

Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 18 June 2015

By: Director of Adult Social Care and Health

Title: Work of the Drug and Alcohol Action Team (DAAT) Board including Drug and Alcohol Recovery Service and mutual aid

Purpose: To update on progress against DAAT delivery plan

RECOMMENDATIONS

The Committee is recommended to consider and note the progress made under the new provision

1 Background

1.1 On 1 April 2014 a newly commissioned service, which integrated both drug and alcohol recovery services and provided greater coverage across the County was implemented. The name of the new service, delivered through Crime Reduction Initiatives (CRI), was put out to a range of stakeholders and service users and now operates under the name STAR (Support and Treatment for Adults in Recovery)

1.2 This report provides an update to members of the Committee on the implementation of the new service.

1.3 In October 2014 Sussex Partnership NHS Trust (SPFT) served notice to CRI that they would no longer be a delivery partner in this service. This meant that CRI became the sole provider of STAR.





1.4 Throughout the transition we managed the process through a detailed project plan and monitoring performance against the commissioned targets. Public Health England are satisfied that the transition has been managed well with no significant impact on service delivery.

1.5 The STAR service has been commissioned on a Payment by Results (PbR) basis, whereby the majority of payments (82%) will be made on activity based on agreed levels of performance. The total value of STAR is capped at £5.0m per year.

2 Supporting information

2.1 Due to technical issues at Public Health England there has been a delay in the upload of NDTMS data to enable us to monitor performance against benchmarks. CRI have still submitted monthly data report to East Sussex County Council. Therefore all comparison data is up to December 2014 but we have STAR data up to March 2015.

2.2 The data for Quarter 3 (October 2014-December 2014) shows that the new model has significantly improved the rate of representations:

	Baseline period		D.O.T	Latest period	
	(%)	(n)		(%)	(n)
Opiate	22.0%	9 / 41		16.2%	6 / 37
Non-opiate	5.3%	2 / 38		3.6%	1 / 28
Alcohol	11.5%	36 / 312		8.3%	17 / 206
Alcohol and non-opiate	11.6%	14 / 121		10.3%	9 / 87

Notes: n) = number of re-presentations / number of completions

Baseline period: Completion period: 01/04/2013 to 30/09/2013, Re-presentations up to: 31/03/2014

Latest Period: Completion period: 01/04/2014 to 30/09/2014, Re-presentations up to: 31/03/2015

Benchmarking comparison: (opiate, non-opiate & alcohol/non-opiate): Top quartile range for local comparators, (alcohol only): National average

Direction of travel (D.O.T): Current data measured against the baseline (B). Due to rounding small differences may not be visible in displayed percentages, but are taken into account in D.O.T. calculation

This compares well to national data and validates the recovery approach and the move away from the medical model of treatment.

2.3 Against the targets for starting treatment with STAR the service is meeting these despite the disruption caused by the SPFT withdrawal: rising to 549 starts in January 2015 against the target of 562.

2.4 Against the targets for reviewing the care for those in treatment the service is exceeding these: achieving 380 reviews against the target of 220.

2.5 Against the targets for completions there is a shortfall against the targets but this is anticipated to be resolved by the next quarter (April to June 2015).

2.6 Alcohol targets and performance follow a similar pattern, although it is noted from data reports that completions have improved since autumn 2014 for both cohorts.

2.7 The drop in representations and the gradual improvement in completion shows that the recovery model in STAR is supporting service users to attain a sustainable long term recovery.

3. Conclusion and reasons for recommendations

3.1 This report updates members on the newly commissioned service and the way that challenges in the first year have been met.

3.2 The committee is asked to note and consider the report and approve the implementation process.

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LOCAL MEMBERS

This report impacts on all wards across the County.

APPENDICES

Appendix 1 – Year To Date Totals