

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	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)
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	7.91% (December 2014) (Covering the service delivery period April 2013-March 2014) <i>The NDTMS database from which this performance data is drawn is currently out of commission while work is undertaken by Public Health England to update it. While this is going on new performance data on this indicator will not be available. It is not expected to be back on line until the end of January 2015.</i>	+ / - Target : - 0.5%
Non-compliance reason	<p>The profile of the in treatment population is as follows:</p> <ul style="list-style-type: none"> • 46% of those in treatment have been in treatment for at least 6 years (Cluster average 23%). • 50% of those in treatment have a drug using career of over 21 years (Cluster average 21%). • 53% of those in treatment were in their first treatment episode (Cluster average 36%). <p>This data illustrates that a high percentage of those in treatment entered the treatment system 15 to 20 years ago and have never left.</p> <p>The Public Health England report, "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 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 levelled off in 2012-13 following an increasing trend over the previous 7 years.</i>"</p>	

	<p>This issue is particularly pronounced with our in treatment population, as evidenced above.</p> <p>Over the past 6 years, there have been over 1,600 completed treatment journeys. Although some of these have been followed by relapse, this does represent considerable movement of service users' thorough treatment. One effect of this is that those who haven't already achieved recovery, or at least engaged with the process, are those that are less able/equipped/inclined to move on. This group, which represents a growing proportion of those still in the treatment services, present an increasingly difficult challenge to services.</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 .

<p>What (is required)</p>	<ul style="list-style-type: none"> • A refreshed approach to delivering the recovery message to service users that brings new energy and motivation for change. • Greater integration through the treatment and recovery system, from access and entry, through the stabilisation and harm reduction interventions, through to recovery instigation and support. • Peer support needs to be fully factored into the treatment and recovery system. • Data reporting needs to be consistently comprehensive and accurately following the service user through the system to ensure performance is accurately reported.
<p>How (will it be achieved)</p>	<ul style="list-style-type: none"> • Re-tendering process has been undertaken to invite all potential service providers to put forward a redesigned and refreshed integrated model of treatment and recovery for Wirral. • This process has now been completed. A new partnership, led by CRI, has won the contract and is currently working with outgoing providers to manage a smooth and safe transition, and mobilise the new contract for 1st February 2015. • The under-performance for this target will continue to be a high priority with the new Provider(s), after 1st Feb, but in the meantime will remain an issue raised with the outgoing provider. • As part of contract meeting requirements, regular monitoring of performance data to drive high performance, and ensure data accuracy, will continue. The new partnership is introducing one data base across the whole system. This offers potential for improved, more efficient, performance reporting along the treatment and recovery pathway. • System meetings to improve communication, integration and co-operation will continue within the new partnership model. These will focus on improving the overall effectiveness and efficiency of the system. • The current provider will continue to implement action plans as previously agreed and designed and delivered to improve performance and deliver the targets (e.g. remedial actions plans developed by Cheshire and Wirral Partnership in response to the initiation of a number of contract queries as part of the SLA monitoring process).

Who (will be responsible)	Cheshire and Wirral Partnership NHS Foundation Trust as the biggest current contributor to the target will continue to be responsible for delivering this performance until 31 st January 2015. From 1 st February this responsibility will pass to CRI as the lead provider in the new partnership.
When (will results be realised)	The performance in terms of treatment completions has improved over the past 3 months but the impact of this improved performance will not register on this indicator for 6 months and therefore it will not be on target by the end of the contract (31 st January). Some disruption to service delivery can be expected in the first 3 months of the new contract, due to transitional disruption, but the expectation is that a steady improvement in performance begins to appear in the second quarter of the new financial year.