TACKLING DRUGS CHANGING LIVES IN OLDHAM

Plan to Reduce the Impact and Harm caused by Drug and Alcohol Misuse in Oldham: 2011-12

This Plan has been approved by the Oldham Safe and Strong Communities Board and represents our collective action plan to address substance misuse in the Borough.

DAAT Chair (Joint) and Chair of the Safe and Strong Communities Board (Chief Superintendent Tim Forber)	***Signature*** 
DAAT Chair (Joint) and Chair of the Safe and Strong Communities Board (Carolyn Wilkins)	***Signature*** 

Contents

Key Aims:

- To commission effective community-based drug and alcohol services to increase the number of successful treatment completions, aid recovery and reduce the number of hospital urgent and unscheduled care cases.

- To promote a whole family approach to delivering substance misuse services.

- To focus on cost and benefit to ensure commissioned services and activities result in Borough-wide savings in the long term, i.e. over a five year period.

Key priorities:

1. Recovery to be at the heart of the Treatment Plan for adults. Oldham to be seen as a place where people recover from addiction and that those newly abstinent people are supported by a range of groups and networks to prevent relapse.
   (Prospectus Priority 2 and 3); (Council Corporate Objective 3)
   (CSPP Priorities 1, 2, 3, 4)

2. Prevent children and young people being harmed by the adverse affects of alcohol and drugs.
   (Prospectus Priority 1); (Council Corporate Objective 2)
   (CSPP Priorities 1, 2, 3, 4)

3. Deliver cost effective treatment services (drugs and alcohol) by demonstrating the financial benefits of commissioning decisions, including identifying the cost and benefit of the range of commissioned treatment services and modalities and ensure the best return for the investment.
   (Prospectus Priority 3); (Council Corporate Objective 4)
   (CSPP Priorities 1, 2, 3, 4)

4. Deliver treatment and support through the whole family wherever possible and improve access to suitable housing, training, volunteering and employment opportunities for substance misusers.
   (Prospectus Priority 2); (Council Corporate Objective 2)
   (CSPP Priority 3)

5. Reduce substance misuse reoffending rates and improve rehabilitation by offering more treatment choice, identifying clear referral pathways and ensuring a fast-track referral process into training, education, employment and suitable housing.
   (Prospectus Priority 2); (Council Corporate Objective 1)
   (CSPP Priority 4)

6. Strengthen the local community by helping people to take responsibility for their own health. Ensure everyone knows the negative consequences of drug and alcohol misuse. Also ensure they understand when they have a drug and/or alcohol problem, where and how to get help, and increase publicity about the treatment system.
   (Prospectus Priority 2); (Council Corporate Objective 1)
   (CSPP Priority 3)
   CSPP = Community Safety Partnership Priority

Delivery Plan

Priority 1
Recovery to be at the heart of the Treatment Plan for adults. Oldham to be seen as a place where people recover from addiction and that those newly abstinent people are supported by a range of groups and networks to prevent relapse.

Actions and milestones	Who	By when
Organise a Recovery Event to identify all support groups and networks for those who have become abstinent from alcohol and drug addiction and identify what else in needed.	Rachel Massie	15 Dec 10
Brief the DAAT Joint Commissioning Group on the new Recovery Model for Oldham and any commissioning implications	Janet Sewart	February 11
Make contact with all key individuals involved in those groups and networks with a view to coordinating activity and/or promoting the groups and/or publicising them more widely. Also consider economies of scale in some cases where activity could be pooled.	Rachel Massie	January 11
Consider establishing something similar to Petrus (Rochdale) for Oldham clients in treatment to provide additional support around budgeting, literacy, advice, social skills, volunteering, etc.	JCG	March 11
Consider a fast-track referral system into Recovering Communities (abstinence programme) for IOM offenders and High Crime Causing users.	IOM/ Julian Guerriero/ Janet Sewart	On-going
Identify premises where newly abstinent people can meet to discuss developing a Recovery Forum and support group.	DAAT	March 11
Re-commission Intuitive Recovery, ADS SMART Recovery and Acorn and ensure they work closely together to support clients in recovery.	DAAT/ JCG	March 11
New monitoring arrangements to be part of quarterly performance reviews.	Roy Egginton	On-going

Priority 2
Prevent children and young people being harmed by the adverse affects of alcohol and drugs.

Actions and milestones	Who	By when
Work with Children's Services/Trust to ensure that Oldham's Children and Young People Plan continues to address substance misuse and that progress updates are provided by the DAAT.	Janet Sewart/ Jill Beaumont	March 11

Evaluate the Peer Educators (R.E.A.L.) work (2010) and if effective continue to deliver this model of education for all ages, match funded by key partners.	Roy Egginton	December 10
Agree an Outcome Monitoring tool for Tier 2 and 3 services to measure behavioural changes and monitor the service over a 6 month period.	DAAT/ PSO	April 2011
Re-establish the Children and Young People's Substance Misuse Group to deliver (a) the Alcohol Strategy (Children's theme) and (b) The DAAT Treatment Plan.	Janet Sewart	November 2010
Write a Joint Working Agreement to safeguard children and young people from the negative affects of substance misuse and ensure this is signed off by key partners.	Janet Sewart/LCSB Sub Group	April 2011
Roll out the Action Plan from the Substance Misuse sub group of the Local Children's Safeguarding Board and highlight any blockages to the LCSB.	Janet Sewart	2010-11
Identify successful outcomes for children, young people and their families, i.e. children and young people back in mainstream education, educational attainment, volunteering and/or employment, plus a stable and productive family life.	Janet Sewart/ Jill Beaumont	On-going
Support schools to move beyond National Healthy Schools standards, moving on to the locally refined outcomes model – identifying priorities and outcomes in relation to drugs and alcohol where there is an identified need.	Linda Collinge	On-going
New monitoring arrangements to be part of quarterly performance reviews.	Roy Egginton	On-going

Priority 3
Deliver cost effective treatment services (drugs and alcohol) by demonstrating the financial benefits of commissioning decisions, including identifying the cost and benefit of the range of commissioned treatment services and modalities and ensure the best return for the investment.

Actions and milestones	**Who**	**By when**
Two DAAT Joint Needs Assessment (drugs and alcohol) – Adults and Children/Young People - to identify local needs, interpret the data and to develop targeted tailored to local circumstances. Include NDTMS data for 2009/10 available in September and Tier 2 information for children and young people's services.	Roy Egginton	End November 2010

Contribute to Oldham's JSNA (Joint Strategic Needs Assessment), Oldham Children's Services Needs Assessment and Oldham's CDRP (Crime and Disorder Reduction Partnership) Strategic Assessment.	Roy Egginton	On-going
Agree the scope of both Needs Assessments, i.e. District/Ward data; evidence of successful treatment; audits of treatment providers; criminal justice data; mental health data (dual diagnosis); hospital admissions for both drugs and alcohol.	DAAT/ partner agencies	October 10
First draft of Needs Assessments for consultation to be circulated to the DAAT JCG; COG; LLP; Safe and Strong Communities Board; Health and Well Being Board.	Roy Egginton	End November 10
Final version of Needs Assessment for inclusion in the Treatment Plans for 2011-12.	Roy Egginton	Mid December 10
Identify the cost to the community of substance misusers not in treatment, i.e. involvement in the criminal justice system; poor educational attainment, unemployment; mental health issues; family problems; housing need, poor health and hospital admissions.	Rachel Massie/ Richard Kubilius	On-going
Identify the most effective treatment modalities, the cost of those modalities and savings through successful treatment.	Perry Gunn/ Richard Kubilius	March 11
Create a matrix mapping all drug clients in treatment, to identify those moving into recovery via abstinence-based services; those moving in the direction of recovery and those "parked" in the treatment system.	Perry Gunn/	March 11
Reduce alcohol related hospital admissions by increasing alcohol hospital liaison work, increased public health activity and more Tier 4 activity.	Richard Kubilius	On-going
Review the Tier 3 alcohol treatment system, i.e. current providers, ATR and AARs, young people's alcohol paediatric nurse provision and pathways into treatment.	Richard Kubilius	On-going
Quality assurance measures via monitoring and evaluating interventions to determine whether or not they provide value for money and compare the effectiveness of these interventions against each other.	Perry Gunn/ Richard Kubilius	On-going
New Service Level Agreements based on cost, benefit, matrix of recovery and successful outcomes, i.e. payment by results.	Perry Gunn/ Richard Kubilius	March 11
New monitoring arrangements to be part of quarterly performance reviews.	Roy Egginton	On-going

Priority 4
Deliver treatment and support through the whole family wherever possible and improve access to suitable housing, training, volunteering and employment opportunities for substance misusers.

Actions and milestones	Who	By when
Identify and increase the number of 'mutual aid' groups for families in Oldham, i.e. groups set up specifically to support families, and pathways from commissioned services into these groups.	Sharon West	March 11
Contribute to the development of a Family Recovery Model in Oldham by the effective coordination of treatment and support for families affected by substance misuse.	Janet Sewart/ Jill Beaumont/ Sharon West	On-going
Consider Alcohol Treatment Requirements for all individuals who have children living with them as a child protection initiative.	Julian Guerriero/ Richard Kubilius	March 11
Continue to identify the number of families affected by substance misuse who are assisted with suitable housing, training, volunteering and employment, plus percentages of those within the treatment system.	Sharon West	On-going
Partner agencies to identify how drug and alcohol treatment services can work more effectively in localities by enhancing existing support services.	Partner agency representatives on the JCG	On-going
Review the new responsibilities of the Department for Work and Pensions when the new Drug Strategy is finalised (including the new Government Work Programme) and brief the Joint Commissioning Group.	Janet Sewart	February 2011
New monitoring arrangements to be part of quarterly performance reviews.	Roy Egginton	On-going

Priority 5
Reduce substance misuse re-offending rates and improve rehabilitation by offering more treatment choice, identifying clear referral pathways and ensuring a fast-track referral process into training, employment and suitable housing for substance misusing offenders.

Actions and milestones	Who	By when
Roll out the DIP Action Plan based on the Home Office DIP Guidelines.	Julian Guerriero	1 January 2011
Reconfigure DIP as a Tier 2 service and ensure the Tier 3 services have joint working agreements with criminal justice agencies, particularly the Probation Service.	Julian Guerriero	1 January 2011

Ensure the Probation Service is fully aware of the changes to processes and procedures, particularly with regard to DRRs and funding implications and agree how to measure effectiveness and appropriate treatment (medically assisted/ abstinence based).	Julian Guerriero/ Janet Sewart/ Penny Barker	November 2010
Review A Case for Change: Criminal Justice and replicate the process for Oldham if applicable.	Richard Kubilius	November 2011
Highlight there is a need for a DIP assertive outreach worker to pick up those offenders who drop out of treatment via a JCG Briefing.	Julian Guerriero	Dec 2010
Improve prison "pick ups" for those leaving prison (as per the new Handbook) and also improve joint working with community drug teams and the prison service for those going into prison.	Julian Guerriero/ Stephen Samuels/ Roisin Reynolds	January 2011
Consider a BME ADS worker for both DIP and ACCESS to address the 40% increase of BME offenders testing positive via DIP, particularly those who are crack users, via a JCG Briefing.	Joint Commissioning Group/ Julian Guerriero/ Roy Egginton	Dec 2010
Ensure the analytical data for the Safer Tasking includes the DIP data and that this is considered at those meetings.	Roy Egginton/ Rory Dunne	On-going
Agree new procedures for assessing (and integrating where necessary) those High Crime Causing Offenders and Repeat Testers who fall just below the criteria for IOM. (Process Document).	Julian Guerriero	October 2010.
Evaluate Alcohol Arrest Referrals and Alcohol Treatment Requirements and review effectiveness and outcomes and provide updates for the magistrates via CJ Bulletin. Consider an ATR Review Court.	Julian Guerriero	On-going
Review engagement and successful outcomes for young offenders with substance misuse issues over the last 12 months to establish what works.	Roy Egginton	March 2011
Consider Recovering Communities for offenders, particularly for those non-statutory offenders via JCG Briefing.	Julian Guerriero	Dec 2010
Deliver a presentation to the magistrates highlighting key priorities for Oldham and the effectiveness of treatment orders.	Janet Sewart/ Julian Guerriero	As requested
Use RAMP and Intuitive Recovery programmes for offenders and ensure the CJIT refer accordingly.	Julian Guerriero/ CJIT Team Leader	On-going

The DAAT Employment and Training Group to include criminal justice agencies and Criminal Justice Coordinator and consider CRI ETE.	Perry Gunn	October 2010
New monitoring arrangements to be part of quarterly performance reviews.	Roy Egginton	On-going

Priority 6
Strengthen the local community by helping people to take responsibility for their own health. Ensure everyone knows the negative consequences of drug and alcohol misuse. Also ensure they understand when they have a drug and/or alcohol problem, where and how to get help, and increase publicity about the treatment system.

Actions and milestones	Who	By when
Develop more robust links with Voluntary Action Oldham and the Young People's Alliance/Hub and their networks of community groups.	Rachel Massie	On-going
Deliver a presentation to one of the VAO events.	Janet Sewart	January 2011
Ensure the DAAT Communication Strategy is linked into the Community Safety Partnership Strategy.	Rachel Massie/ Nyree Hood	On-going
An annual Alcohol Awareness Week event.	Richard Kubilius	October annually
Organise an event aimed at community leaders (including Homewatch Coordinators, faith groups, councillors and criminal justice partners) to highlight the priorities of the Treatment Plan.	Rachel Massie	March 2011.
Develop a tailor-made PowerPoint Presentation on the cost and benefit of substance misuse treatment for local community groups.	Rachel Massie	As requested
Publicise success stories via the web site, media, Go Oldham, Oldham Says, newspapers, etc.	Rachel Massie	On-going
Posters and beer mats with health messages and contact numbers for treatment services.	Rachel Massie	On-going
Investigate a Business Case for continuing the Peer Educator programme in the community via Big Lottery Funding or similar.	Rachel Massie	April 2011
Establish a Task and Finish Group of skilled and experienced people, to develop a parenting programme working with schools to encourage school children and their parents to talk about drugs and alcohol issues, with a view to at least one school identifying such a programme as an outcome for their healthy school enhancement (drugs/alcohol focus).	PSHE Development Manager/ Richard Kubilius	On-going
Equality Impact Assessments on Treatment Plans, Alcohol Strategy, and new DIP Model, plus an annual	Rachel Massie	April 2011

presentation to the Joint Commissioning Group on proposed improvements to engage marginalised substance misusers.		
Link in with local Public Health campaigns around alcohol, with a view to coordinating at least one campaign to coincide with Alcohol Awareness Week.	Richard Kubilius	On-going
Identify national public health campaigns aimed at changing behaviours and deliver locally.	Rachel Massie	On-going

Why are these key priorities?

- The Drug Strategy 2010 – Reducing Demand, Restricting Supply, Building Recovery – prioritises building recovery in communities, together with creating an environment where people who have never taken drugs continue to resist pressure to do so and making it easier for those that do to stop.

- The National Treatment Agency recommends that Treatment Plans for 2011-12 demonstrate an effective and cohesive strategy to tackle drug and alcohol misuse; the consequences of disinvestment; the importance of recovery; the need to address employment and housing issues; the importance of contributing to crime reduction and the need to move towards payment-by-results.

- Recovery is a new area of investigation for Oldham, yet it is at the heart of successful abstinence from addiction through preventing relapse, ensuring effective support networks for ex-clients and their families and building resilience in those who are newly abstinent.

- It is essential that there is a cost-effective treatment system in Oldham which can evidence savings to the public purse with regard to health, Council services and criminal justice agencies.

- Consultation with service users, partner agencies, treatment service managers, senior commissioning managers, analysts and other key staff highlighted these six areas as key priorities. The consultation included a Service User Consultation Event, DAAT Partnership Event, monthly service manager meetings, DAAT Joint Commissioning Group and a range of relevant operational groups.

- The DAAT Needs Assessments for adults and young people (2009-10) and the current Needs Assessments 2010-11 have highlighted the need to address these six priorities. Needs Assessment, monitoring and evidencing effectiveness is an on-going activity of the DAAT. (See Appendix 1 showing numbers of people in treatment by substance and age).

- (The 2010-11 Needs Assessments are an integral part of this Plan. Detailed data is contained in those Assessments).

- The six priorities directly address the 3 key priorities of the Oldham Prospectus.

- The six priorities directly address the 4 key priorities of Oldham Council's Corporate Plan: One Place…Many Choices.

- The six priorities directly address the 5 key priorities of the Community Safety Partnership.

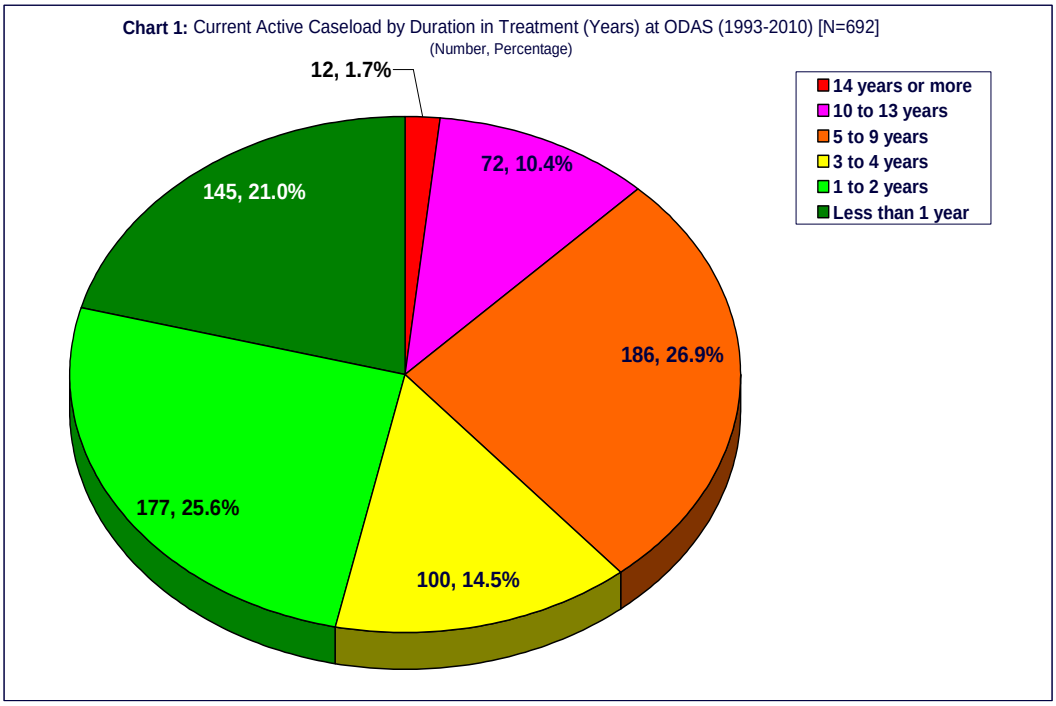
- Consultation on the new Drug Strategy (due out in December 2010) highlighted recovery, work with families and addressing criminal justice as key priority areas.

What do the current Needs Assessments (Adults & Children / Young People) tell us?

The following is a summary of the key points from the current Needs Assessments for Adults and Children/ Young People. The full Needs Assessments give more detailed data and evidence.

1 Recovery to be at the heart of the Treatment Plan for adults in Oldham

The most recent indicative analysis undertaken by Oldham DAAT in relation to the 'active' caseload at ODAS (by far Oldham's largest treatment provider) revealed the extent of the challenge facing commissioners and providers alike. Chart 1 below shows ODAS's currently active caseload (as of June 2010) by the number of years in treatment over a 17 year period from 1993 to 2010.



Key Points:

- Of 692 clients 334 (48.3%) had been in treatment for 5 to 17 years with a further 14.5% [n=100] for 3 to 4 years.
- More than 96% of this population indicated an opiate as their primary substance (91.8% heroin)
- Almost one-quarter (24.1%) were involved with crack cocaine use.
- Two-thirds (66.8% [n=462] were receiving specialist prescribing with a further 32.8% [n=227] recorded as having the modality of 'GP prescribing'.

- Of the 305 individuals who exited treatment in 2009/10 37.4% [n=114] were recorded as 'treatment completed' and a further 17.4% [n=53] were referred to other agencies.

- In the 6 months from April to September 2010, 167 individuals exited of which 31.5% [n=53] were recorded as "treatment completed" – the 'treatment completed drug free' rate was 19.8% [n=33]. The remaining 20 were recorded "treatment completed (occasional user, not heroin or crack) ". A further 15.0% [n=25] were referred on.

- The number of clients in treatment at ACORN (abstinence service) increased from 39 in 2008/09 to 44 in 2009/10 – a 12.8% increase.

- Of the 13 individuals who exited treatment from ACORN eight were 'treatment completed' and three were referred on. The remaining two were 'dropped out/left'.

2a Parental status of adults in substance misuse treatment services

The information in Table 1 below is indicative data regarding the number of children living with substance misusing parents/carers[1].

Table 1: Parental Status amongst Adults Resident in Oldham attending Substance Misuse Services in Oldham (2009/10) [N=1,591]

	n size	*%*	Parents indicating number of children	**Number of Children**	***Mean number of children***
Parent Living with Children	288	***18.1***	*203*	**369**	***1.82***
Parent with Children Living with Partner/Family	301	***18.9***			
Child(ren) in Care	8	***0.5***	*283*	**374**	***1.32***
Client Pregnant	1	***0.1***			
Total Parents	**598**	***37.6***	*486*	743	***1.53***
Other	118	***7.4***			
Not a Parent	598	***37.6***			
Preferred not to comment	1	***0.1***		***n/a***	
Not Recorded	276	***17.3***			

Source: Oldham DAAT

Key points:

- In total 598 parents amongst this in-treatment population for 2009/10 486 (with complete data) indicated having **743 children** (of which 369 actually live with service users) – an average of 1.53 children per client.

[1] These initial figures do not include any data from 'Oldham Alcohol' (i.e. Pennine Care Alcohol Service) thus all references regarding children and their living circumstances are summarised under the generic term of substance misuse. This category will potentially include information obtained from clients engaged in primary alcohol use.

- When accounting for the impact of missing data, potential parents attending treatment at Oldham Alcohol Service and the 'hidden drug using population' (i.e. those 'naïve' to treatment in Oldham [n=500] [2]) it is estimated that the number of children to substance using parent/carers is in the region of 1,450 to 1,550.

2b Children and Young People (Under 18) Engaging with Drug and Alcohol Services

- In 2008/09 183 young people started new Tier 3 treatment journeys in Oldham of which 182 accessed OASIS compared to 87 (86 in OASIS) in 2009/10 – representing a decrease of 52.7%.
    - Amongst those starting a new Tier 3 treatment journey in 2009/10 referrals from Children and Family Services has fallen from 49.2% [n=90] in 2008/09 to 35.6% [n=31].
    - Referrals from LAC (Looked After Children) doubled from 4.9% [n=9] to 11.5% [n=10] similarly sources encompassed by 'Health and Mental Health Services' increased from 5.5% [n=10] to 10.3% [n=9]
    - Referrals from Criminal Justice remained at around 3 in 10.
- The number of young people in Tier 3 treatment in Oldham decreased by 48.7% from 238 (237 in OASIS) in 2008/09 to 122 (120 in OASIS) in 2009/10.
    - In 2009/10 the proportion of clients hailing from Asian/Asian British ethnic groups increased from 9.4% [n=22] in 2008/09 to 11.2% [n=13].
    - The Tier 3 Treatment population amongst young people is getting older – in 2008/09 21.0% [n=50] were aged 14 years compared to 13.1% [n=16] this and the proportion of 17 year olds increased by 1½ times from 21.8% [n=52] to 32.0% [n=39].
    - The proportion of 'current' injectors decreased from 2.5% [n=6] in to 0.8% [n=1].
    - In 2009/10 indications for substance(s) were dominated by Cannabis and/or Alcohol with 81.9% of young people indicating the use of one or both of these substances – compared to 95.2% in the previous year.
    - 15.6% [n=19] in 2009/10 indicated the use of 'Other Class A substances/Stimulants – the majority being cocaine powder-involved.
    - Client involvement with 'Heroin and/or Crack' increased proportionately and numerically from 0.4% [n=1] to 2.5% [n=3].

[2] Oldham Adult Drugs Needs Assessment 2008/09 (Oldham DAAT, 2009) Pages 41-44

- The proportion of young people involved in Psycho-social Interventions decreased from 94.5% [n=224] to 70.0% [n=84] while those receiving Tier 3 Harm Reduction Services at OASIS fell from 82.7% [n=196] to 55.8% [n=67].

- The proportion of young people involved in a 'planned' treatment exit decreased from 79.9% [n=159] to 55.1% [n=49] while 'unplanned' treatment exits increased from 19.1% [n=38] to 43.8% [n=39].

- The Memorandum of Understanding between the Department for Education and the National Treatment Agency (NTA) sets out a vision for young people who need access to specialist substance misuse interventions. This Memorandum of Understanding highlights that local delivery of young people's substance misuse interventions should be integrated into broader children's services provision, with planning and commissioning becoming an integral part of strategic children's and young people's planning. It also highlights the young people's element of the joint strategic needs assessment.

- The Coalition Government published a new Drug Strategy in December 2010. There is a continued recognition of the distinct nature of young people's substance misuse and the need for a range of young people's services to address it, covering all "Tiers" of treatment.

3a Adult Drug Users in Effective Tier 3 Treatment (PSA 25)

Performance in relation to the number of adult drug users in effective treatment is measured by NI 40 which looks at problematic drug users (PDUs) and all drug users 18 years or older.

- The number of PDUs in effective treatment increased by 4.4% from 814 in 2008/09 to 850 clients during 2009/10 – although surpassing the nationally set target of 2%, the average increase for England & Wales was 7%.

- In 2009/10 the number of users of 'all drugs' in effective treatment increased by 9.9% from 947 to 1,041.

- The proportion of PDUs amongst 'all drug' users decreased considerably from 86.0% to 81.7% - reflecting changes in local trends as non-opiate based substances represent an increasingly larger proportion of those in effective treatment in Oldham.

3b Treatment Outcomes and Retention

- Of 1,041 adults in effective treatment in Oldham during 2009/10, 305 exited services (29.3%).

- Of the 305 service users who exited treatment in 2009/10, 167 (54.8%) were planned discharges – 114 (37.4%) were treatment complete and 53 (17.4%) were referred on to other services.

- Overall 135 (45.2%) individuals were unplanned exits of which 100 dropped-out/left (32.8%).

- Oldham Partnership retention rate (i.e. those retained for 12 weeks or more OR with planned exits under 12 weeks) was 85.7% for 'all drug users' – the rate amongst PDUs was 90.2%

Table 2 below shows Oldham's TOPs[3] performance compared to Greater Manchester, the North West & England & Wales for 2009/10.

Table 2: TOPs Performance (3 Month Rolling): Mean and Range for Oldham, Greater Manchester, North West and England & Wales (2009/10)

		TOP Stage		
		START	REVIEW	EXIT
Oldham	**Mean (%)**	**69.6**	**66.5**	**60.3**
	Range (High-Low) (%)	87.1 - 55.7	92.0 - 42.1	90.9 - 33.3
Greater Manchester	**Mean (%)**	**81.4**	**64.3**	**71.8**
	Range (High-Low) (%)	85.2 - 75.2	70.1 - 31.4	78.6 - 62.3
North West	**Mean (%)**	**82.3**	**66.6**	**65.1**
	Range (High-Low) (%)	84.6 - 76.7	73.6 - 34.6	71.1 - 57.7
England & Wales	**Mean (%)**	**83.2**	**74.1**	**68.2**
	Range (High-Low) (%)	86.4 - 76.0	78.4 - 42.6	74.5 - 58.3

NB: *Mean based on average monthly performance* *(i.e. sum of 12 monthly percentage divided by 12)*

Key Points:

- TOPs provide a tool for measuring the effectiveness of treatment received by clients. Nationally, the target for completion of TOPs forms (i.e. compliance) is 80% - locally it is 100%.

- Oldham's average performance is generally poor at each completion stage particularly for 'start' and 'exit' TOPs.

- Completion rates from month to month are characterised by extreme fluctuations as is suggested by the 'high-low' range measures for each stage – 87.1%-55.7% (Start), 92.0%-42.1% (Review) and 90.9%-33.3% (Exit).

4a Housing Status

Table 3 below shows accommodation status for Oldham clients entering treatment in 2008/09 and 2009/10.

[3] Treatment Outcome Profiles (TOPs) – monitored by National Drug Treatment Monitoring System (NDTMS)/National Treatment Agency (NTA)

Table 3: Accommodation Status amongst Oldham Clients beginning New Treatment Journeys (2008/09 [N=346] & 2009/10 [N=454])

Year	No Fixed Abode		Housing Problem		No Housing Problem		Missing Data	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
2008/09	5	1.4	27	7.8	107	30.9	207	59.8
2009/10	9	2.0	27	5.9	259	57.0	159	35.0

Source: NDTMS

Key points:

- Data completion in relation to accommodation need for Oldham clients starting new treatment journeys has improved from 35.0% in 2008/09 to 59.8% in 2009/10. However, the regional and national data missing rates are far superior – 8.2% and 6.2% respectively.

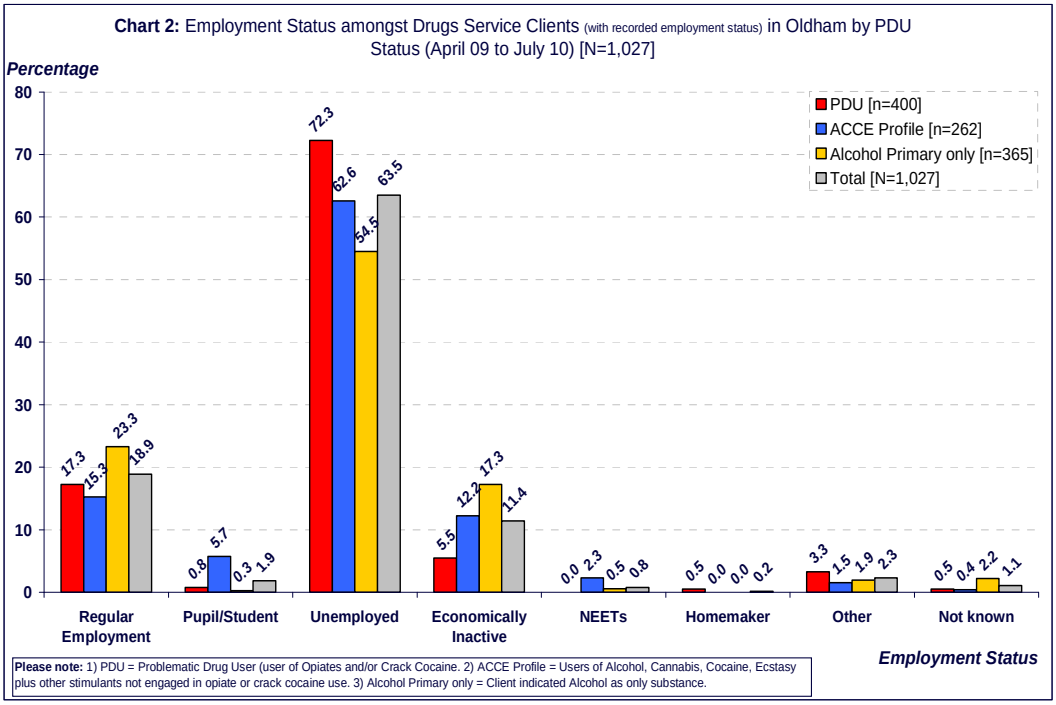
- The proportion of Oldham clients with no fixed abode has increased from 1.4% to 2.0% in 2009/10 – the regional average was 7.0% and the national mean was 8.0% for 2009/10.

- Individuals indicating a 'housing problem' in Oldham fell from 7.8% in 2008/09 to 5.9% in 2009/10 – the regional average for 2009/10 was 11.7% and the national rate was 14.5%.

4b Employment Status

Chart 2 below shows employment status amongst Oldham clients in treatment during the period covering April 2009 to July 2010. It is important to note that this analysis only focused upon individuals with completed data in this area of recording – the missing data rate for employment status amongst the in treatment population is approximately 35%.[4]

[4] Data in relation to employment status is indicative and no regional/national comparisons are currently available.



Key Points:

- Regular employment was indicated by 18.9% of clients with complete records.
- 'Alcohol primary only' clients were found to be the most likely to indicate regular employment with 23.3% compared to 17.3% amongst PDUs and 15.3% amongst clients with an ACCE profile.

- More than 1 in 20 ACCE clients (5.7%) were pupils/students

- Unemployment was greater amongst PDUs at 72.3% compared to 62.6% for ACCE profile and 54.5% for Alcohol Primary only.

- Alcohol Primary only clients were found to be more likely to be 'economically inactive' at 17.3% compared to 12.3% amongst the ACCE Profile and 5.5% amongst PDUs

- A small proportion of ACCE profilers (2.3% [n=6]) were recorded as NEETs[5]. These individuals mainly hailed from OASIS.

5 Reducing substance misuse re-offending in Oldham

NI38 measures the level of drug-related (Class A) offending amongst an identified cohort of individuals arrested and drug tested as well as those indicating drug use to probation services.

- Oldham's identified NI38 cohort was 120 individuals for 2009 for which their predicted number of offences was 311.3. The actual number of

[5] Not in Education, Employment or Training

offences was 187, giving us an NI 38 score of 0.60 – compared to the Greater Manchester average of 0.816.

- Oldham also compares favourably with England and Wales (mean of 0.822).

- Oldham is in the top 30 best performing LAs (out of 171) in England and Wales in 29th place.

- With regards to DIP performance Oldham has continued to improve since 2008/09 with KPIs 1-4 typically achieving 'green' rating and at worst high scoring 'amber' ratings.

- Indications of crack use have increased from 189 in 2007/08 to 256 in 2008/09 and 299 in 2009/10 – a 58.2% increase since 2007/08. Indeed, involvement in the use of crack cocaine also increased amongst an in-treatment cohort of 18 to 25 year olds from 6.9% [n=7] to 18.7% [n=23]. Although these increases may be partly attributed to improved recording, ongoing monitoring and analysis of this development is imperative given that crack cocaine will inevitably drive offending in an upward direction especially burglaries, aggravated burglaries, street robberies and offences related to sex work.

- Recent analysis of the nature of trigger offences leading to mandatory drug tests amongst Oldham arrestees has revealed the following statistics in relation to ethnicity[6]:

    - Arrestees from White/White British ethnic groups were more than twice as likely as Asian/Asian British arrestees to be arrested for burglary 22.8% compared to 9.7% respectively.

    - White/White British arrestees were also far more likely to be apprehended for theft than their Asian/Asian British contemporaries – 43.6% compared to 27.7%

    - Asian/Asian British arrestees were proportionately seven times more likely than White/White British arrestees to be arrested for 'possession with intent to supply specified Class A' – 12.1% compared to 1.7%.

    - Arrestees from Asian/Asian British ethnicities were twice as likely as their White/White British contemporaries to be detained for 'possession of specified Class A' – 10.2% compared to 4.9% respectively.

[6] Analysis based on information derived from the drug testing recorder for mandatory drug test episodes over a 11 month period (October 2009 to August 2010). The number of tests involving White/White British arrestees was 1,095 (81.0% of all tests) while the number of tests involving Asian/Asian British arrestees was 206 (15.2% of all tests). The number of tests involving individuals from Black/Black British ethnicities as well as those from Mixed/Dual Heritage backgrounds totalled 51 (3.8%).

- Fraud (section 1) was also found to be considerably higher amongst Asian/Asian British arrestees than White/White British – 13.1% compared to 4.2%

6 Strengthening the local communities across Oldham

The most recent data for NI41 and NI42 is derived from the 'You and Your Community' Survey which took place in September 2010. The indicators are based on peoples' perceptions with regards to conditions within local communities and areas.

- ***NI41*** – 28% of respondents thought drunk/rowdy behaviour was a problem in their local area which is a significant improvement of almost 8% compared with the 2008 Place Survey. The 2008 result was 36.3% which placed Oldham in the worse 15% nationally in 311th place out 354 LAs in England

- ***NI42*** – 36% of respondents thought drug use/drug dealing was a problem in their local area which is an improvement of more than 7% compared with the 2008 Place Survey. The 2008 result was 43.1% which placed Oldham amongst the worse 10% nationally in 325th place in England.

- In 2008/09 the Adult Drug Needs Assessment 487 individuals were estimated to form the 'hidden population' of heroin and/or crack users. For 2009/10 the total was estimated to be 452 – a 7.2% decrease. Continuing to reduce this population of 'treatment naïve' drug users can only be accomplished by raising awareness about drugs and service amongst all neighbourhoods of Oldham.

- ***NI39*** – Alcohol related hospital admissions for Oldham in 2002/03 to 2008/09 rose at a slower rate than all other areas in Greater Manchester with 1,920 admissions (per 100,000 population) – Actual number: 4557).[7] However the North West is the worst performing region in England.

    - The provisional end of year (2009/10) rate for alcohol-related hospital admissions in Oldham was 2,156.9 per 100,000 population (actual number 5,155) representing an increase of 12.0% on the previous year's total.

    - Oldham's end of year performance for 2009/10 is better than the regional average with 6.2% fewer admissions (per 100,000 population) but when compared to the overall rate for England the borough has significantly more admissions – 23.7% more.

    - Oldham's alcohol-related hospital admissions rate for 2009/10 was the 278th worse out of the 326 LAs in England – or in the bottom 15% nationally.

[7] Source: Local Alcohol Profiles for England (LAPE)

Alcohol Misuse in Oldham

Numbers and Trends

NHS Oldham has alcohol related hospital admission rates amongst the highest in the country. In 2008/9 Oldham had 1,920 admissions per 100,000 people, the equivalent of over 4,557 admissions.

Alcohol related admissions are rising dramatically in Oldham. Recent trends suggest they could continue to rise by 7% each year for the next 5 years. In 2009/10, Oldham had 4,655 alcohol related admissions. If the current trend continues, these are likely to rise to 6,299 by 2014/15 – an increase of 1,644 over the next 5 years (Table 1).

Costs

An alcohol admission is currently estimated to cost on average £1,500. In 2009/10, the cost of Oldham's alcohol related admissions was calculated to be over £6.9m (Table 1). If the current trend continues, this cost will rise to over £9.4m by 2014/15. Costs could increase by £2.4m in the next 5 years, with average annual increase of nearly £0.5m**.**

Table 1: Projected increases in Alcohol Related Admissions in Oldham to 2014/15

Measure of Alcohol related admissions	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Admissions rate per 100,000	1,920	1,973	2,240	2,351	2,516	2,692	2,880
Admissions - numbers	4,557	4,655	4,898	5,142	5,502	5,887	6,299
Estimated Annual Cost	£6,834,975	£6,982,466	£7,347,665	£7,712,865	£8,252,766	£8,830,459	£9,448,591
Estimated Annual Cost Increase		£147,491	£365,200	£365,200	£539,901	£577,694	£618,132

Where do we want to be? : Reducing NI39, Alcohol Related Hospital Admissions, by 5%

The North West's Acute Trusts' Chief Execs' Challenge 2010[8] was to reduce alcohol related hospital admissions across the North West by 5% annually.

In Oldham, a 5% annual reduction from 2010/11 and onwards would mean a reduction in admissions from 4,655 in 2009/10 to 3,602 by 2014/15, an average reduction of 210 admissions each year (Table 2).

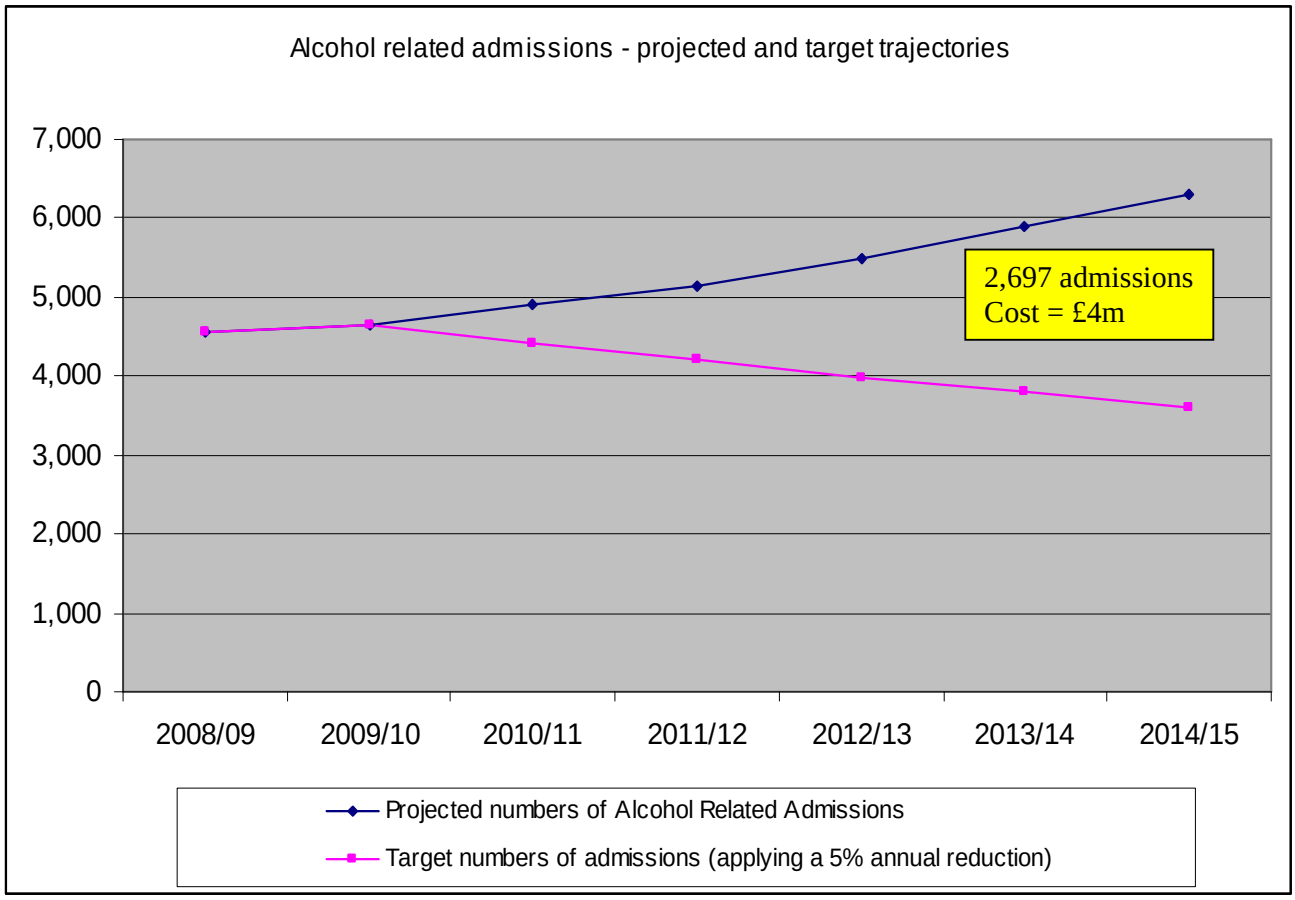
Achievement of these targets would result 2,697 fewer admissions by 2014/15 than would be expected if the current rise in admissions continued (Fig 1). This size of reduction has the potential to save over £4 million.

[8] Alcohol: A Case for Secondary Care Change. NW Acute Trusts Chief Exec's Challenge 2010

Table 2. Target Numbers of Admissions required to achieve a 5% reduction

Description	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Projected numbers of Alcohol Related Admissions	4,557	**4,655**	4,898	5,142	5,502	5,887	6,299
Target numbers of admissions (applying a 5% annual reduction)	4,557	**4,655**	4,422	4,201	3,991	3,792	3,602
Change in numbers of admissions from previous year	-	-	-233	-221	-210	-200	-190
Difference between the projected trend and the target number of admissions (Fig 1)	**-**	**-**	-476	-941	-1,511	-2,095	-2,697

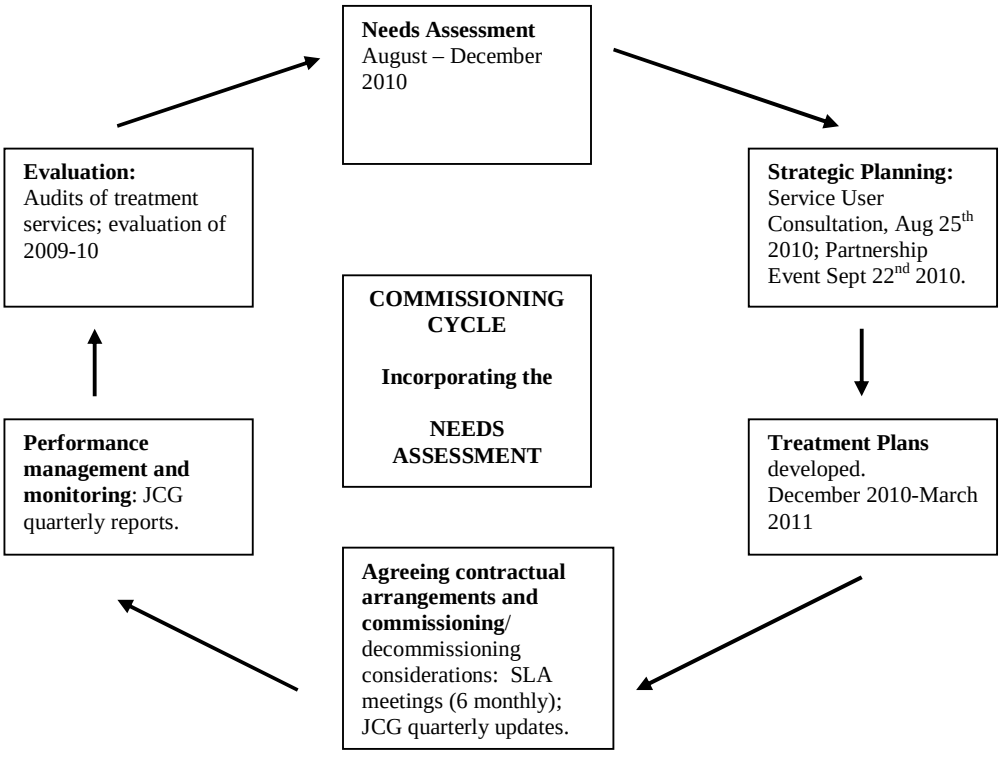
Fig 1: Alcohol Related Admissions in OLDHAM: Projected and Target Trajectories



What does success look like?

- Drug and alcohol users achieving abstinence from their dependency.
- Drug users who are receiving drug-assisted treatment should experience a rapid improvement in their overall health and their ability to work, participate in volunteering and/or training and support their families.
- A reduction in the number of children and young people requiring Tier 3 treatment.
- Of those children and young people who do require Tier 3 treatment, an increase in the number who rapidly improve their health and ability to continue with their education/employment and social functioning.
- Families and individuals knowing what drug and alcohol treatment is available in Oldham, how to access it and confidence in the quality and outcomes.
- All individuals, particularly children and young people, knowing when they have a problem with drugs and alcohol (i.e. understanding the signs and symptoms) and how to get the help they need.
- A reduction in hospital admissions for both alcohol and drug related conditions.
- A reduction in the social and the community cost of drug and alcohol addiction.
- A cost effective treatment system which can evidence savings for health, council and criminal justice agencies.
- A tangible contribution to Partnership and Council Strategic Plans.
- Addressing the priorities of the new Drug Strategy 2010.

Oldham's Commissioning Cycle



National Challenges:

- The cost of alcohol misuse to society is between £17.7billion and £25.1 billion per year. Between 2001 and 2007 the direct costs to the NHS from alcohol misuse nearly doubled, increasing from between £1.4-£1.7 to £2.7 billion.
- (Health Improvement Analytical Team: the cost of alcohol harm to the NHS in England, Department of Health, July 2008).

- Reported rates of drug abuse have increased in the UK in recent years. Recorded drug offences in England and Wales have gone up 79%. The percentage of 16 to 59 year olds admitted that they have used Class A drugs at some point in the previous year has increased form 2.7% in 1998 to 3.7% in 2008-9 and the proportion using cocaine has more than doubled.

- There were a total of 2,928 deaths from drug-related poisoning in 2008, up from 2640 in 2007, an increase of 11%.

- The number and rate of drug-related hospital admissions continues to be a challenge. Individuals living in areas of low income and high unemployment have over 17 times greater drug-related hospital admissions than the most affluent areas. (Association of Public Health Observatories Report into Drug Use in England 2009).

- A report by Addaction (drug and alcohol treatment charity) found that from 1998 to 2008 drug-related health and crime costs to the UK totalled £110 billion.
- (Addaction: cost of the UK's illegal drug problem, 25 February 2008).

- The UK has the highest level of problem drug use and the second highest level of drug-related deaths in Europe. The UK has the highest proportion of cocaine amphetamines, ecstasy and LSD use.

- A report by UNICEF ranked the UK 3rd highest in terms of the proportion of 11, 13 and 15 year olds who said they had taken cannabis in the last 12 months.

Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life.

The Strategy has two overarching aims to:

- **Reduce illicit and other harmful drug use; and**
- **Increase the numbers recovering from their dependence.**

Three main themes:

- **Reducing demand** – creating an environment where people who have never taken drugs continue to resist pressures to do so, and making it easier for those that do to stop. This is key to reducing societal costs, particularly the lost ambition and potential of young drug users. The UK demand for illicit drugs is contributing to the instability in source and transit countries, which we have a shared international responsibility to tackle;
- **Restricting supply** – drugs cost the UK £15.4 billion each year. Drug traffickers will be targeted.

- **Building recovery in communities** – the Government is prioritising work with people who want to take the necessary steps to tackle their dependency on drugs and alcohol, and will offer a route out of dependence by putting the goad of recovery at the heart of everything that is done. The Government intends to build on the previous investment in treatment to ensure more people are tackling their dependency and recovering fully. Approximately 400,000 benefit claimants (around 8% of all working age benefit claimants) in England are dependent on drugs or alcohol and generate benefit expenditure costs of approximately £1.6 billion per year. These individuals will be supported to recover and contribute to society thus realising benefits for all.

The Drug Strategy acknowledges the importance of **addressing alcohol** as part of a joint strategy evidenced by the following extract:

" Poly-substance abuse is increasingly the norm amongst drug misusers. This dependence commonly involves alcohol as well as drugs, and is therefore one of the key reasons why it makes sense to bring together the response to severe alcohol dependence and drug misuse into one strategy".

Main Points

A whole life approach to preventing and reducing the demand for drugs that will:

- Break inter-generational paths to dependency by supporting vulnerable families.
- Provide good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse
- Use the creation of Public Health England (PHE) to encourage individuals to take responsibility for their own health
- Intervene early with young people and young adults
- Consistently enforce effective criminal sanctions to deter drug use
- Support people to recover by building recovery in communities.

Consequence of disinvestment

The following Case Studies identify the cost to the community of substance misuse. These are modest estimates.

Case Study 1
Tom is 32 years old and has been using heroin for the last 7 years. He previously worked as a manual labourer but lost his job as a result of his addiction and now claims state housing and incapacity benefit. Tom's heroin habit costs on average £220 per week and he spends a further £80 per week on alcohol. His cash in hand weekly benefit totals £110 and out of this he also has to buy food and other everyday items. In order to make up the cash shortfall and feed his heroin habit Tom engages in acquisitive crime by burgling unoccupied domestic dwellings and shoplifting. Last year Tom was convicted of burglary and served 6 months of a 9 month sentence. Since his release he has committed an average of 1 burglary per fortnight and shoplifts at least 3 times per week. After 7 years, Tom feels none of the positive effects he used to associate with taking heroin and the addiction has taken its toll on his physical and mental health. He wants to change and regain the life he had prior to addiction.

How much does it cost society to maintain Tom in his current state of addiction?

Housing benefit	£94.00 per week
Incapacity benefit	£110.00 per week
Cost per burglary	£2,300.00 per incident (0.5 per week)
Cost per shoplift	£ 340.00 per incident (3 per week) *
Monthly total	**£9,496.00 (£113,952.00 per annum)**

** These figures are taken from Home Office Research Study 217 (The economic and social costs of crime) and are based on 1999/2000 costs. As such, the figure today would be significantly higher than cited above.*

Case study 2
Sue is 27 and has been using heroin for 5 years. She has three small children who have been in local authority care for the last 2 years. Prior to the care order being made Sue's children were frequently visited by social services and police due to concerns that she was unable to care for them due to her drug habit. These interventions totalled an average of 10 hours of manpower per month. Sue has made several attempts to get her drug use under control over the last 18 months but the methadone maintenance programme is not working for her and she continues to fall by the wayside with continued use of heroin. Sue wants to give her children a stable life and has turned a corner in her addiction wanting now to be abstinent.

How much does it cost society to maintain Sue in her current state of addiction?

Housing benefit	£94.00 per week
Incapacity benefit	£110.00 per week
Social Service (Child taken into care)	£36,653.00 per child per year * (£3,054.41 per child per month)
Social care (other)	£58.00 for 30 minutes * (10 hours £1,160.00 average per month)

Monthly total **£11,139.23 (£133,670.76 per annum)**

* *Figures taken from a Department of Education report by Wendy Weal entitled "Implementing a response to Families with multiple problems"*

We are not making the assumption that Tom and Sue will make a complete recovery and become employed taxpayers within a short (i.e.: 6-18 month) period of time. The reality is that they will probably remain on state benefits during their recovery and perhaps beyond, but taking their drug habit out of the equation will eradicate the major costs which stem from Tom's crime and Sue's child protection issues.

Payment by results

In the current financial climate it is more important than ever to ensure that the correct funding decisions are made and that investment in the treatment system yields a saving in financial as well as human terms. The Oldham Drug and Alcohol Action Team is committed to this model of value-for-money treatment delivery and commissioning decisions will be made following a thorough cost benefit analysis of the programme or service requiring funding. Treatment services will be rewarded on a payment by results basis and only the most effective and economically viable will benefit under this new and pragmatic commissioning model.

When calculating the costs of treatment delivery, an analysis will also be made of the parallel opportunity cost, in other words what would it costs the Borough not to finance this particular service. Very often financial planners look at the immediate economic saving of not financing a particular project without looking at the short, medium and long term costs that are incurred as a result of this decision.

By utilising the cost benefit analysis approach, we can determine which services are worthy of retention and have a firm evidence base from which to reinforce our decisions. Without adopting this microeconomic approach we run the risk of making decisions which are not economically viable and incur more by way of financial costs than savings.

The DAAT will consider different approaches to Payment by Results during the next 12 months, learning from the six PbR Pilot Schemes and the development and testing of local models in collaboration with key partners and providers.

Oldham's Prospectus – priorities:

The purpose of this section is to show how the Treatment Plan addresses the key priorities of the Oldham Prospectus. The Prospectus makes clear where joint efforts will be concentrated to ensure that plans for the future are in even sharper focus. The Prospectus identifies a limited number of carefully chosen initiatives which must be delivered.

1. Towards a University town

- **Young people are supported in their progress towards higher education and training**
- **The curriculum offer is expended engaging more young people**
- **The regional science centre is established**
- **The Oldham College is transformed through a phased capital programme**
- **The Building Schools for the Future programme is completed.**
- **The current programme of higher education is expanded.**
- **The economic development schemes in the M60 corridor are completed.**

DAAT Treatment Plan will:-

- o Prevent children and young people being harmed by the adverse affects of drugs and alcohol, both personally and as a result of parental substance misuse.
- o Deliver services through a whole family approach to build resilience of families to address substance misuse.
- o Develop stronger links with the University and College student services with regard to supporting students with substance misuse issues, including parental substance misuse.
- o Targeted support via the Peer Educator programme.

2. Great places to live

- **Provide leadership and direction for local areas**
- **Enable local service providers to deliver in a way which is better coordinated across agencies; effective and timely; responsive to the needs of communities and individuals; prevents as well as responds to problems and offers good value for money.**
- **Enable residents and businesses to be aware of, and influence, what happens in their neighbourhood and the nature of the services they receive.**
- **Support communities in doing things for themselves.**
- **Reduce the inequalities within the between different parts of the borough.**
- **Build pride in the borough as a whole and in the different areas within it by promoting and celebrating what is special in each.**

DAAT Treatment Plan will:-

- o Commission effective, value for money, community treatment services to deliver services in localities and centrally.
- o Treatment services to deliver services through the whole family and work with other agencies to deliver a whole package of care and support.
- o Build the resilience of communities by ensuring people know when they have a problem with drugs and alcohol, what services are on offer, where they are and what to expect.

- Targeted work with priority families in the borough to address substance misuse issues.
- Promote the positive side of recovery in Oldham through effective publicity.
- Health inequalities are broadened by alcohol and drug issues, therefore effective treatment and support will help to reduce these inequalities.
- Treatment services to be well publicised to ensure people know what services are on offer, how to access the services and what to expect from them.
- More work in the community to enable people to understand the signs and symptoms of problematic drug and/or alcohol use which require an intervention or treatment.

3. Healthy lives

- **More people more active, more often**
- **Putting alcohol in its place**
- **Individual services, empowered people**

DAAT Treatment Plan will:-

- Improve the health of people addicted to drugs and alcohol to enable them to rebuild their lives and socially re-integrate into the community.
- Commission effective alcohol treatment services to reduce the number of people being admitted to hospital and to provide a range of treatment from brief interventions to structured treatment dependent of individual needs. Services to be monitored for their cost and benefit.
- Commission effective drug treatment services to address the range of substances causing the most harm to residents of Oldham.
- Commission services to promote recovery, including Recovering Communities (treatment and accommodation) and a range of Tier 4 services covering in-patient detoxification and residential rehabilitation.
- To provide support for people abstinent from addiction to enable them continue with a drug and alcohol free life and assist with their social re-integration.
- Promote the positive aspects of recovery in Oldham by ensuring those people who are newly abstinent from addiction receive continuing support.
- Delivery of the Borough's Alcohol Strategy.

One Place… Many Choices: Oldham Council's Corporate Plan 2009-13

The Corporate Plan sets out the vision for the Borough and provides a framework to ensure resources are clearly targeted to deliver a clear plan for the people who live and work in Oldham.

The Plan is based around four corporate objectives:

- A confident place
- A university town
- An address of choice
- Services of choice

A confident place, with safe neighbourhoods and clean, green spaces for all to enjoy.
The DAAT Treatment Plan will:-

- Contribute to the Safe and Strong Strategic Assessment and Board Programme by highlighting work to address drug and alcohol related offending.
- Continue to build on the successes of the Drug Intervention Programme to further reduce drug related offending.
- Work with partners to address the negative affects of alcohol misuse, including anti social behaviour and crime and routes into alcohol treatment.
- Work with drug provider services and pharmacists to further reduce the number of discarded needles and drug paraphernalia.

A university town, with good education, learning and training to improve the skills and choices of our citizens.
The DAAT Treatment Plan will:-

- Work in schools and colleges to highlight the negative consequences of drug and alcohol misuse for children and young people.
- Use innovative ways of communicating with children and young people, including Peer Educators and Mentors.
- Ensure clients in treatment receive the support they need to improve their learning, skills and employment prospects, plus additional volunteering opportunities.

An address of choice – a healthy and active place, with suitable housing for all.
The DAAT Treatment Plan will:-

- Ensure there is a robust model, supported by partners, of treatment and housing for clients who wish to become abstinent from drug and alcohol addiction.
- Work with partners to address the problems of homelessness and unsuitable accommodation for substance misusers.
- Ensure there is a bespoke treatment service resource to work with housing services to support and encourage people into drug and alcohol treatment and identify appropriate housing and support.

Services of choice – quality services that provide value for citizens
The DAAT Treatment Plan will:-

- Commission quality, cost effective treatment services based on comprehensive needs assessments.
- Develop a payment-by-results model to identify services which provide value for money.
- Undertake Cost Benefit Analysis work on commissioned services and activity.

Community Safety Partnership Priorities:

Oldham Safe and Strong community Partnership Strategy 2010-11 identified five priority areas:
Priority 1 – Reduce Crime and Support Victims
Priority 2 – Reduce the Impact of Drugs and Alcohol
Priority 3 – Reducing Offending
Priority 4 – Improve the Quality of Life
Priority 5 – Prevent Young People from becoming Offenders

A Review has now taken place of these key priority areas, including two planning days, looking at how to coordinate strategic assessments, significant reductions in the Area Based Grants and the Board priorities. As a result five new priority areas have been identified. These are:

- Tackle the causes and impact of anti social behaviour
- Reduce the impact of alcohol
- Building stronger communities
- Tackling crime and offenders
- Improve the living environment

This section looks at how the new DAAT Treatment Plan will address these five priorities.

1. Tackle the causes and impact of ASB.

- Drug users referred into effective treatment
- The new ACCESS service targeting 18-25 year olds with linked diversionary activities.
- Roll out of the new AARs and ATRs and routes into alcohol treatment.

2. Reduce the impact of alcohol.

- Roll out the Alcohol Strategy – 5 themes.
- Ensure there is an effective alcohol treatment service covering all tiers of treatment.
- Re-design Tier 4 treatment for alcohol clients.
- Innovative programmes in schools to prevent children and young people misusing alcohol, i.e. peer educators; parenting programmes.

3. Build stronger communities.

- Better publicity of treatment services, benefits of treatment and success stories.
- Build resilience of children, young people and their families.
- Specific targeted work with the BME communities.
- Promote recovery and build a recovering community in Oldham.

4. Tackling crime and offenders.

- Roll out the new DIP Model based on the Home Office guidelines.
- Prioritise offenders for Recovering Communities (treatment and accommodation).
- Ensure there are pathways and support for offenders to access volunteering, training, employment and appropriate accommodation.
- All commissioned treatment services to work with offenders.

5. Improve the living environment.

- Tier 2 services (Needle Exchange) to ensure injecting drug users are encouraged to return used needles. The DAAT and ODAS to be kept informed of needle and drug paraphernalia “hot spots”.
- Effective enforcement in “no-go areas” due to drug dealing.
- Identification and closure of Crack houses and close working with treatment agencies.

Targets, Outcome Monitoring and Quality Assurance

Local Targets and Indicators

The DAAT will be using the following targets and indicators to measure performance during 2011-12:

- To reduce the number of alcohol-related hospital admissions.
- To reduce the number of DVT and Hepatitis C hospital admissions.
- To increase the number of drug and alcohol users achieving abstinence from their dependency each year through community-based abstinence programmes.
- To increase the number of drug and alcohol users achieving abstinence from their dependency each year through Tier 4 services.
- To increase year-on-year the number of people in employment or on a training course, both abstinent and medically assisted.
- To increase year-on-year the number of people in stable accommodation, both abstinent and medically assisted.
- To increase year-on-year the number of people in or recently exiting the treatment system undertaking volunteering work.
- To increase the number of offenders achieving abstinence from their drug and alcohol dependency each year.
- To reduce the re-offending rate of drug and alcohol using offenders.
- To increase the number of families supported and assisted in getting their lives back on track.
- To improve the outcomes for parents who are receiving treatment for drug and alcohol addiction.
- To ensure children and young people addicted to drugs and alcohol receive the treatment they need with measured benefits to their health and social functioning.
- To ensure children and young people fully understand the negative consequences of drug and alcohol misuse and addiction.

Monitoring:

- To record the age, gender, ethnicity and location of NI 39 clients (all ages).
- To identify the number of clients who relapse and any changes to substances used.
- To record the number of DVT and Hepatitis C hospital admissions (NHS Oldham).
- To record the number of clients engaged in volunteering activities, including mentoring and peer education (all ages) (local service providers).

- To record the number of offenders achieving abstinence (NDTMS, IOM, local treatment providers).
- To monitor the number attending mutual aid groups supporting abstinence (via local coordinators, advocacy worker).
- To record the number of children, young people and their families attending support groups.
- To record the number of Hep B/C vaccinations offered and take up.
- To receive quarterly case studies from local providers for long-term successfully abstinent clients.
- To receive quarterly case studies of children and young people successfully treated regarding the continuation of their education or employment and improved family relationships.
- To monitor the decrease in methadone prescribed to clients and analyse the number of clients on methadone scripts to identify those who have been prescribed methadone more than 5 years.
- To monitor changes in prescriptions, e.g. from methadone to subutex/tranquilisers.
- To record the number of clients who are smokers and/or injectors of Class A drugs.
- To record the number of clients who are medication free.
- To identify clients in treatment who also attend hospital, and of those identify any who have not been offered Hep B/C vaccinations.
- To monitor the number attending mutual aid groups supporting abstinence.
- To monitor repeat testers/arrestees with regard to identifying offending patterns, including negative testers.

Quality assurance

- Agree “successful results” for all modalities of treatment.
- Review Information Sharing consent forms and Information Sharing Protocols in line with new Government guidance.
- Ensure comprehensive assessment forms are compliant with the new Data Set “H” to identify smoking related problems and pathways into support.
- Review provider policies and procedures with regard to preventing relapse and supporting clients back towards abstinence.
- Review provider policies and procedures with regard to clients in treatment.
- Review provider policies and procedures with regard to complaints.
- Ensure all provider services have Outcome Monitoring Tools and regularly record improvements to clients health and social functioning as a result of treatment.

Definitions

Treatment

This term describes a range of interventions which are intended to remedy an identified substance misuse related problem or condition relating to a person's physical, psychological or social (including legal) well-being.

Structured treatment follows assessment and is delivered according to a care plan (with clear goals) which is regularly reviewed with the client. It may comprise a number of concurrent or sequential treatment interventions.

Drugs

The term drugs refers to psycho-active drugs including illicit drugs and non-prescribed pharmaceutical preparations. The term "substance" refers to alcohol as well as drugs.

Substance Misuse

Illegal or illicit drug taking or alcohol consumption which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. Drug and/or alcohol misuse is therefore drug taking and alcohol consumption which causes harm to the individual, their significant others or the wider community. By definition those requiring drug and alcohol treatment are substance misusers.

Poly drug use

The use of more than one drug, either with the intention of enhancing or countering the effects of another drug, or because the users' preferred drug is unavailable (or too expensive) at the time.

Intervention

Any particular planned course of action by a professional, team of professionals, and/or a specific type of service.

Child(ren)

All those individuals under the age of 18 years (in accordance with the UN Convention on the Rights of the Child 1989).

Adult

All those individuals over the age of 18 years.

Parent

Section 576 of the Education Act 1996 defines a "parent" as:

- all natural parents, whether they are married or not
- any person who, although not a natural parent, has parental responsibility for a child or young person
- any person who, although not a natural parent, has care of a child or young person (having care of a child or young person means that the child lives with and is looked after by that person irrespective of what their relationship is).

Carer

The government definition (from the National Carers Strategy, June 2008) states that: *'a carer spends a significant portion of their life providing unpaid support to family or potentially friends. This could be caring for a partner, relative or friend who is ill, frail or disabled or has mental health or substance misuse problems*.'

The Princess Royal Trust for Carers states that: *'a carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability*.

Review of the Adult Treatment Plan 2010-11

Priority	Progress	R/A/G
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.	The DAAT Manager is the Priority Lead for alcohol and drugs for the Safe and Strong Community Partnership. The DAAT Manager is now a member of the Local Children's Safeguarding Board and a substance misuse sub group has been established (LCSB) to look at the Hidden Harm agenda. The DAAT now has an Alcohol Coordinator post who is leading on the implementation of the Borough's Alcohol Strategy. The DAAT has two new Chairs – Chief Superintendent and Deputy Chief Executive of the Council. The DAAT has established a new ETE Group and also attends an Accommodation Group Challenges remain around attracting sustainable partnership funding for alcohol and drug treatment.	**Green**
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 and 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.	The LSCB has developed a sub group chaired by the DAAT Manager addressing the Hidden harm agenda. A joint protocol has been written outlining how adult and children services should work together and share information to ensure children and young people are safeguarded. Protocol still to be agreed and signed off by senior officers across the partnership. A pilot has been established with the ASB FIP to base a substance misuse intervention worker with the team. Pilot to be evaluated. Hidden harm training is being delivered as part of the LSCB training programme.	**Amber**
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.	Care pathways are being drawn up, into and out of treatment services and housing and employment routes. Unit cost analysis work has begun and nearing completion on first major service (RAMP, Primary and Secondary treatment) showing good value models. ODAS has undertaken an internal audit and a through analysis of Oasis has taken place between the DAAT and PSO. A new ACCESS service has been commissioned from ADS and this is being steered by a DAAT/ADS management group with consultancy assistance.	**Green**
More joint work with partners and agencies to improve support for clients with regard to housing, life skills, training and employment. This will include the establishment of Task and Finish Groups to map out pathways.	Employment, education, training and housing groups have been established, creating and looking at pathways. This does link the DAAT with other agencies and operational areas of work, but not at the important "decision making/ resource allocation" Partnership" level.	**Amber**

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.	The new ACCESS service is now in place with a BME worker due in post. BME workshops have run for a range of culturally diverse groups to discuss their needs. The DAAT Service Improvement Officer has created links with various leaders of inter-faith groups. ODAS are holding a BME training event between January and March targeting amongst others, Afro Caribbean, women, asylum seekers and refugees. There is a Top 25 family’s project in Derker the DAAT would like to link in with.	**Amber**
Continue to promote abstinence and recovery to ensure there are appropriately commissioned services to met 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 ACCESS 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.	The DAAT has commissioned Acorn Treatment and Housing to deliver RAMP and Recovering Communities in Oldham, both abstinence based provision. ADS is commissioned to provide an aftercare worker as part of the SMART Recovery project. A Recovery Event is being held in December to further promote recovery. Clients now have some choice of detoxification services (Smithfield, Chapman Barker and ABBEY Gisburn). The ACCESS service has been commissioned with its own premises and Team Leader.	**Green**
Further development to improve harm reduction initiatives, focussing on the needle exchanges, pharmacies, shared care and improvements in addressing BBVs and ensuring clinical governance arrangements are in place and regularly reviewed as part of the Shared Care Monitoring Group arrangements.	Harm reduction and BBV work has improved over the last 12 months with all services referring to ODAS for immunisation. The newly reformed shared care monitoring group is now vibrant and positive in overseeing the clinical governance.	**Green**
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 and will establish a mutual aid network amongst recovering substance mis-users.	The Recovery Event mentioned above will help to identify what is needed to support abstinent ex-clients. The DAAT is considering establishing a service to support clients towards recovery based on the Petrus model in Rochdale. The DAAT has identified one potential venue to hold a Recovery Forum meeting.	**Red**
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.	An Action Plan has now been developed to address the new Home Office Guidelines on delivering DIP as part of IOM. The Guidelines need to be implemented by 1 January 2011.	**Amber Green** (by Jan

Review of the Children and Young People's Treatment Plan 2010-11

Priority	Progress	R/A/G
To ensure there is a fit-for-purpose young people's substance misuse service, which is flexible, well publicised and widely understood, commissioned and delivered in line with the NTA template and capacity to undertake a whole range of activities outlined in the Needs Assessment.	A new Service Level Agreement has been written taking into account the NTA recommendations. OASIS has seen over 150 professionals and undertaken 6 Visitor Information Sessions and 5 police/prevention initiative community stay safe events since March 2010. More work needs to take place to identify an effective model across all tiers of service and how this will be delivered.	**Amber**
Continue to strengthen the strategic links with relevant partners and new governance which includes clearer commissioning arrangements and a Partnership-led Workforce Development and Training Strategy which includes substance misuse.	The JCG now has strategic responsibility for the young people elements of the treatment plan. The TP lead and the young people substance misuse lead share the responsibility for the young people harm minimisation action group which brings together partners across the borough. Substance misuse training now forms part of the multi-agency sexual health brochure and the LSCB training. The DAAT manager is now a member of the LSCB. A new YP and Families Substance Misuse Group will have its first meeting in November 2010.	**Green**
The DAAT will lead on the development of a Protocol to address the Hidden Harm and Safeguarding Agenda. This will be based on the "Think Family" approach to increase the number of referrals into specialist treatment services and offer support to the whole family, particularly those known to criminal justice agencies.	The DAAT is represented on the LSCB and a new sub group has been established to meet the 'Hidden Harm agenda" - children living in substance misusing households. A first draft of the Protocol has been produced. The group has agreed that this should be a Joint Working Agreement.	**Green**
Improved co-ordinated and supported parenting plans and initiatives by skilling up other professionals and front line staff to effectively signpost and refer into the specialist substance misuse service, including those working in Family Interventions Programmes.	Time has been spent with professionals across adult and children services through the Task and Finish groups to look at meeting the needs of these children and issues around sharing/passing on information. At a practice level Turning Point has developed a joint working initiative with the FIP. The DAAT is due to evaluate this to see what added value this has brought. A women offender FIP has been developed and is working with women who have children and involved with the criminal justice system. OASIS work in partnership with the youth crime FIP re parenting provision and the hidden harm agenda and are both co-located with the YOS. 30 parents have also received parenting intervention from OASIS.	**Amber**

Joint work between substance misuse, teenage pregnancy and sexual health services and initiatives, including training.	A decision has been made to separate out Teenage Pregnancy and Substance Misuse. The TP training budget no longer exists and the multi-agency training (TP and substance misuse) is at risk of ceasing.	**Red**
More work in schools to improve the quality of substance misuse education, more engagement of young people in schools and better "buy in" from schools to deliver effective programmes.	Limited due to resources. The PHSE lead has been running a programme with a small number of secondary schools to address substance misuse via a whole school approach - not just about what is taught in the curriculum. In addition the Oasis parent worker has been working with parents of some Oldham primary schools when requested and logging any school requests for support and advice, working closely with the PSHE co-ordinator to address school incidents. Brook was successful in recruiting and training a number of volunteers (Peer Mentors) in recovery from addiction to deliver substance misuse education to young people. OASIS has developed a joint working protocol with Brook re Peer Mentors (REAL Team) and OASIS jointly delivers to targeted groups of young people.	**Amber**
More work in the community, particularly BME groups and via locality-based working to ensure services are delivered in the most appropriate way and front line staff have the necessary skills and confidence to signpost and/or make appropriate referrals.	OASIS has done some outreach/locality work in BME communities/centres etc. The DAAT and Oasis are working together to agree an outcome monitoring tool to help evidence effectiveness. However referrals into service have decreased.	**Amber**
Improved monitoring and performance management, both from the provider services, the DAAT and via CAF.	The DAAT has been working with providers to evidence the effectiveness of commissioned services and progress has been made in this respect. CAF has not been fully rolled out in Oldham, particularly around substance misuse and discussions are taking place regarding other forms of assessment.	**Amber**
The roll out of the Borough's Alcohol Strategy including the Children and Young People's theme with input and support for Oldham's Children's Trust and key partners including NHS Oldham.	The alcohol strategy has been written and is out for consultation. Children and young people is one of the key themes of the strategy. A new YP and Family Substance Misuse Group has been arranged and will monitor the delivery of this theme.	**Red**