

Cambridgeshire Drug Action Team

Adult drug treatment plan 2004/05 **Part 1: Strategic summary**

This strategic summary and attached planning grids have been approved by the DAT and are submitted as our collective action plan responding to the needs of people with substance misuse problems in the DAT area.

Signature

**Chair, Cambridgeshire DAT
(on behalf of the Partnership)**

Signature

Chair, Joint Commissioning Group

1 Strategic summary

(a) 1.1 Describe your understanding of the problem drug situation in your DAT area. (Max. 150 words)

The main problem drug of use in Cambridgeshire is heroin. There are small numbers reporting to treatment services for crack cocaine use in isolation, however a large proportion of heroin users also use crack cocaine. There are also a large number of heroin users also reporting heavy alcohol consumption. The perception of problem drug use is compounded by the focus on the most chaotic users in particular areas.

Estimates indicate in excess of 1,000 problem drug users in Cambridgeshire (using the Drug Treatment Demand Model), and this is reflected in the numbers we have seen accessing treatment over the past year.

97% of our current drug service users are classified as White British. We are aware that our ethnicity recording is not as accurate as it should be and steps are being taken to remedy this. We have a range of treatment services available, from Shared Care GP's treating their own patients, through GP led clinics with experienced GP's seeing a wide range of patients, to the specialist consultant led drug treatment services. The county has effective arrangements for both community and in-patient de-tox.

There are robust street and open access services, offering a variety of interventions designed to maximise client engagement. There is a range of voluntary organisations within the DAT area and we are currently developing integrated pathways with them to ensure an effective system.

1.2 What will the DAT commission in 2004/5 and beyond to meet these needs?

- 0.6 of a Consultant with a special interest in substance misuse, together with a senior house officer to enhance the medical provision to the Huntingdon, Fenland and East Cambs areas of the DAT, offering sessions for the clients within the 3 CJI teams.
- Further training of GP's who wish to prescribe for their own patients within a shared care system. This will be accredited and be delivered locally.
- Pharmacy based interventions such as supervised administration will be built upon to ensure pharmacists are an integral part of the treatment system.
- Work will be undertaken to achieve a greater skill-mix within Tier 3 treatment teams as well as a review of the prescribing policies around the county. Therefore leading to a client lead approach rather than one that is consultant led.

1.3 What progress has been made to date?

- 31% of practices in Cambridgeshire are engaged in Shared Care. There have been misunderstandings as to the definition of shared care, however this work is being built upon.
- Pharmacy and GP training sessions have been initiated locally. There have been changes made in the way in which pharmacists are re-numerated for needle exchange; this is in order to enhance the number of returns from users. The benefit of this change in system is already becoming evident.
- The DAT and CDRPs funded a travellers organisation to develop drug awareness the travelling community. This been recognised as an example of good working practice by the Home Office and has been mainstreamed into the work of the organisation.
- Observed consumption within pharmacies will be commissioned across Cambridgeshire. This is currently being implemented with pharmacies in specific areas targeted, in line with identified need. This process will enable the transfer of client treatment from the specialist services to shared care where appropriate.

1.4 What are the DAT's top treatment priorities for 2004/05?

- Reducing waiting times within Tier 3 treatment services. Maintaining these reductions once achieved.
- Work with the treatment services to broaden treatment options available.
- Increase the core capacity of Tier 2 "street level" agencies where appropriate.
- Recruit two GP practices to offer services within the enhanced GMS contract.
- Further develop the links between criminal justice system and treatment agencies
- Ensure that there is a comprehensive network of needle exchanges around the county
- To ensure all clients have access to structured day care programmes.
- Enhance links between housing providers and treatment agencies to ensure clients have access to supported accommodation where appropriate.
- Develop aftercare support for those leaving treatment.
- Continue training for GP's to work in a shared care system. Recruiting a further GP with a Special Interest to commit to the delivery of training GPs, to cover the present GPSi who will be taking a sabbatical.

2. Building treatment capacity

The national target is to increase the participation of problem drug users in drug treatment programmes by 55% from 1998/99 by 31 March 2004 and by 100% by 31 March 2008, increasing year-on-year the proportion successfully sustaining or completing treatment.

2.1 Numbers in treatment

How many drug users have had structured treatment to date/planned for future years?

Year	2002/03	2003/04	2004/5	2005/06
Total number in treatment	339	Planned 500	600	700
% change over previous year	-19.1%	47.5%	20.0%	16.7%

2.2 Commissioning

How many treatment places has the DAT commissioned to date and plan to commission in future years?

Treatment modalities	Treatment places			
	2002/03	2003/04	2004/05	2005/06
In-patient treatment		2 beds available – 730 bednights	Continue existing arrangements, spot purchase if extra capacity is required. Careful monitoring of usage	Review against demand for 04/05
Residential rehabilitation		Criteria are in place and 10 places in-year have been utilised	Spot purchasing arrangements will continue with a directory being drawn up of user	

			feedback and outcomes	
Specialist prescribing		Caseloads of 40/CPN would indicate a capacity in excess of 500	Current caseloads and activity needs reviewing. Baseline needs establishing, Trust reconfiguration has impacted on proven investment levels.	Ratification of Treatment as a whole system approach will allow a minimum of 650 clients to be in treatment .
GP prescribing		Capacity is increasing	Further training of GP's, Pharmacy Based Supervised administration Programmes and re-configuration of treatment service provision will expand capacity by 100 slots	As above. Working towards at least 25% of patients, 175 to be in Shared Care by the end of 2005, and 40%, 280 by the end of 2006.
Structured day programmes		None currently, although some is offered in voluntary sector.	Review of existing programmes and commissioning slots within OSAP Criminal Justices day programme, whilst baselines are established	
Structured counselling		This year's activity will inform on need and commissioned activity will take place against that information	We will commission specific structured counselling packages against identified need.	
Totals		500	600	700

2.3 Successful completion rates (planned discharge)

What percentage targets has the DAT set for successful completions (i.e. planned discharges), within each treatment modality?

Treatment modalities	Completions			
	2002/03	2003/04	2004/05	2005/06
In-patient treatment	This is a new request	33% on first admission	50% on first admission	60% on first admission
Residential rehabilitation	As above	40% on first admission	50% on first admission	60% on first admission

Specialist prescribing	As above	60% retention	75% retention	80% retention
GP prescribing	As above	75%	80%	85%
Structured day programmes	As above		50% of commencements	80% of commencements
Structured counselling	As above	60% retention	70% retention	80% retention
Totals				

2.4 GP shared care

The national target is to increase the numbers of GPs participation As above g in the shared care of drug users to 30%. Please set out the progress that is being made locally and future plans.

Year	2001/02	2002/03	2003/04	2004/05	2005/06
Total number of GPs in DAT			340	342	345
% engaged in shared care	N/a	Incorrect interpretation submitted	31%	40%	50%

3. Harm reduction initiatives

Government has set targets since 1998 for the reduction of reported injecting drug use and paraphernalia sharing, and increases in the numbers of such drug users who have been vaccinated against hepatitis B.

3.1 Injecting drug use

For prevalence of injecting and sharing, please use data collected via the service level agreements in the DAT area

Year	2002/03	2003/04	2004/5
% drug users injecting	48.7%	Tba	-5%
% drug users sharing	27.1%	tba	-10%

3.2 Blood-borne virus control

What are the DAT's targets for numbers of intravenous drug users vaccinated against Hepatitis B?

Year	2002/03	2003/04	2004/5
Target number of vaccinations	No Target set	tba	Plus 20% on 03/04

3.3 Needle exchange programmes

Please enter the number of people the DAT provides needle exchange for at centre-based or outreach/mobile drug specialist facilities, to date and intends to provide in future years. This number should be taken from service level agreements.

Additionally, please enter the total number of possible pharmacy outlets in the DAT area and the percentage that are engaged in needle exchange programmes in the DAT area.

Year	2002/03	2003/04	2004/5
No attending specialist outlets	tba	tba	As 03/04 (no reduction)
No of pharmacies	110	110	110
% in scheme	21	19	40

3.4 Reducing drug-related deaths

The national target is to reduce the number of drug-related deaths by 20% by 2004.

Year	2002/03	2003/04	2004/5
Number of drug-related deaths in DAT area	18	14	14

4. Criminal justice interventions

The Government aims to reduce drug-related offending by using every opportunity in the criminal justice system to identify drug-using offenders and engage and retain them in appropriate drug treatment programmes.

4.1 Enhanced arrest referral (EAR)

Year	2002/03	2003/04	2004/5
Total number of arrests		2595*	
Arrest Referrals		688	
Nos. engaged in Tier 2 EAR	0	35* aspiration (1 to date)	50
% referred to Tier 3 & 4	0	17* numeric	
% engaged in Tier 3 & 4	0	14*numeric	

4.2 Drug Treatment and Testing Orders (DTTOs)

Year	2002/03	2003/04	2004/5
DTTO Commencements	68	60* (to date)	75
DTTO Successful completions	31%	28% (to date)	35%

5. Quality

Briefly describe how the DAT is ensuring quality in drug treatment services.

- An "Organisational and Developmental Review" of Tier Two Service Provision has been commissioned.
- There are, and will continue to be, regular reviews of SLA requirements with agencies. Absolute baselines will be established with each agency.
- Ongoing monitoring of data and information by DAT and JCG
- Seeking user and non user feedback on services
- Implementing DANOS

6. Waiting times

6.1 Waiting times

What are the longest and average waiting times in each treatment modality in the DAT area for the following periods:

Treatment modality	NTA March 2004 target	Longest wait 30 June 2003	Average wait 30 June 2003	Longest wait 30 Sept 2003	Average Wait 30 Sept 2003	Longest Wait 31 Dec 2003	Average Wait 31 Dec 2003
In-patient treatment	2 weeks	12		26		26	26*
Residential rehab	3 weeks	13		N/a		15	2*
Specialist prescribing	3 weeks	6		26		8	6
GP prescribing	2 weeks	2		3		2	2
Structured day care	3 weeks	N/A	N/A	N/A	N/A	N/A	N/A
Structured counselling	2 weeks	5		12		10	10

6.2 Performance against targets

Please provide a brief explanation of waiting times that fall outside the required targets and what actions and local targets are being set to address this

An Improvement Plan has been received (March '04), by the Mental Health Trust, setting out the actions they will take to reduce waiting times.

A clear definition of Shared Care has now been accepted. Work is underway to enhance and increase the provision of shared care across the county.

Discussions to establish baselines against activity are continuing, currently baselines are disproportionate across the county.

CJIP investment will enhance capacity at Specialist Prescribing Level.

There is now a County-wide Trust Manager in post. It is their responsibility to drive forward the improvement agenda.

Chief Executives are discussing the reconfiguration and modernisation of the tier 3 treatment service in two of the District Council areas within the DAT. The PCT PEC Boards are involved in this.

7. Workforce expansion

The national target is to increase the national workforce establishment by 3000, by 2008.

7.1 Number of staff SOME INFORMATION STILL NOT RECEIVED

Staff group	Staffing establishment at 31/12/03			Planned totals nos. by...	
	Total WTE*	Temporary	Vacancies	March 2005	March 2006
Joint commissioning staff	0.6				
Service managers	4.0				
Nurses	23.5				
Social workers	2		1		
Counsellors					
Psychiatrists/doctors	1.5				
GP prescribers (number)	*				
GP liaison workers	2				
Outreach workers					
Criminal justice workers					
Psychologists	.6				
Admin/support staff	8.75		1		
Occupational therapists					
Complementary therapists					
Others	6.2				

* WTE – Whole time equivalent

7.2 Ethnic Monitoring THIS DATA IS STILL NOT AVAILABLE AND IS NOT COMPLETE

For all staff please indicate how many are:	Practitioners	Managers	Commissioners
Asian or Asian British (Bangladeshi)			
Asian or Asian British (Indian)			
Asian or Asian British (Pakistani)			
Asian (Other)			
Black or Black British (African)			
Black or Black British (Caribbean)			
Black (Other)			
Chinese			
Mixed White and Black African			
Mixed White and Black Caribbean			
Mixed White and Asian			
Mixed Other		1	
White British	23	1	0.6
White Irish			

White other			
Other ethnic background			
Not Stated			
Total			

8. Funding

Please detail all funding available to the joint commissioning group to support delivery of the DAT treatment plan.

Funding source	Amount in 2003/04	Amount in 2004/05	Amount in 2005/06
NTA Pooled Treatment Budget (PTB)	2,021,000	2,021,000	
NTA PTB underspend carried forward from previous year	No underspend – but brokerage used to support nil inflation in 04/05	Brokerage = £244,200	
HO arrest referral	69,000		
Police (inc. ARS)	tba		
CJIP (if applicable)	£35,000		
HO after/throughcare	£0	tba	
PCT mainstream	652,340	652,340 (+ inflation)	
Social services	66,485	66,485	
Probation (inc. DTTO)	55,250	55,250	
Supporting people			
Other: (please specify)			
CAD	15,000		
SRB	42,000		

	Amount in 2003/04	Amount in 2004/5	Amount in 2005/06
Total funding	2,887,075		
Young people's PTB	151,575		
Total: Adult treatment	2,735,500		

Has the DAT created a pooled budget for drug treatment, fully available to the joint commissioning group? **YES / NO**

DATs in receipt of the NTA pooled treatment budget since 2001 must maintain mainstream investments, including inflation uprating, which is subject to audit checking. Lead PCT directors of finance will be required to verify this through the local delivery plan (LDP) reporting process.

Have **all** mainstream funding commitments been maintained and inflation uplifted? * **YES / NO**

*If the answer is NO, please supply a written explanation as an appendix to this strategic summary.