

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	P.I. 2.15i: Proportion of opiate users that left drug treatment successfully who do not represent to treatment within 6 months
Strategic Director Lead	Fiona Johnstone (Director of Public Health and Head of Policy & Performance)
Departmental Lead	Julie Webster (Head of Public Health)
Target	10%

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	8.01% (October 2013)	+ / - Target : - 0.5%
Non-compliance reason	<ul style="list-style-type: none"> Between 2006-07 and 2011/12, 1,643 treatment episodes were successfully completed, starting with 187 successful completions of treatment in 2006-07 (representing 6.6% of the in treatment population), peaking at 359 successful completions in 2010/11 (14%), before falling slightly in 2011/12 to 349 (14% maintained as a result of a falling treatment population). The suggests that over this period a significant number of people have been encouraged and supported to complete treatment, and although some will have relapsed and returned, the data shows that the majority are not. Those that have completed and left will have been, by definition, those who were most motivated and able to do so, so year on year, those that remain are those with the least recovery capital, or motivation, or confidence, those less willing and/or able to make the changes required. This would further suggest that they are going to be increasingly difficult to support through treatment to completion and recovery, requiring more input before they are able to do this, and that in this case it could be expected that this flow through the system would gradually slow down. Diagnostic data provided by the National Treatment Agency before it's absorption into Public Health England also gave a profile of the Wirral in treatment population that identified it as an exceptional cohort. It compared the Wirral profile with the average for the Drug Alcohol Action Team cluster that Wirral was grouped with. This data included the following: <ul style="list-style-type: none"> ➤ 46% of those in treatment on the Wirral had been in treatment for at least 6 years (Cluster average 23%). 	

	<ul style="list-style-type: none"> ➤ 50% of those in treatment had a drug using career of over 21 years (Cluster average 21%). ➤ 53% of those in treatment on the Wirral were in their first treatment episode (Cluster average 36%). <p>Bringing this data together demonstrates that a high percentage of those in treatment on the Wirral come into treatment 15 to 20 years ago and have never left.</p> <p>Retaining people in treatment was seen as a high priority and a positive achievement in the first national drug strategy that focused on harm reduction, and this data underlines the widely held judgement that Wirral services were highly successful in delivering this priority. However, it now means that there is a large in treatment cohort that have had substitute prescribing as part of their lives for at least 10 years, and this now represents a deeply rooted life style habit, which requires considerable resource on the part of the individual, and the service supporting them, to break. This cohort is much larger, and represents a much bigger proportion of the in treatment population, than in most other areas.</p> <p>A recent report published by Public Health England, “Drug Treatment in England, 2012/13”, highlighted that drug treatment was still seen to be working but added that, <i>“The treatment population is ageing, with the over 40’s now being the largest group starting (as re-presentations)receiving treatment. Many are older heroin users who have failing health and entrenched addiction problems. This group is particularly hard to help into lasting recovery. The impact is beginning to show in the proportion of people successfully completing treatment, which has levelled off in 2012 to 13 following an increasing trend over the previous 7 years.”</i></p> <p>This issue is particularly pronounced with Wirral’s in treatment population, as evidenced above.</p> <p>The reported performance is also very sensitive to small differences in the numbers being included and a small number of misreported cases can have a major significance on the overall reported performance.</p>
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ACTIONS: This describes what’s necessary or how to achieve a ‘green’ score. This way everyone is clear on what is required and when, knows the expected outcome and how to achieve it .

What (is required)	<ul style="list-style-type: none"> • Services providers need to continuously seek new ways to stimulate and motivate service users to make the commitment to change. • Services need to work closely and co-operatively together and keep working at identifying ways of improving the effectiveness of this. • Peer support needs to be fully factored into the treatment and recovery system.
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	<ul style="list-style-type: none"> Data reporting needs to be consistently comprehensive and accurate.
How (will it be achieved)	<ul style="list-style-type: none"> Regular monitoring of performance data to focus service providers on specific activity, and to ensure that the data that they are feeding into the system is as accurate as possible. Continued analysis of best practice around the country and looking for service delivery developments that will support improved performance. Co-ordination of system meetings to improve communication, integration and co-operation between providers as a means of improving the overall effectiveness and efficiency of the system. Implementation of action plans designed and delivered by the providers to improve performance and deliver the targets (e.g. remedial actions plans developed by CWP in response to the initiation of a number of contract queries as part of the SLA monitoring process). Sharpened focus on the performance against this target and close monitoring of the above action plans. Analysis of individual key worker performance to identify those who are most effective. Isolate the factors that contribute to this effectiveness and then work with wider staff group to replicate this practice across the key worker team.
Who (will be responsible)	Service Providers, with CWP the biggest contributor, then Arch Initiatives, and the performance of these 2 being backed up by a number of smaller providers.
When (will results be realised)	Performance can fluctuate (month by month) but the aim is now to achieve the target by January and then work with providers to sustain performance at or above this level.