







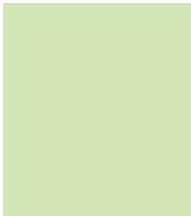



Involving Service Users and Families:

In the Commissioning,
Planning and Development
of Drug and Alcohol Treatment



**An Oxfordshire Strategy
2009-2012**

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1 Rationale

1.0 RATIONALE

Oxfordshire Drug and Alcohol Action Team (DAAT) recognises that effectively involving service users, users and their families and carers informs commissioning processes and improves treatment provision and outcomes for individuals. The DAAT strives to ensure that service users, users and their families and carers are involved in the planning, commissioning, delivery and evaluation of services accessed by drug and alcohol users in Oxfordshire.

This document provides a framework for service user, user, and family and carer involvement. Oxfordshire DAAT is responsible for overseeing the delivery of this strategy and action plan. However, all agencies providing services to drug and alcohol users or their families and carers have a responsibility to involve them in the planning and evaluation of their services. The strategy and action plan sets out priorities and actions in relation to their involvement in Oxfordshire for the next three years.

1.1 Definitions

Throughout this document the term **'service user'** will be used to refer to current drug and/or alcohol users who have not accessed treatment services, those who are currently accessing drug and/or alcohol treatment services and ex-drug and/or alcohol users who have experienced significant problems attributed to their use of substances.

The term **'family'** will be used to refer to anyone who is affected by another person's substance misuse, this includes a family member, close friend or someone else who has responsibility for providing or arranging care for someone who has a drug and/or alcohol problem.

This may include:

- Parents
- Children, step-children or children living with someone who has/had a substance misuse problem
- Brothers or sisters

- Husband, wife or partner
- Grandparents
- Relative, friend or neighbour who is not paid for the care they provide.

The term **'involvement'** will be used to refer to the involvement of service users, users and their families and carers unless otherwise stated.

1.2 Key Strategic Aims

The primary aims of this strategy are to:

1. Increase effective service user and family involvement in services accessed by drug and/or alcohol users or their families in Oxfordshire
2. Maintain effective service user involvement in strategic planning, delivery and review
3. Develop effective family involvement in strategic planning, delivery and review
4. Improve health and social care for service users and their families
5. Promote harm reduction to service users, their families and service providers.

1.3 Strategic Objectives

The primary objectives of this strategy are to:

1. Provide a strategic framework for service user and family involvement across Oxfordshire
2. Promote service user and family involvement and service user rights to individuals and their families
3. Ensure drug and alcohol service providers, and related services accessed by drug and alcohol users, adopt service user involvement mechanisms
4. Ensure drug and alcohol service providers adopt family and carer involvement mechanisms
5. Ensure access to independent advocacy services for service users and their families
6. Support peer led interventions and initiatives aimed at service users and their families
7. Develop family and carer support mechanisms across the county to enable the development of family involvement.

2 Introduction

As the commissioners of drug and alcohol services across Oxfordshire, we act on behalf of the public and service users, and we are responsible for investing funds on behalf of local communities. In order to ensure that commissioning decisions reflect the needs, priorities and aspirations of local populations we engage with, and actively seek the views of, past, current and potential service users, their families and carers and local communities.

Service user involvement is a statutory requirement of Part 242 (formerly Section 11 of the Health and Social Care Act 2001) of the consolidated NHS Act 2006 and the strengthened 'duty to Involve' that came into force on 3 November 2008. NHS organisations are required to involve service users and the public in the planning and provision of services, in the development of proposals for change and in decisions affecting the operation of services. Service user and carer involvement is also central to the National Treatment Agency's (NTA's) treatment effectiveness agenda, and D(A)ATs are required to evidence service user and carer involvement in annual treatment planning processes.

Between 2002 and 2005 Oxfordshire DAAT employed a User Involvement Co-ordinator to promote and develop user involvement in Oxfordshire's drug treatment system. During this period the DAAT assisted Oxfordshire User Team (OUT) in setting up as an independent user-led charitable organisation with structures in place to enable sustainability. Oxfordshire DAAT continues to support OUT in conducting user consultations, providing independent specialist advocacy, representing drug and alcohol users in local decision making and promoting harm reduction interventions.

Service user involvement has become embedded in Oxfordshire DAAT's strategic planning and review processes, and is a key requirement of drug and alcohol treatment providers as part of service level agreements and contracts. The DAAT encourages service providers to consult with service users regularly, promote the development of user groups, and also requests evidence of service user involvement in service planning, development and review.

The importance of providing advice and support to families and carers of drug and alcohol users, and the role that they can play in the individual's treatment journey needs to be recognized and embedded in the development of family services. This is a key strategic aim of the Oxfordshire DAAT Drug and Alcohol Strategy 2008-2011.

This strategy will provide a framework that will help to enable Oxfordshire DAAT to meet this aim by developing not just user involvement which is too often the focus of many organisations, but involvement of families and carers. The aims and objectives seek to develop family involvement across Oxfordshire to similar standards as service user involvement. We acknowledge that family involvement is not as advanced as service user involvement and through this strategy, and the annual treatment plan, we will ensure that it is embedded across the treatment system.



Oxfordshire DAAT strives to advance involvement on three levels:

- ***Promoting involvement in individual care***

Through providing information on quality standards, rights and responsibilities in accessing services and promoting robust care planning and review processes that fully involve the service user and their families where appropriate. There is also an emphasis on ensuring that service users and their families are given up to date information on drug and alcohol awareness and treatment options. OUT play a vital role in this by distributing information via their outreach services across the county. Advocacy services are also prioritised as a means of enabling service users and families to get their voices heard. Independent advocates speak up for, and with, service users and help them to make their own decisions and contributions.

- ***Encouraging involvement in service provision***

Service user, and where appropriate family feedback, on existing services highlights both problem areas and good working practice. Service user participation in service planning, delivery and evaluation is an invaluable organisational resource that also offers opportunities for social inclusion and personal development to the service user.

- ***Ensuring consultation in strategic decision making***

Ongoing service user and family input into the planning of drug and alcohol treatment provision and policy setting removes barriers, improves access to treatment, strengthens quality standards and widens choice. Annual service user satisfaction surveys are an essential tool in ensuring that the views of past, current and potential service users are fully considered throughout the treatment planning process. Where appropriate this will be expanded to include the views of families.



3 Involvement in Individual Care

Effective involvement can enhance treatment outcomes for individuals, and the DAAT believes that service users' views should be integral to their care. To foster meaningful therapeutic relationships service users should be given information on all appropriate treatment and service options available to them. This enables informed discussion and joint decision making between service users and professionals.

The importance of the role that families can play in the individual's treatment journey also needs to be recognized and embedded in the development of services.

3.1 Service Users' Rights and Responsibilities

Services are required to display a Service Users' Charter in all rooms in premises accessed by service users. The aim of the Charter is to ensure that service users are clear about what a service expects from them and to outline their rights whilst in treatment. The Charter outlining rights and responsibilities should be explained to the service user, and a hard copy offered to them, at the beginning of the care planning process. (See Appendix One for a specimen Charter for use by service providers in Oxfordshire.)

3.2 Care Planning

Service users engaged in structured treatment programmes will have a care plan. Decisions about care planning should be through informed discussion between the service provider and service user (and carer or advocate, where appropriate). The service user should be provided with information on treatment options and informed about other local services. Working to an agreed user-centred plan of care allows the service user to take responsibility for non-compliance with service expectations and credit for achievement of goals and milestones.

The assessment process should result in a written care plan. A care plan is a structured, often multidisciplinary, and task-oriented individual care pathway plan, which details the essential steps in

the care of service users and describes the expected treatment and care course. The care plan involves the translation of the needs, strength and risks identified by the assessment into a suitable service response

The care plan will include:

- Treatment goals and milestones
- Planned interventions that identify services and professional involved
- Explicit reference to risk management through the construction of the risk assessment, including risk to family members
- Information sharing protocols identifying which information will be given to other professionals/services, and under which circumstances
- Strategies to reduce the risk of attrition
- The care plan review date, the date of the next review meeting
- Discharge planning including aftercare support
- Actions that reflect the cultural and ethnic background of the user, as well as their gender and sexuality.

The care plan is reviewed and evaluated at regular intervals or at the request of a member of the care team, the service user or (where appropriate) their carer.

In reviewing the care plan the following is assessed:

- The relevance of the care plan
- Progress against outcomes
- Any unmet needs
- Service user satisfaction with the care.

Copies of care plans and reviews should be made available to service users.

Services also use a care planned approach to aftercare. The aftercare planning process will normally start prior to treatment ending and will include a range of interventions to assist individuals in sustaining treatment gains and re-integrating into the community. This will include a referral to the Oxfordshire aftercare service where appropriate.

Oxfordshire DAAT has produced a Care Planning Tool and Guidance; in 2009 a multi-disciplinary expert panel will be convened to oversee the further development of this document and its use across the treatment system. Contact the DAAT on **01865 290800** for further details.

3.3 Family Involvement in Individual Care

The importance of the role that families can play in the individual's treatment journey has been recognised by Oxfordshire DAAT. A key element in enabling families and carers to support an individual's care is to ensure they have information, advice and support.

The DAAT have incorporated dedicated family support posts, two whole time equivalent posts initially, into the new Community Drug and Alcohol Service that is due to commence in the summer of 2009. The aim of the service is to reduce the impact on family and carers of an individual's substance misuse and increase the positive outcomes for substance misusers by enabling families to effectively support them.

This countywide initiative will include:

- Individual family & carer support
- Family support groups
- The development of a network of trained family mentors

3.4 Complaints

Services' complaints procedures should be made clear and given to the service user in written format at the outset of each treatment episode. Service users should be encouraged to use the procedures by service providers. A staff member in each service should be nominated to deal with complaints. If the service user would like support in making a complaint the service provider will provide access to advocacy.

If a service user wishes to make a confidential complaint directly to the DAAT (with regard to any DAAT-commissioned service) they are asked to contact the team on **01865 290800**.

3.5 Advocacy

Independent drug and alcohol specific advocacy provides an objective intervention that is sensitive to the health and social needs of service users. Advocates are trained to assist and safeguard service users, and enable them to get their voices heard. Advocates speak up for, and with, service users, helping them to make their own decisions and contributions.

Advocates are:

- Competent to address issues relating to the use of alcohol and illicit drugs including heroin, cocaine, crack, benzodiazepines, and amphetamines
- Trained to offer advice and information appropriate to literacy levels of service users
- Active in promoting service delivery based on individual need and choice
- Sensitive to the needs of diverse populations

Independent drug and alcohol specific advocacy is provided nationally by The Alliance and locally by Oxfordshire User Team.

Voluntary sector organisations such as the Independent Complaints Advocacy Service (ICAS) and Oxfordshire Mental Health Matters Advocacy Service offer advocacy to service users of health services. Patient Advisory and Liaison Services (PALS) are statutory advocacy providers and are found in every NHS Trust. It should be noted that workers are not often drug and alcohol specialists and may need extra support in representing service users in addressing complaints and issues from specialist drug and alcohol workers and advocates.

Contact details for independent drug and alcohol specific and NHS advocacy see Appendix 2.



4 Involvement in Service Provision

4.0 Involvement in Service Provision

Effective involvement will increase the efficiency and quality of a service, empower and strengthen the self-reliance of service users and families, create a user-friendly environment and fulfil contractual and monitoring requirements. Services should have ongoing and meaningful dialogue with their service users, and their families where appropriate, to improve and foster trusting therapeutic relationships.

Service user involvement expectations are written into all DAAT contracts with service providers. DAAT commissioned services are asked to monitor service user involvement within the service and provide evidence of this to the DAAT through quarterly monitoring meetings and reviews.

In addition family involvement will be written into all future DAAT contracts with service providers. DAAT commissioned services will be asked to monitor family involvement in individuals care plans and provide evidence of this to the DAAT through quarterly monitoring meetings and reviews.

Service providers are also required to:

- Log a copy of their Service Users' Charter with Oxfordshire DAAT
- Conduct regular satisfaction surveys with service users
- Ensure that service users are fully aware of independent specialist advocacy services including Oxfordshire User Team and The Alliance
- Ensure that service users' views are included in the planning and development of new components of the service and in evaluating existing provision
- Ensure that families views are included in the planning and development of services and in evaluating existing provision where appropriate
- Evidence effective care planning procedures
- Create a user-friendly environment
- Ensure that written information about the service is user-focused.

Independent service user involvement is offered to services in Oxfordshire by OUT. Services are encouraged to contact the OUT team if they wish to access the views of service users who are not currently engaged with their service or if they require independent consultations with their service users to be conducted by OUT.

4.1 Peer Mentoring

Services may utilise volunteer peer mentors to deliver activities and support to service users. Peer mentors must receive a comprehensive induction to the service to which they are attached and have access to appropriate training to enable them to carry out their tasks. Mentors work in line with organisations' policies and procedures and legislation including Criminal Records Bureau checks. Peer mentors must be fully supported through structures available to paid staff including meetings, training, supervision and appraisal. Volunteer workers should be reimbursed for out-of-pocket expenses including travel and lunch.

GOOD PRACTICE

SMART CJS provide the Oxfordshire aftercare service, which includes a mentor project for ex-drug users. Mentors receive full training and support in assisting the SMART team in their daily activities and supporting service users across the treatment system. Mentors benefit from personal development gains, in particular, work experience and support with accessing education and employment opportunities.

SMART Mentors may meet service users from prison, accompany them to appointments and link up with them on a social basis, where appropriate. Mentors undertake work placements at services, including drug and alcohol services, throughout Oxfordshire.

4.2 Peer Support

Oxfordshire DAAT encourages peer support aimed at service users and their families. Both national and local peer support groups are delivered in Oxfordshire. Some peer support is offered to particular groups such as those with HIV or mental health issues. It is the responsibility of service providers to signpost service users and their families to appropriate peer support groups and/or activities.

In the 2008 OUT service user satisfaction survey a need was identified for increased peer support. Therefore, in 2009 and beyond Oxfordshire DAAT will be working with OUT to develop peer led support groups across the county.

In addition Oxfordshire DAAT have commissioned the new Community Drug and Alcohol Service to coordinate and support the setting up of families and carer support groups across the county and a volunteer support programme in each locality that will train and support volunteers in order to develop a network of family and carer support systems. The service will also support volunteers through supervision.

GOOD PRACTICE

A weekly support group aimed at carers has been running in Bicester for over two years. The support group is aimed at family members, parents, partners and siblings of users. The group is informal and confidential, and is linked into wider support systems.



4.3 Peer Education

Peer education is an effective means of health communication and promotion. It is widely used as a means of reaching hard to reach groups. Oxfordshire DAAT recognises the value of effective peer education. Peer educators are credible and can empathise with their audience as well as having privileged access to hidden populations. Oxfordshire DAAT has identified the need to expand current peer education initiatives to include families. In 2009 this will include the development of overdose prevention workshops for families.

GOOD PRACTICE

OUT delivers peer education projects that aim to reduce drug related death. Topics include overdose prevention and response, and blood borne virus awareness. For example, OUT delivers workshops throughout Oxfordshire to intravenous drug users on overdose prevention and response, in partnership with Oxfordshire DAAT. The aim is to encourage users to identify risk factors and to look after their peers in overdose situations by practicing basic life support techniques and contacting the emergency services. This project has been running in Oxfordshire for seven years and in 2005 won a Thames Valley Health Care award for Reducing Health Inequalities.

4.4 Family and Carer Services

The DAAT have incorporated dedicated family and carer support posts, two whole time equivalent posts initially, into the new Community Drug and Alcohol Service that is due to commence in the summer of 2009. The aim of the service is to reduce the impact on the family and carers of an individual's substance misuse and increase the positive outcomes for substance misusers by enabling families to effectively support them.

This service will develop and support the following:

- Support existing and set up new family and carer support groups in each geographical location according to need,
- Direct support to families and carers of drug and alcohol users in the community through individual family support sessions
- Information and advice for families and carers
- A volunteer support programme in each locality that will train and support volunteers in order to develop a network of family and carer support systems
- To support volunteers through supervision
- Using a range of media such as literature and DVD enable families and careers to be more informed of the affects of drug and alcohol misuse and of the treatment options available.

In addition to the development of support across the county the service will also work to ensure that family involvement is embedded in service provision, and that families are supported to become involved in local treatment planning processes, service reviews, local consultations and regional and national forums.

4.5 Recruitment processes

Service users can become involved in services' recruitment procedures. This gives service users, who often have a disrupted, or no, work history, an overview of recruitment and selection processes that they may utilise in their own search for employment.

GOOD PRACTICE

SMART CJS are currently recruiting for new managerial and drug and alcohol worker posts across Oxfordshire. OUT and service users will be integral to these processes. They will, working with the management team and human resources, draw up a list of questions for prospective employees and conduct separate interviews with them as part of the interview process held by SMART management. Service users will provide written and verbal feedback on the interviews to feed into the recruitment and decision making process.



4.6 Developing, delivering and evaluating service provision

Service users should be fully involved in developing and evaluating new services and, where appropriate, may also deliver services. This will ensure that service provision is responsive to service user need, user friendly and user focused.

GOOD PRACTICE

In 2008-2009, Oxfordshire DAAT tendered for the new Community Drug and Alcohol Service and service user involvement was embedded in this process at every stage.

Initially prior to drawing up service specifications, stakeholder consultations were held with professionals, service users and families and carers to identify their priorities for the new service. The annual service user survey was examined and a separate service user survey into tier 3 service provision was undertaken by OUT. Recommendations and ideas from all of these informed the development of the service specification.

Once the service was put out to tender the OUT Coordinator was invited to sit on the tender evaluation panel, and undertook the bid evaluations, site visits and sat on the interview panel. In addition a service user panel was set up, and members attended the site visits and interviewed the short-listed applicants, separately to the main panel. Their scores were added to the evaluation scoring system.

Following successful award of the contract the service user panel and OUT team form an essential part of the implementation team. With the primary aim of ensuring that service user involvement is embedded within the new service from the outset.

The annual service user satisfaction survey was commissioned in 2007 as a method of ensuring that current, past and potential service users are consulted about service delivery across Oxfordshire. This provides vital information, together with ad hoc surveys and reports, needed to inform the annual needs assessment and also enables the DAAT to gain more in depth service user views on particular areas of interest or concern.

In the future Oxfordshire DAAT will explore the potential to expand this survey to include the views of families.

Over the next three years Oxfordshire DAAT and OUT will be working to ensure that service users and families are better involved in the development, delivery and evaluation of service provision.

This will include:-

- Changes to future contracts to enhance involvement expectations
- Enhanced performance monitoring of services on how well they are performing against these expectations
- The requirement for service providers to demonstrate how they are effectively involving service users, and where appropriate families, in delivering and evaluating service provision
- 'Mystery shopper' style reviews of services
- The requirement for services to have a involvement lead within their service.
- The development of Key Performance Indicators (KPIs) on involvement in service contracts.

5 Involvement in Strategic Decision Making

5.1 Representation in local partnerships

Service user involvement in strategy and policy making ensures a user-focus and planning that is based on both experience and need. Service users are already represented in the following DAAT forums/groups:

- **Oxfordshire's Joint Commissioning Group**

Reporting to the DAAT Board this multi-agency group is responsible for the DAAT's annual treatment planning processes and the commissioning of the integrated drug and alcohol treatment system for Oxfordshire. Decisions on the commissioning and distribution of the Pooled Treatment Budget are evidence-based and in line with NTA guidance. In 2009 and beyond Oxfordshire DAAT will work with local carer groups to identify and support a family representative onto this group.

- **Oxfordshire's Shared Care Management Group (SCMG)**

The SCMG oversees the implementation and development of Oxfordshire's successful shared care scheme. Shared care is the joint participation of the SCAS, GPs and pharmacists (and other agencies as appropriate) in the medical care of drug users. The group comprises representation from Oxfordshire Primary Care Trust, Oxfordshire User Team, DAAT officers, GPs, the Specialist Community Addiction Service (SCAS) and the Local Pharmaceutical Committee.

- **Oxfordshire's Harm Reduction Strategy Group**

This multi-agency strategic Partnership's primary aims are to reduce morbidity and mortality associated with drug and alcohol use, and to promote harm reduction. The Partnership monitors drug related deaths and introduces interventions and strategies to reduce them. In 2006 the Partnership took on a wider remit to include all aspects of harm reduction.

- **Oxfordshire DAAT's Service Development Meeting**

This is a quarterly forum for all DAAT-commissioned services in Oxfordshire. The primary aims of the Service Development Meeting are to discuss NTA and DAAT plans with service providers, enable providers to discuss and address emerging issues with Oxfordshire's drug and alcohol treatment system and to explore training areas; OUT and a family representative attend the meeting.

5.2 Shaping Service Development

As previously described, an annual service user satisfaction survey is conducted as a key method of ensuring that current, past and potential service users are consulted about service development and delivery across Oxfordshire. This provides essential information, together with ad hoc surveys and reports, needed to inform the annual needs assessment and also enables the DAAT to gain more in depth user views on particular areas of interest or concern.

The recommendations from these surveys are vital in ensuring that service users, past and present, as well as those who may not yet have accessed services, are consulted and their views used to inform and shape changes and developments to the treatment system. In the future Oxfordshire DAAT will explore the potential to expand this survey to include the views of families.

5.3 Workforce development

Oxfordshire DAAT is committed to the development of a competent, dynamic and highly motivated workforce, working in line with Drug and Alcohol National Occupational Standards (DANOS). Many drug and alcohol workers in Oxfordshire have personal experience of drug use and have joined the workforce in trainee positions. The DAAT promotes this route into employment and encourages services to support ex-users in attaining employment in this area.

Over the three years of this strategy the DAAT will also seek to provide opportunities for families of drug and alcohol users to gain the experience and skills needed to attain employment in the field.

5.4 Regional User Involvement

Oxfordshire inputs to service user involvement forums and networks across the country and OUT sits on the South East User Group forum. OUT is recognised as a model of good practice in drug and alcohol user involvement, and has played a key role in the development of user involvement and user groups throughout the South East region.

5.5 Regional Family Involvement

The DAAT aims to put in place similar processes for families as the structures that we have for service users. Over 2009-2012 we will be developing local family and carer networks and will ensure that local family and carer groups and representatives are fully supported to attend regional and national forums. The regional forums offer families and carers the chance to get involved in making sure that the NTA and local partnerships have up-to-date, accurate views of what is happening in each area.

6 Review & Key Contacts

This strategy has been drawn up in consultation with OUT, service users and family representatives and will be reviewed by service users and families in partnership with the DAAT.

Progress against the objectives and action plan identified in section 7.0 will be reviewed on a 6-monthly and annual basis.

For information on service user and family involvement please contact:

Oxfordshire Drug and Alcohol Action Team

Telephone: 01865 290800

Email: enquiries@oxfordshiredaat.org

Glenda Daniels, Service Manager, Oxfordshire User Team

Telephone: 01865 209111

Email: glenda.daniels@oxfordshireuserteam.org.uk

7 Strategic Objectives & Action Plan

The DAAT have identified the following key objectives:-

1. Provide a strategic framework for service user and family involvement across Oxfordshire,
2. Promote service user and family involvement and service user rights to individuals and their families,
3. Ensure drug and alcohol service providers, and related services accessed by drug and alcohol users, adopt service user involvement mechanisms,
4. Ensure drug and alcohol service providers adopt family and carer involvement mechanisms,
5. Ensure access to independent advocacy services for service users and their families,
6. Support peer led interventions and initiatives aimed at service users and their families,
7. Develop family and carer support mechanisms across the county to enable the development of family involvement.

Strategic Objective 1

Provide a Strategic Framework for Service User and Family Involvement in Oxfordshire

Key Actions:

1. Continue to support and promote involvement throughout Oxfordshire's drug and alcohol treatment and criminal justice services,
2. Continue to ensure there is an Involvement Lead within the DAAT team with overall responsibility for coordinating action in this area,
3. Continue to involve service users in annual treatment planning processes, including the ongoing commissioning of the annual service user satisfaction survey,
4. Ensure that families and carers are consulted in the annual treatment planning processes,
5. Ensure that the views of service users, their families and carers are used to inform the planning, development and delivery of service provision across Oxfordshire,
6. Continue to ensure that the views of service users are represented on the DAAT Joint Commissioning Group by OUT having voting membership on the group,
7. Continue to develop mechanisms for service users and their families to feedback confidentially on the services they access,
8. Monitor and review progress towards achieving key aims and objectives outlined in this strategy and action plan, on an ongoing basis,
9. Work with Local Involvement Networks (LINKs) to ensure that the views of substance misuse service users and their families are heard.

Strategic Objective 2

Promote Service User and Family Involvement and Service Users' Rights to Individual Users and their Families

Key Actions:

1. Continue to develop and disseminate up to date written information and advice to drug and alcohol users on local services available to them,
2. Continue to develop and disseminate up to date written information and advice to the families of drug and alcohol users on the affects of substance misuse and information on local services,
3. Ensure service providers give clear information on service users' rights and responsibilities when accessing services, through creating and clearly displaying a Service Users' Charter.
4. Ensure that care planning and review processes are robust and fully involve the service user, and their family where appropriate,
5. Continue to ensure the use of complaints systems and independent advocacy services,
6. Ensure all drug and alcohol treatment services develop a more user-focused ethos.

Strategic Objective 3

Ensure Drug and Alcohol Service Providers and Related Services accessed by Drug and Alcohol Users adopt Service User Involvement Mechanisms

Key Actions:

1. Develop specifications for new contracts to enhance service user involvement expectations,
2. Enhanced performance monitoring of drug and alcohol services on how well they are performing against DAAT expectations with regards service user involvement mechanisms, on a quarterly basis
3. Ensure service providers demonstrate how they are effectively involving service users in the evaluation and development of service provision,
4. Continue to promote service user involvement to service providers not commissioned by Oxfordshire DAAT that are accessed by drug and alcohol users,
5. Ensure service providers identify staff member/s to lead on involvement,
6. Ensure provider agencies display a Service Users' Charter,
7. Work with Oxfordshire User Team (OUT) to develop and enhance service user involvement within drug and alcohol services.

Strategic Objective 4

Ensure Drug and Alcohol Service Providers adopt Family and Carer Involvement Mechanisms

Key Actions:

1. Monitor family involvement mechanisms adopted by service providers commissioned by Oxfordshire DAAT,
2. Promote family involvement to service providers not commissioned by Oxfordshire DAAT that are accessed by drug and alcohol users,
3. Ensure service providers identify staff member/s to lead on involvement,
4. Ensure families and carers are involved in the service reviews and planning where appropriate,
5. Work with family and carer groups to develop and enhance family involvement within drug and alcohol services.

Strategic Objective 5

Ensure Access to Independent Advocacy Services for Service Users and their Families

Key Actions:

1. Continue to support and promote access to independent advocacy services to drug and alcohol service users and their families,
2. Continue to monitor, and where appropriate, investigate and respond to, complaints against drug and alcohol services through service level agreements and contract monitoring processes,
3. Continue to provide access to advocacy training for independent advocates,
4. Continue to utilise advocacy case studies to inform planning and review processes,
5. Continue to monitor and review advocacy service provision on a quarterly basis.

Strategic Objective 6

Support Peer-led Interventions and Initiatives aimed at Service Users and their Families

Key Actions:

1. Continue to promote peer education on harm reduction across all treatment tiers,
2. Continue to support peer-led workshops on harm reduction including overdose prevention and response and blood-borne viruses aimed at service users and their families,
3. Continue to develop and disseminate information and resources on harm reduction to service users
4. Continue to develop and disseminate information and resources on harm reduction to the families of service users
4. Continue to promote the development of peer support and mentoring in Oxfordshire.

Strategic Objective 7

Develop Family and Carer Support Mechanisms across the County to enable the Development of Family Involvement

Key Actions:

1. Ensure the development of family and carer support across the county to include:
 - Individual family support sessions,
 - Families and carer support groups,
 - Volunteer support programmes that will train and support volunteers in order to develop a peer-led network of support,
2. Commission overdose prevention workshops for families and carers,
3. Disseminate a range of information and advice, using a variety of media, on drug and alcohol awareness for the families and carers of drug and alcohol users.



Appendix 1

Service Users' Charter

This Charter outlines rights and responsibilities for users of this service.

Rights

- Service users will be treated with respect and empathy
- Service users will be given a full and comprehensive assessment of their needs
- Service users will be given written and verbal information on treatment options and services and referral routes into other services
- Service users will be involved in the development and review of their care plan including setting short and long-term realistic goals. A copy of the care plan will be offered to the user
- Decisions about treatment and care planning will be reached through informed discussion between the service user and worker
- Service users have the right to confidentiality and will be given an explanation of any "exceptional" circumstances in which information will be shared with other professionals and/or services
- Harm reduction information and interventions will be offered and promoted by this service
- Service users will be given information on national and local self-help groups
- Service users have access to this service's complaints system
- Service users have access to advocacy services including independent specialised advocacy provided by the Oxfordshire User Team (OUT)
- Family members or carers will be encouraged to attend with a service user, where appropriate
- Service users are encouraged to feedback on this service. Where appropriate, service users will be involved in the planning, delivery and evaluation of services and activities offered by this organisation

Responsibilities

- Service users will observe this service's code of behaviour as displayed
- Service users will comply with the responsibilities that have been agreed as part of their care plan
- Use of illicit drugs on these premises is not allowed
- Treat the staff and property of this service with respect

April 2009

Appendix 2

Advocacy Services

OUT

01865 209111 or 07986 816955
(normal working hours)

Independent Complaints Advocacy Services South East

0845 600 8616

ICAS supports patients and their carers wishing to pursue a complaint about their NHS treatment or care.

The Alliance

32 Bloomsbury Street, London, WC1B 3QJ
Email: info@m-alliance.org.uk
Website: www.m-alliance.org.uk

Office Telephone: 020 7299 4304
Helpline: 0845 122 8608
(10am-5pm weekdays, except public holidays)

Oxfordshire Mental Health Matters Advocacy Service

01865 728981

The advocacy service is an independent, free, and confidential service. The service supports in-patients aged 18 to 65 on psychiatric wards in Oxfordshire. Advocates work with them to ensure they know their rights, and can make informed choices about their treatment in hospital and after discharge. Advocates support them to make their care team aware of their wishes, sometimes attending ward rounds and Care Planning meetings when clients request. The service also provides information and support to anyone on the wards. The advocates may be paid workers or trained volunteers.

PALS

For concerns about health services, contact:

Oxfordshire Primary Care Trust	0800 052 6088
Nuffield Orthopaedic Centre NHS Trust	01865 738126
South Central Ambulance Service NHS Trust	01962 898069
Oxfordshire Learning Disability NHS Trust	01865 228173
Oxfordshire & Buckinghamshire Partnership NHS Trust	0800 328 7971
Oxford Radcliffe Hospitals NHS Trust	
- Churchill	01865 235855
- Horton	01295 229259
- John Radcliffe	01865 221473/743324



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