



Derby City

Adult and Young Persons drug treatment plan 2009/10

Part 1: Strategic summary, needs assessment and key priorities

The strategic summary incorporating the findings of the needs assessment, together with local partnership ambition for effective engagement of drug users in treatment, the funding and expenditure profile, harm reduction and primary care self audits 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

Following the extensive reconfiguration of adult services and the development of young person's services Derby City is now extremely well served in terms of meeting drug treatment needs. Numbers in treatment are at a record high with services in place that are meeting diverse treatment needs whilst ensuring access to service is as immediate as possible. The priority for 2009/10 is now to bring adult alcohol treatment services up to the same high achieving standard. Details of this work are available in the Alcohol Harm Reduction Strategy and Action Plan and the current Alcohol Treatment Proposal Consultation. This summary focuses upon the ongoing development of adult drug treatment and young person's substance misuse services. Adult drug treatment, adult alcohol treatment and young person's substance misuse services are the three key strands of work taken forward by the multi-agency Joint Commissioning Group (JCG) as led by the Community Safety Partnership and NHS Derby City. All three strands are integrated in their delivery ensuring maximum efficiency of resources and systems of care.

The plan's implementation is led by the Drug and Alcohol Strategy Team and is overseen (as is the Alcohol Harm Reduction Strategy) by the JCG. The lead responsibility is shared over drugs, alcohol and young person's substance misuse themes by the Community Safety Partnership, NHS Derby City and the Children and Young Persons service. Alongside these key partners (and other stakeholder agencies such as Probation and Police) service providers, carers and service users have all been involved in planning treatment developments for 2009/10 and will play key roles in ensuring the plan's successful implementation.

Having established a model that is integrated and successful in ensuring access to treatment the next developmental stage for adult drug treatment services (and therefore the priority for 2009/10) is a focus upon achieving successful treatment outcomes as evidenced via the National treatment outcome profiling tool.

In relation to young person's substance misuse services the priority is upon ensuring integration between the provision of targeted, top-end need (the responsibility of the Drug and Alcohol Strategy Team) with universal childcare and education services that are the responsibility of Children and Young Person's Services.

In summary key areas that feature in the planned development over 2009/10 for adult services include;

- A focus upon 17 to 24 year olds and ensuring those with treatment needs are engaged at an earlier stage.
- Building upon the successful development of closer links with housing ensuring a holistic approach is taken in meeting the health and social care needs of drug dependent individuals and thereby improving the likelihood of positive treatment outcomes.
- Further develop the effectiveness of and availability of residential treatment options for both rehabilitation and detoxification ensuring it is an accessible treatment option in the range of available services.
- Ensuring that the treatment system continues to operate under an enhanced, robust clinical governance framework and evidences successful treatment exits and improved social functioning for clients
- Continuing to ensure the criminal justice system is well served with strong and effective treatment links helping to break the links between dependency and crime helping to retain Derby City's safe city status.
- Establish a new joint working relationship with the Department for Work and Pensions ensuring a positive engagement between the treatment services and the welfare system and thereby help individuals break free from being dependent upon both drugs and the welfare system. This will include agreed treatment pathways, dedicated referral and single points of contact and information sharing.
- Ongoing work with NHS Derby City in ensuring mainstream health provision incorporates drug and alcohol treatment at an appropriate

level of provision with a specific need to ensure drug and alcohol help is available through this provision to members of the Asian community who choose not to access the specialist services on offer in the City.

- Protect and continue the current arrangements and systems that have proved effective in significantly reducing the number of drug related deaths and ensured the highest standards in clinical care and management of potentially dangerous prescribed drugs and contributed so much to the harm reduction approach adopted within the City.
- Make safeguarding the children and young people of problematic drug users the priority within the assessment processes used by treatment services with continued global support for the family and carers agenda.

Key areas that feature in the planned development over 2009/10 for young person's substance misuse services include;

- Full integration with the Children and Young People's Plan 2008 – 2011 to support the delivery of all 5 Every Child Matters outcomes, specifically the 'Be Healthy' outcome.
- Ensure joined up commissioning and planning by formulating clear links between the JCG and the CYP Commissioning structures.
- Close working with CYP to ensure earlier intervention and promote prevention, specifically targeting those young people that are most vulnerable
- Continuing to deliver positive treatment outcomes.
- Embedding substance misuse within the Youth Offending Triple P Parenting programme.
- Considering the sustainability of the "Breaking the Cycle" programme and making safeguarding an issue at the heart of all service provision.
- Including alcohol conditions within ABCs and ASBOs where alcohol misuse is a contributing factor

- Ensure joint planning and strong delivery links with children and young people's services including the Teenage Pregnancy Reference Group, the Youth Offending Management Group, the Healthy Schools Management Group, the Targeted Youth Support Co-ordination Group and the Adult and Young People Alcohol Harm Reduction Strategy Group.

Needs Assessment – an evidence based approach

The illicit drug market in Derby City is dominated by heroin with only a limited amount of crack cocaine use in the city. When crack cocaine is used it tends to be a secondary use. Alcohol is of course the dominant substance of misuse in the City but it also features as the most commonly used secondary substance of abuse for those with Class A drug dependency. As drug treatment is increasingly successful in the City alcohol use appears to increase. Over 25's appear to prefer heroin use whilst 18 – 25 year olds adopt are more likely to prefer to use a range of legal and illegal drugs depending upon their activity. Research suggests the drug market in Derby has been fairly stagnant over the last few years with a possible exception of an increased use of solvents among young people.

Estimates are consistent in identifying some 2,000 individuals among Derby's population who have a problematic drug dependency type of use. Given year end prediction for access to services is in the region of 1,660 this illustrates that less than one in five are not accessing services. This is a very high ratio or penetration and compares very favourably with other areas. Even in traditionally challenging areas such as engagement of BME clients, 81% are shown to be effectively engaged which again compares very favourably with other areas. Research, assisted by current services users, into who is not accessing service has identified;

- Those currently in prison.
- Some 18 to 25 year olds whose level of use has yet to be recognised by them as dependent level and therefore problematic.

- Some individuals who are using to dependency levels, recognise their dependency but who are simply not ready to change their behaviour, address their dependency and who are not coming to the attention of the criminal justice system.
- Some individuals from Asian families who won't use local services for culturally restrictive reasons and either do not access services or return to the county of family's origin to overcome their dependency.

In respect of young people evidence suggests there is very little unmet need in the City with those being identified as needing treatment accessing it. There are concerns though that there are an estimated 2,300 pupils aged 11 to 15 who could potentially be consuming over 10 alcohol units a week. This highlights that alcohol as the gateway drug or entry level drug of choice for substance misuse and heightens the need to successfully prevent, deter escalation and education its use among the young. Estimates of the prevalence and use of cannabis combined with the recent evidence highlighting the increased risks associated with the use of cannabis in the early to mid-teenage years when the brain is still in development also requires a focused approach upon this risk area and the need to provide clear advice and guidance to help young people make informed intelligent choices despite the confusion in this debate and the mixed messages of government and society.

Treatment Plan Objectives

Detailed treatment plans have been drawn up for both adults and young people that show planned developments across both groups. This summary references the planned action and readers are directed to the full plan for further details.

Young People

- Continue to develop robust and effective joint planning and commissioning arrangements for specialist substance misuse services

in line with Every Child Matters and National Treatment Agency Guidance

- Support universal and targeted services to develop and implement prevention and early intervention initiatives targeted at those young people most at risk of misusing substances, specifically alcohol
- Improve access to treatment for diverse and vulnerable groups thereby ensuring equitable and culturally access that is discreet and delivered as part of mainstreamed
- Develop referral pathways into treatment with accommodation providers through the hostel liaison group to ensure young people who misuse substances are appropriately accommodated
- Carry out an ongoing review and performance monitoring of treatment services to ensure they and the model of delivery is matching changing treatment needs and meeting changing drug trends
- Prioritise delivery of targeted and specialist treatment interventions within the Youth Offending Service and Anti – Social Behaviour Team in line with Youth Justice Board key elements of effective practice 2008, and National Treatment Agency best practice guidance (2007)
- Continue to enhance harm minimisation/sexual health services to all young people accessing specialist treatment services, prioritising those young people in high risk groups (injecting drug users, young people associating with drug users, young people engaging in risky sexual behaviour)
- Improve reporting on the safeguarding of children, young people and vulnerable adults living with drug and alcohol misusing parents and deliver interventions to ensure the harm caused by substance misuse is minimised
- Develop a comprehensive communication strategy promoting the risks of solvent use to universal and targeted services, parents/carers and the wider community, as part of the CSP communication strategy.

- Further develop transitional arrangements for Young People (17 – 24) providing awareness raising prevention and bespoke therapeutic interventions appropriate to need for opiate and non-opiate drug use.

Adults

- Re-profile the CSP Drug and Alcohol Strategy Team to increase capacity to deliver the adult and young people Drug and Alcohol Strategies and Plans.
- Carry out an ongoing review and performance monitoring of treatment services to ensure they and the model of delivery is matching changing treatment needs and meeting changing drug trends reinforcing the emphasis upon positive treatment outcomes.
- Continue ongoing work in developing robust clinical governance arrangements across all the City's substance misuse services.
- Develop a comprehensive drugs and alcohol communications strategy promoting the full range of services available in the City and disseminating consistent harm reduction and health messages.
- Improve access to treatment for diverse groups thereby ensuring equitable and culturally access that is discreet and delivered as part of mainstreamed existing services available at a local neighbourhood level.
- Ensure, under the leadership of the Clinical Director, the further development of Shared Care services increasing overall capacity and system throughput and culturally promoting the attainment of positive treatment outcomes.
- Further develop transitional arrangements for Young People (17 – 24) providing awareness raising prevention and bespoke therapeutic interventions appropriate to need for opiate and non-opiate drug use.
- Improve reporting of the safeguarding children, young people and vulnerable adults living with those who use drugs and/or alcohol and

deliver a range of interventions with the intention of substance misuse harm to these individuals is minimised.

- Increase tier 2 social inclusion support through day time peer led mutual aid groups with a view to positively influencing treatment outcomes.
- Continue to enhance the harm reduction framework in the city focussing on strategic management, blood borne viruses, drug and alcohol related deaths and general health care.
- Continue established work in forging closer links with local Housing Providers and seize opportunities where this close working can be turned into dedicated support programmes such as the Step-Up project, or the work with Supporting People in joint funding key projects.
- Continue the ongoing local negotiation with partners in DWP to ensure planned development of closer working results in improved treatment and welfare benefit outcomes. To deliver this alongside the similar developments currently underway with Priority Prolific Offenders ensuring an integrated approach that remains client focused.
- Maintain the key local strength of achieving the most robust referrals from the Criminal Justice System and the very highly praised contribution drug treatment services make to making Derby City a safe place for people to live, visit and work in.
- Improve the number of care planned discharges from the treatment system and manage change to historical cultures in order to promote the attainment of drug free lives and full community re-integration.
- Continue to work on the development of tier 4 interventions locally in a complimentary manner to the work that is taking place at a regional level focusing upon in-patient detoxification and residential rehabilitation.

Adult Plan Part 2 – Treatment Priorities

1. Improved engagement of under 25s:

Our current baseline is just under 79%.
Target 83% an increase of over 4%.

2. Improved successful treatment exits for all clients:

Our current baseline for this last year is 19%.
The national average is 36%.
We aspire to achieve the national average.

3. Improved successful treatment exits – under 25s:

Our current baseline for the latest year (Oct 07-Sep 08) is 25%.
The national average is 38%.
We aspire to achieve the national average.

4. Improved housing status – all clients:

Our baseline for the latest year is that 13% of all new presentations have a housing problem at presentation.
The national average is 22% so we are already under and commit to remaining so.

5. Improved access to Tier 4 interventions

Our baseline (reflecting 08/09 1154 in effective treatment) for tier 4 drug interventions is 2%. Our aim is to increase this to 3.5% for 09/10. An accepted national average is between 5 and 10% based on research.