

Partnership: Sheffield Drug & Alcohol Action Team Adult Treatment Plan 2008-9 Part 1: Strategic Summary, needs assessment and key priorities for 2008/09

1. Strategic Summary

Sheffield Drug & Alcohol Action Team made significant progress in 2007-8 towards a fairer, more accountable drug treatment system based on a robust needs assessment. Provider Agreements were refreshed with clear capacity planning, appropriate resourcing and a rigorous performance management framework. 2008/09 will see a process of consolidation and reconfiguration - rather than expansion - of the Sheffield Treatment Pathway based on clear evidence of what is working and where change is required. Sheffield DAAT is proud of its achievements in performance against National Targets on numbers in treatment, retention and waiting times. Key areas for improvement in 2008/09 will be in overall quality of care throughout the client journey and particularly successful completions and planned discharges.

Key actions were identified as part of the Healthcare Commission and National Treatment Agency Improvement Review of harm reduction and commissioning against which significant progress has been made. Notably a Harm Reduction Strategy has been agreed and research has been commissioned into the local injecting culture. The 2007/08 Improvement Review focusing on diversity and Tier 4 is underway at this time and it is too early to predict what the lessons will be. The demographic information from treatment providers demonstrates good access into services from diverse groups. There is slightly poorer retention for BME service users which may correlate with lower retention for primary stimulant users. The needs analysis also suggests that if services are configured correctly to address primary stimulants use then young people 18-25 may be more likely to be attracted into treatment. There is high correlation, in Sheffield, of an effective focus on diversity and an effective focus on stimulants. Tier 4 commissioning has been a partnership priority in 2007/08 and further development in tightening commissioning and promoting this modality will take place in 08/09.

Implementing the new 'Drug misuse and dependence: UK guidelines on clinical management' (Orange Book) will be a partnership priority in 2008/09 and will include an audit of commissioned service against the Orange Book and NICE guidance.

Treatment system mapping, the Needs Analysis and the new Orange Book clinical guidance have indicated some areas for improvement within the overall treatment system. Tier 2 is over-stretched largely as a result of the under-use of Psychosocial Interventions (PSI) at Tier 3. Tier 3 PSI needs to be developed in line with new Orange Book guidance. All non-prescribing modalities are under-utilised and there are ongoing attempts to promote these modalities as treatment choices. Tier 3 prescribing is in a period of transition following the launch in October 2007 of a single point of access and referral (SPAR) which is seeing higher numbers of service users in GP prescribing.

A key strategic aim for Sheffield DAAT has been to review the service model of DIP. As a result a number of elements of the Criminal Justice Integrated Team were put out to open competitive tender; other elements will be formalized with refreshed Provider Agreements and a Criminal Justice Strategic Lead will be created within the DAAT Team. 2008/09 will see considerable challenges for the partnership in managing the transition to the new contract whilst retaining high performance against DIP targets. Sheffield has formal links with

Doncaster prison to track releases of Sheffield prisoners back into the community and onto the DIP caseload and continuity of treatment from community to custody remains a priority.

Sheffield DAAT sits within the local strategic partnership structures for the city. Sheffield PCT is the formal employer of the Director of Substance Misuse Strategy and the wider DAAT team on behalf of the Safer Communities Partnership. Local Area Agreement targets are tracked through the partnership as well as through the PCT Public Health Directorate which is the directorate with formal responsibility for the DAAT. The Children's Commissioner is employed through the Children's Directorate of the local authority and further development is needed to fully integrate this work strand into the wider DAAT strategic vision.

Sheffield DAAT is represented within Sheffield Safer Neighbourhoods Areas to provide a co-ordinated approach to substance misuse at a local operational level. In the past neighbourhoods used regeneration funding to commission small locality based substance misuse work; as these funding streams have come to an end DAAT has brought these activities within mainstream provision such as Shared Care. This process continues with the final years of New Deal for Communities funding in Sheffield and the planned transition of the clients of a community based drug project into mainstream commissioned activity.

These formal strategic links ensure that there is sharing of intelligence and co-ordination of effort in addressing the drug and alcohol problems of the city. Sheffield DAAT has agreed the following 3 key targets for 2008/09 with the Safer Communities Partnership to form the LAA Key indicators:

- Numbers in effective treatment - (PSA 25)
- Reduce offending rate of Class A drug users (Police data)
- Percentage of adults taken onto the Drug Interventions Programme caseload who engage in drug treatment (DIP target: 95%)

Performance against Vital Signs will be tracked through the Director of Drug Strategy links into the PCT.

The DAAT as a strategic body has a growing number of strategies to implement and monitor in areas which include alcohol harm reduction, drugs harm reduction and service user involvement. The partnership lacks key strategic frameworks in areas of workforce development and accommodation where there is high activity without joint co-ordination and strategic sign up from key stakeholders. A key priority for 2008/09 will be development of strategies in these key areas.

2. Needs Assessment Summary

This section summarises Sheffield DAAT's needs assessment and identifies treatment priorities linked to areas of unmet need:

Drug - Sheffield has an estimated 4,902 (95% Confidence Interval: 3,462 – 6,360) Problem Drug Use (PDU) prevalence of opiate and/or crack use (Source: Glasgow 2006). 50% were engaged in structured treatment during 2006/07, although an estimated 41% have not engaged in Structured Treatment in the past 2 years; approximately 15% of those not engaged are known to Sheffield Drug Interventions Programme (DIP). There has been an increase of 13% in the numbers of people engaging with structured treatment in 2006/07.

Engagement in structured treatment varies by drug use. 65% of the estimated 3,410 Crack users compared with 41% of the estimated 4,679 opiate users have not engaged in structured treatment during the last 2 years. Of those engaging in treatment, 70% of clients using crack are retained in treatment for 12 weeks or more compared to 90% of clients using opiates. engaging with structured treatment in 2006/07. **Key Treatment Priority: 4.3**

75% of clients presented in treatment with primary Opiate use, 6% with primary Crack use and 60% present with secondary Crack use. 50% of DIP clients reported heroin as their main drug and 32% reported crack as their main drug. 56% of crack users reported daily use compared with 74% of heroin users. 38% of DIP clients report a £50 weekly habit. In 2006/07 40% of clients reported combined opiate and crack use compared to a regional and national average of 22%. **Key Treatment Priority: 4.3**

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. Retention rates are 89% for females and 85% for males. Females account for 21% of clients attending the pharmacy needle exchange service compared to 13% of those attending the needle exchange at Turning Point. Females represented 18% of the DIP caseload for 2006/07. **Key Treatment Priority: 4.3**

Age - 22% of the PDU for opiates and/or crack are aged between 15 to 24 years, 49% aged 25 to 34 years and 28% aged 35 to 64 years. 12% of those engaged in treatment for opiates and/or crack in 2006/07 were aged 15 – 24 years. An estimated 969 young adults are treatment naïve in the last two years, 48% of the total treatment naïve estimate. Attendance by this age group at pharmacy needle exchange is 14%, with a slightly higher proportion attending Turning Point needle exchange services (17%). There are a higher number of young adults in contact with DIP – 27% of clients are aged 18 – 24 years. **Key Treatment Priorities: 4.3 & 4.9**

Ethnicity - 11% of clients in structured treatment are recorded as from black and minority ethnic (BME) communities, equivalent to the Sheffield BME population. Retention rates appear to vary by BME group with 72% for black clients, 83% for Asian clients and 85% for white clients. **Key Treatment Priority: 4.3**

Area - The most frequent postcodes of residence for clients in structured treatment are S5 (21%), S2 (14%), S8 (10%) and S6 (7%). This is similar to the DIP caseload for Sheffield

residences. The most frequent postcodes of residence for pharmacy needle exchange clients are S2 (23%), S5 (18%), S6 (9%) and S3 (7%). Burngreave (S3/S4) and Firth Park (S5) were two of the top three neighbourhood areas where people perceived that there was a problem with people using and dealing drugs in the 2007 Sheffield Household Survey. **Key Treatment Priority: 4.5**

Injecting and sharing - 41% of the total PDU are injectors. 50% of DIP clients state that they have previously injected, with 60% stating that they had injected in the past month. There is a high level of activity at needle exchanges, and although the proportion of the injecting PDU who use this service cannot be accurately calculated it can be assumed that Sheffield reflects the national picture of approximately 90%. 44% of the DIP clients who had injected stated that they had previously shared, and of these 44% stated that they had shared in the previous month. A third of this group were aged 18 – 24 years, which may indicate that younger people are engaging in riskier behaviours compared to other age groups. **Key Treatment Priority: 4.4**

Blood Borne Viruses - 51% of currently and previously injecting drug users presenting in structured treatment in 2006/07 have received a Hep C test, and 55% have started or completed a Hep B course. PCT nurses undertook approximately 350 consultations for wound care from April to September 2007, with a significant proportion of them being for leg ulcers. Sheffield is banded as having 'high' prevalence of HCV and promoting testing and safer injecting/alternatives to injecting continue to be a partnership priority. **Key Treatment Priority: 4.4**

Drug related deaths and near misses - In the 12 month period up to 31st May 2007, Naloxone Hydrochloride was administered on 101 occasions to patients aged 18 years to 64 years by the Yorkshire Ambulance Service based in Sheffield. 80% of these patients were male, and 48% of patients were aged under 35 years old. Between April 2006 and March 2007 there were 15 recorded drugs related deaths, of which 7 were aged 25 – 34 years. The presence of Class A drugs was recorded in 8 out of 13 of these deaths. **Key Treatment Priority: 4.4**

Housing – In 2006/07 366 people using the Supporting People service presented with drugs as either their primary or secondary need. 46% of clients starting a new treatment journey in 2006/07 stated that they were either no fixed abode (19%), temporary accommodation (22%) or in a hostel (5%). **Key Treatment Priority: 4.8**

Crime - In 2006/07 there were 21,842 reported acquisitive crimes in Sheffield, and 5,162 arrests for trigger offences. 5,085 drug tests were undertaken (98.5% of trigger offence arrests) and 41% of results were positive. 59% of the positive tests indicated the presence of opiates and cocaine, 23% for cocaine and 18% for opiates. **Key Treatment Priority: 4.6**

Parents and carers - In 2006/07 over 600 family members or carers accessed specialised support due to a family member or friend's drug or alcohol use. 91 babies were born in Sheffield to mothers who were referred to the Multi-Agency Pregnancy Liaison and Assessment Group due to drug or alcohol misuse during pregnancy; 69 babies went home with their mothers. **Key Treatment Priority: 4.10**

3. Likely Demand

Sheffield has an estimated **4,902 (95% Confidence Interval: 3,462 – 6,360)** Problem Drug Use (PDU) prevalence of opiate and/or crack use (Source: Glasgow 2006). The local needs assessment provides a thorough analysis of the 'in treatment' population. Sheffield DAAT has commissioned research to be published in February 2008 to test whether there is a "hidden population" of treatment naïve 18-25s and into stimulants use in the city. The treatment system will be reconfigured to better address the needs of primary and secondary stimulants users to attract these users into treatment using existing capacity.

4. Improvements to Treatment Outcomes

Two elements of the client journey have been assessed by the partnership as requiring closer scrutiny and improvement in 2008/09. These are planned discharge and key working/Psychosocial support:

Planned discharge - The data available on planned discharges and exits suggests that this is one key area that requires further improvement. 21% of clients in treatment had a planned discharge compared to 28% of clients for Yorkshire and the Humber region. The two areas where performance on planned discharges was more than 5% lower than target were specialist and GP prescribing.

Keyworking – The new "Orange Book" places a much needed emphasis on the importance of key working and psychosocial interventions as "the mainstay of treatment". Sheffield DAAT has identified from provider data that Tier 2/b services are becoming increasingly overstretched. A major issue is that scripted clients are accessing informal support at Tier 2/2b in preference to formal structured Psychosocial Interventions and key working from drug workers as part of a care plan at Tier 3. There is unused capacity at Tier 3 in the commissioned PSI services and therefore this issue requires a reconfiguration of services rather than additional capacity. Restructuring services to ensure clients receive the necessary level of key working and PSI will be a priority for commissioning in 2008/09.

4. Key Treatment Priorities

4.1 Orange Book - Implementing the new 'Drug misuse and dependence: UK guidelines on clinical management' will be a partnership priority in 2008/09. This will include reconfiguring PSI and keyworking.

4.2 Physical and mental health care pathways - (Orange Book 7.5 & 7.9.) The substance misuse treatment and pain management needs of drug users are not met when they are admitted to the acute hospitals for physical healthcare conditions. Securing a mental health assessment and diagnosis of those accessing Tier 1 & 2 services is difficult and is a barrier to effective treatment. There are a number of issues - liaison, staff training, pathway and methadone protocol - that require specialist input and a committed time resource to resolve. Sheffield DAAT will commission time limited consultancy to support existing senior clinical management and strategic management posts.

4.3 Stimulants – Tier 2 services will be reconfigured to improve the engagement of stimulant users with the Treatment system. Interim findings from research undertaken by Sheffield

Hallam University has confirmed that Sheffield has significant primary and secondary crack use; that crack users access Tier 2 in crisis and are difficult to engage in structured treatment; that there are higher levels of crack use found in marginalised groups such as sex workers and homeless drug users and that crack use is highest among the BME population in Sheffield. NDTMS data shows a very small increase in crack only or crack and opiates users engaged in structured treatment in 2006/07 (1000 compared to 954 in treatment in 2005/06) and lower retention rates for this group at 70% compared to retention rates of 90% and 88% for opiate users and opiate/crack users respectively.

4.4 Harm Reduction – Building on the Harm Reduction Strategy and Self-Audit, Sheffield DAAT will continue to invest to improve harm reduction advice through training, action learning sets and education materials.

4.5 Geographical “reach” of Treatment Services – The partnership will continue to recruit GP practices to Shared Care and pharmacies into supervised consumption and needle exchange.

4.6 Criminal Justice – 2008/9 will see DIP with a new Service model; new Service Level Agreements and one new provider. Sheffield DAAT will give support and scrutiny to the implementation of this new model.

4.7 Workforce Strategy – (objective carried over from 2007/08) a strategy will be developed and implemented to develop the drug treatment workforce beyond the National targets for DANOS competence.

4.8 Accommodation Strategy - (objective carried over from 2007/08) a strategy will be developed and agreed with key partners to identify the accommodation needs of service users at every stage in the cycle of change.

4.9 Young Adults 18-25 - Tier 2 will be reconfigured to extend outreach and broaden access to young adults 18-25 who are more likely to be ACCERs (Alcohol, Cannabis, Cocaine, Ecstasy users).

4.10 Hidden Harm – Sheffield DAAT will commission advice, support & training for adult treatment services to ensure that Hidden Harm policies & procedures and protective parenting good practice are implemented across the treatment system.

4.11 Non prescribing modalities – Sheffield DAAT will continue to promote the wide range of treatment modalities through a range of media including information sessions, DVDs and leaflets with Service User involvement.

4.12 Community In reach – Sheffield DAAT will continue to provide a conduit for information, advice, support and practical assistance to neighbourhoods within the city where substance misuse is perceived to be a problem.