

Oxfordshire

Rt Hon Andrew Smith MP
House of Commons
London
SW1A 0AA

14 APR 2009

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Your ref: EOT/LO4001/01091215

7 April 2009

Dear Andrew

Drug Recovery Project

Oxfordshire DAAT has commissioned a residential detoxification facility to replace what was the 'Drug Recovery Project' as the old premises were no longer available and the projects performance needed to be improved.

The opening of the new facility was delayed due to the search for appropriate premises and relevant permissions. New premises have now been sourced with formal arrangements currently being finalized, the expected opening of the new 'Howard House Project' is anticipated for September 2009. During the closure period no clients have been disadvantaged and additional funding has been made available for out of county placements while the new Oxfordshire facility was under development.

This exciting new project will see 8 dedicated beds for Oxfordshire being available for entrenched drug and alcohol users to undertake detoxification with intensive aftercare support and move on accommodation now being in place to aid sustained recovery.

If you require any further information please do not hesitate to contact me.

Yours sincerely

Catherine Mountford

Catherine Mountford
Director of Planning and System Reform
Signed on behalf of Andrea Young, Chief Executive



Your voice on local health and social care

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Drug Recovery Project

**an Oxford City based health and housing solution providing
detoxification and residential treatment for vulnerably housed
and rough sleeping addicts**

**A report prepared by Oxfordshire Local Involvement Network
(LINK) Drug Recovery Project Group**

January 2010

Oxfordshire LINK is hosted by



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Oxfordshire LINK Drug Recovery Project (DRP) Group report for the Oxfordshire Joint Health Overview and Scrutiny Committee meeting on 21st January 2010.

Introduction

Dear Overview and Scrutiny Committee Chair and Members,
Whilst Oxfordshire LINK acknowledges the good work undertaken by commissioners, partners and providers in the county's drug and alcohol area it is not the remit of this report to highlight this, rather to bring to attention areas of public concern. This report requests that the HOSC scrutinise the process of the DRP closure and clarify why replacement provision is still not in place. It is hoped, by the committee undertaking this piece of work, that publicly funded, well functioning drug and alcohol services within the county will in future not be closed without consultation or appropriate replacement provision being in place.

This report is informed by the November 2009 'Oxfordshire LINK DRP, Project Group Statement and Recommendation for the LINK Stewardship Group' which is included below and forms an integral part of the report.

Oxfordshire LINK DRP Project Group Statement and Recommendation for the LINK Stewardship Group meeting November 2009.

Abbreviations:

DRP – Drug Recovery Project: an Oxford City based health and housing solution providing detoxification and residential treatment for vulnerably housed and rough sleeping addicts.

NTA – the National Treatment Agency: a branch of the NHS set up ten years ago to implement, administer and regulate the government's Ten Year Drug and Alcohol Treatment Strategy.

DAAT – the Drug and Alcohol Action Team: the commissioner of county wide drug and alcohol treatments. A public funded arm's length organisation hosted by a public body, NHS Oxfordshire, formerly Oxfordshire Primary Care Trust.

SMART - Substance Misuse Arrest Referral Team: a local provider of drug treatment services who won the tender to run the replacement unit to the DRP

Ley Community – a local residential drug and alcohol treatment centre.

OBMH – Oxfordshire and Buckinghamshire Mental Health Care Trust, responsible for:

SCAS – Social and Community Addiction Service: the part of OBMH which assesses and funds people for detoxification and residential drug treatment programmes and also prescribes methadone, an opiate substitute. SCAS provided previous clinical cover for the DRP.

OUT – Oxfordshire User Team: a charity run by drug service users which runs workshops and also represents the service users voice to both commissioners and providers.

OJHOSC – Oxfordshire Joint Health Overview and Scrutiny Committee: has more powers than the LINK and both are expected to work closely together and complement each others' work.

LINKs – Local Involvement Networks: the public's voice on health and social care services.

LINK SG – LINK Stewardship Group: a governance group of ten elected representatives.

ECHG – English Churches Housing Group: the provider of the Drug Recovery Project previously located at 170 Walton Street, Oxford from 2002 until the closure in 2007.

Brief history/background:

The DRP was a unique service for vulnerably housed addicts including rough sleepers and people experiencing homelessness. It was set up in Oxford because the City has the highest proportion of people experiencing homelessness per head of population outside of London and it had been acknowledged that the drugs service provision did not satisfy the needs of this vulnerable minority group. It was open from 2002 – 2007. Oxford still has the highest proportion of people experiencing homelessness per head of population outside of the capital.

DRP project group:

A project group was set up after the LINK organised meeting on 29th September 2009 which was well attended by a variety of different stakeholders within the homelessness sector as well as homeless and Drugs Services clients, the Rt. Hon Andrew Smith MP, Nicola Blackwood conservative Prospective Parliamentary Candidate, the chief executives of the Ley Community and SMART, the director of the DAAT, a representative from Oxfordshire User Team, the practice manager of Luther Street Medical Centre, a specialist community addiction nurse and other concerned citizens. An informed letter written to Oxfordshire LINKs for this meeting from Dr. Angela Jones is included at the beginning of '*Appendix 1: LINK notes from September 2009 meeting*' for information.

The DRP project group has met once per week since the meeting and has gathered signatures from the close neighbours of the former project who attest to not experiencing any problems during the five years that the project was in existence; *(copy available on request)*. This information was gathered to support the DAAT and SMART in their process of setting up a replacement unit – the main function of the Group. Darren Worthington, Chief Executive of SMART expressed his thanks for this valuable information. To gather background information, the Project Group also engaged with OUT, SCAS senior management, the City and County councils, former DRP employees and others including DAAT.

Over the course of these meeting and after thoroughly discussing and reviewing the information obtained, the Project Group **made a request to the LINK SG for a decision on whether the discrepancies and LINK non-compliance listed below warranted referring to OJHOSC in the form of a report.** This was agreed at the SG meeting of 25th November 2009

The Project Group came to this recommendation on account of the following:

1. The answers to a series of questions from the LINK to DAAT have often been answered evasively and on one occasion late.
2. The DRP closed in October 2007; the reason for the closure provided at the time was the Oxford City council owned property was no longer available and that performance needed to be improved. Freedom of Information requests to the City and County council have revealed that the closure of the project was not property related. This information is at variance with the reason given at the time of the closure by DAAT to Nicola Blackwood (Prospective Parliamentary Candidate) and to the response given to Andrew Smith MP in his request for information made to Oxfordshire Primary Care Trust earlier this year. Nicola and Andrew have been informed of the FOI request responses, as has the PCT. An independent 60 page report into the DRP in 2005 previously provided to the LINK Stewardship Group stated in the conclusions that 'Overall, the evaluators were impressed with the Drug Recovery Project, describing it in feedback to commissioners as "...a cracking little project"'. In terms of both qualitative outcomes for service users, and value for money, on a 'unit cost' basis, the evaluators were unable to identify any other initiatives able to challenge the DRP. However it is measured, the 'success rate' for the DRP is to be particularly applauded given the often entrenched and multiple needs of its target client group'; *Appendix 2.*
3. Evidence has been found by the Project Group that a consultation on the closure did not take place; *Appendix 3.*
4. The replacement unit cannot open without clinical cover. Darren Worthington, the chief executive of SMART explained in emails to the project group that responsibility for clinical cover for the new unit is with the DAAT and would be provided by a SCAS addictions nurse specialist, *Appendix 4.* In communications with the previous and present SCAS service managers, *Appendix 5,* it is noted that previous negotiations between SCAS and DAAT took place seven to eight months ago and finished without agreement due to governance and financial concerns raised by SCAS and that these remained. Previous negotiations in mid 2009 with the Ley Community to provide property for the 'Howard House Project' replacement unit also broke

down due to governance concerns they raised. This information conflicts with repeated statements that providing a replacement unit has remained a priority over the past 27 months.

In the light of these discrepancies and considering the remit of the LINK and what is in the present and future best interest of the public, the Project Group agreed to ask the LINK SG to take a decision on whether these issues are best served by being referred to OJHOSC so the Project Group can focus future work on supporting the process of setting up a replacement unit.

Oxfordshire LINK report to OJHOSC continued:

This report requests the OJHOSC scrutinise the process of the DRP closure and clarify why replacement provision is still not in place. It is hoped that by the committee undertaking this piece of work that publicly funded, well functioning drug and alcohol services within the county will in future not be closed without consultation or replacement provision being in place as commissioners will have been told by the committee that this is unacceptable.

We would also request that a clear message is given to commissioners that full co-operation with Oxfordshire LINK is required, specifically that requests for information are to be answered clearly, to the point and on time. We further request the committee to instruct commissioners to ensure that sufficient funding is provided for appropriate clinical cover for the required replacement unit as it strongly appears that this has been the cause on at least one previous occasion as to why no replacement unit is still in place after a 27 month gap.

Closure due to commissioning a replacement service is now illegal within the NHS (Lord Darzi's final report); closure is to occur when the newly commissioned unit is ready to take over. Commissioners are often far removed from the 'coal face' and, as in this case, a major service review and commissioning decision has been made without consultation, resulting in a highly vulnerable and minority group losing out on a unique and highly valued service for far too long.

Concern and shock was expressed around the time of the DRP closure to the DAAT director Jo Melling by the 2 main groups of organisations working within the homelessness sector, specifically the single homelessness group by its chair Leslie Dewhurst; *Appendix 6*, and the Network Meeting group by its representative Victoria Mort via Nicola Blackwood. Responses to both parties explained the closure was due to the property being no longer available. FOI requests, *Appendix 7*, to both city and county councils clarify the closure was due to a replacement unit being commissioned after a strategic review and was not property related. A later explanation to Oxford MP Andrew Smith from Oxfordshire PCT added that the project's performance needed to be improved, *Appendix 10*.

The Committee are aware that locally Oxfordshire PCT allowed the previous Oxford community hospital (OXCOMM) get to a stage whereby closure was inevitable and it was only with the committee's robust intervention that the interim provision was questioned and the replacement unit given the emphasis it required, so that Oxford now has an improved community hospital serving its growing number of vulnerable older citizens. Similarly it would appear in this instance that commissioners allowed tenders and leases, rather than bricks and mortar, to expire so their ending could be used to warrant closure.

It is the opinion of the LINK Stewardship Group that justification for the lack of a consultation on the closure of the DRP is repugnant; *Appendix 3*, (that it only served a small number of overall clients 'in treatment'). It is important to note the differences in treatment provision available within the county and that a high proportion of those 'in treatment' are not receiving detoxification and residential treatment such as the DRP provided, but rather maintenance and harm minimisation prescribing and other community-based treatments. Consultations are imperative because realities on the ground (in this instance that it will be very difficult to find a suitable replacement building) often come to light when they are carried out, thus informing commissioning decisions.

We request the Committee clarify with the City Council whether, if requested, they would have had a problem with the property continuing to be used until a replacement unit was up and

running and likewise with the previous provider ECHG. Over the past twenty seven months, whilst potential DRP clients have not had access to an often life-saving and life changing service, significantly higher financial savings have been made by both former DRP funding organisations (Oxfordshire DAAT and Supporting People) than those allocated (and unused) to 'fill the gap' (£40,000 DAAT), *Appendix 8*. Papers at the meeting of the Supporting People Commissioning Body held 11/12/09 confirm Supporting People reduction in spending last year being £83,000 due to there being no DRP service. It has been confirmed by SCAS senior management; *Appendix 5*, that previous negotiation for clinical cover at a new unit broke down due to governance concerns and because there was not enough money on the table to pay for what was needed. LINK request the Committee obtain assurance from commissioners to ensure that sufficient funding is provided for appropriate clinical cover for the required replacement unit.

We should also report that concerns were raised at the LINK organised meeting on 29th September that commissioners seemed to be favouring one provider, SMART, and that in the case of the DRP some considered it unwise that the tender had been given to them, a provider with no experience of providing housing and residential detoxification. These were part of wider concerns expressed regarding a monopoly of non NHS drug and alcohol service provision within the county. As the saying goes, 'one size/approach does not fit all', and this certainly applies within substance misuse treatment services whereby choice of different providers using different styles of approach is imperative to suit service users different needs. It is the LINK view that near monopoly of provision is not in clients' best interests. *Appendix 9* lists part of the series of questions LINK has asked the DAAT and the responses it has received. It is because of the nature of these responses that the following recommendations are put forward.

Recommendations to OJHOSC:

1. HOSC scrutinise the DRP closure and clarify why replacement provision is still not in place.
2. HOSC instructs commissioners: to ensure sufficient funding is provided for appropriate clinical cover for the required replacement unit; that it is not acceptable that well functioning drug and alcohol services are closed without consultation and replacement provision being in place; that any replacement unit continues to also serve entrenched Oxfordshire substance misusers who are vulnerably housed, homeless or rough sleeping; that full co-operation with Oxfordshire LINK is required, specifically that requests for information are to be answered clearly, to the point and on time.
3. HOSC clarifies with the City Council whether, if requested, they would have had any concerns with the property continuing to be used until another building had been found to locate the replacement unit and what the City Council have done with the property at 170 Walton Street, Jericho, Oxford since the closure.
4. HOSC notes the widespread concerns of which the LINK has been made aware around near monopoly of non-NHS service provision and informs commissioners of the probable detrimental impact this approach will have, as evidenced by the DRP case. It is generally accepted that monopoly often stifles competition which in turn stifles innovation. One size does not fit all.

Conclusion:

Whilst LINK has no doubt that commissioners, their host, funding and other partners wish to provide an improved version of the former DRP (an already highly acclaimed unit) and that this desire is to be applauded, we note with accompanying sadness of how vulnerable people suffer due to an apparent lack of foresight. Consultations are important, hence their status in law (regardless of how many people they serve). Lord Darzi's decision for the NHS in regard to commissioning new services closed loopholes that often left people without appropriate services for years. Where instructed by Oxfordshire citizens, as in this case, we will continue to advocate that Lord Darzi's decision be replicated across the county within well functioning health and social care services, thus helping to ensure continuity of appropriate provision.

Report ends

This content of this report was checked by the LINK DRP Project Group including the project leader and LINK steering group member Barrie Finch and the LINK locality manager Adrian Chant on 6th January 2010.

Appendices:

- 1: Letter to LINK and abbreviated notes from LINK meeting 29/09/09.*
- 2: Extract from the 2005 independent report into the DRP commissioned by the DAAT.*
- 3: Shortened response to letter from MP Andrew Smith 09/07.*
- 4: SMART email response to LINK DRP project group.*
- 5: SCAS service managers' emails to LINK DRP project group.*
- 6: Letter to LINK/JHOSC from Leslie Dewhurst.*
- 7: County and City council FOI responses.*
- 8: DAAT email confirming 'unspent, fill the gap' funding allocation.*
- 9: LINK questions to DAAT and responses.*
- 10: Oxfordshire PCT response 07/04/09 to the Rt Hon Andrew Smith MP.*

Appendix 1: *Informed letter to LINK followed by edited notes from LINK meeting 29/09/09.*

Dear Oxfordshire LINKs,

My name is Dr Angela Jones and I am an NHS GP. I am writing to present my concerns regarding the closure of the Drug Recovery Project (DRP) to the meeting which I gather will be held on 29th September 2009. I am sorry that I cannot attend this meeting, but I will be away on a course which has been booked for several months. My own history and justification for having an opinion on this matter is as follows. I was a principal in general practice for 10 years in South Wales before returning to Oxford and joining Luther Street Medical Centre, the homelessness practice, where I was employed from 1999-2007 as, at various times, a salaried GP, joint Medical Director, clinical lead and shared care GP providing drug and alcohol services for people experiencing homelessness in Oxford. During that time, I set up a Postgraduate Course on the Provision of Health Care to People Experiencing Homelessness with the University of Oxford and ran 3 annual international conferences on Health and Homelessness which attracted over 100 delegates from all over the world.

For the last two years of my employment (and for a further year after leaving the employ of Oxfordshire PCT), I was seconded to the Office of the Deputy Prime Minister, later Communities and Local Government as their specialist adviser on Health and Homelessness and worked alongside Department of Health colleagues on a number of initiatives, culminating in the publication of the most recent rough sleeper strategy, "No One Left Out". I now work in Oxfordshire as a GP in the Didcot Resource Centre, a drug treatment centre for more hard to reach clients in South Oxfordshire, in the out of hours primary care service in Oxford City and as a GP for homeless people in Westminster. I am Chair of the Health Inequalities Standing Committee of the Royal College of General Practitioners and recently co-founded a small social enterprise, Inclusive Health, which aims to improve health care for socially excluded groups. I was part of the Management Team at Luther Street Medical Centre when the Drug Recovery

Project was set up and responsible for the clinical management of the clients and the supervision of the clinical staff working there. The model was that of a pre-rehab, in other words, it was a facility where rough sleepers, in particular, had the opportunity to exit the streets, to stabilise their drug use, to select a rehab facility and to gradually reduce their substitute medication in readiness for admission to their chosen rehabilitation facility.

During their three to four month stay at the DRP, they engaged in health promotion activity as well as participating in the life of the house, sharing in tasks etc and attending one to one and group sessions, all excellent preparation for rehabilitation, and designed to maximise the chances of successfully completing rehab. During this time, they were cared for by their usual GP who could monitor their mental and physical health and offer a unique level of continuity during this difficult phase.

The DRP was designed to enable rough sleepers with addiction problems and who wished to aim for abstinence to make a step change in their lives, one that was linked to addressing their substance misuse. It was felt to be necessary because the relentless pressures of the life of a rough sleeping drug user allow very little, if any, space for undertaking the necessary actions needed for change. Safe accommodation and structure are vital to foster change and although the direct access hostels within the city worked for some people, for many rough sleepers, there was not sufficient structure or support to provide for their needs. Many of the clients of the DRP had revolved in and out of the shelter / hostel accommodation, without making any ongoing progress and clearly needed different input: The DRP was one method of providing this more intensive structure and support and definitely filled a gap. (I would also have liked to see a similar model made available for those who for whatever reason did not feel able to aim for abstinence and wished to intensively address their issues in the context of maintenance.) I was no longer working at Luther Street when the DRP closed. My understanding is that some additional funding for residential detoxification was provided but it is clear from the above that a brief (5 to 7 days) admission in no way replaces the stabilisation and therapeutic value of the DRP. Thus, this very vulnerable group of clients have lost a vital element in their options for care and Oxfordshire lost a facility which had been recognised as best practice nationally.

The new Rough Sleeper Strategy stresses the link between complex trauma and rough sleeping. It is increasingly recognised that severe and enduring mental health and psychological problems related to childhood trauma frequently underpin many experiences of homelessness and this is the subject of ongoing work within CLG and several areas of the Department of Health. I strongly urge commissioners to ensure that a service, such as the DRP, providing a 'safe haven' for people who have become so marginalised as to find themselves sleeping on the streets, is once again developed and fostered, so that we can be seen to provide a humane and effective response to their situation and to enable them to leave the streets and find and maintain a home of their own.

I am grateful for this opportunity to share my thoughts on this issue.

Yours sincerely

Angela Jones

Dr A M Jones

MA BM BCh DCH DRCOG DFFP MRCGP

Meeting notes from 29/09/09: of particular note for report numbers 3, 4, 6 and on page 9 the 2nd paragraph highlighted in italics.

1. Welcome & introductions

Anita Higham (AH) in the Chair, welcomed all to the meeting and introduced Jo Melling (JM), Director of Oxfordshire Drug & Alcohol Action Team (DAAT), Richard Lohman (RL) from the LiNK Stewardship Group and Adrian Chant (AC), Locality Manager,

Oxfordshire LINK. AH provided a brief outline of the meeting's content, and informed people that LINK hopes to set up a small Project Group of 3 or 4 people following this meeting, to follow up any issues raised. A further meeting will then be organised for this group to report back to on progress.

2. What is the Oxfordshire LINK?

Adrian Chant gave a brief introduction to Oxfordshire LINK and explained what its statutory powers are, including the ability to request information about a service and receive a response within 20 days and visiting rights to view services as they are being provided. This is not an inspection, but a way of obtaining further information about a specific service. He encouraged people to register to receive future information and become involved.

3. Drug Recovery Project: update on the new service

AH asked Jo Melling to provide an update on the progress of a replacement service for the Drug Recovery Project (DRP): The DRP was set up as a housing-based project for Oxfordshire rough sleepers and homeless people requiring an in patient detox program. This project came to an end two years ago and the DAAT tendered for a new provider for an Oxfordshire based detox facility. SMART (a registered charity working with clients who have substance misuse issues) won the tender. They have had difficulty in finding suitable premises however report ongoing negotiations with housing providers. JM explained more about her role and the DAATs work in general:

JM is the Director of the DAAT for the whole of Oxfordshire. The DAAT is hosted by the PCT. The DAAT designs and tenders for services, it also performance manages, commissions and purchases services on behalf of its partners.

4. Questions to Jo Melling from the audience

Q – Wouldn't it have been better to keep the DRP open until somewhere new was found?

The City Council needed to sell the premises where it was located. There were a lot of things that we did not have a choice about when it came to closing the DRP. We did not think there would be a two year gap before the service was up and running again.

Q – There is a massive need for the service that the DRP used to provide. What is being done to re-provide this service?

The difficulty with the DRP is that it was a very unique service. We are continually trying to find new premises. We are going out to tender for a residential re-hab and looking at other options elsewhere. There is a lot of bureaucracy to wade through and a legal framework to adhere to. We hope to get a new DRP set up by the end of the year. There is a problem with people not wanting this facility on their doorstep and with this type of premises not obtaining planning permission. If a Project Group was set up, it could help lobby for the DRP.

General comments made

People need proper direction and help. Surely the Council could help find a place?

The people that are not visible need to be reached. People could come into the DRP for a short time and then go back to normal life. The DRP functioned very well.

Q – How can we move this issue forward for this group of vulnerable people?

We need a group of committed people to support the DAAT.

Q – Does the DRP have to be located in the City Centre?

No, it can be anywhere.

Q – Is this service just for people in Oxfordshire?

Yes. Homeless people come to Oxford for the service it offers, but can't use this service because they have to have a 'local connection'. There is a problem with services being inundated and they do not want to deny Oxfordshire residents the chance to use the service. The 'local connection' criteria is that you have to have an Oxford based GP.

JM observed that all the comments people made were very useful. She also said the following: The DAAT is committed to having a local DRP. Approx 140 people went through the DRP when it was running. They are not in a crisis situation, but they are taking this very seriously. The DAAT are sending people outside of Oxford to get the treatment they need. There are only a handful of other such facilities across the Country. We need to look to the future, not dwell on the past.

Further audience comments:

The tender for the new project was won within 6 months of the old one being closed. How could they have won the tender when they had no new building in place? The DRP was developed in Oxfordshire because there is a need for it. The DRP gave people the time they needed in a safe environment. It's difficult for some people to travel outside of the County. The DRP is really missed.

5. What are the countywide drug and alcohol support services?

JM gave an update on the services DAAT offers across the County. They have recently re-commissioned all their services and have separated out the Drug and Alcohol services. The provider of these is SMART. They are developing Family Support Services – setting up and developing family champions, 1:1 support and support groups. They are doing research into any unmet need there still is. They have a new Centre opening at the Banbury Health Centre. They are extending their premises in Witney. They have a new Mobile Treatment Centre that will be going out to rural villages. It will be a drop-in service, with treatment being facilitated from this

6. Questions

Q – All these services have been taken over by SMART. A lot of users aren't comfortable with them and don't want to access services provided by them. They won't be able to go anywhere else because they run everything. Where can they go? Can SMART answer some of our questions?

The representative from SMART had left, but it was suggested that some of these questions could be brought to the meeting in January.

7. How the LINK can help

People were asked if they would like to be part of the Project Group, looking at next steps and practical outcomes. This will be an informal group. Five people expressed interest.

8. Closing remarks and next steps

AH thanked everyone for coming, and extended her thanks to JM in particular.

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Anita Higham – Member of Oxfordshire LINK Steering Group, chair of meeting

Richard Lohman - Member of Oxfordshire LINK Steering Group, work programme group leader

Jo Melling – Director, Oxfordshire DAAT

Adrian Chant – Locality Manager, Oxfordshire LINK

The Project Group has met every Wednesday evening since 29/9/09. It consists of 2 service users, 2 LINK steering group members and a homelessness housing provider member of staff. Discussions with the chief executive of SMART during a break in the meeting of 29/9/09 revealed that the main impediments to the new unit had been public opinion and planning committees. In order to address these issues and support DAAT and SMART the project group agreed to try and gather signatures from neighbours of the former DRP attesting that they had experienced no problems whilst the unit was in place. If necessary this petition will be presented

at future planning committee meetings by the project group leader who would also give a brief 5 minute presentation. The project group has also agreed to formally approach the LINK for support in setting up a public meeting for the neighbours of the future unit should the neighbours express anxieties. This meeting would provide a forum for any questions to be answered, showcase the petition from previous neighbours of the DRP and allow the sharing of personal stories by ex-addicts who are now productive members of society.

A snapshot survey in mid October has revealed 22 people experiencing homelessness in the city fulfilling the criteria for the DRP and showing motivation for treatment provided by such a specialist unit. This figure consists of thirteen residents in Lucy Faithful House hostel, seven in O'Hanlon House (Oxford Night Shelter) and a few rough sleepers (Street Services Team). A countywide survey was not undertaken.

28/10/09 – All the close neighbours of the former DRP signed a statement saying that they experienced no problems whilst the unit was in place.

Appendix 2: *Extracts from the 60 page Independent 2005 report into the DRP.*

An evaluation of the
Drug Recovery Project

July 2005
Consultants
Andy and Lynn Horwood

Conclusions

'Overall, the evaluators were impressed with the Drug Recovery Project, describing it in feedback to commissioners as 'a cracking little project'. In terms of both qualitative outcomes for service users, and value for money, on a 'unit cost' basis, the evaluators were unable to identify any other initiatives able to challenge the DRP. However it is measured, the 'success rate' for the DRP is to be particularly applauded given the often entrenched and multiple needs of its target client group'.

Appendix 3: *Shortened copy of reply letter dated 09/07 to Andrew Smith MP (of particular note for this report – 3rd sentence and last paragraph)*

Dear Andrew,

Thanks for sending the reply from Ox PCT regarding the imminent closure of the Drugs Recovery Project. The DRP is specifically designed for rough sleepers as a needed stepping stone treatment prior to accessing residential rehabilitation; it is the only service of its kind. The reply from the DAAT via the PCT seems to say that as the DRP only treats 15-20 people a year and this is a minority of overall Oxon people in treatment there was no need for a consultation, this negates the status of rough sleepers as a minority group: it's like saying we won't bother consulting on black people's views because they only make up a small percentage overall. The closure of the DRP has a significant impact on the rough sleeping population it was designed to serve and it will not be available for at least 5 months, therefore it surely required a wider consultation (wider than members of the commissioning group - I have spoken to OUT who informed me that they did not consult with users regarding this prior to the decision being taken).

The DAAT have informed me that they did not know that the lease of the property was ending! I find this hard to understand; surely as main purchaser of the service they would be aware.

The PCT/DAAT response states that during the tender process the council decided to take the property back (was there no contractual timeframe then?) I am aware that due to the lack of information regarding the closure being disclosed to DRP staff, that staff anxiety and staff

sickness levels rose. I would be grateful if you could raise the issue of why it would have been appropriate to have a consultation.

One last point, it seems that DAATs' across the country are not subject to the FOI Act despite being funded by public monies, could they be included within the current framework or would it need amending? My FOI request for details of any consultation was refused by the DAAT. Thanks for the swift response

Warm regards,

Richard Lohman.

Appendix 4: *SMART email to DRP project group (of particular note for the report is the 1st sentence).*

From: DWorthington@smartcjs.org.uk
To: richardntlohman@hotmail.com; adrian.chant@helpandcare.org.uk
Hello Richard,

Re: Details of the programme:

Clinical input/management is being provided by a dedicated SCAS nurse who will oversee all prescribing needs.

The therapeutic activities, programme design and auditing processes are aligned to NICE, Models of Care and Clinical Governance expectations respectively.

The programme is structured across 7 days and provides a range of support functions including; dedicated one-to-one sessions, support groups, education workshops and complementary therapies. All of this set against the backdrop of needing to support the longer-term housing needs of the majority of our service users, and developing the skills they need to live independently. When designing the programme we remained mindful that the unit is not intended as a 'residential rehabilitation centre'.

Re: Negotiations so far: As referenced in my previous mail, negotiations so far have broken down as a result of problems with actual and potential planning applications. Public opinion was the key obstacle during our application to Cherwell District Council whilst all other Councils, bar the West, have voiced concerns over a project of this type in their locale prior to going to planning.

Where partnership proposals have been in place with housing providers, the sourcing of suitable premises has been the main obstacle.

Thank you once again for the support.

Darren Worthington

CEO
SMART CJS

Appendix 5: *SCAS service managers' email response. Of particular note for the report the response on the bottom of page 11.*

From: Richard Lohman
To: steve.thwaites@obmh.nhs.uk
29/10/09

Dear Steve, please see attached as per our discussion this morning. I will contact Pauline Scully to see if things have moved on and note that when you were involved around 6 months ago that

nothing had been confirmed in regard to a dedicated scas nurse due to the concerns you had.

The LINKs website is www.makesachange.org.uk and you will be able to access the local Oxfordshire LINKs office tel nr and other details there

warm regards,

Richard Lohman.
Oxfordshire LINKs steering group member.
LINKs: your voice on local health and social care.

From: RICHARD LOHMAN
Sent: 29 October 2009 10:13
To: Scully Pauline (RNU) OBMH

Dear Pauline,

my name is Richard Lohman and I sit on the Oxfordshire LINKs steering group. LINKs replaced patient and public involvement forums however also covers social care. Oxfordshire LINKs has been up and running with an elected steering group in place since March of this year, more details can be found at the website www.makesachange.org.uk including contact details of the Oxfordshire office in Witney.

The Steering Group is focussing on several areas raised by the public and one of these is the replacement of the former DRP which as you are probably aware was shut down 2 years ago. The unit provided residential detox and therapy for especially vulnerable substance misusers, particularly rough sleepers and people experiencing homelessness.

I was given your name by Steven Thwaites after we had a chat this morning and I am seeking clarification on whether it has now been confirmed by scas that a dedicated scas nurse would be overseeing all prescribing needs (see email below from Darren Worthington) in the new unit or whether this is still being looked at due to the concerns that Steven had raised circa 6 months ago.

I understand that you must be extremely busy and yet I would be grateful if you could respond as soon as you are able

With kind regards

Richard Lohman.
Oxfordshire LINK steering group member.
LINKs: your voice on local health and social care.

From: Pauline.Scully@obmh.nhs.uk
To: richardntlohman@hotmail.com
29/10/09

Dear Richard,

Steve has informed me of your conversation this morning. *I can confirm that there has been no agreement at this point that SCAS will provide a dedicated nurse for this service. The concerns raised by Steve earlier stand, we have had no recent discussions with the DAAT about this. We do remain open to discussing this with the DAAT in the future.*

Best wishes
Pauline
Pauline Scully, Service Manager

Appendix 6: *Letter to LINK/OJHOSC from Leslie Dewhurst.*

January 2010

Drugs Recovery Project

I am writing in support of the LINKS Project Group's request to the County Council Health and Overview Scrutiny Committee to look into the closure of the DRP in Walton Street.

As chair of Single Homeless Group, I wrote to Supporting People and the DAAT back in early 2008, to express concern about the lengthy interim period between the closure of the DRP in Walton Street and the new contract being awarded in April 2008. It was with dismay that we then heard that the new service was not likely to be up and running until autumn 2008. It seemed unfortunate planning to close one service before the replacement service was ready to commence.

Of course, the expected opening of SMART's new service in autumn 2008 was then delayed and has still not opened. Though I appreciate the problems of securing appropriate premises and the relevant planning consents, this does seem to be an unacceptable length of time to go without a service which has been deemed both necessary and strategically relevant.

I do hope that you can do whatever is necessary to help bring this sorry situation to a speedy and satisfactory conclusion.

Yours faithfully,

Lesley Dewhurst
Chief Executive, Oxford Homeless Pathways
Chair, Single Homeless Group

Appendix 7 and 7a: *County and City council FOI responses (of note for this report the last 2 sentences in italics of appendix 7 and the 2nd paragraph in appendix 7a).*

Date: Mon, 16 Nov 2009
From: Grace.Mayo@Oxfordshire.gov.uk
To: richardntlohman@hotmail.com

Dear Mr Lohman

Thank you for your recent enquiry regarding the closure of the Drugs Recovery Project at 170 Walton Street, Jericho, Oxford.

I can confirm that yes, the Drug Recovery Project was provided at this address by English Churches Housing Group. From 1 April 2003 until the end of September 2007 the housing related support service provided to residents was funded by Oxfordshire County Council under the Supporting People programme.

This service was subject to a strategic review and was re-commissioned following a competitive process, to be provided by a different provider and at different premises. Therefore the closure of the service at this address was not property related.

With Best Wishes

Grace Mayo
Quality & Performance Officer
Social & Community Services
Oxfordshire Supporting People Team

Appendix 7a

Subject: 1734 FOI - Drug Recovery Project
Date: Tue, 8 Dec 2009
From: James.Willoughby@Oxfordshire.gov.uk
To: richardntlohman@hotmail.com

Dear Mr Lohman

Thank you for your request of 30 November 2009 in which you asked for the following information: I would like to make a freedom of information request regarding the closure of the Drug Recovery Project at Walton Street, Oxford in 2007. The request is for the details of any consultation on the closure which took place, either with Oxford organisations working with the homeless and/or with service users.

Further to our telephone conversation of 4 December regarding your request, I have contacted the Supporting People Team as you suggested. However, after consulting this and several other teams within the County Council, I must inform you that no information regarding a consultation is held by the council.

However, this does not mean that a consultation did or did not take place, only that the council holds no information about it.

Please let me know if you have further enquiries. I would be grateful if you could use the reference number given at the top of this email.

Yours sincerely,
James Willoughby
Complaints and FOI Manager
Oxfordshire County Council

Appendix 8: *extract from 16/11/09 DAAT email confirming 'unspent, fill the gap' funding allocation.*

"... We increased the budget available to the residential rehabilitation placement team by £40K as an initial buffer after the project closed, this was not spent ..."

Appendix 9: *LINK questions to DAAT and responses. The pertinent aspects are in italics.*

The following email was sent from Adrian Chant to Jo Melling on 4th September – both of the following questions were not answered as requested for or at the meeting 29/09/09.

1. *How many rough sleepers accessed the DRP in the final two years of its operation?*
2. *Of the additional monies set aside after the closure to fill the gap in services how much has been spent on people who were rough sleeping?*

The questions were not answered at the meeting or subsequently as needed within the 20 working day timeframe. A reminder email of the same was sent 12/10 repeating both questions. A reply was received on the same day which again did not answer the question or provide a reasonably helpful response, i.e. provide the numbers of No Fixed Abode clients for which figures are held.

04/09/09

Dear Jo,

We have received a request from the Steering Group if the following 2 questions could be prepared for discussion at the 29 September meeting (or supplied in advance as appropriate):

1. *How many rough sleepers accessed the DRP in the final two years of its operation?*
2. *Of the additional monies set aside after the closure to fill the gap in services how much has been spent on people who were rough sleeping?*

If it would help to discuss further I will be available in the office next week or on the mobile number below. Many thanks.

Kind regards,

Adrian

12/10

Dear Adrian

Regarding your questions below, The DAAT commission Drug and alcohol treatment we are not commissioners of housing, therefore the data we collect relates directly to an individual's treatment and treatment outcomes. *The national data requirements on the national database for treatment services (NDTMS) collects the following fields related to housing*

NFA (No Fixed Abode), Housing Problem, No Housing Problem

Therefore we did not collect data on rough sleepers. The project was not commissioned by us as a rough sleeper project as it would be inappropriate for us to commission a project on this basis as we are commissioners for treatment. So in brief I cannot give you the statistics you are asking for. Negotiations for new premises are well underway and we hope to make an announcement within the month.

Regards

Jo

The following letter was sent 22/10/09, a reminder email sent of the same was sent 5/11, a further request for response 12/11, a response was received 16/11.

Dear Jo,

The project group would like to be informed as to:

*How much funding was set aside to fill the gap and was it ring fenced, and if so, how much of that funding was allocated and spent on what services?
If not ring fenced, again how much was allocated and spent, and on what services?*

Your email of 12th October stated "Negotiations for new premises are well underway and we hope to make an announcement within the month". Please can you advise if this is still on target for announcement by the middle of November?

The LINK would like to be in a position to report back to Oxfordshire Joint Health Overview and Scrutiny Committee as part of the LINK update for their next meeting on 19th November and I would therefore be appreciative of a reply within the normal timescale of 20 working days under the LINKs legislation.

Thank you for your help.

Yours sincerely,

Adrian Chant,

12/11/09

Dear Jo,

I would be grateful to receive a response to my previous email. The LINK will be providing an update to the next meeting of Oxfordshire Joint Health Overview and Scrutiny Committee on 19th November and wish to be able to do this on current information received many thanks.

Kind regards,

Adrian

16/11/09

Adrian

My understanding was that the project group that LINKs set up was to work with providers in moving forward, does the group have terms of reference? Therefore I am not sure how productive it is to keep going over old information that is no longer relevant. I have sent over a large amount of information over that last few months on *a project which closed over two years ago and in its entire life span saw just over 100 people*, when the overall treatment system treats over Two Thousand Three Hundred Individuals per year. I appreciate that this is an emotive subject to some people, at the meeting and during all the correspondence we have stated that we continue to look for premises to develop a local residential detoxification facility. Something that others areas do not have, so Oxfordshire is not being denied a service that is everywhere else, quite the opposite. We have clearly indicated we are always happy to work with people to move forward and would welcome a more positive approach to this piece of work.

As far as funding is concerned what we do not and cannot do is have money sat unspent. *We increased the budget available to the residential rehabilitation placement team by £40K as an initial buffer after the project closed; this was not spent* and was used to offset the county councils decrease in the residential rehabilitation funding. Budgets in this form as not 'ring fenced' but allocated as described above. The money available for residential rehabilitation is part DAAT funding and part county council funding; the budget is management by the county council. Residential Rehabilitation placements are county council contracts.

We are progressing with the premises agenda and have meetings in place to discuss the move forward with a third party. We hope to have some information within the next 2

weeks; I cannot risk the process of negotiation by informing people of discussions when no agreement has yet been made. I am as keen as everyone to be able to make the announcement that we have premises and that a new project will soon be opening. In short I do hope that this will be forthcoming in November.

Kind regards,

Jo

The following email was sent 7/12/09 for which a response was received on 23/12/09.

Dear Jo,

I provide below information from the LINK project group:

As you are probably aware the DRP project group formed after the LINKs initiated meeting has gathered signatures from the close neighbours of the former project attesting that they experienced no problems over the duration of the project and that this information has been passed onto Darren Worthington, where it is hoped it will be of use in the process of setting up the replacement unit. *If you have ideas on anything further the project group could do to support the process during this phase please do let us know.*

At the last meeting of the Oxfordshire LINK Stewardship Group, in order for the project group to focus solely on supporting the process of setting up the replacement unit, it was unanimously agreed that the information gathered by the project group in regard to the former DRP be forwarded to Oxfordshire Joint Health Overview and Scrutiny Committee for their attention. This is the normal referral process for LINK projects, the OJHOSC having requested reports of current activities from all LINK projects for their next meeting on 21st January 2010. Part of the report from the DRP project group will cover some discrepancies in information received in the course of the group's inquiries into the former DRP and its closure.

In order to complete our report I would be grateful if you can confirm whether any public consultation on the closure of the DRP took place at the time and if so, can we be provided with details of the type and scope of this?

Please do not hesitate to contact the group via the LINKs office with any work which the project group may be able to undertake in supporting the process of setting up the replacement unit to the DRP or should you require any further information/clarification. Many thanks for your continued help.

Yours sincerely,

Adrian Chant,

23/12/09.

Dear Adrian, Thank you for your letter, it is great news this is going to the Oxfordshire Joint Health Overview and Scrutiny Committee, can I please have a copy of your report.

To confirm, there was no public consultation regarding the end of the contract that ECHG had for the DRP.

Regards

Jo

Rt Hon Andrew Smith MP
House of Commons
London
SW1A 0AA

14 APR 2009

Oxfordshire Primary Care Trust
Jubilee House
5510 John Smith Drive
Oxford Business Park South
Cowley
Oxford OX4 2LH

Telephone: 01865 336700

Fax: 01865 337094

Website: www.oxfordshirepct.nhs.ukEmail: andrea.young@oxfordshirepct.nhs.uk

Your ref: EOT/LO4001/01091215

7 April 2009

Dear Andrew

Drug Recovery Project

Oxfordshire DAAT has commissioned a residential detoxification facility to replace what was the 'Drug Recovery Project' as the old premises were no longer available and the projects performance needed to be improved.

The opening of the new facility was delayed due to the search for appropriate premises and relevant permissions. New premises have now been sourced with formal arrangements currently being finalized, the expected opening of the new 'Howard House Project' is anticipated for September 2009. During the closure period no clients have been disadvantaged and additional funding has been made available for out of county placements while the new Oxfordshire facility was under development.

This exciting new project will see 8 dedicated beds for Oxfordshire being available for entrenched drug and alcohol users to undertake detoxification with intensive aftercare support and move on accommodation now being in place to aid sustained recovery.

If you require any further information please do not hesitate to contact me.

Yours sincerely

Catherine Mountford

Catherine Mountford
Director of Planning and System Reform
Signed on behalf of Andrea Young, Chief Executive