment pathway which will continue into 2007/8.

Age –15% of the PDU are aged between 15 to 24yrs, 53% aged between 25 to 34 and 33% aged 35 to 64 years. The distribution of clients in structured treatment is aligned to this, however those not engaged in structured treatment show 33% of the 15 to 24yrs PDU are not engaging with structured treatment. These clients are not being seen by DIP, which has only a 20% caseload of those aged 18 to 24yrs, compared with 57% 25 to 34 and 23% 34 to 64 yr olds. Needle exchanges show a similar trend to DIP, with 18% 18 to 24yrs, compared with 53% 25 to 34 and 29% 34 to 64 yr olds. Locally we have seen a trend of aging drug use in Sheffield, and activity with structured treatment, DIP and needle exchange appears to support this. The PDU indicated that Sheffield has by proportion, the 3rd lowest prevalence figure for those aged 15 to 24yrs in Yorkshire & Humber region, however a needs assessment for young people is to be carried out to investigate this trend further to identify if the population is aging or if young people are not being engaged.

Housing - 40% of people presenting at Supported Housing present with drugs as their primary need. The average age of service users is 29.5yrs and 70% are male which aligns with the PDU, 10.3% are BME, which is in accordance with the population of Sheffield. 30% of referrals are from Probation and 17% from social services. Referrals for primary and secondary drug need have decreased over the last 3 years from an average of 50, to 30 per month from 2003/4 to Q2 2005/6. It is suspected that SP are now using 'offending' as the primary need and that drug need has not declined as the statistics indicate. The DAAT Housing project officer will identify if the demand for services has decreased or if need of services have changed and incorporate this within the Housing strategy.

Crime – In 2005/6 33% of people arrested, are arrested for a trigger offence. Of those tested, on average 53% test negative for drugs; however 14% of these people do admit drug use. 28% test positive for Opiates and Cocaine, 12% test positive for cocaine and 14% test positive for opiates. 71% of trigger offences committed are due to theft, 10% burglary and 5% possession of class A drug. In terms of illegal drugs seizures, £1,397,224 of heroin, crack and cocaine were seized, of which 92% was cocaine or crack. Seizures of heroin have increased in 2006-7 and YTD amount to 33% of the total seized.

A3: Partnership key treatment priorities:

- Development of new Provider Agreements with clear targets
- Development of a more robust performance monitoring framework
- Development and publication of information sharing protocols

- Development of a single cost centre for the funding and provision of drug treatment
- Development and publication of Workforce and Training Strategy
- Development and publication of Service User Involvement Strategy
- Development and publication of a Drug Related Deaths Strategy
- Development and publication of Harm Reduction Strategy including BBV
- Development and publication of Housing Strategy
- Development of clear routes into education, training and employment
- Implementation of a single point of referral and access service
- Development of new aftercare model of service provision including policies and protocols
- Reconfigure DIP model and review of current providers and service provision

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	3,948	Source	Glasgow University 2006.
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DATA TO BE USED IS ALWAYS DAT OF RESIDENCE		Performance 2005/6	Target 2006/07	Performance April – September 2006	Target 2007/08
B1.2 Total number in treatment	LDP(T43)	2441	2628	2108	2739
	Partnership Target	2441	2628	2108	2739

B2 Retention rates – Adults only

DATA TO BE USED IS ALWAYS DAT OF RESIDENCE	Performance 2005/06	Target 2006/7	Performance July 2005 – June 2006	Target 2007/08
B2 Percentage retained in treatment for 12 weeks or more (LDP and partnership target)	51	70	66	78

B3 Waiting times - Adults only

B3.1 Waiting time to first treatment intervention <i>See Models of care 2006 for definitions of structured treatment interventions</i>	Partnership performance %	Planned performance %	
	Quarter end - 30 September 2006	2006/07	2007/08
Inpatient drug treatment	100	50	70
Residential rehabilitation	100	50	70
Specialist prescribing	98	90	90
Primary care/shared care prescribing	100	85	85
Day programmes	100	80	85
Psychosocial interventions	94	80	85
Other structured treatment	100	80	85

B3 Waiting times - Adults only

B3.2 Waiting time to subsequent treatment intervention	Partnership performance %	Planned performance %	
	Quarter end - 30 September 2006	2006/07	2007/08
See Models of care 2006 for definitions of structured treatment interventions			
Inpatient drug treatment	100	50	70
Residential rehabilitation	n/a	50	70
Specialist prescribing	100	90	90
Primary care/shared care prescribing	98	85	85
Day programmes	100	80	85
Psychosocial interventions	90	80	85
Other structured treatment	96	80	85

Section C: Partnership performance expectations

C1 Planned discharges

Planned discharges who complete treatment drug free, complete treatment or are referred on for other services See Models of care 2006 for definitions of structured treatment interventions	Partnership performance 2005/06	Planned performance 2006/07	Partnership performance April - September 2006	National upper quartile performance April - September 2006	Planned performance 2007/08
Inpatient drug treatment	50	64	80	70	73
Residential rehabilitation	42	52	50	56	52
Specialist prescribing	21	43	24	63	45
Primary care/shared care prescribing	23	48	34	65	50
Day programmes	80	48	93	65	90
Psychosocial interventions	34	51	52	64	52
Other structured treatment	51	41	57	60	60

C2 Places in treatment

See Models of care 2006 for definitions of structured treatment interventions	Number of places commissioned	
	Actual 2006/07	Proposed 2007/08
Inpatient treatment	65	72
Residential rehabilitation	27	27
Specialist prescribing	573	473
Primary care/shared care prescribing	1,409	1,509
Day programmes	58	60
Psychosocial interventions	763	839

Other structured treatment	539	593
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C3 Care planning

	Partnership Performance 2005/6	Partnership Performance	Planned performance %	
		April – September 2006	2006/07	2007/08
Proportion of individuals starting treatment who have a care plan	64%	95%	75%	95%

C4 GP Prescribing

	Actual Performance 2006/07	Planned Performance 2007/08
C4.1 Percentage of GPs who provide treatment within a locally or JCG defined shared care arrangement.	40%	45%
C4.2 Percentage of GPs in the partnership area who are prescribing to drug users outside of shared care, but within a commissioned service model.	1%	1%
C4.3 Percentage of GPs in the partnership area who have completed successfully <u>Part 1</u> of the RCGP Certificate in the Management of Drug Misuse	7%	10%
C4.4 Percentage of GPs in the partnership area who have completed successfully <u>Part 2</u> of the RCGP Certificate in the Management of Drug Misuse	6%	7%
C4.5 Number of GPs employed either as practitioners with a Special Interest in drug and alcohol treatment or as addiction specialists within a local treatment system.	21	26

C5 Criminal Justice Drug Treatment

C5.1 Drug Interventions Programme – Compact targets		RAG Performance as at October 2006
Number	Intensive areas : Key performance indicators	
1	95% of adults arrested for a trigger offence to be drug tested	98%
2a	95% of adults who test positive and have a required assessment imposed, to attend and remain at the required assessment.	54%
2b	85% of adults who test positive and who are not already on the caseload, with whom contact is made via the required assessment, to engage further with the CJIT	95%
3	60% of adults who have not tested positive, with whom initial contact (as defined in the DIR guidance) is made and who are not already on the caseload, to be assessed by the CJIT	100%
4	85% of adults assessed as needing a further intervention, to be taken onto the caseload	73%
5	95% of adults taken onto the caseload to engage in treatment	100%
6	80% of CARAT clients who are transferred to a CJIT to have follow up action taken by that CJIT	Suspended pending DIR review
Non Intensive areas : Key performance indicators		
1	60% of adults with whom initial contact (as defined in the DIR guidance) is made and who are not already on the caseload, to be assessed by the CJIT	N/A
2	85% of adults assessed as needing a further intervention, to be taken onto the caseload	N/A
3	95% of adults taken onto the caseload to engage in treatment	N/A
4	80% of CARAT clients who are transferred to a CJIT to have follow up action taken by that CJIT.	N/A

C5.2 Community sentences with drug rehabilitation requirement				
	Performance 2005/06	NPD Target 2006/07	Partnership Performance April – September 2006	NPD Target 2007/08
C5.2.1 Commencements	187	171	54	1
C5.2.2 Successful completions (number)	28	47	11	

¹ Request with Probation to keep DAAT up to date with C5.2.1 and C5.2.2 Target setting, although early indications imply targets will be similar to 2006/7.

C5.3 Integrated drug treatment in prisons Please complete Section 5.3 for each prison in the partnership area. See guidance for more details about which prisons this applies to.			
Name of Establishment:			
Assessment and Care Planning	Baseline Performance 2005/06	Performance 2006/7	Planned performance 2007/08
C5.3.1 Number Receiving Comprehensive Assessment	N/A	N/A	N/A
C5.3.2 Number of Drug Users with Care Plans	N/A	N/A	N/A
Treatment Delivery			
C5.3.3 Number of stabilisations commenced	N/A	N/A	N/A
C5.3.4 Number of detoxifications completed	N/A	N/A	N/A
C5.3.5 Number Maintenance Prescribed	N/A	N/A	N/A
C5.3.6 Number of 28 day psycho-social interventions successfully completed	N/A	N/A	N/A
C5.3.7 Number of drug users discharged into DIP schemes	N/A	N/A	N/A
Harm Reduction			
C5.3.8 Number of drug users who are assessed for harm reduction needs	N/A	N/A	N/A
C5.3.9 Percentage of drug users offered HBV vaccination in the prison setting	N/A	N/A	N/A
C5.3.10 Percentage of drug users offered HBV vaccinations who take up HBV vaccination, who are not already immunised	N/A	N/A	N/A
C5.3.11 Percentage of current or ever injecting drug users in the prison tested for HCV who do not know their HCV status and have injected within the past six months	N/A	N/A	N/A

C5.3.8 – C5.3.11 refer to interventions that should already be planned for and funded by PCTs as part of their wider responsibilities for prison healthcare

C6 –Supported housing

Number identified with a primary drug problem by supporting people providers	Number identified with a primary drug problem by supporting people providers	Proportion identified with a primary drug problem in current contact with treatment services	Target proportion to be in current contact with treatment services
2005/06	April – September 2006	April – September 2006	2007/08
152	17 ²	36 (DIP) out of total 159 primary and secondary presentations ³	200

C7 Harm reduction initiatives

² Issue with recording activity and identifying primary need, see A2.

³ The supporting people form does not ask if the person is in drug treatment, however it does ask if the person is in contact with DIP.

C7.1 Vaccinations against Hepatitis B Virus (HBV)	Performance 2005/06	Planned performance 2006/07	Partnership performance April – September 2006	Planned performance 2007/08
C7.1.1 Percentage of new presentations offered HBV vaccinations	20%	31%	44%	34%
C7.1.2 Percentage of new presentations who accept the offer of HBV vaccination who commence the vaccination programme	12%	60%	71%	58%

C7.2 Hepatitis C Virus Screening	Performance 2005/06	Planned performance 2006/07	Partnership performance April – September 2006	Planned performance 2007/08
Percentage of current or ever injecting drug users presenting for treatment tested for HCV who do not know their HCV status and have injected within the past six months	21%	30%	25%	30%

C7.3 General healthcare assessment	Performance 2005/06	Planned performance 2006/07	Partnership performance April – September 2006	Planned performance 2007/08
Percentage of new presentations completing a general healthcare assessment	N/A	87%	71%	87%

C7.4 Specialist and pharmacy-based needle exchange programmes	Performance 2005/06	Planned performance 2006/07	Partnership performance April – September 2006	Planned performance 2007/08
C7.4.1 Number in contact with specialist needle exchanges	1000	1200	682	750
C7.4.2 Number in contact with community pharmacy exchange schemes	3192 (average monthly transactions)	3200 (average monthly transactions)	2978 (average monthly transactions) 1563 (individuals)	1600 individuals
C7.4.3 Total number of community pharmacies in partnership area	108	108	111	113
C7.4.4 Percentage of community pharmacies providing needle exchange as a locally enhanced service	5%	7%	7%	10%
C7.4.5 Percentage of community pharmacies providing basic healthcare advice and referral	68%	68%	68%	68%

C7.5 Supervised consumption	Performance 2005/06	Planned performance 2006/7	Planned performance 2007/8

Percentage of community pharmacies providing dispensing, supervised consumption and shared care as a LES	68%	68%	68%
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