

North East Lincolnshire Drug and Alcohol Action Team Ongoing Needs Assessment

Executive Summary

The Executive Summary of the Needs Assessment also serves as the Strategic Summary required within Part 1 of the Adult Treatment Plan for 2008/09

Background

The National Treatment Agency (NTA) Needs Assessment Manual 2006 outlines the importance of ensuring that the outcomes of a needs assessment should be “that drug users have their individual assessed needs met, or met more effectively. Where appropriate, it should also address the needs of families or carers. This should then inform the adult drug treatment planning and implementation. Good quality needs assessment is required to deliver an effective drug treatment system which addresses the full range of harms associated with problem drug use for the diverse community who require these services” (NTA 2006).

The last three North East Lincolnshire Adult Treatment Plans have been built upon an in depth local needs assessment completed by the Public Health Department (Manson-Siddle, Bolaji and Davis 2003), followed up by a similar one on underserved groups; the homeless, prostitutes, rural communities and BME Groups (Manson-Siddle and Bolaji 2005). This year that knowledge base has been expanded by the use of the NTA Needs Assessment Model and establishment of an ‘Expert Group’, the membership of which can be found at Appendix 1 of the main report.

It is the intention to utilise this needs assessment approach on an on-going basis with the fundamental goal being to continue to improve substance misuse treatment in NE Lincolnshire as follows -

1. Determine ‘what works’ for those in open access and structured drug treatment services and what the unmet needs are across the system
 2. Where the treatment system is failing to engage and retain people
 3. Hidden populations and their risk profiles
 4. Enablers and blocks to treatment pathways (open access and structured interventions)
 5. Relationship between treatment engagement and harm profiles
 6. Emerging trends in substance use in NE Lincolnshire
- (Aims 1 – 5 taken from NTA Needs assessment guidance 2007(NTA 2007))*

This will lead to a shared understanding by the Partnership of the local need for drug treatment, which informs treatment planning, and resource allocation.

It is intended to continually review the sources of data we have used for this Assessment, adding new ones as appropriate, and this will include developing our own data sources as well as instigating studies or surveys focussing upon particular areas of need, we identify as necessary. The thoughts and opinions of

users, carers, 'treatment' providers and partner agencies – our 'Expert Group' - will continue to 'bring life' to the data.

The Strategic Context

The Safer Communities Partnership is committed to reducing crime, disorder and illegal drug use in North East Lincolnshire, and the 2008/09 Adult Drug Treatment Plan is a substantial part of the means by which this will occur. Thus how drug treatment provision in its widest sense, strategically sits within the work of the Partnership affects the final recommendations and 'Key Priorities' within the 2008/09 Adult Drug Treatment Plan.

The Partnership has the responsibility for producing this Needs Assessment, through the Drug and Alcohol Action Team (DAAT). The Partnership is fully merged within the meaning of the amended Crime and Disorder Act, but has kept the separate identity and name of the DAAT. That team as the name implies has a responsibility for delivery of the national strategies for drugs and alcohol, including the Drug Interventions Programme, Drug Rehabilitation Requirements, Alcohol Treatment Requirements and the Prolific and Priority Offenders Scheme. The DAAT Manager plays a wider role within the Partnership and has a responsibility for forming strategic links between the services and projects of the DAAT and those managed by the Community Safety Team of the Partnership, covering other aspects of crime, disorder and anti social behaviour.

The overall strategic aim of the Treatment Plan is to continue to develop the NEL Drug Treatment *system* in order to minimise the harms to individuals, families and the wider community caused by illegal drugs, by providing efficient and effective access to drug treatment and harm reduction activities for all that need them. Local drug services have continued to develop over the last 12 months and are more than ever embedded in mainstream activity, with close links to mental health services, general health, the criminal justice system and education, training and employment services, as just some examples. The funding for 'drug services' is no longer solely from the Pooled Treatment Budget, with funding from the police, probation and local authority providing 'cross cutting additionality'. The 'silo/competition' mentality that existed in the past between drug agencies has now gone. High crime and disorder levels within NEL have begun to reduce, but the need to continue to tackle those crimes fuelled by illegal drugs and excessive alcohol must remain a high priority. For the first time we have included alcohol harm reduction within the Plan, as it is inextricably bound to the problems of drug misuse and Government are increasingly joining up the agendas. Also early indications are that addressing substance misuse – drugs and alcohol - will be a Partnership Priority within the Local Area Agreement (LAA) from April 2008.

Professional local and regional knowledge and inspection, is supported by this latest Needs Assessment in telling us that our system is working well. The numbers entering and remaining in treatment are high, waiting times are low and we have confidence in our capacity to meet demands at tiers 1, 2 and 3. Interaction and cooperation between the organisations operating in the system and between the modalities within them are excellent, and our outlook is optimistic. The new structure of the Plan, particularly the Planning Grids, does not demand a full analysis of the whole of the treatment system as in the past, but allows a concentration on areas of weakness. The fact that certain aspects of

the treatment system that do not feature in the Plan does not indicate complacency - we will continue to ensure that those aspects of the system that currently work, continue to do so.

Strategic Direction 2008/09

The recently revised Glasgow 'Problem Drug User' (PDU) prevalence figure of 1295 (down from 1445) suggests that by the end of 2007/08 we will be at about 85% penetration rate, with approximately 1100 people in treatment. However, more local data, presented in the Bull's eye section of the assessment, suggests that the new figure for PDUs is an underestimate, which therefore over estimates our penetration level. We consider we have more work to do to attract the treatment naïve, which in NEL are mainly male, white and aged 25 to 34. We do not feel this is a problem with our open access services, or the structured treatment services we operate as they are accessible, have low waiting times and are 'friendly and welcoming' according to the recent National User Survey. We have to continue to *pro-actively* target the treatment naïve and the Plan will explain how we will do this. The Expert Group does however express its concern at when a 'ceiling' for numbers in treatment will be reached? This concern is not about the ability of the system to cope, but of what is a realistic penetration level?

Neighbourhood Renewal Funding has enhanced our ability to provide 'outreach' to the treatment naïve and minority groups and this is a capacity the Partnership do not want to lose, so the Treatment Plan explains how we will continue to fund those roles through new funding arrangements from April 2008.

There are no plans to introduce new, or fundamentally change, any of our structured treatment services. We will continue to rigorously monitor their performance whilst maintaining close and supportive working relationships to ensure continual improvement. Likewise we are pleased with the massive strides forward we have made in relation to service user and carer involvement through The Roundabout and Snowdrops groups, and that impetus over the last three years will be maintained.

This Needs Assessment suggests we are good at attracting diverse groups (in its widest context), as females, offenders and groups such as prostitutes and the homeless, are well represented in our services. More work however needs to be done to explore the position with BME groups, which represent only 1% of our treatment population but just above 2% of the local population. We have limited information and data about these populations but do have action plans in place to improve our service to those groups. The DAAT needs to improve its contact with fora set up to facilitate dialogue with BME communities, so that they can assist us in this regard. Such information should help us to assess the demand for services at all tiers, and what might be the differential impact on diverse groups of the structure of our services.

Our services still predominantly cater for the heroin user, as that remains by far the main drug of choice for those in treatment. However, we need to explore other local data sources to improve our ability as commissioners to see what other drugs are being misused in order to plan ahead.

The treatment mapping exercise, along with other aspects of the assessment told us more about some of the inadequacies of our data collection, than of how our services operated and you will note there is considerable effort being given within the Plan to rectifying the data shortcomings. Unsurprisingly the low level of tier 4 provision was identified, not a new problem for North East Lincolnshire, but one we will continue to strive to address and which is tackled in the Plan.

Quite apart from the data shortfalls, we are not content that we are doing enough to improve planned discharges, and will focus in the coming year upon measuring positive outcomes via the TOP initiative, and in improving access to education, training, employment and accommodation. The recently released National User Survey identified housing and employment at the two biggest needs, which reinforces our local experience. That need is recognised by the wider Partnership which will lend support to efforts to improve access to such 'basics' by selecting both substance misuse and reducing re-offending as Partnership Priorities within the new LAA from April 2008. Local targets to increase the numbers entering stable accommodation, education, training and employment are already part of the current LAA as a 'stretch target'. Furthermore North East Lincolnshire has attracted national funding from April 2008 in the form of the Working Neighbourhoods Fund and the Partnership will be exploring ways of accessing this funding.

Although NEL scored an 'excellent' in the latest Healthcare Commission (HCC) Review, and recently released figures show our prevalence of hepatitis C virus is low, we have included Harm Reduction as a cross cutting theme within the Plan. There is considerable analysis around this issue, as we are determined to maintain that 'health' focus amidst the current concentration on 'outcomes' and offenders. Often forgotten in discussions about 'community safety' are the very real 'safety' issues about hepatitis, HIV and AIDS that an efficient Harm Reduction Strategy can tackle. In preparation for the 2008/09 Plan, the DAAT commissioned a local harm reduction survey and the results are within the main Needs Assessment document. The survey told us that we need to do more to standardise the information supplied by our various services and make sure it is consistent and persistent. In addition analysis of the data showed us that the good work we know is taking place to prevent the spread of blood borne viruses is not recognised due to inadequate data collection processes, hampering our understanding of the prevalence and progress into the problem. Finally, the minor shortfalls in harm reduction services identified by the Healthcare Commission review are addressed within the assessment and Treatment Plan.

Although pleased with the progress of our system, the commissioners, the local Care Trust Plus and the providers are keen to seek continual improvement and we will work together in auditing clinical practice, particularly in light of the introduction of the new NICE clinical guidelines and the Treatment Outcomes Profile (TOP) initiative.

The latest HCC Review identified the need for a greater involvement from the local authority in the commissioning process, and the need for a local Workforce Development Strategy. These are both tackled in the HCC action plan and within the Treatment Plan.

The Joint Commissioning Group will continue its efforts to use the national and local resources under its control to provide value for money from the services it commissions. Our Unit Costs sit below the national average, but continual monitoring of costs and outcomes will be necessary to drive out further efficiency savings.

Finally a future challenge for the DAAT and the wider Partnership will be to deliver the improvements set out in Public Service Agreement 25, working with the NTA to ensure we understand what constitutes 'effective treatment' and how it will be measured, how to decrease the rate of drug related offending and improve the public's perceptions locally about drug problems. The position of the DAAT within the Care Trust Plus and the active role the CTP plays in the wider Partnership means that there will be cooperative working on delivering improved 'effectiveness' within the NHS Vital Signs

If that then is a necessarily brief overview of where we feel we are as a DAAT and a treatment system, how did we decide upon the cross cutting themes within the Plan and determine which data we would gather and analyse?

Areas of Focus – the Cross Cutting Themes.

At the start of this process the 'Expert Group' felt that they already knew the strengths and weaknesses of our treatment system. The examination and discussion of the data confirmed people's views but also revealed 'needs' we were all less aware of. However, the initial professional views of the Expert Group had to focus the data collection into certain areas, when considering which of the NTA's recommended cross cutting themes were of particular relevance to North East Lincolnshire. In considering those themes the 'Expert Group' were unanimous that we had to include alcohol harm reduction as a cross cutting theme, although it was not an NTA recommendation (the reasons are set out in the full report). Secondly, reducing re-offending and the drive to develop improved links to accommodation, education, training and employment seemed to link well to TOPS and the drive for improved outcomes, yet are proving consistently difficult to deliver. A continued emphasis on harm reduction is seen as vital to underpin all that the system strives to deliver. Other NTA suggested themes were rejected as already considered to be 'on track'. The Group considered that Carers and Service User aspects of the system were operating well and did not require inclusion as a cross cutting theme. Similarly the Group was content that we are tackling workforce development and have no significant weaknesses in this area, and although the Treatment Plan will contain an action to develop a written Workforce Development Strategy (HCC recommendation).

As a result the needs assessment covers the following areas –

1. **The 'bull's eyes'** – who are our drug using population and who are the treatment naïve?
2. **The treatment maps** – how service users move into, through and out of the treatment system
3. **Harm Reduction** – how best to reduce the health, social and economic harms to individuals, communities and society that are associated with the use of drugs
4. **Reducing Re-offending** – through drug treatment interventions

5. **Accommodation, Education, Training & Employment** – essential components for ongoing stability and progress
6. **Alcohol Harm Reduction** – reducing the health and social harms caused by alcohol misuse

The Treatment Plan ‘Plus’

Alongside the development of the 2008/09 Treatment Plan and its Needs Assessment, the Safer Communities Partnership has been constructing its first Joint Strategic Intelligence Assessment (JSIA) under the amended Crime and Disorder Act. This document is essentially the ‘business case’ for attracting funding from the Local Area Agreement/LSP ‘single pot’ and defining ‘Partnership Priorities’ that will lead to targets and indicators within the LAA from April 2008.

Consequently it was felt that this Needs Assessment must reflect not only the ‘needs’ of those members of the community with a drug problem, but also how such services responding to those ‘needs’ can ‘add value’ to the wider Partnership context and contribute to the LAA.

So although the cross cutting themes within the Needs Assessment were arrived at independently by the Expert Group, when purely considering the drug treatment system, two of those themes also appear within the Partnership JSIA and will become part of the Local Area Agreement (LAA) from April 2008. Partners can see how substance misuse – drugs and alcohol – are underlying causes of crime and disorder, and there is a growing desire to tackle alcohol misuse in the same coordinated way as we have done with drugs. The new Public Service Agreement 25 indicates a national drive to better link the two agendas, and for the first time the Adult Drug Treatment Plan will create those links in North East Lincolnshire. Secondly, how efforts to reduce re-offending and the Treatment Plan are mutually supportive has been recognised, and reducing re-offending will also be included in the LAA, which must help deliver more opportunities for accommodation and employment etc. This illustrates the ‘joined up’ thinking taking place in NEL and will lead to an LAA that should deliver a Treatment Plan ‘Plus’ – putting the work of the DAAT and its Joint Commissioning Group at the heart of delivery of the LAA and part of the overall strategic vision for North East Lincolnshire.

Included within the main needs assessment are further details of how wider partnership developments will support efforts to reduce substance misuse.

Recommendations

We decided that as the Expert Group completed each section of the Needs Assessment we would draw out specific recommendations relevant to that discussion before we moved on. As we reached the conclusion of the process the group found that several similar or even identical recommendations emanated from separate sections of data analysis. (Some recommendations are also replicated in the JSIA).

The next task was to decide how those recommendations would determine the ‘Key Priorities’ within the four Planning Grids in part 3 of the 2008/09 Treatment

Plan. The Expert Group thus began to group the recommendations together and by this process our 'Key Priorities' emerged.

It will be noted as one reads through the Needs Assessment that several of the recommendations can fit within more than one Key Priority, and some of the Key Priorities can fit within more than one Planning Grid. Such cross cutting recommendations are indicated in the report. Thus although the Planning Grids separate out the priorities and actions for the coming year, many are mutually supportive of each other and provide an holistic approach to continuing improvement of North East Lincolnshire's adult drug treatment system.

The 42 separate recommendations, each showing the 'Key Priority' and how they support other Key Priorities if applicable, appear within the main body of the Needs Assessment after each section, and are reproduced together at Appendix 2. They are also attached to this report as an appendix

Recommendations into Key Priorities

Planning Grid 1: Commissioning a local drug treatment system

1. **Improved Data** -Increased emphasis upon NDTMS data quality and development of additional local data sources, in order to ensure full compliance with NDTMS, and more accurate and useful future needs assessments.
2. **Improved Commissioning** - Improved local commissioning arrangements by formal engagement of 'absent' strategic partners, and review of resource balance across the treatment system in light of expected reduction of resources over time and the national Unit Costs exercise. Seek inclusion of drugs, alcohol harm reduction and re-offending in Local Area Agreement, in order to maintain Partnership delivery
3. **Alcohol Harm Reduction** - An increased strategic focus by the Partnership upon addressing the harms caused by alcohol misuse, that impact upon an effective drug treatment system.

Planning Grid 2: Access and engagement with the drug treatment system

1. **Engaging the treatment naïve** - Continue to explore ways of attracting and engaging the treatment naïve. In particular see 2 below -
2. **Diverse Groups** - Develop a clearer understanding of the needs of diverse groups (considered in its widest context) and their access to and engagement in services
3. **Harm Reduction** - Further strengthen our harm reduction activity to protect those in treatment and the treatment naïve, whilst using such opportunities to further attract the naïve into treatment.

Planning Grid 3: Retention in and effectiveness of the drug treatment system

1. **Improvements to Existing Services** – Continue to examine ways of improving existing services to meet the changing needs of the PDU population. This will include ongoing audit/clinical governance particularly in relation to the new NICE guidelines, ensuring treatment is 'effective'.
2. **Tier 4** -Improve access to tier 4 services. This will include efforts to develop local in patient detoxification services for drugs and alcohol
3. **Hepatitis B and C** - Continue to develop strategies to prevent the spread of blood borne viruses

Planning Grid 4: Outcomes, discharge and exit from the drug treatment system

1. **T.O.P** - Ensure the Treatment Outcomes Profile project is successfully implemented throughout the treatment system
2. **Improve Planned Discharges** – Develop an action plan specifically to improve our performance in this area.
3. **Education, Training, Employment and Accommodation** - Produce a local Reducing Re-offending Action Plan, with clear pathways for offenders AND substance misusers into accommodation, education, training, employment, general and mental health, drug and alcohol treatment.

Please note :

Young Persons Substance Misuse Needs Assessment

A separate process is underway to produce a Needs Assessment for young people. Transitional arrangements for those service users reaching adulthood are in place locally and they will be re-assessed and refined as necessary once the young persons process reports.

APPENDIX

Recommendation 1. Submission of additional monitoring data to be agreed with those who do not submit to NDTMS such as needle exchanges, The Roundabout, those working in outreach services in the community, etc. in order to identify more clearly where treatment naïve PDU's can be reached.

Key Priority – Improved Data (Planning Grid 1)

Supports – Engaging the Treatment Naïve

Recommendation 2. Consider approaching services such as the Police, A&E, the Council, etc. to ascertain if they could provide data on those they come into contact with who are not in contact with treatment providers.

Key Priority – Improved Data (Planning Grid 1)

Supports – Engaging the Treatment Naïve

Recommendation 3. A broader and more thorough approach to harm reduction to be used at tier1 and tier2 in order that more of the treatment naïve who are coming into contact with partner services are not only able to make informed decisions on lifestyle choices but also appropriately encouraged to engage with treatment providers.

Key Priority – Harm Reduction (Planning Grid 2)

Supports – Engaging the Treatment Naïve

Recommendation 4. Links to be made with those agencies in the public, private and voluntary sectors that are working with Diverse and BME groups in order to firstly learn what the needs are in this section of the community and secondly provide, within the current resource situation, appropriate services.

Supports – Engaging the Treatment Naïve

Key Priority – Diverse Groups (Planning Grid 2)

Recommendation 5. To have as a standing item at the Integrated Services Managers Meeting the issues of female users and other vulnerable groups accessing treatment. Also to consider tasking the Roundabout group with carrying out a twice yearly audit of their clients around these issues e.g. services perceived as providing appropriate services that are accessible to those who are vulnerable.

Key Priority – Diverse Groups (Planning Grid 2)

Supports – Engaging the Treatment Naïve

Recommendation 6. Ensure that a more detailed and proactive approach is taken in respect of data provided via NDTMS especially in relation to substances being used. Likewise to explore other sources of information such as ongoing test results carried out by treatment providers and information available from The Roundabout. This should be a standing item on the data staff meeting (see recommendation 10). The membership should be tasked with developing a mechanism to report on substance test results in order to better obtain a better picture of drug trends in the area.

Key Priority – Improved Data (Planning Grid 1)

Recommendation 7. The Partnership to continue to develop close working relationships between the Police and drug services to support police drug operations.

Key Priority 2 – Engaging treatment naïve (Planning Grid 2)

Recommendation 8. The Partnership needs to identify the funding required to continue the NRF drug and alcohol ‘Outreach’ posts and develop the role.

Key Priority 2 – Engaging treatment naïve (Planning Grid 2)

Recommendation 9. As the new Partnership model develops explore new ways of attracting the treatment naïve

Key Priority – Diverse Groups (Planning Grid 2)

Supports – Engaging the Treatment Naïve

Recommendation 10. After consulting with the Expert Group it was agreed that it would be useful to arrange a regular meeting for data staff in much the same way as those arranged for managers or drug workers in order to discuss current issues, share best practice and when applicable access training.

Key Priority – Improved Data (Planning Grid 1)

Recommendation 11. A definitive plan to be agreed to ensure that data supplied from and to the NDTMS is accurate in order that the treatment map gives a more precise illustration of what is taking place and the development of future needs assessment/treatment plans is as evidence based as is possible.

Key Priority – Improved Data (Planning Grid 1)

Recommendation 12. To continue to provide ongoing support to the Structured Day Programme in order to improve referrals into the service and uptake by clients.

Key Priority – Improvements to existing services (Planning Grid 3)

Supports - Diverse Groups

Recommendation 13. To carry out as part of the preparation for the treatment plan a detailed review of the resources balance across the treatment agencies. In light of forecasted future reductions in future funding and the Unit Costs exercise, this must be done regularly

Key Priority – Improved Commissioning (Planning Grid 1)

Recommendation 14. Planned discharge rates have not met targets in 2006/07 and are still not doing so in 2007/08. Develop an action plan to ensure we improve in 2008/09

Key Priority – Improve Planned discharges (Planning Grid 4)

Recommendation 15. The completion of the new Treatment Outcomes Profiles needs to be monitored closely by the new data group (see recommendation 10) in order to ensure all services are completing it, and transferring the data onto NDTMS accurately

Key Priority – Improved data (Planning Grid 1)

Recommendation 16. An increased focus is required by JCG on performance management of ‘outcomes’.

Key Priority – Improved Commissioning (Planning Grid 1)

Recommendation 17. Continue to develop a DAAT/Service Provider audit regime

Key Priority – Improvements to existing services (Planning Grid 3)

Recommendation 18. To monitor and review the implementation in NE Lincolnshire of the new NICE guidelines “Drug misuse and dependence: Guidelines on clinical management 2007”

Key Priority – Improvements to existing services (Planning Grid 3)

Recommendation 19. To review adult treatment service’s implementation of current legislation and guidelines regarding the safeguarding of children e.g. The Children Act 2004, Hidden Harm/Hidden Harm - 3 years on, Every Child Matters, Working Together

Key Priority – Improvements to existing services (Planning Grid 3)

Recommendation 20. A mapping/stakeholder event should be held to update partner agencies on what current treatment provision and wraparound services are in place.

Key Priority – Improved Data (Planning Grid 1)

Supports - Improvements to existing services

Recommendation 21. To carry out a review of the access to and uptake of tier 4 services. This should include non-treatment providers who utilise residential services outside of the usual DAAT systems, e.g. self referrals, church referrals etc; and an examination of the potential of developing local tier 4 services by a partnership between community services and supported housing.

Key Priority – Tier 4 (Planning Grid 3)

Recommendation 22. Produce a workforce development strategy as a result of the HCC Review

Key Priority – Improving Existing Services (Planning Grid 3)

Recommendation 23. The recent Healthcare Commission Review identified a known weakness in our Joint Commissioning arrangements of a lack of engagement by the Police and Local Authority. Renewed efforts must be made to involve those key agencies.

Key Priority – Improved Commissioning (Planning Grid 1)

Recommendation 24. The DRD investigation process to be reviewed to ensure it is still fit for purpose but to be continued in some form e.g. including providers on the DRD panel.

Key Priority – Harm Reduction (Planning Grid 2)

Recommendation 25. More investigation is required into the increase in uptake of needle exchange services, the effect if any on engagement with treatment providers and careful consideration of the funding requirements of the service.

Key Priority – Harm Reduction (Planning Grid 2)

Recommendation 26. There is a need for much more robust hepatitis data from all providers in connection with all aspects and stages of the interventions offered and utilised. This needs to take place to obtain a more accurate picture of the prevalence within the PDU population and therefore identify any gaps in the current agreed practices, procedures and protocols

Key Priority – Improved Data (Planning Grid 1)

Supports – Harm Reduction

Recommendation 27. The production of two centralised web based harm reduction resources, one for users/cares/the public and one for professionals should be a priority in order to work towards a more consistent approach across all tiers of service

Key Priority – Harm Reduction (Planning Grid 2)

Recommendation 28. Consider the need for an out of hours Needle exchange as a result of the HCC Review

Key Priority – Harm Reduction (Planning Grid 2)

Supports – Engaging the Treatment Naïve

Recommendation 29. Explore the development of an ‘out of hours’ service, to accommodate those recovering service users who are in employment - this theme is re-visited in the feedback from the Expert Group members

Key Priority – Improvements to existing services (Planning Grid 3)

Supports Key Priority - Diverse Groups

Recommendation 30. Develop an Alcohol Intervention Programme linked to the Drug Interventions Programme, which focuses upon alcohol misusing offenders in the custody suite. This will enable a brief interventions and advice and information service to focus upon alcohol misusing offenders that should directly impact upon crime levels and other indicators within PSA 23 & 25. This also applies to the cross cutting theme of alcohol harm reduction.

Key Priority – Alcohol Harm Reduction (Planning Grid 1)

Supports Key Priorities – Diverse Groups (offenders) & Attracting Treatment Naïve

Recommendation 31. Continue to explore ways of developing the Partnership approach to relapse management through the DIP Relapse Management Team

Key Priority – Improvements to existing services (Planning Grid 3)

Supports - Engaging Treatment naïve

Recommendation 32. Improve the data collection processes within DIP concerning prison leavers, to ensure we are engaging them into treatment and giving wrap-around support upon release whenever appropriate
Key Priority – Diverse Groups (Planning Grid 2)

Recommendation 33. The Partnership needs to identify the funding required to continue the NRF drug and alcohol ‘Outreach’ posts and develop the role.

Key Priority 2 – Engaging treatment naïve (Planning Grid 2)

NB Recommendation already appears in Bulls -Eyes section

Recommendation 34. DIP and PPO agree a protocol for DIP taking over those PPO’s who remain in the Resettle & Rehabilitate phase when they reach the end of their licence

Key Priority – Diverse Groups (Planning Grid 2)

Recommendation 35. The DAAT continue its efforts to increase access to sustainable and suitable accommodation for substance misusers and/or offenders by working in partnership with Supporting People, Humbercare, Local Authority Strategic Housing and the local Homelessness Forum

Key Priority – Education, Training, Employment and Accommodation (Planning Grid 4)

Recommendation 36. Partnership resources are applied to reducing re-offending by developing a local Reducing Re-offending Action Plan. This will require the cooperation of mainstream agencies to deliver the accommodation, education, training and employment ‘pathways’. In addition such a plan would benefit non offenders by improving access for all to these wrap-around services

Key Priority – Education, Training, Employment and Accommodation (Planning Grid 4)

Recommendation 37. An increased strategic focus upon addressing the harms attributed to alcohol misuse is required by the Partnership.

Key Priority – Alcohol harm reduction (Planning Grid 1)

Recommendation 38. Ensure we have pathways between drug and alcohol service provision.

Key Priority – Alcohol Harm Reduction (Planning Grid 1)

Recommendation 39. Secure the means to deliver in patient alcohol detoxification within NE Lincolnshire.

Key Priority – Alcohol Harm Reduction (Planning Grid 1)

Recommendation 40. The Partnership needs to identify the funding required to continue the NRF drug and alcohol ‘Outreach’ posts and develop the role. (repeat recommendation – made in section one Bulls – eyes and in Reducing re-offending section)

Key Priority 2 – Alcohol Harm Reduction (Planning Grid 1)

Supports - Engaging treatment naïve

Recommendation 41. Develop an Alcohol Intervention Programme linked to the Drug Interventions Programme, which focuses upon alcohol misusing offenders in the custody suite. This will enable a brief interventions and advice and information service to focus upon alcohol misusing offenders that should directly impact upon crime levels and other indicators within PSA 23 & 25.

Key Priority – Alcohol Harm Reduction (Planning Grid 1)

Supports Key Priorities – Diverse Groups (offenders) & Attracting Treatment Naïve

Recommendation 42. The DAAT propose to Safer Communities Partnership that drugs, alcohol harm reduction and reducing re-offending become Partnership Priorities within the Joint Strategic Intelligence Assessment (JSIA) and part of LAA2.