

# Health & Well-being Scrutiny Commission

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## Turning Point Performance Report

Date: 15<sup>th</sup> January 2019  
Lead director: Ivan Browne

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## Useful information

■ Ward(s) affected: All

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■ Report version number: 1

### 1. Summary

- 1.1** The purpose of this paper is to provide an update to the Health and Wellbeing Scrutiny Commission on the performance of Turning Point (TP), who are contracted to deliver the integrated substance misuse service.
- 1.2** The aim of the service is twofold: to build individual recovery and also to reduce alcohol/drug-related harm. Delivery includes specialist substance misuse treatment and recovery support such as mutual aid; and harm reduction measures such as screening for Blood Borne Viruses and the provision of clean injecting equipment.
- 1.3** There are key indicators relating to treatment:
- numbers in treatment;
  - successful treatment completions;
  - numbers needing to re-present to treatment;
- 1.3** Adult numbers in treatment and new presentations remain stable compared to previous years performance, though analysis of unmet need shows a significant number of people do not access the service.
- 1.4** The provider is on course to achieve the majority of its targets for successful completions and re-presentations in respect of payments by results.
- 1.5** The number of young people in treatment remains significantly below projected levels of demand, though the position has improved over the course of 18/19 according to local data. A review will take place in early 2019 and this will be included in the proposed Quality Assurance Framework Assessment(QAF).

### 2. Recommendations

- 2.1** To note the improving performance and to provide comment on the actions being taken.

### 3. Background Information & Current Performance

#### 3.1. Contract Management Activity

- 3.1.1** CaAS have continued to conduct contract management activity with Turning Point (TP).
- 3.1.2** CaAS tabled a report to the lead members for public health, adult social care and children's services on the 9<sup>th</sup> April 2018. Actions identified included:
- Presenting quarterly reports to the Public Health DMT.
  - Continuing to maintain current levels of contract management and scrutiny.

- Continuing to progress the more detailed work around improving referrals from relevant children's services.

**3.1.3** An integral aspect of contract management of this service is the use of data provided by Public Health England's National Drug Treatment Monitoring System (NDTMS). All substance misuse providers upload data to NDTMS. Due to the national restrictions around the publishing of in-year NDTMS data we cannot include 18-19 NDTMS data in this report.

## 3.2 Performance Update

**3.2.1** The following tables detail the performance around treatment, from the start of the contract to the newly available NDTMS data published for Q1 18-19 and the most recent locally available data.

### 3.2.2 Table A – Adults in Treatment by Substance

| Adults in Treatment                 | Turning Point        |                 | Partnership Wide   |                              |
|-------------------------------------|----------------------|-----------------|--|------------------------------|
|                                     | Contract Year 1      | Contract year 2 | Estimated unmet need for Leicester Partnership ( national comparison in brackets).<br>Data from PHE 'Diagnostic Outcomes Monitoring Executive Summary' |                              |
|                                     | 16-17(started in Q2) | 17-18           | 15/16  | 17/18                        |
| Adults in treatment (YTD) – Drugs   | 1253                 | 1322            | Opiates/Crack<br>52.9%(49.2%)  | Opiates/Crack:<br>60%(51.7%) |
| New presentations - Drugs (YTD)     | N/A*                 | 498             |  |                              |
| Adults in treatment (YTD) - Alcohol | 336                  | 373             | Alcohol<br>81.3%(81.3%)  | Alcohol:<br>86.2%((82.9%)    |
| New presentations - Alcohol (YTD)   | N/A*                 | 243             |  |                              |
| <b>Total in Treatment (YTD)</b>     | <b>1589</b>          | <b>1695</b>     |  |                              |
| <b>Total New Presentations</b>      |                      | <b>741</b>      |  |                              |

\* New presentations are not able to be calculated in year one, as NDTMS 'severs' the data continuity between the old provider and the new provider, so there is no way to confirm if a service user with TP is actually new or a transferred client.

**3.2.2.1** Two key metrics to monitor the contract are the numbers of adults in treatment by substance and the number of new presentations to the service. In treatment numbers are calculated on a rolling year basis, whilst new presentations are calculated on a year to date basis.

**3.2.2.2** As previously reported, in year 1 of the contract, there was a significant drop in the number of adults in treatment at the point the TP contract started in Q2 16-17. We know from national evidence provided by Public Health England that this drop occurs in all contract re-commissioning episodes. TP have identified that the previous provider used a lower threshold for defining 'in treatment' than TP, and there is room for interpretation within the national definition. This over-reporting may account for some reduction but is impossible to quantify the extent to which this has impacted on the overall reduction we have seen; a full audit of eligibility decisions cannot be made to accurately assess this, as data at client level is not available to commissioners.

**3.2.2.4** Although we cannot report on 18/19 NDTMS data we anticipate new presentations to be along similar lines.

### 3.2.2.6 Successful Completions

**3.2.3.1** Successful completions of treatment is a key function of the contract, and is included within the payment-by-results (PBR) framework. Successful completions are defined as individuals leaving treatment drug/alcohol free. The target for each drug type varies, for non-opiate and non-opiate & alcohol completions, TP are required to meet the local comparator average. For Opiates, the local comparator upper quartile, and the national average for alcohol completions.

The table below shows that over 2017/18 there has been steady progress towards meeting the target rate of successful completions; and this has been exceeded for opiates which represents the largest cohort.

Table B Successful Completions

| Proportion of Successful Completions | Prev. Prov. | Contract Year 1 | Contract Year 2 |          |          | Target comparisons for Q4    |
|--------------------------------------|-------------|-----------------|-----------------|----------|----------|------------------------------|
|                                      | Q1 16-17    | Q1 17-18        | Q2 17-18        | Q3 17-18 | Q4 17-18 |                              |
| Alcohol                              | 37.72%      | 22.4%           | 21.9%           | 34.71%   | 38.4%    | 40.12% (National Average)    |
| Alcohol and non-opiate               | 38.34%      | 23.5%           | 22.2%           | 29.0%    | 30.28%   | 33.52%(local comparators)    |
| Non-opiate                           | 37.31%      | 21.9%           | 23.3%           | 29.2%    | 33.93%   | 36.99%(local comparators)    |
| Opiate                               | 7.51%       | 4.2%            | 5.3%            | 7.4%     | 7.66%    | 7.46%-10.11%(upper quartile) |

**3.2.3.4** A key function of the PBR framework is that whilst we wish to encourage completions, we do not wish to encourage risky completions and see increased re-presentations. Again, there has been continued progress in 2017-18 and we anticipate this will continue into 2018/19. At Quarter 4 2017/18 the target for all re-presentations was 9.19%( based on comparator data). Turning Point achieved a lower(better) rate of 5.22%.

### 3.2.4 Table C – Young People in Treatment

**3.2.4.1** There continue to be concerns regarding the number of young people in treatment. The tables C and d below show the overall numbers in treatment for 2017/18 and the referral routes for these.

Table C

| Young People in Treatment YTD | Prev Prov. | Contract Year 1         |          |          | Contract Year 2 |          |          |
|-------------------------------|------------|-------------------------|----------|----------|-----------------|----------|----------|
|                               | Q2 16-17   | Q3 16-17                | Q4 16-17 | Q1 17-18 | Q2 17-18        | Q3 17-18 | Q4 17-18 |
| In Treatment                  | 124        | 35                      | 41       | 18       | 20              | 30       | 37       |
| New Presentations             | 37         | Not relevant in year 1* |          |          | 7               | 17       | 24       |

**Table D**

| Young People in Treatment-newly taken into treatment each quarter by referrer (NDTMS) | Prev. Pr. | Yr. 1    | Yr. 2 2017-18 |           |          |
|---|-----------|----------|---------------|-----------|----------|
|   | Q4        | Q1       | Q2            | Q3        | Q4       |
| Children & Family Services  | 3         | 1        | 1             | 2         | 0        |
| Education Services  | 5         | 0        | 0             | 6         | 3        |
| Health and Mental Health Services   | 2         | 1        | 0             | 0         | 1        |
| Substance Misuse Services   | 1         | 0        | 0             | 0         | 0        |
| Youth Offending Services  | 6         | 0        | 2             | 4         | 2        |
| Family, Friends & Self  | 3         | 1        | 1             | 0         | 1        |
| Other Referral Source   | 2         | 0        | 0             | 0         | 0        |
| <b>Total</b>  | <b>22</b> | <b>3</b> | <b>4</b>      | <b>10</b> | <b>9</b> |

**3.2.4.1** There is no specific target in the contract for young people in treatment, and the provider is reliant on referrals from other agencies. Benchmarking suggests that there should be at least 100 young people in substance misuse treatment over a rolling 12 month period. CaAS previously issued a letter setting out the Council's concerns in this area, including the expectation that a significant increase in the number of young people in treatment (to around 80 clients) is seen by the end of September 2018; this was extended to December 2018.

A range of measures are being taken by Turning Point to help address the low numbers of young people, in particular those who are the most vulnerable. These include:

- Collaborative work with schools where there are relatively high numbers of young people being temporarily excluded for substance misuse issues.
- Increased presence within children's homes
- Dissemination of and guidance around a Drug and Alcohol Screening tool ('DUST') for the Children's workforce.
- A review and refresh of the 'digital offer' to young people.

**3.2.4.2** Data direct from Turning Point which has not been verified by NDTMS would suggest that there has been an encouraging increase in treatment referrals towards the end of 2018. For instance there were 22 referrals in November (although only about half of these will go through to have treatment). Most of these referrals came from schools.

**3.2.4.3** Given the recent increase in referrals CaAS have extended the time period for TP to achieve the 80 YP in treatment to the end of December 2018 (Q2). CaAS will review the position with the young person's service at the end of Q3 2018/2019.

**3.2.4.4** The quality of Young people's services will feature as part of the CaAS QAF review this year.

### **3.3 Care Quality Commission Inspection**

**3.3.1** The Care Quality Commission (CQC) inspected the TP service w/c 5<sup>th</sup> November 2018. This inspection was expected and will result in a rating of the service for the first time.

**3.3.2** Informal feedback has been received via TP, which indicates the inspection was positive.

**3.3.4** We are awaiting CQCs final report, which they indicated would take between 5-6 weeks.

### **3.4 Summary / Next Steps**

**3.4.1** In summary, CaAS will continue scrutiny of TP, and monitor performance closely. As stated above, TP have been given a further period of three months to improve the number of young people in treatment. CaAS are conducting a thematic review of the young persons' service, including meeting stakeholders and other agencies. Any actions / recommendations arising from this work will be raised with TP to include within the young persons' development plan.

**3.4.2** If there is no significant increase in the numbers of young people in treatment, then the Council will need to consider what options are available to it in bringing about improvements in the meeting of need in this area.

## **4. Details of Scrutiny**

No other scrutiny.

## **5. Financial, legal and other implications**

### 5.1 Financial implications

No financial implications.

### 5.2 Legal implications

No legal implications.

### 5.3 Climate Change and Carbon Reduction implications

No implications.

### 5.4 Equalities Implications

No implications.

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

No implications.

**6. Background information and other papers:**

No background papers attached.

**1. Summary of appendices:**

Appendix 1 – Analysis of Unmet Need