

Meeting: Haringey Strategic Partnership

Date: 7 May 2009

Report Title: Adult Drug Treatment and Young People's Substance Misuse Plans: Key Priorities for 2009/10.

Report of: Marion Morris, Drug and Alcohol Strategy Manager

Purpose

To inform the Safer Communities Executive Board of the key priorities in 2009-10:

- Haringey Adult Drug Treatment Plan
- Haringey's Young Peoples Substance Misuse Plan

Summary

Adult Drug Treatment Plan 2009-10

In line with PSA 25, the purpose of Haringey's adult drug treatment strategy is to reduce the harm caused by drug misuse to Haringey's residents. The drug treatment system aims to improve both the health and wellbeing of the community and to reduce drug related crime. Our treatment services are designed to respond to the diverse needs of all of Haringey's drug using population; offering them accessible, timely and appropriate drug treatment, delivered by a skilled and effective workforce. Central to this focus is the involvement of service users and carers in the ongoing development of our treatment system.

In 2009/10 we will seek to ensure that the DAAT can continue to deliver effective services to meet our community's needs; our treatment plan prioritises improvements in the effectiveness of treatment and mechanisms to ensure existing treatment services (tier 3) can be delivered in the most cost effective ways.

Some of the key priorities in the adult drug treatment plan are:

Harm reduction

- Development of an action plan against harm reduction audit
- Deliver an updated Harm Reduction Plan
- Continued work to reduce drug related deaths
- Expansion of harm reduction services into tier one i.e. hostels work

Open Access

- Complete an analysis of how open access services are being used and by whom.
- Improve engagement of crack users through integration of the service within Bruce Grove e.g. DIP and BUBIC clients referring into EBAN.
- Profile DIP clients dropping out at different points of the assessment and engagement process.
- Work more closely with prisons to ensure continuity of care between prison and community, continuing to have a prison liaison worker in Pentonville

Retention

- Use the DIP Needs Assessment to plan reductions in attrition
- Improve access into treatment for those leaving prison.
- Review service needs of 18-25 year old service users
- Review psychological services
- Re modelling and re-tendering of structured day care
- Develop a program of clinical governance auditing
- Drive forward Inclusion of TOP as a clinical review tool
- Ensure that sex workers continue to access prescribing
- Improve access to community alcohol detoxification for poly drug users with a history of poor retention.

Exits

- Development of clear treatment options for drug users
- Transfer of GP Shared Care into a Local Enhanced Contract and expansion of number in treatment with their GP or a local satellite and to develop a satellite in St Ann's area
- Continue to provide counselling service through EBAN
- Tendering for North London Inpatient detoxification facility
- Re-commission Haringey Aftercare Service

Community re-integration

- Continue to develop support for the significant others and families of drug users.
- Improve access to volunteering and training for ex drug users seeking employment
- Work with Job Centre Plus and Haringey Guarantee to improve entry into training and employment.
- Sustain gains in housing opportunities and work to improve options
- Support the development of user led social activities

Young People's Substance Misuse Plan

Haringey's overall strategic direction is to ensure that substance misuse treatment service provision is sufficient to meet the needs of Haringey's children and young people. In order to effectively address drugs and/or alcohol misuse there must be programmes and provision that:

- are universally provided to inform young people about the dangers and risks of substance misuse;
- enable early identification and support of those most at risk of substance misuse;
- provide appropriate support and effective treatment for those who wish to address their risk-taking behaviour or substance addiction, and
- support those who are not yet willing or able to address their drug using behaviours and address those factors which make them vulnerable to substance misuse.

Specifically this year we need to move towards:

- Incrementally integrating responsibility for the planning & commissioning of specialist substance misuse treatment into the Children and Young People's Service (as per DSCF guidance).
- Integrating the substance misuse agenda into the borough's Children & Young People's Plan
- Taking forward the recommendations from the Scrutiny Review of the early identification, assessment and referral of children and young people with drug and alcohol problems.
- Make real the sentiments of PSA 14 - "increase the number of young people on the path to success, for young people with substance misuse problems and those children living in families where parental substance misuse is an issue" (Hidden Harm Agenda).
- Ensure greater read across to other relevant strategies e.g. Teenage Pregnancy, CAMHS, Integrated Youth Support, JAR.
- Further compliance with NDTMS reporting requirements for young people's specialist services (particularly as the specialist service deals with up to 21 year olds, which in turn impacts on PSA 25 reducing harm caused by drugs and alcohol which Haringey has chosen as one of its 35 improvement targets in the LAA

Legal/Financial Implications

The funding for Young Peoples Substance Misuse prevention is now within the ABG. The Treatment element remains outside of this.

All adult drug monies are in the Pooled Adult Drug Treatment Budget until 2011.

There are robust processes in place for the management of these funds via the respective Young Peoples Commissioning Group and the Adult Joint Commissioning Group.

Recommendations

To note the key priorities for 2009-10 for young people prevention/substance misuse treatment:

- To note the key priorities for adult drug treatment in 2009-10.
- To note full versions of both of these plans can be accessed via Haringey's website.

http://harinet.haringey.gov.uk/young_people_8217_s_specialist_substance_misuse_plan_2009-10_-_part_1.pdf

http://harinet.haringey.gov.uk/adult_drug_treatment_plan_2009-10.pdf

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Background

The Young Peoples Substance Misuse Plan and the Adult Drug Treatment Plan are statutory annual plans. They are informed by undertaking an annual needs assessment which is then turned into the respective adult and young peoples plan.

This year the adult needs assessment was improved further improved by undertaking a more sophisticated treatment mapping, gap analysis exercise which helped us better understand unmet need and inform the commissioning process. Key themes in the adult drugs needs assessment are being fed into the wider JSNA and the annual community safety strategic assessment.

In terms of young people - the Memorandum of Understanding between the Department for Children, Schools and Families (DCSF) and the National Treatment Agency (NTA) sets out the vision for young people who need access to specialist substance misuse treatment provision. This Memorandum of Understanding highlights that local delivery of young people's specialist substance misuse treatment should be integrated into broader children's services provision, with planning and commissioning becoming an integral part of strategic Children and Young People's Plans in due course.

To this end Haringey DAAT will be working with CYPS during the coming year to ensure that substance misuse services are commissioned and delivered within an integrated children's services framework. The ultimate aim is to incorporate young people's substance misuse needs into the wider Children & Young Peoples Plan which will make the YP substance misuse plan redundant. There is as yet no set date for this.

Appendices

Types of substance misuse treatment services to be provided

By 2006, every young person with a substance misuse problem in all areas of the country should be able to access a range of specialist substance misuse treatment services as listed below:

- comprehensive assessment of substance misuse needs within five days, of referral to a specialist agency

- care-planned interventions based on identified needs, including onward referral to Tier 3 and 4 services, within ten days of assessment
- harm reduction services – interventions provided to meet a young person's need to use substances more safely, including but not exclusively safer injecting advice and interventions provided at Tier 3 and 4
- support for family members, with or without the substance misusing young person, within ten days of referral.
- psychosocial interventions, structured interventions involving individual or group work focusing on assessment, defined treatment plans and treatment goals with regular reviews.
- a community-based pharmacological intervention within ten days of referral. This can be provided by a doctor in a community setting, including a competent general practitioner (GP) in or outside of structured shared care arrangements.
- access to specialised inpatient or residential treatment services (this may consist of a range of services or identified provision outside of the local area).

Young people's substance misuse treatment services – essential elements – June 2005 12/27