

Oldham DAAT Strategic Plan

2009 – 2012

Principal Aim:

To develop a highly effective, fully integrated treatment system to help those addicted to drugs and alcohol along the road to recovery and to support their families and concerned others. By:

- Appropriate and timely services in a manner which respects preferences, choices and beliefs.
- Involve service users in a meaningful way, encouraging them to grow beyond the limitations imposed by their experiences.
- Enable service users to maintain and recover their roles in society and support families and concerned others in this respect.
- Success will be measured by successful outcomes and user/ carer evaluation.

Value Statement

Oldham DAAT, in partnership with substance misuse services and other agencies, aims to assist and support service users to recover their health and self esteem to enable them to lead productive and fulfilling lives and support their families and concerned others.

STRATEGIC GOALS AND OBJECTIVES

Objective	Health Improvement	Access	Best value	Performance measure
1. Effective routes into drug and alcohol treatment for criminal justice clients and support for their families and concerned others.	Improved mental, physical health and outcomes for offenders who misuse substances.	Fast track entry into treatment services and programmes for offenders who misuse substances and support for their families and concerned others.	Addresses a raft of National Indicators around reducing offending and acquisitive crime, which should attract additional funding.	Reduce offending and re-offending and anti social behaviour, plus improve public perceptions of substance misuse related offending. Improve access to accommodation, employment and training for offenders and targets relating to integration.
2. To promote recovery and abstinence for all substance misusers, with	Improved mental health with the prospect of improved physical health	All services to be committed to promoting recovery and	Better throughput of service users in treatment with capacity	Increase in the number of successful outcomes for substance

a joint ambition shared between drug workers, commissioners and service users.	through abstinence.	abstinence with well publicised pathways.	to help new substance misusers entering treatment. Pooled Treatment Budget allocations are based on effective treatment outcomes.	misusers, including an increase of numbers into shared care.
3. To work with a wide range of partners, including in community settings , to address the complex needs of clients, including employment, housing, education and training.	Improved mental, physical health and outcomes for substance misusers and their families. Service users will be more likely to have long term health improvements.	Identification, prevention and brief interventions from a variety of services, plus appropriate referrals to more specialist treatment services.	Avoid duplication as a variety of agencies currently work with the same group of people.	Increased number of people entering treatment and the number of successful outcomes with regard to employment, training, education and accommodation, plus relevant targets.
4. To ensure a choice of substance misuse treatment services via the right services at the right time to achieve the right outcomes and supported by a well trained and skilled workforce.	Identification and early interventions, assessment and flexible treatment to improve the health outcomes for substance misusers and support for their families.	Timely and flexible service provision in the form of a stepped-care approach.	Developing the skills of current provider staff to support more flexible service provision.	Service users report improvement in quality of treatment services, quality of life and functioning, as measured by reported experience and National targets and indicators. Baselines to be set.
5. A joint approach to identify, support and/or	To develop resilience via emotional support and	Families and significant others of substance	Early interventions, treatment and support, plus	Appropriately resourced young people's substance

<p>treat parents and significant others who are substance misusers and support their children and work to prevent the onset of addiction.</p>	<p>improved health outcomes for substance misusers, their families and significant others.</p>	<p>misusers will be able to access treatment and support via schools, the community, specialist services, linked into the Think Family model and Family Intervention Programmes.</p>	<p>support for substance misusing parents, will reduce the number of children becoming substance misusers in the future and help re-build families and prevent children being taken into care.</p>	<p>misuse service to support community work, work in schools and the Family Intervention Projects. Appropriate residential provision for young people and/or their parents. Increased number of young people and their families accessing treatment and support.</p>
<p>6. Service users will receive the support they need to move towards and sustain abstinence.</p>	<p>Emotional and practical support for service users through treatment, education and partner agency support.</p>	<p>Open access, flexible support across all services for service users, both in service and on completion of treatment.</p>	<p>Effective support will help prevent relapse, drop out, people re-entering the treatment system and will encourage sustained abstinence..</p>	<p>Increase the number of successful treatment completions (including transfer to shared care) and reduce the number of people entering treatment who have previously been through the treatment system.</p>
<p>7. Services that address the needs of substance misusers and their families will be jointly commissioned via an effective framework.</p>	<p>Consistent service provision for both alcohol and drug users, their families and concerned others, to ensure equity and health improvement.</p>	<p>Principles and practices of substance misuse prevention, interventions and service provision will be integrated into the strategic plans of</p>	<p>Economies of scale and re-alignment of services and service re-design, to maximise flexibility and treatment provision. A longer term financial</p>	<p>Service users, potential service users, their families and concerned others will benefit from having all their substance misuse needs addressed and therefore a</p>

		appropriate partners to ensure appropriate pathways into treatment services.	commitment from partners will result in more effective treatment planning.	better experience of the treatment system.
8. Improved perceptions and knowledge of local substance misuse services.	Appropriate and timely information to help prevent the onset of addiction Earlier access to information, advice and treatment services.	. Earlier access to appropriate treatment services as a result of better information and understood choice of treatment modalities.	Prevention and early interventions are cost effective as they reduce the burden on expensive specialist treatment service providers.	Increase in the number of new clients entering effective treatment, improved perceptions of drug treatment, plus public perceptions.

DELIVERY MECHANISMS

- 1.1 An Annual Adult and IDTS Treatment Plan and Children and Young People's Substance Misuse Plan will be produced by the DAAT, in consultation with all partners and on behalf of the Oldham Partnership. The Plan contains a Strategic Summary, giving direction and identifying key priorities, plus Planning Grids with actions, milestones and targets to deliver the identified priorities.
 - 1.1.1 An Action Plan will be developed from the Planning Grids for both Treatment Plans and used to monitor performance against the agreed actions, targets and milestones.
 - 1.1.2 Governance for the management of the Action Plans will be via the DAAT Treatment Effectiveness Meeting and the Substance Misuse and Teenage Pregnancy Action Group. Any concerns regarding performance will be reported to the DAAT Joint Commissioning Group, DAAT Board and the Teenage Pregnancy and Substance Misuse Board.
 - 1.1.3 Task and Finish Groups will be set up to address any areas within the Treatment Plans which need additional partnership work.

STRATEGIC ASSESSMENT FOR CHANGE

Method

This information has been evaluated to understand how well current services and pathways meet the needs of our population, are able to meet future challenges and offer the best quality of care. The results of this assessment are provided below.

What has this told us

<p>Government Public Service Agreements</p>	<p>HM Government – Public Service Agreements</p> <p>Public Service Agreements (PSAs) set out for the public and practitioners the Government's delivery priorities and how Government will measure success.</p> <p>PSA 13: Improve children and young people's safety.</p> <ul style="list-style-type: none"> • Recording and reducing the number of children who have experienced bullying. • Ensure that more children who are referred into social care receive an assessment within 7 days. • Reduce the number of hospital admissions caused by unintentional and deliberate injuries to children and young people. • Reduce the number of preventable child deaths as recorded through child death review panel process. <p>PSA 14: Increase the number of children and young people on the path to success.</p> <p>This delivery agreement is measured by 5 indicators:</p> <ol style="list-style-type: none"> 1. Reduce the proportion of 16-18 year olds who are not in education, employment or training (NEET). 2. More participation in positive activities. 3. Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances. 4. Reduce the under 18 conception rate. 5. Reduce the number of first time entrants to the criminal justice system aged 10 – 17 years. <p>PSA 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.</p> <p>This is measured in accordance with 8 indicators:</p> <ul style="list-style-type: none"> • Proportion of former care leavers aged 19, who had left care aged 16 or over, who are in suitable accommodation. • Proportion of offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence. • Proportion of adults in contact with secondary mental health services in settled accommodation. • Proportion of adults with learning disabilities in settled accommodation. • Proportion of former care leavers aged 19, who had left care aged 16 or over, who are in employment, education or training.
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- Proportion of offenders under probation supervision in employment at the end of their order or licence.
- Proportion of adults in contact with secondary mental health services in employment.
- Proportion of adults with learning disabilities in employment.

PSA 21: Build more cohesive, empowered and active communities.

This is supported by 6 indicators:

- Increase the percentage of people who believe that people from different backgrounds get on well together in their local area.
- Achieve a significant increase in the percentage of people who have meaningful interactions with people from different backgrounds.
- Increase the percentage of people who feel that they belong to their neighbourhood.
- Focus efforts around ensuring that people feel able to influence decisions in their locality.
- Create a thriving third sector.
- Increase the number of people who participate in culture or sport.

PSA 23: Make Communities Safer

- Reduce the most serious violence including tackling serious sexual offences and domestic violence.
- Continue to make progress on serious acquisitive crime through a focus on the issues of greatest priority in each locality and the most harmful offenders – particularly drug-misusing offenders.
- Tackle the crime, disorder and anti-social behaviour issues of greatest importance in each locality, increasing public confidence in the local agencies involved in dealing with these issues.
- Reduce re-offending through the improved management of offenders.

PSA 25: Reduce the harm caused by alcohol and drugs

This PSA has 3 main strands:

- Reduce harms caused to the development, achievement and well-being of young people and families.
- Reduce harm caused to the health and well-being of drug users and those using alcohol in harmful ways
- Reduce harm caused to the community as a result of associated crime, disorder and anti-social behaviour.

<p>Review of national best practice</p>	<p>HM Government 2008 Drug Strategy: Drugs – protecting families and communities.</p> <ul style="list-style-type: none"> • There are an estimated 332,000 problem drug users in England. • Class A drug use generates an estimated £15.4 billion in crime and health costs each year. • Between a third and half of acquisitive crime is estimated to be drug related. • 24% of young people aged 16-24 have used an illegal drug in the last year. <p>Priorities:</p> <ul style="list-style-type: none"> • Responding to community concerns and effective enforcement; supporting children and families of drug misusers; targeted interventions for vulnerable young people; local campaigns; effective treatment services to ensure treatment completion; flexible commissioning to maximise resources; improved evidence of need; addressing diversity. • The Strategy indicates significant shifts in emphasis and prioritisation, including addressing the impact of parental drug misuse on their children, reducing drug related crime, improving the effective engagement of problem drug users, reducing the barriers to accessing drug treatment and social integration via improved opportunities for drug users to re-establish their lives by accessing training, entering employment and improve their housing status. • The national commitments outlined in the drug strategy can only be delivered via local areas taking action against the key priorities. • The Strategy highlights a general family focus as relevant for adult services. <p>Government’s Children Act 2004 - Every Child Matters</p> <p>The five key outcomes defined by Government in The Children Act 2004 are:</p> <p>Children and young people should:-</p> <ul style="list-style-type: none"> - Be healthy (physical and mental health, including healthy lifestyle choices); - Be safe (from accidental or deliberate harm) - Enjoy and achieve (at school and at play, including experience of sport and culture); - Make a positive contribution (take part in community life and avoid anti-social or offending behaviour); - Achieve economic well-being (improving access to
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education, employment and training).

Oasis young people's substance misuse service needs to be configured and resourced to evidence its contribution to the Every Child Matters outcomes, particularly linked to local priorities around alcohol, under 18s conception rates and improving sexual health.

Department for Children, Schools and Families Children's Plan – Building Brighter Futures

This is the Government's ten year strategy based on the following principles:

- Government does not bring up children – parents do – so government needs to do more to back parents and families.
- All children have the potential to succeed and should go as far as their talents can take them.
- Children and young people need to enjoy their childhood as well as grow up prepared for adult life.
- Services need to be shaped by and responsive to children, young people and families, not designed around professional boundaries.
- It is always better to prevent failure than tackle a crisis later.

HM Government: Safe, Sensible, Social – the next steps in the National Alcohol Strategy.

Next steps:

- Sharpened criminal justice for drunken behaviour
- A review of NHS alcohol spending
- More help for people who want to drink less
- Toughened enforcement of underage sales
- Trusted guidance for parents and young people
- Public information campaigns to promote a new "sensible drinking" culture
- Public consultation on alcohol pricing and promotion
- Local alcohol strategies

Department of Health – Signs for Improvement: Commissioning Interventions to Reduce Alcohol-Related Harm

This guidance is designed to assist commissioners to commission interventions to reduce the harm caused by alcohol in the local community. It offers ways to improve commissioning, looking at each World Class Commissioning competency and all stages in the commissioning cycle.

**Department for Children, Schools and Families;
Department of Health; National Treatment Agency for**

Substance Misuse – Joint Guidance on the Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services.

This Guidance is to support professionals working in adult substance misuse treatment services and children, parenting and family services, including Family Intervention Projects (FIPs). It aims to assist services to develop local protocols which enable improved joint working, to ensure children of substance users are protected from harm and their welfare needs are met. It also aims to improve outcomes for drug and alcohol service users who are parents.

Cabinet Office, 2008 – Think Family: Improving the Life Chances of Families at Risk.

This is the Government's Families at Risk review and sets out plans to support families with complex needs, including substance misuse and to reduce the impact on their children.

Department of Health 2008 – Carers at the Heart of 21st Century Families and Communities.

This is the Government's new national carers strategy to draw attention to the vulnerability of children who are carers in families affected by substance misuse and the importance of better prevention and whole family working across the different agencies involved.

Home Office – Tackling Drugs, Changing Lives: Keeping Communities Safe from Drugs.

This Report details what work needs to be done to reduce the availability of drugs, prioritising prevention work, developing effective drug treatment services and the importance of working within the Criminal Justice System and within the community. It concludes that more work needs to be done to extend and strengthen the Drug Interventions Programme, introduce tougher powers to tackle drug dealers and drug enforcement, enhance programmes of prevention, expand routes into treatment for vulnerable young people, expand the provision of effective, quality drug treatment, linked work with children's services through the Change for Children programme and rationalising funding streams and reporting arrangements.

Home Office – Tackling Drugs as part of Neighbourhood Renewal

The Report details how action on drugs is an essential part of any programme to regenerate the poorest and most deprived communities. Well applied, comprehensive programmes can work and make a real difference. Joint work between Neighbourhood Renewal teams and drug provider services would create effective services for addressing drug issues in priority neighbourhoods, in line with the national drugs strategy. This fits with key priorities to lower unemployment and crime, improve health, skills, housing and the physical environment.

	<p>This in turn should help to narrow the gap between the most deprived and most affluent neighbourhoods.</p> <p>National Treatment Agency Guidance</p> <p>The NTA produces a plethora of guidance documents and publications covering all aspects of treatment delivery, clinical governance, best practice and commissioning. Recent documents have focussed on increasing treatment penetration, abstinence, recovery, social integration, developing new partnerships (i.e. housing, Job Centre Plus), care pathways, transitional services and workforce development.</p> <p>The NTA has produced additional needs assessment guidance over the last 2 years with emphasis on psycho-social interventions, the specific needs of Under 25s, crack users, prison leavers, Recovery, commissioning, Tier 4 services and Think Family, plus the need for unbroken care pathways across transitional years.</p>
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National Indicators

Most relevant:

- NI 040 Number of drug users recorded as being in effective treatment
- NI 039 Alcohol harm hospital related admission rate per 100,000 population.
- NI 038 Drug related (Class A) offending
- NI 115 Substance misuse by young people
- NI 041 Perceptions of drunk and rowdy behaviour as a problem
- NI 042 Percentage of people who perceive drug use or drug dealing to be a problem in their local area.

Also relevant:

- NI 005 Overall/general satisfaction with local area
- NI 015 Serious violent crime rate
- NI 016 Serious acquisitive crime rate
- NI 017 Percentage of residents who think that anti-social behaviour is a problem where they live
- NI 019 Rate of proven re-offending by young offenders
- NI 021 Dealing with local concerns about anti-social behaviour and crime.
- NI 022 Perceptions of parents taking responsibility for the behaviour of their children in the area
- NI 030 Re-offending rate of prolific and other priority offenders
- NI 032 Repeat incidents of domestic violence
- NI 045 Young offenders' engagement in suitable education, training and employment.

NI 050 Emotional health of children

NI 058 Emotional and behavioural health of children in care

NI 073 Achievement at level 4 or above in both English and Maths at Key Stage 2

NI 087 Secondary school persistent absence rate

NI 092 Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage

NI 117 Number of 16-18 year olds who are NEET

NI 136 Number of vulnerable adults who are supported to live independently through social services

NI 142 Increase the number of vulnerable adults who achieve independent living

NI 148 Care leavers in EET

NI 153 Working age people claiming out of work benefits in the worst performing neighbourhoods

NI 163 Proportion of population aged 19-64 for males and 19-29 for females qualified to at least Level 2.

NI 164 Proportion of population aged 19-64 for males and 19-59 for females qualified to at least Level 3.

NHS Vital signs:

NHS Operational Plan and 'Vital Signs.' National priority – "Number of drug users recorded as being in effective treatment".

Home Office, DIP Compact Targets:

KPI 1 Adults arrested for a trigger offence who are drug tested in the custody suite.

KPI 2 Adults who test positive, have an initial assessment and attend and remain.

KPI 3 Adults assessed as needing a further intervention, to have a care plan drawn up

KPI 4 Adults taken on to the caseload to engage in treatment