

# SaferPeterborough Partnership

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## Adult drug treatment plan 2010/11

### Part 1: Strategic summary, needs assessment and key priorities

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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.

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## **Overall direction and purpose of the partnership strategy for drug treatment**

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### **Vision**

The strategic development and overall direction of service provision within Peterborough is focused on the delivery of services and outcomes for people that will build safe and more confident communities. The drivers for substance misuse are embedded within the wider SaferPeterborough Strategic Plan, which outlines all the Partnership's priorities for the coming year and cites substance misuse as a cross-cutting issue.

The vision for drug services within Peterborough is for continuous improvement of a local treatment system that meets local need and delivers real outcomes for individuals and the community in relation to drug use.

The key strategic objectives that support the delivery of our vision are:

1. Improved access - ensuring those individuals who need to address their drug use are engaged with effectively and feel able to access services;
2. Harm reduction - ensuring that the potential harm from drug use is minimized through targeted work to reduce risky injecting practice, reduce the likelihood of blood borne virus transmission, and reduce the impact of drug use on communities;
3. Effective case management - ensuring clear pathways through the treatment system and appropriate interventions to meet individuals' needs;
4. Client focused outcomes - ensuring that interventions meet individuals' needs and result in real change;
5. Community reintegration - ensuring opportunities for drug users to move away from drug use.

During the coming year, Peterborough will be undertaking a retendering of its drugs services and redesigning the treatment system locally to ensure that it is fit for purpose. Integral to this exercise is service user involvement, SaferPeterborough are keen to develop a treatment system designed by users for users. Central to this will be services which are responsive and flexible to meet changing needs, in order to maximise engagement, retention and successful outcomes. Peterborough will continue to work with the existing services over the coming year, whilst a redesigned treatment system is developed and tendered, to improve current performance. This dual approach to drive improvement, will seek to achieve an overall reduction of drug related harm to individuals and communities within the city.

### **Likely demand for services**

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Peterborough has demonstrated strength in bringing users into treatment, with a considerable increase of over 90% in the numbers of problematic drug users (PDUs) entering treatment over the past five years; in the last year alone, there has been an increase of 11.6%. Alongside this, there has been an increase in levels of positive drug tests on arrest which would suggest that the PDU population continues to grow. This coupled with the previous prevalence estimate work undertaken, suggests approximately 1,440 PDUs within Peterborough. Of these, just under half are currently in treatment (n= 670), with a further 141 in treatment during the last

financial year, and 97 known to treatment but not currently accessing. There is an estimated 532 individuals unknown to treatment, 37% of the total PDU prevalence estimate. Of these, 210 individuals are known through the DIP.

Analysis of data over the last 5 years, suggests an increase of females entering and remaining in treatment in Peterborough, in contrast to the national pattern.

### *Age*

The biggest percentage increase seen in the PDU levels is amongst the 45 years and older age group. This reflects the overall regional and national trend of an ageing general PDU population.

Data in Peterborough indicates a similar trend to national patterns with regards to the fall in young adults presenting for treatment. Within the 18 – 24 age group, the biggest rise in treatment need is for the use of cocaine. Whereas, the older age groups have evidenced the highest increases in treatment need for the use of opiates or crack. This particular finding was fully supported through the expert groups held.

The overall percentage of young adults in the current treatment population is 11.6%, however, when reviewing the percentage of treatment episodes recorded during the year that this same age group accounted for, the percentage rises to 14.2%. This gives clear indication of the overall regularity with which this cohort of the population comes and goes within the treatment system.

Data on the range of time that it took for the 24 young people who subsequently entered the adult treatment system from young people's services, was between 2 months to 5 years and 2 months. This suggests that there is a weakness in transition from young person to adult treatment; evidenced by the fact that not one person moved directly into the adult system. This lack of continuity of care will impact subsequently on treatment engagement and on successful treatment.

### *Drug of Choice*

Peterborough has a higher level of opiate use reported (81.9%), compared to the regional and national prevalence rates of 74.3% and 74% respectively. Conversely, reported opiate use for 18-24 age bracket is in line with the regional/national levels. The vast majority of PDUs locally are still primary opiate users, although the level of crack use amongst all age groups has significantly increased. In most cases, this is reported as the secondary or tertiary drug used. Of all PDUs currently in treatment, for those recording crack, 90% indicate this as their secondary or tertiary substance. The prevalence rates of all other drugs reported are in line with the regional/national pictures, with the exception of cocaine where Peterborough has much lower prevalence rates. This could indicate low penetration rates of cocaine users accessing treatment. Amongst young adults (18 to 24 years), the level of cocaine, cannabis and alcohol use has increased considerably.

Peterborough's levels of previous and current injecting status amongst those accessing treatment are higher than regional levels and much higher than national rates: 37.3% compared to 28% nationally; reflecting the high levels of opiate use locally. The percentage of injectors did not vary between young adults and the rest of the treatment population. The level of sharing of injecting paraphernalia reported is approximately 1/3 of the level seen regionally/nationally. This is in contrast to information seen through other data and anecdotal reports from services and users, which suggests higher rates of sharing.

## *Ethnicity*

Peterborough faces particular pressure points within the treatment system, compared to other areas both regionally and nationally, due to the changes in population. In particular, the increasing proportion of the population from Eastern European countries. Overall for treatment penetration, there are more than double the percentage of White Other in treatment compared to the proportion of the estimated general population. This would suggest success at engaging with these individuals needing treatment. However, it should be noted that it is a possibility that the population estimates are not wholly accurate and the proportion of the population represented by this group could be underestimated – this issue has previously been raised locally as a concern. There is a concern relating to successful engagement, and therefore potential impact on successful treatment, with this section of the client base due to language difficulties and also the increase in cost of treatment that could be incurred as a result of interpreters.

When looking at the population of Peterborough compared to levels in treatment, the Asian population appears underrepresented. Of slightly over 7% of the total population that are from Indian or Pakistani ethnic backgrounds, this group makes up only 3% of the treatment population. It is not immediately clear if this is because this group are less likely to be drug users, or because they are not being successfully engaged into treatment. This was highlighted last year and remains an area of concern. Of particular note, in relation to British Pakistani cohort, is evidence from Drug Interventions Programme (DIP) data that 80% have an unplanned exit. This is higher than the average for the BME individuals seen through the DIP and could be at least partly explained by the high levels of repeat offenders seen who are either placed on a Drug Rehabilitation Requirement (DRR) or are given a custodial sentence. The key point here is whether or not the overall needs for this group are being met.

### **Access to treatment**

Those individuals entering the treatment system who are previously treatment naïve, are more likely to self-refer, than be referred by another professional, for females this is significantly more likely. The non-treatment naïve sub-group are more likely to be referred into treatment through a criminal justice route.

### **Harm reduction & Needle Exchange**

Around 67% of users accessing the needle exchanges are primary opiate users, which would be expected. The male:female split is approx 4:1, in line with the proportions of those in treatment. Individuals aged 25 to 34 years make up 50% of those accessing needle exchange, whereas within the treatment population this age bracket accounts for 42%. Conversely, age brackets 35 to 44 years and 45 years and over account for 26% and 11% respectively of those accessing needle exchanges, but of the treatment population they account for 32% and 14% respectively. Given that the PDU population is aging, this is unexpected. However, analysis of substances used by the individuals accessing needle exchange shows that 20% of the individuals are using steroids. This raises a particular area of concern for Peterborough around injecting steroid users and harm reduction with this group of individuals.

Ethnicity data indicates 12.5% of the individuals were White Other. This is higher than the level currently accessing the treatment system (8.2%); anecdotal feedback links this cohort with steroid use.

### **Drug-Related Deaths**

Drug-related deaths have spiked following inclusion of the latest available figures, to the end of 2007. This evidences that Peterborough has rates at almost twice the rate seen across the region as a whole and just over twice the rate seen nationally. The level within East Ward is of particular concern.

Males are three times more likely to suffer a drug-related death, and the proportion of deaths between males and females is broadly in line with the percentage split of males and females accessing treatment.

### **Drug Interventions Programme**

In spite of the current economic climate, the number of individuals being arrested and testing positive for drug use is forecasted to show a fall of 1.5% from the 2008 level of 730. However, the breakdown shows that the reduced level of positive tests are accounted for by British and Portuguese nationals.

In contrast, the level of positive tests amongst members of the A8 accession countries has seen large increases. Overall, during 2008 there were 22 positive tests of individuals from the A8 countries; in 2009, this is forecast to rise to 75. This brings with it an additional burden on the drug testing staff and also on the DIP through possible language barriers and the need to use interpreters.

Within Peterborough, young adults account for 45.4% of the individuals tested on arrest with a positive result for cocaine only, compared with 23.9% young adults for all positive test results. If those testing positive for cocaine are excluded then the proportion of young adults falls further to 18.4%. This shows a potential need for treatment services for this young adult group to be tailored towards cocaine.

### **Tier 3 Treatment**

Data indicating the type, or modality, of treatment accessed provides a more detailed picture of the treatment population. This showed that the main treatment type was Specialist Prescribing, which accounts for 67% of all modalities reported (418 out of 626). This was followed by Structured Day Programme (12% - 75), Structured Psychosocial Interventions (6.9% - 43) and GP Prescribing (5.3% - 33). This would fit in with the drug use profiles for the treatment population in that heroin is the most commonly used drug, however, the data indicates that service users accessing substitute prescribing are not progressing on to shared care prescribing arrangements. Those clients in treatment for prescribing and psycho-social interventions tend to be older; the client group accessing treatment through DIP are younger.

### **Tier 4**

During the year 2009/10, there have been no referrals to Tier 4 services at all so far. This is an area of grave concern to the Partnership. Clear pathways and processes are in place to facilitate referral and ensure funding is available and that there is clarity of criteria for access. The lack of referrals suggests that services are simply not offering it as a treatment option. This is supported by the findings of the service users survey, which indicated that none of those surveyed had been offered in-patient detox or residential rehab.

### **Outcomes**

At Partnership level, planned discharge does not include those referred on to other services, giving an overall planned exit rate for Peterborough of 21%, the lowest in the Eastern region. Unplanned exit rates are broadly similar across the three agencies, with none of the agencies achieving the current target level for Planned

Exits of 60%. This was highlighted last year, and performance remains a significant concern for the Partnership.

The majority of unplanned exits (86%) are down to individuals who have been in treatment for less than a year, this compares to 82% of planned exits and 80% of referred ons. Males accounted for 79% of all planned exits, which is greater than their proportion within the treatment population

Of the 79 individuals who were unsuccessfully referred on, 35 of them (44.3%) re-entered treatment through the criminal justice process (either a DRR or DIP). It therefore highlights the need to ensure that when referring an individual to another agency, it is essential that workers ensure that individual does engage at the new agency. This highlights the issue locally of poor case management and inter-agency working.

## **Key findings of current needs assessment**

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Analysis of the treatment system data has shown that specific features of the system are little changed from previous years. Some key findings include:

- Following a year on year increase of PDUs into treatment of 13.3%, against a targeted increase of 5%, there is concern that if the numbers continue to increase at the same rate then services will not have sufficient capacity to meet demand.
- Referred On clients are difficult to track, making analysis of the data for exit reasons at agency level extremely difficult. This is an area which requires further work locally.
- Planned exits in Peterborough as a whole remain a key issue. Following very strong progress in increasing the number of PDUs in treatment, it is a significant concern that the level of planned exits remains extremely low.
- The percentage of females currently in treatment has shown an increase over the last year. However, females as a proportion of the numbers in treatment are still underrepresented.
- In relation to females in treatment, further work is required to understand the reason behind the increased numbers in treatment, and whether this is due to more females accessing or to longer retention in treatment compared to males.
- Data recorded around injecting status shows that levels of injecting remain higher than the national and regional averages, and service users report high levels of sharing equipment.
- Needle exchange data highlights that the 25 – 34 age bracket, as well as White Other ethnicity clients make up much higher than expected percentages of the totals accessing this service.
- Steroid use is an area where increased focus is required locally. Anecdotal evidence indicates that it is largely Eastern Europeans who regularly attend local gyms who are the main users. Improved harm reduction work with this group is needed.

- The increased level of Eastern European positive tests, when compared to British, is leading to a reduced overall level of females that can enter the treatment system through the DIP. Overall, only 9% of positive Eastern European drug tests on arrests are female, compared to over 22% of the British.
- Young Adults (18 – 24 years) are seeing increased levels of usage of cocaine.
- There is a gap in the transition between young people's and adult treatment services. None of the young people in treatment entered the adult treatment seamlessly. Although 67% of the young people PDUs did subsequently appear in the adult treatment system at a later date.

### **Service User Recommendations**

Strong service user involvement has been established over the past year, and SUGA (Service Users Giving Advice) now play a key role in commissioning and contract monitoring of services. As part of the needs assessment process they undertook peer research to gain feedback on services and the overall treatment system within the city. This is the first year such a survey has been undertaken, and the issues raised will impact directly on treatment planning. They are:

- access and understanding of what treatment services are on offer.
- concerns for women who want to access services relating both to interventions by professionals with their children, and support within abusive or violent relationships.
- care planning and care plan reviews, with few respondents understanding the process, having been fully involved, or indeed having seen their care plan.
- consistency in key worker and in consent for information sharing, with respondents noting that constant changes in key workers made building trusting relationships difficult.
- access to prescribing, the need to work toward a reduction in medication and support to access detoxification and rehabilitation. Users also noted that they felt not enough was done to help them reduce their use and become drug free.
- the need for greater knowledge relating to blood borne viruses.
- understanding of complaints procedures and how to raise concerns and complaints regarding a key worker or service.

### **Improvements to be made in relation to the impact of treatment in terms of its outcomes**

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Both service providers and service users agreed that case management is not currently effective within Peterborough and that service users are often not transferred effectively between services. The main barrier to treatment provision identified by both treatment providers and service users was a lack of integrated working between treatment providers and how this can impact on client care plans and potential outcomes. Effective engagement and case management would enable improvements in identifying interventions for individuals and improving blood borne virus testing and vaccination, social functioning, community reintegration. The high levels of unplanned discharge has had a significant effect on positive outcomes.

Outcome monitoring via the completion of Treatment Outcome Profile (TOP) forms has improved, but the gap in those completed for care plan reviews during treatment

would indicate that there is a lack of care plan reviews being undertaken with clients and this in turn may be a reason behind the high numbers of unplanned exits.

The Improving Access to Psychological Therapies (IAPT) service currently being rolled out in Peterborough is designed to help patients with mild to moderate mental health problems, with access to psychological therapies as an alternative to medication or counselling. The programme aims to see people within 10-28 days of referral and can include guided self help, Cognitive Behavioural Therapy (CBT), psycho-educational groups, telephone, employment and social support, advice and signposting. Work is still to be undertaken in Peterborough to establish clear links with drugs services and ensure access for individuals as part of their wider care plan.

As part of the Department of Works and Pensions (DWP) Drugs Strategy, PDUs are able to access a number of mainstream and specialist services designed to help them access treatment and incorporate their education, skills and employment aspirations into their care plans. To support this, Jobcentre Plus (JCP) has introduced a District Drug Co-ordinator to work with drug services to increase the number of PDUs entering treatment and/or accessing Jobcentre Plus services. Training has already been undertaken to support JCP Personal Advisors in identifying suitable individuals to refer into treatment. In the coming year, this work will need to be build upon to embed the pathways between JCP and the drug services.

## Key priorities for 2009/10

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Alongside the key priorities identified below, there are a number of areas of 'business as usual' for the Partnership, which supports the delivery of drug treatment in the city. These include:

- regular performance monitoring of services and support to improve;
- clear governance and accountability structures embedded within the CDRP and consequent regular reporting to the SaferPeterborough Board;
- joint work with HMP Peterborough to deliver Integrated Drug Treatment System (IDTS) within the prison setting and ensure continuity of care onwards into the community (and vice versa);
- a clear remit to continue to develop strategic links across all areas of business within the local strategic partnership.

The key priorities identified for the coming year recognise that Peterborough still has some considerable areas of challenge ahead and that it is not possible to achieve everything at once, the priorities have therefore been agreed as those which will have greatest positive impact on our services and drug users, and therefore subsequently on our communities.

- **clinical governance** – continuing the work begun during 2009/10 through case file audit and service review, and ensuring that at strategic level the clinical governance framework for substance misuse is embedded within the wider NHS clinical governance framework and that of the prison.
- **case management and continuity of care** – improving: the movement of drug users through the treatment system; the assessments and care plans developed to support their recovery; and the support to access the full range of interventions seamlessly. This in turn should have a subsequent positive impact on planned exits.



- **effective access for priority groups** – developing appropriate services and interventions across the treatment system that meet the different needs of young adults and of BME (in particular A10 nationals) drug users, given the potential under-representation from these groups within services. Work will also be undertaken to develop interventions for cocaine and for steroid use to meet emerging need.
- **safeguarding** – continuing the work already started within the city to ensure appropriate and effective safeguarding of both adults and children, aligning our work with that of the Think Family agenda and ensuring swift implementation of the national NTA and DSCF protocols on safeguarding children.
- **recovery and reintegration** – supporting effective access to Tier 4 services and planned exits from treatment back into the community, thereby working to prevent relapse, with particular focus on accommodation and employment, and on mutual aid.

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