

**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 14<sup>th</sup> 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)**

From Quarter 1:

From Provider perspective: Lack of Inflationary Uplift and Impact of the tender on partnership working with other providers

JCG perspective: Current barriers are identified as the limited capacity of key individuals for planning purposes, particular in terms of the current 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.

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 2 treatment data is the latest data available. We continue to meet targets for numbers in treatment and retention for PDU's and all adults and retention of all adults (all green).</p> <p>Successful treatment exits have now dropped further at 30% (red) against a target of 46% needed to enable us to reach the top national quartile.</p> <p>Waiting times, while they have improved since Quarter 1 remain below target at 82% (target is 90%). Waiting times for Tier 4 are high and this issue is being explored. Harm Reduction indicators (take-up rates) remain significantly below target while recording of status have increased. We are working closely with providers to improve these.</p> <p>TOPs completions are steadily improving with 83.1% (start TOPs); 90.6% (care plan review TOPs) and planned exit TOPs 75.7% (up from 64% from last recording). We are almost there in exceeding the 80% threshold and continue to work with our providers to meet these. The next good practice forum will focus on waiting times and planned</p>				

	discharges.				
Increase, enhance and monitor the delivery of distinct open access interventions available to service users in Suffolk	Tier 2 grants scheme is concluded and existing Open access availability has been collated and promoted via DAAT Website. A leaflet has been produced and provision for this to be distributed throughout Suffolk GP Surgeries is underway. In light of the delay in the tender and implementation of new treatment model, there is a need to reconsider how we can enhance Tier 2 provision during 2010-11				
Deliver agreed elements of HCC Action Plan	Plans have now been signed off by the NTA and partnership. The implementation of these action plans will now be monitored by the JCG.				
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)	The service user involvement action plan is now well on the way to being completed. SU surgeries continue to be held and are well attended. The process to feed surgery info into the JCG is being finalised. SU's have been trained and are involved in other DAAT Groups. SPACE User Group have moved into their new offices .The Praise and Grumble' scheme continues to run successfully and agencies are responding to comments received. Measures for SU's to be involved in the tender process scoring evaluation is underway				
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 JCG				
Increase percentage of CARATs referrals picked up by CJIT and DIP transfer into Tier 3 treatment	Performance remains below that expected. The DIP service is in the process of being tendered for.				
Increase numbers of primary and secondary crack users in treatment	Data from NTA in respect of National priorities show that a 4% increase on the baseline (target for the year is an increase of 13%). The needs assessment for ATP 2010/11 focuses on crack use.				

<b>3. Progress against</b>	<b>Exceptions Report</b>	
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<b>NTA/HCC Action Plan on Diversity, and inpatient and residential rehabilitation services</b>					
		Q1	Q2	Q3	Q4
HCC T4 and Diversity Action plan monitored and reported on quarterly to JCG – End of each quarter	For discussion on JCG Jan 2010. Plan has recently been signed off and some actions are underway.				

<b>4. Progress against other action plans (in agreement with NTA regional team)</b>	<b>Exceptions Report</b>				
		Q1	Q2	Q3	Q4

<b>5. Progress against planning grids</b>	<b>Exceptions Report</b>				
Planning Grid:		Q1	Q2	Q3	Q4
Grid 1, objective 5: Identify existing clinical governance structures within the PCT's and develop agreed plan for DAAT Structures to link into	Q2 Comment - While work on this area is underway, the original timeframes within ATP have slipped. The PCT's are due to report back in November 09. Q3 Comment - This is now Amber and progressing slowly. First meeting of new Clinical Governance group is to be held end Feb 2010.				
Planning Grid 1 Objective 6c – Tender process undertaken	This is on hold. We hope to advertise the tender asap once funding is clearer. Work in planning is continuing.				

<b>6. Quarterly financial summary of investment and expenditure attached</b>	Yes
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<b>7. Drug rehabilitation requirements</b>				
	Partnership target 2009/10(number)	Number year to date	Percentage of target year to date	Partnership performance: <b>Green:</b> achieving or exceeding target; <b>Amber:</b> within 10% of target; <b>Red:</b> not within 10% of target
DRR commencements	100	73	97%	
DRR successful completions	44	44	133%	

**Progress on Commissioning Priorities – Appendix 1 to ATP Part 1 (NB. For local Partnership use only)**

Improve strategic links with generic services –	New members invited onto the DAAT Board. TOR to be updated to ensure roles and responsibilities are clarified as per DAAT Review. Housing, Prisons and consistent police representation were highlighted as concerns at recent workshop in relation to DAAT review				
Ensure commissioning structures and roles are clear,	Development of Section 75 is underway and all parties are involved in the process.				

agreed and formalized to improve functionality	Workshop was held in Dec 09 where roles and responsibilities were discussed although there was no clear way forward agreed. A further workshop is due to be held with DAAT Board and JCG members on 25 <sup>th</sup> Feb.				
Improve interagency cooperation and strategic planning	DAAT Board/JCG away day held in April 09 to develop foundations for the adult treatment system. DAAT Review is now complete and action plans are being compiled. Further discussion to be had on 25 <sup>th</sup> Feb.				
Establish and communicate clear strategic direction for Harm reduction services delivered by Suffolk Community Healthcare outside of structured treatment	There are outstanding questions about level of on-going funding for SCH from PCTs. Agreed way forward is for contracts to be taken into SCC and led/performance-managed by DAAT (current contract is with Suffolk PCT block contract). Level of funding from PCT requires clarification and new specification to be developed				
Identify existing clinical governance structures within PCT's and develop agreed plan for DAAT structures to link into	JCG have agreed proposed way forward. First Clinical governance group to run in Feb 2010. Some slippage in timescale.				
Clarify future treatment system model to tender against and clarify where shared care fits into this	Following consultation, the Proposed model has been developed and shared with potential providers and service users. Discussions are continuing in relation to shared care and how/where this fits into the recovery model				
Agree direction for commissioning of carers services	Funds identified. Legal issues clarified in relation to carers assessments. These to be included in new model and specification. No change since last quarter				