

## **Safer Leeds Partnership**

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### **Adult Drug Treatment Plan 2008/09**

#### **Part 1**

Section A: Strategic Summary

Section B: Needs Assessment, key findings and priorities

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## **Section A**

### **Strategic Summary**

The Safer Leeds Partnership consists of key local partners, including the Local Authority, West Yorkshire Police, Leeds Primary Care Trust, the Police Authority, the Fire and Rescue Authority, West Yorkshire Probation Board and Children's Services. Safer Leeds has responsibility to address local issues in regard to crime reduction and substance misuse, working in partnership to achieve key strategic outcomes within the safer stronger communities block of the Leeds Local Area Agreement. These are:

- Creating safer environments by tackling crime
- Improving lives by reducing the harm caused by substance misuse
- Supporting victims and reducing the risk of victimisation
- Reducing offending and managing offending behaviour
- Improving community confidence and public satisfaction

This partnership treatment plan, although primarily focusing on our second strategic outcome also has a cross-cutting responsibility within all the above outcomes. With ownership of the drug treatment system being held by the partnership this brings together key agencies from treatment, criminal justice and social needs to lead on the implementation.

These strategic outcomes have been developed from a prioritisation process that followed a Joint Strategic Assessment across the key partners and public consultation events in late 2007. In addition to this, the specific priorities for substance misuse have been developed through initial findings from our 2006/07 Drugs Needs Assessment considering adult, young people and prison issues as well as specific service user consultation.

Safer Leeds has developed a strategic plan that covers a three year period through to 2011, this allows for the planning of short, medium and long term priorities clearly aligning with the Leeds Local Area Agreement. Each strategic outcome (as detailed above) has a detailed delivery plan that will be monitored at partnership level as part of our governance arrangements. This specific treatment plan forms a significant part of this process as the agreed delivery plan for substance misuse.

Safer Leeds Partnership is developing and implementing an Integrated Offender Management (IOM) model building on the current delivery through the Drugs Intervention Programme. This includes close working with the three Police divisions and the central Police DIP team, and involves partnership working with treatment providers to ensure full treatment options are in place for the most prolific offenders in Leeds. The model includes intensive case management, and access to wrap-around services as required. The IOM process also ensures developed and close working with the IDTS programme for prisoners released back into Leeds, and improves on existing relationships with agencies responsible for social needs, including partnership working with Supporting People in addressing the housing needs of criminal justice clients, integration with progress to work and jobs and skills to address training/employment needs.

Core to the delivery of this plan is the commissioning of the Leeds Integrated Treatment System. This has been developed over the past two years following intensive consultation with local services, key partners and service users and

currently continues to be under development as services are re-aligned through commissioning processes. This development aims to ensure that all clients are able to receive treatment in a system that provides appropriate interventions as assessed, promotes movement and flexibility according to need and promotes the most effective outcomes for each individuals circumstance. Key to these outcomes is the continued development of User Involvement at partnership and provider level. Recent achievements in this area are to be further enhanced as the programme is developed through the city wide forum.

The system clearly defines a range of entry points including harm reduction services, criminal justice systems and local tier 1 services. Also provided are the required levels of support clearly recommended in the Models of Care framework. The system culminates in clear exit pathways that include after-care support for all clients, whether from criminal justice, community or residential services. Commissioning plans and priorities in this coming year will continue to ensure the implementation of this system. In addition, following the needs assessment completed for Young People systems and processes are being developed to provide effective transition from treatment in young people's services to adult services. Although the numbers are relatively small, this development is requiring detailed planning to ensure full compliance with Safeguarding processes as well as the movement from one clinical governance framework to another.

Key to the delivery of this treatment system is co-operative working with social agencies (as developed in the criminal justice services) to ensure access as required for all community services to support for housing needs and employment/training opportunities. The system will also ensure that clients transferring into the community through existing IDTS programmes and other prison releases have full care co-ordination signposting access to treatment and wrap-around services.

## **Section B**

### **Needs Assessment and Key Findings**

Ongoing needs assessment processes have enabled the partnership to focus on the development of key priorities. The process has included a detailed problem profile on drug misuse within the criminal justice system, a partnership wide Joint Strategic Assessment, a project currently being delivered jointly with Public Health trainees looking at the increased use of alcohol by drug misusers in opiate treatment regimes, and the partnership Needs Assessment for Drug Misuse incorporating adults, young people and the Integrated Drug Treatment System in HMP Wealstun.

The published full report includes the information and outcomes from all the assessments, the partnership will have detailed treatment bulls-eye's, treatment system maps, retention maps, client profiles, and detailed analysis that will lead to clear implementation plans. The needs assessment process has also confirmed local concerns around data reporting and quality. Analysis has shown that there were high numbers of client records in 2006/07 reporting through NDTMS that were not current clients or clients who had been part of the system in the previous two years. There is also concerns at the ability to cross match data from tier 2 agencies with NDTMS. The final needs assessment report will seek to address these issues, but will also carry a concern over some areas of accuracy. The implementation over the past twelve months of a new data reporting software system has ensured that these

accuracy problems are addressed, and will therefore ensure that our rolling needs assessment will produce a clearer analysis of need.

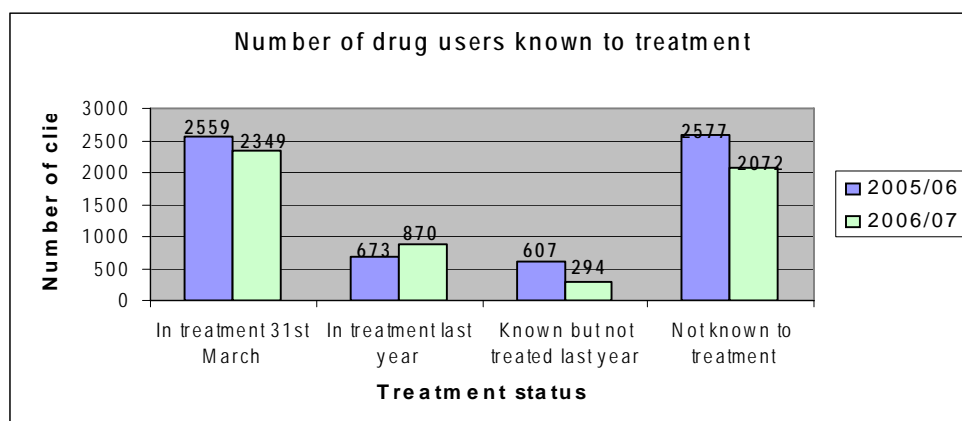
Health warnings allowing, several key findings and trends have already been published and consulted through various partnership groups. The central core document focusing on adult drug misuse has produced the following key findings:

#### Prevalence and Penetration

From the treatment bulls-eye 2006/07 data analysis shows:

- 2,349 were in tier 3 treatment at 31 March
- 899 were in tier 2 interventions at 31 March
- 870 were in tier 3 treatment last year
- 81 were in tier 2 interventions last year
- 294 were known to tier 3 treatment but not treated last year
- **2072** were not known to treatment

The above has been compared to data from 2005/06:



The data within the treatment bulls-eye demonstrates a 68% penetration of our P.D.U in 2006/07.

Evidence on treatment system mapping, analysing met and unmet need and detailed understanding of our retention supports the partnerships acceptance of the Problematic Drug User figure published through University of Glasgow research showing a potential figure of 6,565.

#### Treatment System Mapping

- Of new presentations to treatment in the past year:
  - I. 71% were male, 29% female
  - II. 19% were under 25, 51% were 25-34 and 30% were over 35. This compared to 21%, 53% and 25% across the same age groups in the previous year.
  - III. 80% of clients were White British, with 3% Asian and 2% Black. This compared to 92%, 4% and 5% across the same groups in the previous year.

- The above compares to the following breakdowns for the Leeds district, based on an overall population figure of 750,200.

Age Band	Male	Female	All
0-4	20,800	19,700	40,500
5-14	42,900	40,800	83,600
15-19	27,500	26,900	54,400
20-29	71,500	69,300	141,000
30-59	141,700	145,200	286,800
60-74	43,300	47,300	90,500
75+	20,200	33,300	53,400
<b>Total</b>	<b>367,800 (49%)</b>	<b>382,500 (51%)</b>	<b>750,200</b>

	Leeds Numbers	Leeds Rates	England
<i>White</i>			
White British	637,872	89.2%	87.0%
White Irish	8,578	1.2%	1.3%
Other White	10,632	1.5%	2.7%
<i>Mixed Heritage</i>			
Black Caribbean & White	4,603	0.6%	0.5%
Black African & White	885	0.1%	0.2%
Asian & White	2,516	0.4%	0.4%
Other Mixed	1,733	0.2%	0.3%
<i>Asian or Asian British</i>			
Indian	12,303	1.7%	2.1%
Pakistani	15,064	2.1%	1.4%
Bangladeshi	2,537	0.4%	0.6%
Other Asian	2,386	0.3%	0.5%
<i>Black or Black British</i>			
Black or Black Caribbean	6,718	0.9%	1.1%
Black African	2,435	0.3%	1.0%
Other Black	1,165	0.2%	0.2%
<i>Other Ethnic Group</i>			
Chinese	3,447	0.5%	0.5%
Other	2,528	0.4%	0.4%

Referrals into the treatment system:

Source	2005/06	2006/07
GP	260 (14%)	205 (15%)
Self	441 (24%)	293 (22%)
Criminal Justice	366 (20%)	349 (26%)
Other	765 (42%)	478 (36%)
<b>TOTAL</b>	<b>1832</b>	<b>1325</b>

Referral destinations by agency:

Referral made to	2005/06	2006/07
DRR	58 (3%)	57 (4%)
NFA	57 (3%)	32 (2%)
CDTS	714 (39%)	529 (40%)
RAPS	211 (12%)	314 (24%)
LAU	333 (18%)	289 (22%)
Multiple Choice	314 (17%)	55 (4%)
ADS	145 (8%)	49 (4%)
<b>TOTAL</b>	<b>1832</b>	<b>1325</b>

Movement within the treatment system.

Referrals made by	2005/06	2006/07
DRR	88 (8%)	169 (22%)
NFA	38 (3%)	37(5%)
CDTS	208 (18%)	153 (19%)
RAPS	113 (10%)	185 (24%)
LAU	303 (27%)	87 (11%)
Multiple Choice	319 (28%)	134 (17%)
ADS	61 (5%)	20 (3%)
<b>Total</b>	<b>1130</b>	<b>785</b>

Referrals made to	2005/06	2006/07
DRR	175 (15%)	130 (17%)
NFA	23 (2%)	11 (1%)
CDTS	387 (34%)	220 (28%)
RAPS	125 (11%)	81 (10%)
LAU	140 (12%)	133 (17%)
Multiple Choice	228 (20%)	180 (23%)
ADS	52 (5%)	30 (4%)
<b>Total</b>	<b>1130</b>	<b>785</b>

Number of referrals coming out of each agency in 2006/07

Agency	Referrals out of agency 2006/07	Referrals out of agency as a % of number in treatment
DRR	169	47%
NFA	37	15%
CDTS	153	8%
RAPS	185	33%
LAU	87	10%
Multiple Choice	134	11%
ADS	20	11%
<b>Total</b>	<b>785</b>	<b>-</b>

## Met and Unmet Need

By examining the treatment system map, client profile and the retention in treatment data it can be seen that the treatment system appears to be meeting the needs of:

1. Male clients as more male than female clients are known at each stage of the treatment journey, however more female clients are retained in treatment.
2. White clients as there are more white clients known to treatment at each stage of the treatment journey than any other ethnic group.
3. Drug users aged 25-34 as the majority of clients at each stage of the treatment journey fall into this age group. There has however been an increase in the percentage of 35-64 year olds that are entering treatment or who are in treatment.
4. Opiate users as more opiate users are known to each stage of the treatment journey and they have the lowest unplanned discharge rate.

This would seem to suggest that there are gaps or areas requiring service improvements to meet the needs of:

1. Female drug users as there are significantly less female drug users known to treatment at each stage of the treatment journey.
2. Drug users from Black, Asian and other ethnic groups as there are less clients from these ethnic groups known to each stage of the treatment journey. Black and Asian clients also have the highest unplanned discharges.
3. Drug users aged 18-24 as there are less clients from this age group that are known to treatment at each stage of the treatment journey, they are less likely to be retained in treatment for 12 weeks or more and they have the highest unplanned discharge rate.
4. Non opiate drug users as the unplanned discharges for drug users of other drugs is significantly higher than that of opiate users. Cannabis users have the lowest percentage of clients that are retained in treatment for 12 weeks or more and they also have the highest percentage of unplanned discharges.

## Discharge Rates

In 2006/07 a total of 1189 clients exited the treatment system compared to 816 in 2005/06. The following table shows how many exits were planned, unplanned and referred on. The number of planned and referred on exits from the treatment system have increased. The number of unplanned exits from the treatment system have increased from 614 in 2005/06 to 775 in 2006/07. Despite this increase in the number of unplanned exits the percentage of unplanned exits has actually gone down from 75% in 2005/06 to 65% in 2006/07.

	2005/06	2006/07
Planned	121 (15%)	224 (19%)
Unplanned	614 (75%)	775 (65%)
Referred on	81 (10%)	190 (16%)
<b>Total</b>	<b>816</b>	<b>1189</b>

Behind the headline data the assessment is producing highly detailed information that requires specific planning. The challenges include:

- A slight increase in the proportion of females entering treatment.
- Opiate misuse continues to report as the main drug of choice, but increases are now being seen in Crack misuse, this is reflected in drug testing data where Crack reports higher than opiates. There is also a significant increase in the reporting of cannabis.
- An ageing population entering treatment focusing on the 25-34 year age group.
- Although BME groups appear to be reporting low representation, a large percentage of clients are being recorded as ethnicity unknown.
- The highest level of referrals in to treatment go to the CDTS, yet the lowest number of referrals into other services are from the CDTS at only 8% of their treatment number.
- Completing a full analysis into retention and planned discharge performance leading to detailed action plans for achievement against agreed partnership targets.
- Measuring effective treatment outcomes including the development of reporting outcomes by wrap around services against care planned targets.

Partnership support and planning groups will address key questions from the needs assessment process over the coming months. These will focus on the changing client profile, efficient movement within the system, completions of treatment and understanding the needs of all client groups in Leeds.

### **Strategic Priorities**

The publication of the Public Service Agreement 25 'Reduce the Harm Caused by Alcohol and Drugs' clearly details national priorities in addressing substance misuse. In support of these priorities the development of key areas follows the collation of initial findings from the above process and consultation with local service providers including the involvement of service users. Through Partnership consultation an overall target for increasing the outcome of effective treatment has been developed, including specific agreement with the PCT linking the Partnership target to the Vital Signs strategic framework VSB 14 within health. This target is also detailed as a specific improvement priority within the Leeds Local Area Agreement.

In the past year, integrating the drug strategy with the Partnership plan enabled us to attract additional grant funding through Neighbourhoods Renewal Fund to support service delivery, especially within commissioned DIP services. Although there have been significant reductions in these grants for the forthcoming year, the Partnership are able to look at other funding streams, and through partnership working, release funding opportunities beyond previous allocations to support delivery of the treatment plan.

The Partnership recognises the need to focus planning on a clear evidence base, and is committed to meeting the following strategic priorities through this treatment plan:

### Commissioning a Local Drug Treatment System

The Partnership will continue to ensure that the most effective system is provided for the commissioning of services. This will ensure the effective delivery of the treatment plan, robust contract and performance management, effective planning and development and sound financial management. This will also include the ongoing development of an IT data infrastructure which will enhance our monitoring, performance management and ability to produce a robust needs assessment. Additionally, the following key priorities will be delivered.

**The implementation of a single Partnership Resource Group commissioning process, including a full review and new design for planning, performance management and delivery co-ordination.**

**Full review of the Models of Care system in Leeds including partnership wide agreement on information sharing, updated common assessment tools, treatment system pathways including criminal justice to community, engagement of BME communities and service accessibility.**

### Sub Priorities

- The delivery of a cross cutting influence on partnership activity which will dovetail drug treatment delivery with all key themes within the Local Area Agreement.
- Enhanced performance management at both a provider level and for agreed partnership outcomes.
- Development of rolling needs assessment which will be integrated with the Partnership Strategic Assessment, including adults, young people and IDTS.
- Continued development of User Involvement with continued resource support to enhance groups at both provider level and the representative group at Partnership level. This to include full involvement at all stages of planning and development including advisory roles in specific service development.
- Continued commitment to the roll out of ILLY Care-Pathway NDTMS reporting and case management system across providers. This to include the effective reporting of TOPs. The development of Partnership NDTMS reporting for IDTS to fully incorporate into processes, and the implementation of tier 2 reporting across harm reduction and needle exchange services.
- Implementation of Information sharing agreements across the Partnership to include over-arching partnership agreement with sub-agreements for DIP/Offender Management, community treatment and performance management reporting.
- Review and development of existing common assessment tools to ensure full compliance with required core data sets and TOPs. This to also include an effectiveness review for the delivery of effective outcomes.
- Monitoring of the effectiveness of existing care pathways, and where required further development for the achievement of treatment outcomes.
- Joint working with the PCT to develop current pathways from prison to community, including effective movement to DIP, Offender Management processes for PPO's, community based treatment and after-care services.

- Continued monitoring of access to treatment for hard to reach groups and BME communities. This to include appropriateness of services, accessibility and geographical locations.
- Full review of the delivery of support services to Carers including the development at Provider level of joint working with existing community carer services.
- Continued review and updating of workforce requirements, this to include provider audits and contract review to ensure all staff meet nationally recognised standards and have personal development plans in place and are regularly reviewed.

### Access and Engagement with the Treatment System

The Partnership will ensure the delivery of a treatment system that ensures equal access for all on a locality basis. Engagement with treatment will be planned as the beginning of a journey that will be seamless and allow for maximum movement. The development of a 'through care' process will be established for all clients to provide a seamless treatment journey. In reviewing activity data from Harm Reduction services it is clear that a large number of people are engaged with these services and yet to move into structured treatment regimes. There will be a greater focus on providing support at tier 2 level that will increase engagement with the treatment system, this will be a large factor in increasing our impact on our PDU and increasing treatment effectiveness. Additionally, the following key priorities will be delivered.

**The development of an Integrated Offender Management model to target the most problematic offenders, including speedy access to treatment for those who misuse drugs.**

**The implementation and delivery of an effective service to those who have concerns regarding Blood Borne Virus including screening, testing, support and treatment.**

### Sub Priorities

- Provide a programme that ensures effective management of PPO's and other high concern offenders through locally based case management, access to treatment, joint working with wrap-around services. This is for both community based offenders and those released from custody.
- Focus on partnership working between criminal justice sector, treatment, prison services, housing agencies, training and employment agencies and benefits support.
- The development of close working between Offender Management and DIP services, and where required agreed joint working processes.
- Continued provision of city-wide specialist harm reduction services as a key point of access. This to include comprehensive needle exchange services through specialist locations, outreach and pharmacy schemes.
- The improvement of access to support and treatment services for all clients at risk of BBV, this to include access to specialist services within acute trust provision.
- Continued provision of harm reduction advice and support to all clients across all tiers of service.
- The further development of brief interventions, motivational support and group programmes across key services.

- The delivery of a 'through care' system from point of entry right through the treatment process to discharge from treatment. This to be care planned based and to move with the client throughout their journey.

### Retention in and the Effectiveness of the Treatment System

The Partnerships re-commissioning of the elements that form a city-wide Community Drug Treatment Service will be the core of community based treatment, supported and enhanced by linked specialist services, other structured programmes and supported access to tier 4 services. Additionally, the following key priorities will be delivered.

**The implementation of a consistent Care Coordination approach to all service users in tier 3/4 treatment that provides a named key-worker, effective care planning including quality measurement and treatment outcome profile reporting. The delivery of care-planning to be audited and regularly monitored as part of commissioning processes.**

**To ensure that all care planning and treatment delivery focuses on holistic packages of care, recognising social, behavioural and physical needs in addition to medical needs.**

### Sub Priorities

- All aspects of treatment delivery to be monitored through established audit processes at both provider and partnership level. These to ensure full compliance with published guidelines, quality standards and agreed governance processes.
- Work with the PCT to monitor and review clinical delivery in line with DH guidelines and local clinical governance. This to include an action plan for the implementation of the recently published revised 'Orange Guidelines'.
- The development of group programmes including motivational enhancement therapy and relapse prevention within community services.
- Continued development of the 'shared-care' service to focus on appropriate delivery and effective support to both clients and providers within the service.
- The development of multi-agency provision of care where required through effective care coordination and case conferencing. This to focus on client need and the potential for receiving appropriate support services across agencies whilst in pharmacological services.
- All care planning to be focused on holistic outcomes for all clients, incorporating the ongoing planning of social, behavioural and physical needs alongside any medical care.
- Further development of joint working across partners, including care coordination for criminal justice and community clients.

### Outcomes, Discharge and Exit from the Treatment System

The Partnership will ensure that intensive focus is given to successful completions of treatment, including the recognition that this includes effective aftercare for all service users resulting in clear outcomes. This will aim to achieve full re-integration into the community, access to housing and employment / training opportunities where required and developed personal relationships and support networks. Additionally, the following priorities will be delivered.

**The development and commissioning of an effective city-wide aftercare service for all service users moving through the treatment system.**

**The implementation of joint working processes with providers of housing services, benefits support and advice, employment / training schemes and other long term support services across Leeds.**

#### Sub Priorities

- Full review of existing community structured care provision including after-care services. This to lead to a re-commissioning of a city-wide service focused on providing structured programmes and after-care services for all care planned clients within the treatment system.
- As previously described the integration and development of joint working protocols across the partnership for working with Supporting People, housing support, progress to work, benefits/debt support for all community and criminal justice clients.