

Adult drug treatment plan 2010-2011

Part 1: Strategic summary, needs assessment and key priorities

The strategic summary incorporating the findings of the needs assessment, together with local partnership ambition for effective engagement of drug users in treatment, the funding and expenditure profile, harm reduction and primary care self audits have been approved by the Partnership and represent our collective action plan.

<i>Signature</i>	<i>Signature</i>
Chair, Partnership Name	Chair, Adult Joint Commissioning Group

1. Overall direction and purpose of the partnership strategy for drug treatment

Oxfordshire DAAT's strategic aim is to reduce drug and alcohol related offending, anti-social behaviour and the impact of substance misuse on children, the family and the wider community. This is being achieved by providing the best possible treatment and support for drug and alcohol misusers in order to improve their health and well-being and enable social re-integration. We do this by effective commissioning, robust financial management, wide consultation and continuing our strong links with partners and all key stakeholders. Our consistent good performance is reflected in our performance against NTA targets.

In early 2008 we negotiated three year targets with the NTA as part of the 2008-2009 treatment planning process. The target for the number of PDUs in effective treatment was included in the Local Area Agreement (LAA) and Vital Signs. The target is detailed in the table below:-

	2007/08 Baseline	2008/09	2009/10	2010/11
Problem drug users (crack and/or opiate users) recorded as being in effective drug treatment	1636	1685 (3% from baseline)	1702 (4% from baseline)	1718 (5% from baseline)

In 2008-2009 Oxfordshire achieved an increase of 21.4%, the highest performance in the South East and ranked fifth nationally:-

PDUs in Effective Treatment Top 10 Nationally	Baseline	PDU's 2008-9	Change Target	Actual Change
Suffolk	887	1135	2%	28.0%
Redcar and Cleveland	531	678	9%	27.7%
Hackney	1159	1415	8%	22.1%
Barnsley	901	1095	6%	21.5%
Oxfordshire	1636	1986	3%	21.4%
Cambridgeshire	960	1157	2%	20.5%
Bexley	220	263	10%	19.5%
Poole	259	304	5%	17.4%
Enfield	513	601	5%	17.2%
Swindon	504	590	1%	17.1%

Our strategic planning and development is based on ongoing local and externally commissioned needs assessment. These include annual user satisfaction surveys and consultation with service users, service providers and stakeholders. We ensure that service user involvement goes beyond tokenism and have embedded service user involvement into all processes, which we continually build upon.

Oxfordshire continues to perform highly, however, in order to maintain and build upon this level of performance we need to continually review services to ensure that service users achieve the maximum gains from their treatment experience. 2009 saw the launch of a new community drug and alcohol service which was the result of the complete reconfiguration of how community services are accessed and delivered across the county. The new service includes:-

- Increased open access,
- A mobile treatment centre,
- Increased capacity for individual support,
- Increased group provision,
- A new tier 2 and 3 alcohol service,
- A new family service.

We continue to develop a treatment system that is accessible and equitable across Oxfordshire, which delivers quality services to a high percentage of the problem drug and alcohol using population. Our performance for treatment effectiveness is one of the best in the country and evidence demonstrates that over 74% of Oxfordshire's problematic drugs users were in treatment in 2008-2009. Therefore, our overarching strategic priorities for 2010-2011 will be data governance, financial risk management and treatment effectiveness.

2. Likely demand for open access, harm reduction and structured drug treatment interventions

As we have demonstrated within the needs assessment we continually monitor and assess the needs of diverse groups according to a range of indicators including ethnicity, age, gender and drug of choice. However, we have identified that our biggest priority is tackling the issues of rural isolation. We will implement our new diversity strategy and continue to distinguish the difference in the needs of diverse groups within the drug treatment system.

Ethnicity – Independent research, commissioned in 2009 on diversity entitled ‘No Respector of People’, found that coverage of rural areas by public services remains an important issue and our mobile approach using the market towns as ‘hubs’ is a good model for the delivery of treatment services to ethnic groups. The percentage of BME groups, across the treatment system is above the general population percentage of 4.9%. This shows that there is a higher than average proportion of BME groups accessing drug and alcohol services. Proportions are significantly higher within the criminal justice system. We have undertaken two deep dive exercises during 2009, one into Muslims in Oxford City and the other into Gypsy and Travellers groups across the county. These have led to the initiation of priorities for 2010-2011 which include the development of targeted advice and information.

Rural Isolation – Despite the central position of the City of Oxford, life in Oxfordshire is predominantly a rural one. For those living in rural communities accessing services is problematic and rural Oxfordshire ranks very poorly on national measures of access to services. This is compounded by a lack of public transport in outlying district areas.

In the 2009-2010 needs assessment we identified that only 6% of the adult drug using population came from rural areas (this excludes all market towns and main villages with good transport links, and is identified using the social indices of rural isolation). The majority of those in isolated groups receive GP prescribing as the primary treatment modality.

Autumn 2009 saw the introduction of the counties first mobile treatment provision to specifically target rurally isolated areas. The times and locations of the mobile unit will be responsive to the needs of target groups. For example: exploring the provision of evening support for those living in rural communities who are more likely to be in employment. It is essential to continually review our geographic spread of services, including shared care and pharmacy based provision. Where there is a deficit in shared care GP’s in rural areas, Drug Treatment Clinics have been set up in order to ensure countywide coverage. This is continually reviewed, and we maintain our ongoing work with surgeries to attract them into shared care and sustain our investment in the provision of RCGP 1 and 2 training.

3. Key findings of current needs assessment

The needs assessment demonstrates that over 74% of the estimated problematic drug using population were in treatment in Oxfordshire in 2008-2009. This ranks Oxfordshire as first in the South East and fifth nationally:-

South East Ranking 08-9	DAT Area	PDU Estimate	PDUs in Treat't 08-9	Penetration 2008-09	National Ranking 07-8	National Ranking 08-9
1	Oxfordshire	2,660	1,986	74.66%	23	5
2	Isle of Wight	522	382	73.18%	Data not held	8
3	Bracknell Forest	252	155	61.51%	39	35
4	Windsor & Maidenhead	380	223	58.74%	85	49
5	West Berkshire	394	227	57.61%	28	55
6	East Sussex	1,865	1,070	57.38%	57	56
7	Portsmouth	1,254	680	54.24%	71	71
8	Kent	4,606	2,479	53.82%	88	73
9	Hampshire	3,197	1,712	53.54%	79	74

10	Southampton	1,429	762	53.32%	64	76
11	Buckinghamshire	1,351	701	51.90%	109	80
12	Medway	1,375	693	50.39%	103	86
13	West Sussex	2,202	1,086	49.32%	120	91
14	Reading	1,432	693	48.38%	49	97
15	Brighton and Hove	2,928	1,243	42.46%	101	113
16	Slough	1,195	506	42.34%	112	114
17	Milton Keynes	930	381	40.98%	134	117
18	Surrey	3,192	1,300	40.72%	123	119
19	Wokingham	402	161	40.08%	114	121

Source: NDTMS data

Data Systems

The demands from central government on data have grown year on year, and April 2010 sees the introduction of yet another data set. This, coupled with a growing multi-modality treatment system, has necessitated a system wide review of our data needs. The review was conducted during 2009, and has resulted in the comprehensive re-development of data systems. This will ensure that we continue to meet NDTMS data demands, now and into the future, and that growing performance management expectations can be met with a system that continues to be fit for purpose. These improvements will enable us to meet the treatment outcomes profile (TOP) requirements, in particular by improving the collection and reporting of shared care data via direct data inputting onto OTIS.

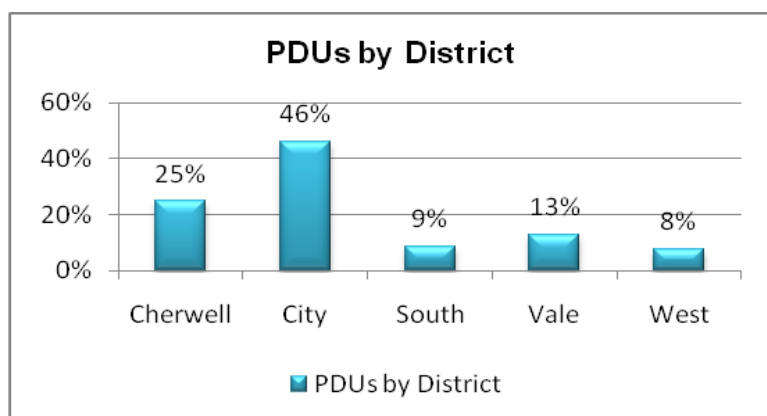
Service User Involvement

The 2009-2012 Strategy *'Involving Service Users and Families: In the Commissioning, Planning and Development of Drug and Alcohol Treatment'* was launched in June 2009. Our investment in Oxfordshire User Team (OUT) is an integral element in the planning, design and commissioning of services. We commission an annual local user satisfaction consultation to inform the needs assessment and commissioning process. Data from the consultation has been used throughout the needs assessment which highlighted the need to ensure improvements in referrals between medical treatment and structured psychosocial treatment and the increased availability of a range of detoxification options.

PDU Profile

Oxfordshire DAATs data system (OTIS) provides us with the following geographic and demographic picture of the drug using population in the county:

Percentage breakdown of problematic drug use by district



Heroin remains the primary drug of choice across the county. OTIS data and local research shows that poly drug use is widespread across the county with the secondary drug of choice being crack cocaine, where alcohol is not cited as an issue requiring treatment. Whilst evidence suggests that patterns of drug use remains largely unchanged, improvements in data collection will enable a more robust picture to be formed. There are still reports of significant amounts of ketamine use in rural districts, although these people are not as yet accessing treatment.

Gender

The development of dedicated treatment services for women has had an impact on the numbers of women accessing services, which have increased by up to 10% in some areas. The gender profile for problematic drug users in treatment has now risen to 29% female.

Advice and Information

Following the 2008 service user survey we produced a variety of new media to aid communication. This included a new DVD entitled 'The Biology and Psychology of Addiction' which continues to be widely circulated. We also published a handbook of advice and information for service users, families and carers and professionals. We continue to update and disseminate the 'Oxfordshire Drug and Alcohol Handbook' to service users, families carers and professionals.

Open Access Services

Accessibility continues to be a priority for service users and key stakeholders, and therefore we will continue to build upon the community service provision of open access, outreach services and mobile provision. Areas that have been identified for the development of open access services include Oxford city centre, Didcot and HMP Bullingdon visitor's centre.

Structured Interventions

In July 2009 the new community drug and alcohol services were launched, providing structured psychosocial interventions throughout Oxfordshire. The enhanced provision of drug services and the expansion of the alcohol service have enabled greater access in rural areas. The new family support service was launched in September 2009 alongside a new purpose build mobile treatment centre which will visit set rural locations within the county.

Dual diagnosis needs to be recognised as part of mental health care planning priorities, although the extent of dual diagnosis in Oxfordshire is unknown. Oxfordshire Primary Care Trust has developed a partnership steering group to undertake a review into dual diagnosis which is due to report in spring 2010. As part of the overarching strategic agenda, Oxfordshire DAAT has commissioned an external review into dual diagnosis in substance misuse clients which will also conclude spring 2010. Comprehensive actions plans will be developed throughout 2010.

Exits from the Treatment System

The large numbers of service users retained in treatment demonstrate that Oxfordshire is successful at engaging people in treatment and stabilising them. However, our OTIS data and service user consultation show that we need to increase the opportunity for clients to exit the treatment system. The new community service, comprehensive service reviews and the ongoing development of a range of detoxifications are all priorities that continue to be developed to address this need.

We will continue to ensure robust performance management of all providers, paying particular attention to retention and care planned discharge. We will commission service user audits of structured treatment services, which will look at treatment effectiveness and service user satisfaction.

Criminal Justice Interventions

Central government have aligned, under the banner of Integrated Offender Management (IOM), both the Drugs Interventions Programme (DIP) and Priority and Prolific Offenders (PPO). In Oxfordshire the DAAT, Police and Probation took the decision to align DIP, PPO, Project IRIS and the Probation Substance Misuse Team (for DRRs) to create a joint IOM team. The DIP/DRR Manager became the IOM Manager with the Deputy IOM from Thames Valley Police.

This is an exciting development that will refine our work with offending drug users. It should enable us to target resources more effectively, focussing on those causing the most harm within our communities. For DIP this will focus on engaging more productively with those prison leavers who have served short sentences.

Safeguarding

All commissioning and treatment staff have undertaken level two safeguarding training. We have also identified a safeguarding children's lead within each treatment service who will undertake level 3, and trainers for a training pool to participate in the continuation of safeguarding training across the county. In addition the DAAT are members of the Oxfordshire Safeguarding Children Board, and will also be chairing the Children of Drug and Alcohol Using Parents Sub Group. Following our local audit of safeguarding, which concluded in December 2009, we will develop a countywide action plan for drug and alcohol treatment services. An element of this plan will be the development of Safeguarding protocols.

Children and Young People

Oxfordshire has not seen an increase in Class A drug use amongst young people; however use of cannabis, ketamine and alcohol is significant. Working with the Children Trust the DAAT will lead the re-commissioning of the young people's substance misuse service to develop a more robust coordinated approach to tackling young people's substance misuse.

Prison Treatment - IDTS

Oxfordshire PCT are the commissioners of Prison Health, IDTS sits within this remit and therefore has a separate treatment plan developed by the steering group. Oxfordshire DAAT sit as a partner on the steering group. Plans to ensure the continued development of pathways to ensure the continuity of care between community and prison releases are included in the Treatment Plan Grids (Action Plan).

4. Improvements to be made in relation to the impact of treatment in terms of its outcomes

We need to ensure that all treatment brings about effective outcomes for drug users no matter where in the cycle of change they may be. From effective changes in injecting behaviour through to becoming drug free, all outcomes for all service users must be robust, with quality psychosocial interventions and flexible packages of care available across both urban and rural communities.

Housing

Our strong strategic partnerships with District Councils and Supporting People have enabled the DAAT to develop joint and innovative approaches to improve access to housing and housing related support for the drug using population. Our commissioning partnerships have enabled the development of new housing related support and jointly commissioned projects. We have also commissioned Oxfordshire User Team to work with Supporting People to enable service user input to be developed strategically within the housing agenda.

In addition to continuing these initiatives Oxfordshire DAAT will prioritise training housing support staff and ensuring that there are appropriate and robust care pathways between housing providers and the treatment system, to ensure that the needs of drug and alcohol users are met.

Education, Training and Employment

Oxfordshire DAAT will continue to monitor the impact of the recession and analyse trends for the potential increase in the demand for drug and alcohol services, findings of which will be linked to targeted harm reduction campaigns during 2010.

We continue to develop aftercare services in Oxfordshire to ensure the effective and coherent provision of support for clients to facilitate their engagement in education, training and employment. This includes accredited training programmes, including literacy and numeracy, and our successful mentoring program enabling service users to gain experience in the workplace and facilitate community reintegration. In addition we support current users through volunteering opportunities within Oxfordshire User Team.

Community Safety

Oxfordshire's Local Area Agreement (LAA) contains five specific community safety targets for the period ending March 2011 which include NI40.

In September 2009 Oxfordshire Safer Communities Partnership produced a Joint Strategic Needs Assessment. This reported on crime trends and key areas of concern for each of the current police control strategy themes as well as each CDRP and DAAT current data and activity levels. The proportions of all crime committed within the strategic period in Oxfordshire is broken down as follows:-

- Oxford City 46%,
- Cherwell 20%,
- South Oxfordshire 14%,
- Vale of White Horse 11%,
- West Oxfordshire 10%.

Our IOM agenda is integral to moving forward with interventions for criminal justice clients. However community safety goes beyond crime in terms of the drug using population and the wider community, it encompasses many areas including harm reduction, advice and information for drug users and their families to reduce the harms caused by illicit substances.

Harm Reduction

In 2009 we came to the end of the Harm Reduction and Drug Related Death Strategies. In June 2009 we launched the new combined strategy for 2009-2012. Drug Related Death analysis is incorporated within our needs assessment and key actions included within our action plans.

An early stage of engagement for drug users is robust harm reduction advice and information. Health campaigns are an integral element of our approach to harm reduction, which have included a dental health campaign 'Dry Mouth Horrors' during 2009 and plans for a sexual health campaign in 2010.

There is a good geographic spread of pharmacies providing needle exchange, and at the end of 2009 there were thirty-four pharmacies participating in the needle exchange scheme (SWOP), through the locally enhanced service. The scheme continues to provide harm reduction services in market towns and rural locations. The specialist needle exchange service is expected to be re-located in early 2010 to a new city site where there will also be access to a community blood-borne virus nurse, whilst the mobile unit provides a specialist needle exchange service in hard to reach rural areas.

5. Key priorities for 2010-2011

Our strategic focus continues to ensure the widespread availability of treatment across the county at times that optimises an individual's chance of engagement and retention. We have a high number of drug users in treatment with a high penetration (ranked 5 nationally) against the prevalence of drug use. We need to ensure flexibility in the range of opportunities for detoxification and develop providers that have highly trained staff that are flexible in their delivery. The following priorities outline the continued development of the treatment system over the forthcoming year. The key priorities for developing drug treatment, reintegration and recovery interventions for 2010-2011 are:

Strategic Requirements

- More robust analytical capacity to using a newly developed data system
- Continued robust performance management of providers.
- Continued development of our commissioning expertise.
- Continue effective partnership working.

Housing

- Ensure that staff within housing services appropriately meet the Drug and Alcohol National Occupational Standards (DANOS);
- Ensure that there are appropriate and robust care pathways between housing providers and the treatment system, to ensure that the needs of drug and alcohol users are met.

Employment, Education and Training

- Ensure the ongoing development of the financial advice surgery for drug and alcohol users;
- Continue to ensure good links between treatment providers and Job Centre Plus.

Community Safety

- Work with partners to improve the intelligence picture;
- Work within the community safety partnership structures such as district CRDPs and various steering groups on the wider drug and alcohol agendas;
- Ensure that services are developed in areas of evidenced need;
- Work with partners to ensure that drug advice, information and education continues to be maintained, disseminated;
- Use a variety of media, including DVDs, to develop and disseminate advice and information on drug use and drug treatment to drug users and their families.

Ethnicity

- Ensure that literature is available in different languages, including Urdu and Bengali, where appropriate and that interpreter services are available as required;
- Continue the development of local data on ethnicity to enable reliable and continuing analysis to be made;
- Provide leaflets as part of the welcome pack in Council owned Traveller and Gypsy sites;
- Ensure that information on drug and alcohol services are provided to those living on non Council owned Traveller and Gypsy sites by ensuring that literature is available at GP Practices where they are registered;
- Provide the local Citizen's Advice Bureau with leaflets about drug and alcohol services available to traveller and gypsy communities;
- Continue to liaise with the Health Advocate for Traveller and Gypsy communities to ensure communication and links with drug and alcohol services.
- Ensure that the Women's Service, attend 'women's lunchtime' at the Asian Cultural Centre to undertake awareness training and develop links;
- Consider training and supporting champions within the Muslim community;
- Attend the four Family Centres in Oxford and make brief drug awareness presentations;
- Ensure that written information is widely distributed to mosques, cultural centres, youth clubs and leisure centres;
- Run regular drug awareness events alongside existing Muslim cultural events and attend the Mosques to make presentations and be available for questions;
- Advertise vacancies within specific Asian publications to enhance the diversity of staff groups.

Rural Isolation

- To continue to develop information for drug users, their families, carers and young people using a variety of media, to include DVD's;
- Ensure the mobile treatment centre is effective in accessing target populations in rural areas and review locations to ensure it meets identified need;
- Continue to work with partners and stakeholders to identify affordable premises for service provision in the south and vale;
- Ensure the continued monitoring, review and mapping of areas of need against service delivery.

Children, Young People and Families

- Ensure the continued implementation of our countywide model for family support services;
- Develop and ensure the implementation of a countywide action plan for safeguarding within drug and alcohol treatment services;
- Ensure that all services liaise with domestic abuse service providers to promote safety and wellbeing where substance misuse is associated with domestic abuse;
- Ensure a more co-ordinated partnership approach to family services.
- Commission a new young people substance misuse service

User Involvement

- Ensure improvements in referrals between medical treatment and structured psychosocial treatment;
- Ensure that more information on HIV and HCV is provided to service users;
- Ensure that all services provide the Oxfordshire Drug and Alcohol Handbook to all service users at the start of their treatment journey;
- Explore that provision of a range of detoxification options including home and local residential detoxification;
- Explore the provision of evening drop in facilities, particularly in rural areas;
- Work with OUT to publish their newsletter to feedback to service users;
- Develop guidance on take home prescriptions for service users who are in full time work.

Data System Priorities for 2009-2010

- System wide implementation of the new OTIS platform;
- Ensure all services are using OTIS to its full capacity, including shared care service providers;
- Ensure all providers meet DAAT data requirements including ethnicity, parental status and BBV recording;
- Ensure all that all providers are TOP compliant.

Criminal Justice Interventions

- Continue to develop the menu of bespoke group work modules to ensure flexible packages of care are designed to effectively meet the needs of criminal justice clients;
- Work with Thames Valley Police to forward plan custody suite changes for 2010 and beyond;
- Develop the IOM team and establish it as an effective tool to reduce crime and engage drug users in treatment;
- Improve the effective engagement of criminal justice clients accessing treatment services;
- Improve the number of criminal justice clients successfully completing structured treatment;
- Develop the new criteria for the IOM scheme, to ensure that names are put forward for matrixing in a transparent, objective and defensible way.

Harm Reduction Services

- Continue the implementation of the 2009-2012 strategy;
- Implementation of our Hep C action plan;
- Improve the collection of BBV data to reflect activity in the field;
- Continue the targeted health promotion campaigns;
- Continue the development of the city based open access harm reduction service;
- Continue to implement 'Neo' for the data collection of pharmacy based interventions and their payment;
- The development of guidance for pharmacies receiving SWOP requests from under 18s;
- Ensure the provision of HCBV vaccination and HCV testing as part of core services;
- Promote awareness of safe storage for methadone taken away from the pharmacy.

Advice, Information and Open Access Services

- Ensure the continued dissemination of literature including information in custody;
- Continue the implementation of the mobile treatment centre, ensuring it is flexible in meeting users needs;
- Bicester and Didcot continue to be a priority, with Didcot having a significant hidden population that do not access services;
- Improved information in languages identified within the ethnicity section.

Structured Intervention Services

- Continued implementation of the new community service and mobile provision;
- Develop 'out of hours' access to treatment services;
- Continue to develop group work modules;
- Implement the outcome of the Drug Treatment Clinic tender;
- Increase the care pathways between medical provision and psychosocial interventions;
- Increase the availability of a range of detoxification options;

- Commission a local needs assessment into the level of dual diagnosis within the treatment system and the needs of those clients;
- Work with partners to implement the recommendations from the PCT commissioned review into dual diagnosis.

Residential Treatment Services

- Ensure the successful implementation of the new 8/10 bed residential detoxification unit in Oxfordshire;
- Implement and manage the partnership framework tender for residential rehabilitation and out of county in-patient detoxification.

Treatment Exits

- Improve the reliability all data;
- Ensure a range of detoxification options are available;
- Improve the number of clients successfully completing structured treatment and exiting the treatment system;
- Performance management of all service providers to ensure that we understand the reasons for unplanned discharges and that they are minimised and outcomes improved where possible;
- Ensure that all treatment services work to ensure people move effectively through treatment and into aftercare;
- Ensure that treatment providers are flexible in their delivery to meet individual's needs, such as 'out of hours' provision.

Alcohol

- Continue to rollout the training modules for front line staff, who are non substance misuse workers, to provide brief advice (5-10 minutes alcohol specific information);
- Ensure health and treatment for alcohol remains as a priority for the county during the development of the new 3 year Alcohol Strategy 2011-2014;
- Improve the quality of alcohol treatment data;
- Monitor the implementation and performance of the new alcohol treatment service;
- Work with the PCT to prioritise dual diagnosis within their mental health commissioning.
- Discuss the funding of primary care services with the PCT;
- Monitor the effectiveness of ATRs in reducing re-offending rates;
- Continue to work with partners across the wider alcohol agenda.

Recreational Drug Use

- Work with partners to develop information, advice and harm reduction campaigns to target the recreational drugs market;
- Work with Thames Valley Police's Operation Falcon to ensure a coordinated approach to the enforcement agenda.