

Report to National Treatment Agency on adult drug treatment plan progress – 2009/10

This report should be completed by the Partnership and returned to the NTA regional team by 14th of the month following quarter end.

Key:

GREEN	All milestones being met and on planned trajectory
AMBER	Good progress being made against milestones
RED	Unsatisfactory progress - milestones and timescales not being met
LAVENDER	Actions not yet planned to be underway

1. Barriers to delivery (to be completed by partnership)

Barriers remain as at last quarter. Current barriers are identified as the limited capacity of key individuals for planning purposes, including the on-going demands from the tender process. The areas identified in the DAAT review in relation to communication and participation; understanding of roles and responsibilities by all partners are also a barrier. There are objectives within the ATP (Part 1, Appendix 1 & Part 3, Grid 1) which seek to reduce these barriers and workshops are being held to identify what is needed to improve these issues.

2. Partnership key treatment priorities:	Progress/further action/comment	Partnership assessment			
		Q1	Q2	Q3	Q4
Continue to improve performance across DAAT Partnership	<p>The Quarter 3 treatment data is the latest data available. We continue to meet targets for numbers in treatment and retention for all adults (PDU retention has slipped just below target at 83%).</p> <p>Successful treatment exits have slightly improved at 32% (red) against a target of 45%, but remain a key area of focus for the Partnership. A county wide action plan has been developed and all provider agencies are required to report to the JCG in respect of individual improvement plans.</p> <p>Waiting times are almost at target, at 88%/87% against a target of 90%.</p> <p>Harm Reduction indicators (take-up rates) remain significantly below target and this is a further area where providers are being asked to report to JCG as this has not improved despite significant input.</p> <p>Start and Review TOPs at Q4 exceed 80% (although monthly figures show a drop on review tops, relating to one provider which is being addressed). Completion of exit TOPs have improved by 8% although we are still falling short of the required 80%.</p>				
Increase, enhance and monitor the delivery of distinct open access interventions available	No change since Quarter 2. In light of the delay in the tender and implementation of new treatment model, plans to enhance Tier				

to service users in Suffolk	2 provision is included in the ATP 2010-11				
Deliver agreed elements of HCC Action Plan	A Tier 4 working group is in the process of being set up. This was discussed on the JCG in April and a mechanism to monitor delivery is required.				
Continue to obtain Service users experience to feed into and inform provider management of service, performance management of provider services (service reviews) and planning frameworks (JCG and Tender Sub-group)	During 2010-11, the SU involvement action plan will be refreshed as most of it has now been delivered. Roles of reps on JCG and DAAT Board require further development.				
Continue to promote treatment services and client success stories	Work in relation to the DAAT review have identified that the communication plan is not yet formalized. We promote treatment services and highlight success stories but this is not part of a specific plan at present. Implementation of actions plans from the DAAT review will continue to be monitored by the DAAT Board.				
Increase percentage of CARATs referrals picked up by CJIT and DIP transfer into Tier 3 treatment	The DIP service has been retendered with performance expectations appearing in the specification in relation to these, in addition to setting a local target re. engagement of crack users during 2010-11. New Contracts are due to start July 2010.				
Increase numbers of primary and secondary crack users in treatment	The needs assessment for ATP 2010/11 focuses on crack use and identifies the poor functioning of DIP as a particular issue in referring crack users into treatment. Figures for quarter 4 (National Drug Strategy priority) are yet to be released. For Quarter 3, access was at -1% against the baseline.				

3. Progress against NTA/HCC Action Plan on Diversity, and inpatient and residential rehabilitation services	Exceptions Report				
		Q1	Q2	Q3	Q4
HCC T4 and Diversity Action plan monitored and reported on quarterly to JCG – End of each quarter	Continues to be implemented.				

4. Progress against other action plans (in agreement with NTA regional team)	Exceptions Report				
		Q1	Q2	Q3	Q4
Planned discharge action plans	Are currently being developed with providers following submission of overarching DAAT Plan.				

5. Progress against planning grids	Exceptions Report (those identified as red only are reported unless advised otherwise)				
		Q1	Q2	Q3	Q4
Planning Grid:					
Planning Grid 1 Objective 6c – Tender process undertaken	We hope to advertise the tender asap once funding is clearer. Work in planning is continuing. The original timescales in the ATP have not been met.				

6. Quarterly financial summary of investment and expenditure attached	Yes
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7. Drug rehabilitation requirements – Data provided at a later date due to Data collection constraints.				
	Partnership target 2009/10(number)	Number year to date	Percentage of target year to date	Partnership performance: Green: achieving or exceeding target; Amber: within 10% of target; Red: not within 10% of target
DRR commencements	100			
DRR successful completions	44			

8. NTA Deputy Regional Manager comments
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