

To: Health Improvement Board
From: Helen Wilding
Topic: Drugs
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As you will be aware, the Drugs strategy work in Newcastle is wide-ranging. A handout is included in your papers which describes the four key themes of the National Drugs Strategy and how they are being implemented in Newcastle.

The drugs work follows the requirements of the National Treatment Agency for Substance Misuse (NTA) who stipulate a planning timetable and templates. For both the area of work that relates to services for adult drug users and the area of work that relates to young people specialist drug and alcohol services, we are required to:

- carry out a needs assessment
- use the needs assessment to agree priorities
- develop and submit an annual plan

For this reason some of the style of documentation is different to that for other areas of work.

At the pre-meeting for this meeting, the Chair and Vice-Chair agreed to focus the discussions at this meeting on the work that is happening to do with the young people's theme of work. Di Robertson, Young People Drug and Alcohol services lead, will be at the meeting to be part of these discussions. The attached Part 1 of the treatment plan gives an overview of the findings of the needs assessment and key priorities in 09/10 Treatment Plan.

However, to touch briefly on the work around adults:

- Appendix One of this document shows the key commissioning priorities arising from the adult needs assessment
- As members of the Health Improvement Board, you need to be aware that Mal MacLean the lead for this work will be leaving his post shortly. This may affect the progress made in the next few months.

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Appendix One

Identification of key priorities following needs assessment relating to commissioning system:

Includes actions / priorities from needs assessment:

Commissioning

The joint commissioning arrangements between Supporting People and Safe Newcastle will continue and the needs assessment will be undertaken to improve housing related substance misuse work

Service Level Agreements / monitoring

Through robust monitoring of Service Level Agreements and development of common procedures for discharge we will improve upon the present rate of unplanned exits

To ensure that the recommendations from drug related critical incident reviews are acted upon by commissioned agencies

To ensure that there is a clear commitment to a number of public protection mechanisms

To improve data completion on NDTMS around the Hidden Harm agenda, including parental status, number of children and pregnancy as pre requisite of SIAs

Also ensure that the common assessment framework (CAF) and/or pre assessment questionnaire is completed in all relevant cases by treatment providers

To deliver Naloxone training to identified groups (including carers and hostel residents) and secure patient group directives

Service Level Agreements will reflect learning of system modernisation, both in the development of pathways and the introduction of a Public Protection Framework

Peer led research and interventions will continue to provide innovation within the treatment system and ensure that services are relevant

Managing risk

A Public Protection Strategy will be adopted

Model:

To improve both retention and appropriate access to the treatment service, we will publish pathways, thematic leads and revision to models of care tiered model

To commission services to work in a systematic, whole systems approach according to the findings and recommendations of the System Modernisation Project, including:

- Integration of alcohol into the treatment system
- Clarity of pathways
- Increase in quality
- Managing risk
- Cost effective use of resources

- Partnership working
- Care coordination
- Abstinence

Building on the success of the ACE team in its work with the vulnerable and excluded, agencies will be encouraged to develop accompany and refer procedures to maximise access to services

Re-branding

Re-brand system and re-launch Use Drugs Use Us as out of hours referral line for drugs and alcohol

Information sharing / joint working:

We will consolidate good practice in the present multi agency problem solving approach to provide service to the most vulnerable and excluded

Drugs and alcohol services will continue to have input into problem solving groups for the chronically excluded

To resume information exchange on a routine basis with A&E

To establish regular information sharing meetings with the Police about local drug trends and Section 17.

To develop an Information Sharing Protocol

Stimulants

It appears that the actual drug use is changing within Newcastle - whilst we do not plan to commission a separate stimulant service in the immediate future we must develop again building on the findings of peer led research and appropriate response to the rising use of powder cocaine

Peer led research and DIP findings suggest that there may be unmet need for stimulant users in Newcastle, further research will be conducted to ascertain the needs for specific non opiate drug users i.e. for crack, benzodiazepines, ketamine and amphetamines

Women

Evidence still suggests that women are more likely to make the most positive gains from treatment. However it does appear that there is still under representation in treatment. In 09/10 we will consolidate a coordinated approach to services for women

Harm reduction

Harm reduction outreach approaches are to be expanded subject to appropriate funding. This is particularly important for those using the nighttime economy

The partnership must improve data completion of BBV activity on NDTMS which is significantly under represented

The harm reduction service will continue with community development work and support for pharmacy exchange in addition to its centre based work

To ensure harm minimization of benzodiazepines prescribing policies

To ensure harm reduction service has sufficient resources to emphasise to drug users the dangers of poly drug and alcohol use

By the use of peer led research and information from key stakeholders the DSU will ensure that services are aware of current drug trends

NUCF

By the use of peer led research and information from key stakeholders the DSU will ensure that services are aware of current drug trends

Peer led research and interventions will continue to provide innovation within the treatment system and ensure that services are relevant

Carers' services to be developed in line with national guidance and recognized as vital function within the treatment system

NUCF to continue to coordinate users and carers needs and ideas

Users and carers to be fully involved with feedback from questionnaires and the revision of charters

To maintain a user and carer focus including agreed vision, principles, advocacy, mentoring, representation and increase in support for user and carer services

Accommodation

Provision for women and couples will be expanded through the NTA tier 4 capital programme

The Garden Room model will be developed further subject to adequate funding

The joint commissioning arrangements between Supporting People and Safe Newcastle will continue and needs assessment will be undertaken to improve housing related substance misuse work

Drugs and alcohol services will continue to have input into problem solving groups for the chronically excluded

Employment

The Drugs, Alcohol and Employment Group will identify the priorities for this work in 2009/10

Through the ACE Steering Group joint work will be expanded with Department of Work and Pensions

Over 20 ex service users are currently employed in the drugs and housing fields, it is becoming evident that there may need higher levels of additional support. We will seek to secure finance to provide this through Working Neighbourhoods Fund

The Drugs, Alcohol and Employment Group will identify the priorities for this work in 2009/10

Training and Workforce development

To deliver Naloxone training to identified groups and sort out patient group directives

We will continue to use MAPS to develop quality assurance within the workforce

We will ensure that all workers are competent or are working toward competence of key delivery areas (in particular public protection)

We will continue to fund and support users and carers through level 2 and 3 drug awareness and Stronger Voices and explore option of Apprenticeships

DIP

To undertake a matching exercise with DRR clients and treatment agencies in order to identify effective practice

To recruit a DIP Manager

To monitor effective pathways for those leaving prison and with IDTS

To establish regular information sharing meetings with the Police about local drug trends

To develop a response through Reducing Re-offending Group to meet targets in NI38

Children / young people – Hidden Harm

Continue to meet on a 6 monthly basis with locality managers for children's services and treatment service managers

Link in with Child Poverty FIP, Respect Coordination Group, Transitions Group

Develop capacity of Changing Trax to deal with other children of substance misusing parents

To develop a business case for adult and children's services for the introduction of a families first model

To develop capacity of the specialist midwifery service to record onto NDTMS

Continue a strategic approach through the Transitions Group

Undertake peer led research into the needs of young people / young adults not accessing treatment

NUCF to recommend initiatives which make treatment more attractive and responsive to young peoples / adults needs

Improve data completion on NDTMS around the Hidden Harm agenda, including parental status, number of children and pregnancy as pre requisite of SLA's

Ensure that the Common Assessment Framework and / or pre assessment questionnaire is completed in all relevant cases by treatment providers

Continue to meet on a 6 monthly basis with locality managers for Children's Services and treatment service managers

Link in with Child Poverty FIP, Respect Coordination Group, Transitions Group

Develop capacity of Changing Trax to deal with other children of substance misusing parents

Develop a business case for adult and children's services for the introduction of a 'Families First' model

Develop capacity of the specialist midwifery service to record onto NDTMS

Diversity

The adult treatment group will formulate an action plan to address Health Care commission recommendations

NTA guidance on Diversity to be incorporated into SLAs

We will use community development approach in conjunction with community relations agencies to respond to local need

To continue to support the work with chronically excluded and vulnerable people including the homeless and vulnerable women

To work with service users to identify innovative methods of supporting those from minority communities to access harm reduction and treatment services

Hospital Admissions / urgent care

To resume information exchange on a routine basis with A&E

To learn from experience from our specialist alcohol A&E link workers, who will be in post in 2009/10

To improve care coordination for the cases who have complex needs but who are too intoxicated to be assessed by the Crisis Assessment Team who may then not access follow on support