

Partnership name

Oldham

Adult and IDTS Drug Treatment Plan 2010/11

Part 1

This strategic summary incorporating the planning grids and funding/ expenditure profile has been approved by the Partnership and represent our collective action plan

DAAT Chair	<i>Signature</i>
Partnership Chair	<i>Signature</i>

The overall direction and purpose of the Partnership Strategy for drug treatment

The current year has been a year of change for Oldham DAAT and Partnership. The DAAT has a new vision and a new team, together with a new sense of purpose – to develop a whole treatment system, irrespective of “substance” based on principles and practice of continuous improvement and effective performance management.

The DAAT’s Strategic Plan is attached as Appendix 1.

The DAAT has already commissioned work to evaluate how Oldham is addressing the Hidden Harm agenda, identify gaps and suggest improvements. This will remain a priority for the coming year and the DAAT will lead on developing a required Protocol to ensure that parents in treatment services are supported by a range of appropriate agencies delivering parenting and family support, plus those parents not in treatment services who are substance misusers and known to other agencies, are identified and referred into treatment and/or support services.

The DAAT intends to work closely with commissioned treatment services and partners this year, to ensure there is a clear understanding of the expectations of the DAAT and Partners in terms of effective treatment, and in turn will expect evidence of improved treatment and evidence of successful outcomes for people both in the treatment system and those successfully leaving the treatment system, preferably abstinent. Therefore accurate and improved monitoring will be a priority.

The direction of the Strategy is to prioritise resources and interventions for those service users who want to change their behaviour, address their addiction and reintegrate into the community. The Strategy outlines steps needed in order to achieve this, including a well skilled and trained workforce with the skills to enable them to encourage, inspire and to have faith in the possibility that change is possible for their service users.

The Strategy will also identify the need for partner agencies to work alongside substance misuse commissioned services to help address the complex needs of that client group and the whole family.

The DAAT is fully aware of the challenges presented by the current economic climate and potential reduction in future resources. In this respect the DAAT will prioritise quality audits and quality control within commissioned treatment services to ensure we maximise economies of scale and prioritise value for money with regard to treatment provision. This will provide the opportunity to suggest more cost effective ways of delivery by looking at the balance between secondary and primary care. The DAAT will continue to ensure there are stringent financial management processes in place with regular updates to the Joint Commissioning Group.

The development of an integrated treatment system will also result in closer working relationships between services and work has already started in this respect with agreement that RAMP (Reduction and Motivation Programme delivered by Acorn Treatment and Housing) will be delivered from the new ODAS premises (Oldham

Drug and Alcohol Services – Pennine Care Mental Health Trust) and the merging of provider services Women’s Only Groups into one Women’s Group.

Another key component of this Plan is the engagement and strategic involvement of Oldham Partnership to ensure full ownership, support and effective resource allocation. Also increased consultation and involvement of service users in identifying what an effective treatment system looks like for them and helping with treatment service redesign.

Oldham is in the process of rolling out Integrated Offender Management and has appointed a Coordinator to lead on this. The expected “go-live” date is 1 April 2010. The DAAT sees effective governance arrangements as essential for managing drug using offenders. The new DIP operational processes will be part of the new IOM and NI 38 priority offenders’ part of the cohort, with the remainder case-managed by the DIP Operational Group, including prioritising the successful re-integration for those leaving prison.

The DAAT recognises that recovery is not just about abstinence but also about reducing the ongoing use of substitute prescribed drugs such as methadone, also improving the quality of life and the process of reintegration into the community. The DAAT supports the following statement put forward by the UK Policy Commission “The process of recovery from problematic substance misuse is characterised by voluntarily-sustained control over substance use which maximises health and well being and participation in the rights, roles and responsibilities of society” In this respect the DAAT will ensure there is variety and choice of services, based on evidence of need and profile of drug use in Oldham, including appropriate investment in abstinence services and aftercare support for service users who have become abstinent.

Oldham does have an appetite for change and examples of excellent and innovative practices and projects. This Plan intends to build on these, including developing the ACCE Pilot for 18-25 year olds, based on the review of that service and a more robust commission; improved TOPS compliance, recording and monitoring; more effective utilisation of innovative “wrap-around” services; further shared-care provision; and further co-location of criminal justice agencies to identify, treat and support substance misusing offenders.

Harm reduction in terms of information, advice and interventions, continues to be a priority, including the re-establishment of the Shared Care Monitoring Group with a wider remit to ensure continuous improvement within clinical governance arrangements.

The likely demand for open access (community based), harm reduction and structured drug treatment interventions. It is suggested that this section identifies and considers the differential impact on diverse groups and ensures that the overall plan contains actions to address negative impact.

It is estimated that currently 487 opiate/crack users are living in Oldham but have never been in treatment. This official estimate is substantially higher than in previous years.

Families affected by substance misuse is a key issue for Oldham, with an estimated 1,400 children living with problem drug misusers and 4,900 children living with alcohol misusing parents.

Oldham has a robust needle exchange service, which is a mix of fixed site tier 2 services and Pharmacy Exchanges. 1,382 identifiable customers attended local needle exchanges in 2008- 09. 1,100 have never been in treatment, and a significant number of these are known to be anabolic steroid users. 176 were in treatment and 116 had previously been in treatment. There is a wide age range but mainly consisting of 25 to 34 year olds (40%) and over 35-year-olds (45%).

Older customers are heroin crack users, but with a range of other substances disclosed. Most of the younger customers are anabolic steroid users. In general younger customers are not known to treatment. Older customers are in treatment or have previous treatment experience but a large group of PDUs attending the exchanges appear treatment resistant.

The custody suite, via the DIP, provides another capture point. Arrestees with a range of trigger offences are subjected to Mandatory Drug Tests. Between 2007 and 2009 Oldham conducted 3,145 Mandatory Drug Tests involving 2,134 individuals. Most tested negative but 404 test episodes were positive for 'cocaine only' (usually cocaine powder use), 240 for 'opiates only' (usually heroin users) and 391 for 'both' (usually heroin and crack users).

Younger positives were mainly non-opiate users, probably with an ACCE profile testing positive for cocaine only. However a 'tail' of young adult heroin users is identifiable. Older positives are mainly PDUs caught up in the criminal justice system.

In 2008-09 only 20 of the 150 (13.3%) 'cocaine positives' were in treatment – some may need brief interventions or access to treatment but most won't accept this. 127 of the 215 (59.1%) heroin - crack - both positives were in treatment. This suggests a degree of treatment resistance amongst PDUs captured via the DIP programme.

Tier 4 in-patient detoxification and residential rehabilitation numbers remain low and client numbers accessing rehabilitation through the Adult Social Care budget in 2008/09 are considerably low (n=8). There needs to be an increase in numbers accessing Tier 4 provision. There were only 12 funded places for drug or alcohol residential rehabilitation at any one time.

Alcohol misuse is found across adults, young adults and young people. Oldham sits in the Top 20 Local Authorities in England for alcohol harms. There are estimated to be 35,000 binge drinkers, 12,000 high-risk drinkers and 6,500 dependent drinkers (over 16 years) in the Borough. Oldham is treating 500 adult drinkers a year in Tier 3 services, but the recommended Department of Health guidance is for 15% of dependent drinkers to be treated in Tier 3 services, i.e. 1,000 Oldham clients per year.

The key findings of the current Needs Assessment, including a brief summary of prevalence and penetration levels in the community, the demand for drug treatment in prison establishments, treatment system mapping and the care pathways in operation, the characteristics of met and unmet need, attrition rates, and treatment outcomes.

The DAAT has completed an in-depth, comprehensive Needs Assessment this year and includes for the first time a review of alcohol treatment and unmet need, together with needle exchange services data, mandatory drug testing data and a review of Oldham's current responses to the Hidden Harm agenda as these affect adult treatment services.

Young adults and adolescents

Oldham has a growing cohort of adolescents and young adults, who are non-opiate users but do misuse alcohol, cannabis (skunk) and cocaine powder. Oldham sees more alcohol and cannabis young treatment presenters than the region, but far fewer cocaine misusers.

Heroin/Crack misusers

Oldham has over 1,400 PDUs in residence, covering a wide age range, but getting older, particularly those over 45 years of age. There is a small "tail" of young adult Heroin/Crack users disproportionately of BME origins, mostly not in treatment.

Alcohol

Tier 3 capacity is inadequate as is Tier 4. However Tier 2 capacity is improving rapidly via newly commissioned provision. Tier 3 treatment services are hampered by waiting lists, drop-outs and lack of structured programmes. It should also be noted that the providers of alcohol treatment are the same providers for drug treatment and the under capacity and lack of resources for alcohol treatment has to some extent compromised effective drug treatment and performance against NI 40 as Oldham has not been able to match the national performance target improvements around effective drug treatment and we believe that with the quality of the substance misuse providers available in Oldham, we should have been able to meet these targets.

Drug Treatment Population

The number of new presentations for adults increased from 231 in 2007/8 to 298 in 2008/9, a 29% increase. The number of Asian/ Asian British presentees increased slightly (n=38). This is a positive outcome.

New presentees during 2008/9 were predominantly primary opiate (heroin) users (n=175, 59%). Newly presenting cannabis users (16%) have increased significantly but new cocaine presentees have fallen significantly (7%). Those presenting with secondary alcohol problems have increased. Heroin and Crack presentations have decreased (10%).

Of the 298 new presentees, 156 had a previous treatment episode and 142 were new or naïve to treatment. The naïve were more likely to have an ACCE profile and returnees more likely to be PDUs.

The numbers in treatment have increased from 796 to 873 in 2008/9, another positive finding.

Three-quarters in treatment were male. Asian / Asian-British clients in treatment have increased in 2008/9 to 9%.

Six in ten clients in treatment during 2008/09 were 35-64 years old. Thirty per cent were 25-34 years old. One in eleven (9%) were aged 18-24 years – a significant increase from 49 (2007/08) to 76 but still lower than the national average.

Of the 873 in treatment the primary substance was overwhelmingly heroin/opiates but with a notable reduction in comparison to the previous year. Cannabis is the second most commonly indicated primary substance (8% [n=70]) and showing a significant increase on the previous year. Primary cocaine use [n=39] although only 4.5% has increased from 2.6% [n=21]. When all problematic substances are factored in opiate problems have fallen but crack, cannabis, benzodiazepines and cocaine problems have increased. This picture is consistent with Oldham moving out of its heroin epidemic with new substance misuse trends emerging in the post heroin population.

Unplanned discharges/exits in 2008/09 are far higher at 42% compared to the region (27%) and nationally (25%). Oldham thus performs badly on this key performance indicator. ADS, performs particularly badly on unplanned exits followed by ODAS. Unplanned discharges are more likely amongst heroin and heroin/crack users. The DAAT will prioritise a review of current practices around collecting information around unsuccessful discharges and what improvements need to take place.

Retaining clients in treatment for 12 weeks or more is a critical performance indicator as extended retention predicts improved treatment outcomes. Oldham does not meet the 85% 12-week retention target. Currently only 81.9% are thus retained compared to 83.4% for the region. Only ODAS (90.3%) and OASIS (90.0%) exceed retention targets. Although prescribing encourages retention at ODAS Oldham's other services are performing poorly compared with other areas.

Hepatitis B interventions amongst clients in treatment have improved slightly but Hep C testing is stalling.

Need for a whole systems approach

Oldham needs to manage diverse populations of substance misusers within an integrated system because of the extensive poly substance use; co-existent alcohol and drug problems; to allow presenters to be treated at one service; allow cross referrals and joint work; allow seamless care pathways as clients reach 18 years of age and support for the 18 – 25 year olds.

Families affected by parental substance misuse

The DAAT is required to audit progress in implementing the Hidden Harm agenda. Developing responses to promoting the welfare and protection of children and young people adversely affected by parental alcohol and drug use is a key priority signalled by the new drugs strategy, the updated alcohol strategy, NICE and the NTA.

It is estimated that Oldham has 1,400 children living with problem drug misusers and 4,900 children living with alcohol misusing parents.

Oldham's Children's Social Care is not currently adequately monitoring parental substance misuse as a risk factor in its children in need and child protection cases. But managers estimate over 40% of cases involve parental substance misuse as a risk factor.

There needs to be improved coherent strategic approaches to responding to parental substance misuse in respect of parenting/child care – safeguarding. Oldham has little specialist provision compared with other local areas. However a range of services could, with appropriate training and support, be able to be co-ordinated and resourced to provide a virtual team to deliver early to specialist interventions with identified families.

Oldham's alcohol and drug services need to continue to improve recording parental and childcare status for their clients. Joint work with Children Services is satisfactory but there are substantial safeguarding training gaps with some commissioned services (e.g. ADS, ADAS).

Consultation

The DAAT held a Partnership Event as part of the Needs Assessment process. 85 people attended from a range of agencies, ranging from front line provider staff to senior managers and GPs and including service users who were keynote speakers at the event.

The event centred on 7 themes: criminal justice; communities; treatment; young adults; children of substance misusing adults; service user support; and commissioning.

The groups were asked to identify areas for improvement in each group and these were as follows:

Criminal justice:

- Assessment route for all criminal justice clients coming through the custody suite/ courts.
- A referral process which includes enough provision for alcohol, ATRs and non “class A” substances.
- Supported accommodation provision for direct access for criminal justice clients that include ETE support.

- Independent Tier 4 referral processes for criminal justice clients in the criminal justice process or due to leave custody which has a multi agency panel.
- An accommodation strategy that prioritises PPO/ drug users without accommodation, otherwise everything else will fail.
- Outreach drug interventions in the BME communities.
- Police custody suite papers making it clear that an offender was drunk when they offended.
- Clear information on drug tests from custody to probation in court, including DRR status.

Communities:

- Incentivise stakeholders to work with each other by identifying the benefits to each individual agency.
- Translating knowledge and intelligence into action rather than just gathering it and doing nothing.
- Coordinating the use of resources in an intelligent and structured way.

Treatment:

- Explore a Single Point of Contact.
- Encourage multi agency referrals.
- Encourage better communication and commissioning processes, e.g. pay-by-results – and stick to it.

Young adults and children of substance misusing parents (combined):

- Co-ordinated family service/ Team
- Sufficient resources
- LSP monies to go through the Partnership

Service User support:

- Induction – initial holistic diagnosis and a good amount of quality information given at this point (e.g. Service Directory).
- Volunteering opportunities – particularly during aftercare including monitoring a client after abstinence and following up on progress.
- Menu of activities – this would help a client remain abstinent as would fill in time and provide huge physical and mental benefits as well as reducing vulnerability.

The improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in individual drug user's health and social functioning, lower public health risks from blood borne viruses and overdose, and improvements in community safety.

1. Strategic Links:

The most significant improvement to be made here in Oldham is to strengthen the strategic Partnership relationships and ownership of the substance misuse agenda. Work has already started in this respect with good results, but this needs to continue with agreed governance arrangements, effective and transparent decision making and resource allocation.

2. Hidden Harm and Think Family:

Hidden Harm is a key priority. The DAAT will lead on developing a Protocol and Action Plan to ensure there is treatment and support for the whole family, for parents in substance misuse services, plus the early identification, referral and whole family support for parents known to adult social care and children's services who are substance misusers.

3. Integrated Treatment System and Quality Audit:

Another priority is to ensure there is true and effective integration of commissioned treatment providers to maximise strengths and eradicate weaknesses in the existing system. This will also include ensuring there are appropriate treatment services for the 18-25 year age group who are non-opiate users, plus an audit of existing treatment practices and outcomes with a view to identifying the most effective delivery mechanism, backed up by a robust commissioning function via the Joint Commissioning Group.

4. Partner agency support:

Successful outcomes can only be achieved by the support of a wide range of agencies and partners to help address the complex needs of substance misusing clients with regard to housing, training (including basic skills), financial advice, life skills and employment opportunities. Partners need to work together to help build clients' self esteem to help move them towards a drug free life. This also applies to clients in the criminal justice system with additional support needed from criminal justice agencies.

5. Engaging communities:

More "reach-out" work is needed to engage with the BME communities in Oldham, particularly as the Needs Assessment has identified unmet need amongst these communities.

Oldham's drug using population does not appear to be a transient one and therefore those not in treatment tend to stay in Oldham. Thus nearly all the estimated 500 treatment naïve PDUs can be identified at the SES or custody suite. Work needs to take place to improve engagement, including ensuring there are appropriate treatment services commissioned including a service for young, non-opiate using adults (ACCE).

6. Service User Involvement:

There needs to be more involvement of service users in treatment system design and evaluation and this should be on a regular and structured basis. The DAAT has commissioned a Service User Advocacy Worker and therefore there are opportunities to facilitate more service user involvement in the coming year. Support networks need to increase including support groups for those completing treatment abstinent.

7. Recovery and Abstinence

A review of abstinence pathways should take place to ensure all services have clear referral routes and structures in place.

The DAAT has already commissioned a RAMP programme (Reduction and Motivation Programme) and will continue to support this service which is seen as a

key referral route into abstinence-based services. Services also need to have sufficient capacity to support RAMP clients not suitable for abstinence and ensure they continue to be supported and encouraged until ready to re-engage with RAMP.

Recovery is a key theme within this Treatment Plan and the establishment of a Recovery Forum is planned for 2010-11. The DAAT recognises the importance of providing on-going support networks for service users completing treatment to help prevent relapse.

The Plan identifies Recovering Communities as an essential part of the treatment system and in Oldham challenges remain regarding allocation of resources to support this provision. There are also opportunities to look at how this provision can support bespoke groups, such as offenders, particularly those leaving prison and families where a child, sibling, or parents are substance misusers. This would be particularly appropriate as part of the “Think Family” approach.

8. Harm Reduction:

Harm reduction should continue to be a priority.

The Needle Exchange creates an excellent opportunity to engage with drug users not in treatment, both in terms of harm reduction information and advice and signposting into treatment services, i.e. ACCE and ODAS.

More work should take place to engage Pharmacies to deliver supervised consumption and harm reduction advice and information. Discussions will be required with the PCT to discuss funding implications.

Oldham does perform well with regard to Shared Care, but further development should be a key priority to ensure the specialist treatment service can prioritise new drug users entering treatment. In this respect the Shared Care Monitoring Group should re-start with a view to increasing shared care provision, and this will need to be agreed with the PCT. Discussions with the PCT need to take place regarding GPs not currently engaged in the shared care initiative.

Testing for Hep C needs to improve, together with HIV screening and support and continued improvement with regard to Hep B vaccinations. More work should take place with pharmacies as a deliverer of harm reduction information, advice and support.

9. Drug Interventions Programme and Integrated Offender Management:

The Drug Intervention Programme needs to be enhanced to meet new Home Office requirements and as part of a new integrated offender management model. This will include further changes to the CJIT team structure to build on the successful co-located team work and improve service provision particularly to the “hard to reach” groups. This is particularly relevant to improving the engagement of BME clients in prison or those individuals falling out of Tier 3 treatment. Re-engaging prison leavers with substance problems needs improving, particularly around re-engagement.

<p>The key priorities for developing drug treatment, reintegration and recovery interventions in the community and prison(s) for 2010/11.</p>
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- 1) Improved **strategic links** and Partnership involvement in the substance misuse agenda and increased Partnership support, particularly around identifying appropriate housing, employment opportunities and training including **improved commissioning practices**.
- 2) Develop a **“whole family” approach** to treatment delivery and support where there are children of substance misusing parents, by ensuring parents in substance misuse services receive support from the range of family and parenting programmes in Oldham, plus better joint working between adult social care and children and young people’s services to identify, refer including improved recording and monitoring to address the Hidden Harm agenda. Adult services need to improve engagement with young people’s services in this respect and there needs to be a strategic steer to support this agenda.
- 3) Continue the development of an **integrated treatment system** in Oldham with clear pathways into and out of treatment, irrespective of the substance used and review commissioned services, including a **quality audit** of those currently in treatment in terms of outcomes, looking at the balance between secondary and primary care and best value provision.
- 4) More joint work with partners and agencies to **improve support** for clients with regard to housing, life skills, training and employment.
- 5) More “reach-out” work in priority localities in Oldham, particularly **BME communities** with the involvement of community leaders and flexible services able to respond and deliver treatment to suit clients’ needs within these communities.
- 6) Continue to promote **abstinence and recovery** to ensure there are appropriately commissioned **services to meet need**, including **RAMP, Recovering Communities** provision and the **new ACCE** service for the transitional 18 – 25 year olds who tend to be treatment resistant. The new ACCE service to have its own identity, premises, psychosocial treatment workers and links to diversionary, educational and training opportunities, and appropriate support to ensure effective implementation.
- 7) Further development to improve **harm reduction** initiatives, focussing on the Needle Exchanges, Pharmacies, Shared Care and improvements in addressing BBVs.
- 8) More support networks for **service users**, including groups for abstinent clients to provide on-going support after treatment completion. This will include consideration of provision outside existing treatment services in a neutral setting, similar to a Recovery Forum.
- 9) A **new DIP delivery model** as part of the new Integrated Offender Management process and linked to **IDTS**. Priority to be given to providing

support (and treatment where necessary) for those leaving prison, particularly for BME clients.