

Oxfordshire Health and Wellbeing Board Detailed performance report

1. Details

Strategic Priority: Preventing early death and improving quality of life in later years

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PROGRESS MEASURE:

8.5 Percentage of opiate users successfully leaving treatment by the end of 14/15

8.6 Percentage of non- opiate users successfully leaving treatment by end of 14/15

NOTE: The National Drugs Treatment Monitoring System, run by Public Health England to collate all performance data, has been out of service for several months and has only recently come back into use. This means that performance reports have not been available since October 2014.

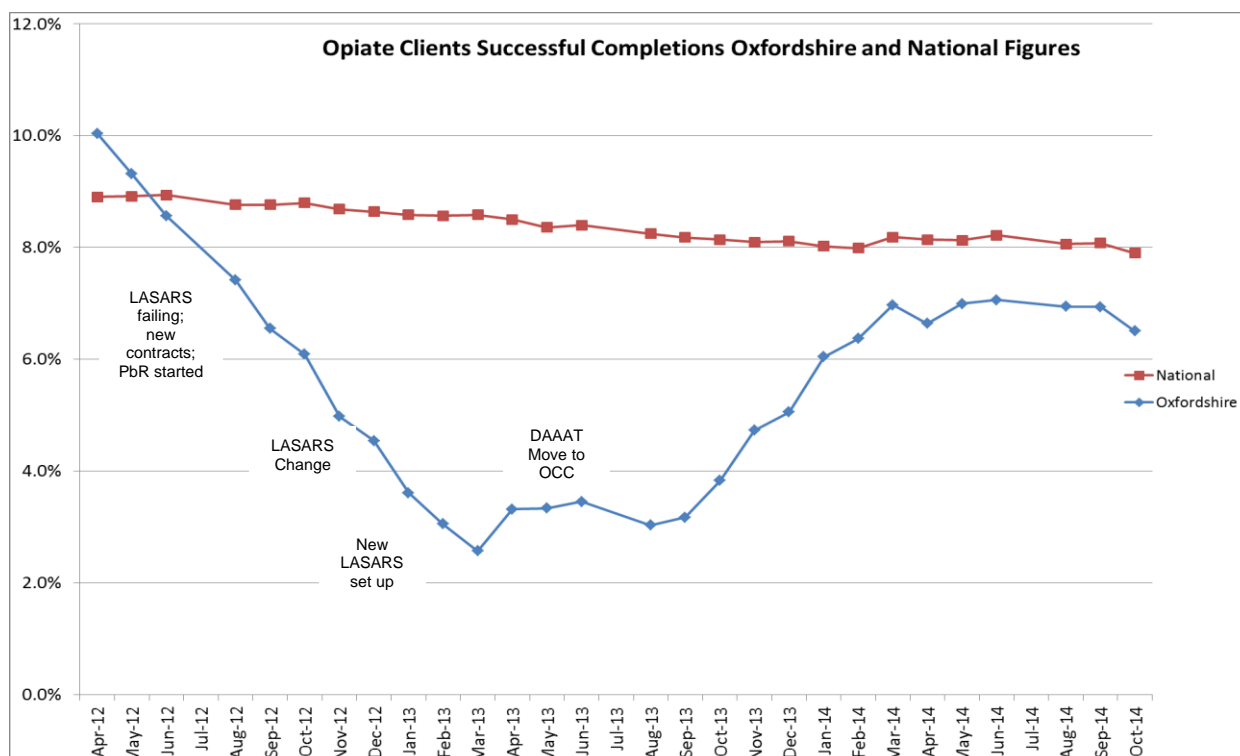
Current indicator RAG Rating

Red

2. Trend Data

Outcome no 8.5 'Opiate' Service Users

An opiate service user is any service user citing at least one primary, secondary or tertiary problem in the list of Opiates.

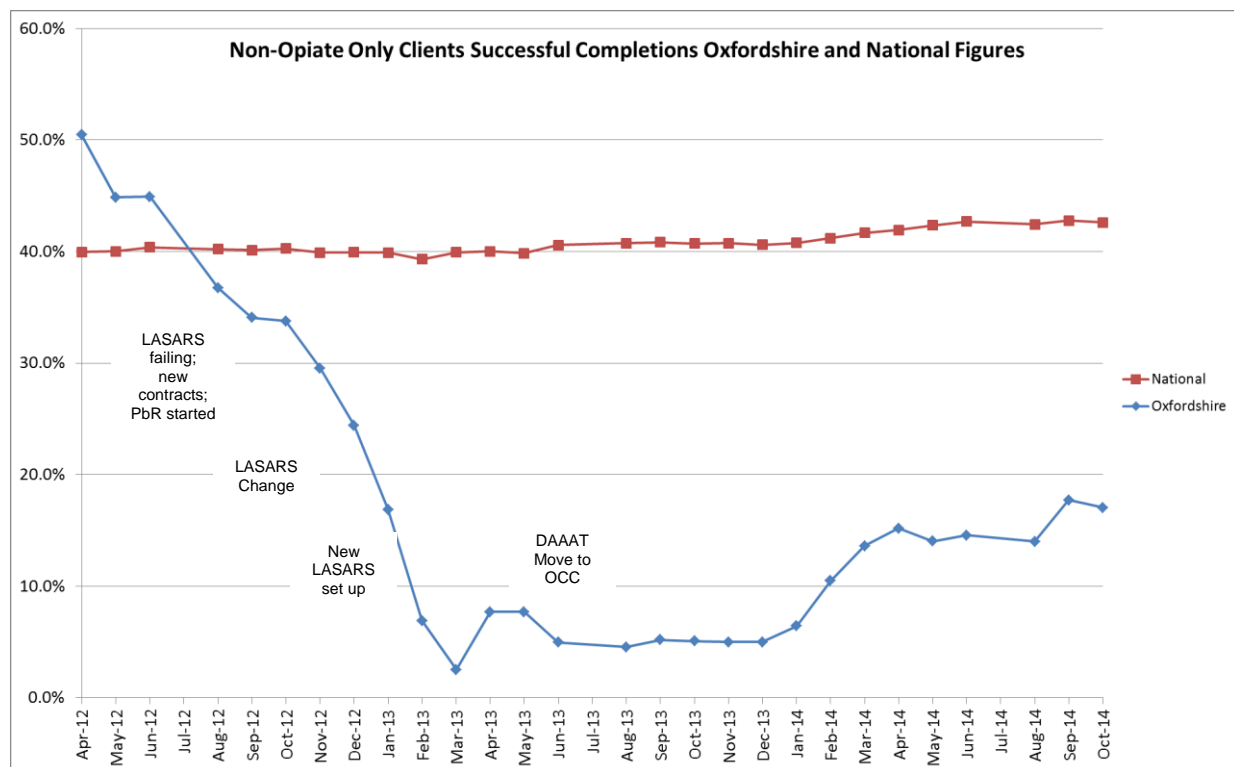


Report card: Successful Completions of treatment for opiate and non-opiate use.

	Opiate						
	Mar-14	Apr-14	May-14	Jun-14	Aug-14	Sep-14	Oct-14
Numbers in treatment - rolling 12 months	1592	1597	1602	1601	1584	1571	1553
Total completions - rolling 12 months	111	106	112	113	110	109	101
Successful completions as a proportion of number in treatment - rolling 12 months	7.0%	6.6%	7.0%	7.1%	6.9%	6.9%	6.5%
Direction of Travel From Previous Period	-	↓	↑	↑	↓	-	↓
NATIONAL	8.2%	8.1%	8.1%	8.2%	8.1%	8.1%	7.9%
Oxfordshire compared to National	-1.21%	-1.50%	-1.14%	-1.16%	-1.12%	-1.14%	-1.39%

Outcome no. 8.6 'Non-Opiate Only' Service Users

A non-opiate service user is any service user citing a primary problem substance of non-opiate, and no secondary or tertiary problem in the list of Opiates or Alcohol.



	Non-Opiate Only						
	Mar-14	Apr-14	May-14	Jun-14	Aug-14	Sep-14	Oct-14
Numbers in treatment - rolling 12 months	103	112	114	110	100	96	88
Total completions - rolling 12 months	14	17	16	16	14	17	15
Successful completions as a proportion of number in treatment - rolling 12 months	13.6%	15.2%	14.0%	14.5%	14.0%	17.7%	17.0%
Direction of Travel From Previous Period	-	↑	↓	↑	↓	↑	↓
NATIONAL	41.7%	41.9%	42.4%	42.7%	42.4%	42.8%	42.6%
Oxfordshire compared to National	-28.08%	-26.75%	-28.32%	-28.13%	-28.42%	-25.07%	-25.52%

3. What is the story behind this trend? - Analysis of Performance

- The Public Health Outcomes Framework includes performance measures for people completing courses of treatment for drugs and alcohol use. These measures indicate the number of people who successfully complete treatment and don't re-enter services for 6 months. The outcomes are reported by the type of substance for which treatment was received (opiates, non-opiates and alcohol).
- Performance in Oxfordshire treatment services has been poor for some time and a recovery plan has been in place for over a year. This poor performance originated soon after the current contractors were engaged in 2012, prior to the transfer of the commissioning function to the County Council in April 2013. The previous commissioning arrangements were governed by the DAAT Board and carried out by the DAAT Team. Historically the treatment services were designed to retain people in treatment and Oxfordshire was very successful at this. A change in national strategy meant a shift in emphasis to moving people through treatment to abstinence. This proved more difficult to manage through the new contracts from 2012.
- The work to improve performance on these new targets began soon after the function shifted to the County Council. Since the Council has been managing the contracts there have been some improvements, but performance is still below national averages.
- Public Health England officers have been supporting this recovery plan since October 2013 and work is on-going with all current contractors. Regular reports have been made to the Public Health Governance, Quality and Performance Group and to the Performance Scrutiny Committee. More details of the actions being taken are set out below.

4. What is being done? - Current initiatives and actions

A recovery plan to improve performance was drawn up in partnership with Public Health England and all the contractors in the autumn of 2013 and implemented immediately. Preparation included extensive engagement with staff as well as with service users and their carers and relatives.

The recovery plan was revised in October 2014 and now being implemented alongside the plan for transition to the new treatment service provider. The new service provider, Turning Point, has taken on the contract for treatment services from 1st April 2015. This is the result of a major procurement exercise in 2014 which used learning from the poor performance of earlier contracts and set out a specification for a single provider to run a comprehensive service. This contract incorporates prevention, harm reduction and treatment services and support for abstinence based recovery. This new contract will reduce the difficulty in navigating the system and will mean service users can access a wide range of treatment options all provided through one contract.

The specific actions set out in the recovery plan are summarised in the table below:

<u>Actions</u>	<u>Commentary</u>
<p>■ Recovery plan drawn up in Oct 2013 built on consultation with service providers and clients. Actions included improving data quality, timely recording and reporting of progress, staff training, service user engagement, access to a range of psycho-social treatment options and communication to ensure that referrals into the service were easy to make.</p>	<ul style="list-style-type: none"> • Some improvements in performance were noted throughout 2014 as a result of this action. • Providers under contract from 2012-15 were not awarded the new contract and transition to the new contractor began in December 2014. A new recovery plan was agreed in the light of this.
<p>■ A revised plan to Improve Successful Completions was agreed. It includes the following areas of action:</p> <ol style="list-style-type: none"> 1. Improving referrals into Treatment Services 2. Communications 3. Service user involvement 4. Performance Management 5. Workforce development 6. Improved interventions offered to Shared Care users 	<p>The plan was agreed by all providers of services, including the new contractor. Progress included</p> <ul style="list-style-type: none"> • Ongoing training of staff to ensure accurate and timely recording of data about client progress. • An audit of all clients in treatment through shared care, to improve understanding of their prescriptions and options for psycho social treatment. • Following up clients who drop out of treatment in early stages
<p>■ The new contractor for treatment services, Turning Point, began their contract in December 2014 to ensure good transition to being fully operational by April 2015. Monthly meetings of an Implementation Steering Group have been held, including partners from mental health, primary care and housing support services. The actions from the recovery plan have been incorporated into this transition work and will continue to be monitored through Contract Management meetings</p>	<p>There has been some progress with the processes set out in the recovery plan but the lack of performance reporting since October 2014 means the impact of transition cannot be seen yet. Progress has included</p> <ul style="list-style-type: none"> • Set up of good referral systems into treatment from primary care, the criminal justice system, hospitals and others. • Regular and informative newsletters to staff, clients, GPs and other stakeholders • Successful recruitment of new staff alongside TUPE of staff from previous contractors. • Training needs assessment of all staff and a comprehensive training plan • Clinical transfer of all clients to the new provider • Continuation of shared care and recruitment of new nurses to support GP led care.

5. What needs to be done now? - New initiatives and actions

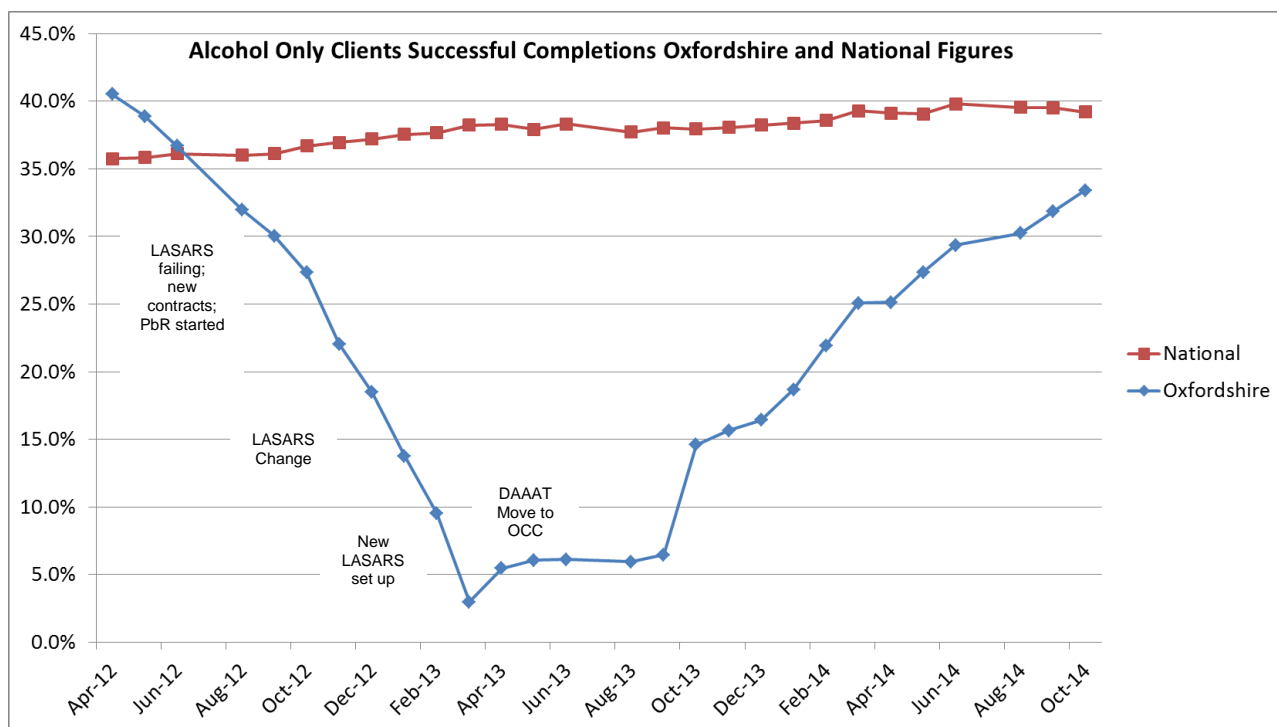
Action	By Whom & By When
❑ Further revision of the recovery plan in the light of new contract arrangements. This will be done in collaboration with PHE	OCC and PHE June 2015
❑ Performance reporting from NDTMS to monitor the impact of transition on the overall performance	PHE As soon as the system is running
❑ Regular contract management meetings to ensure all actions in the recovery plan are being prioritised	OCC monthly
❑ Continuation of the Transition Steering Group for at least 3 months to ensure partner organisations continue to be engaged and informed and clients have a good experience of services	OCC and Turning Point April – July 2015
❑ Successful induction and training of all staff employed by Turning Point – both new recruits and those transferring from previous providers of the service	Turning Point June 2015

Report card: Successful Completions of treatment for opiate and non-opiate use.

Appendix: Related performance data on people in treatment for Alcohol and Alcohol/Non-opiate use

'Alcohol Only' Service Users

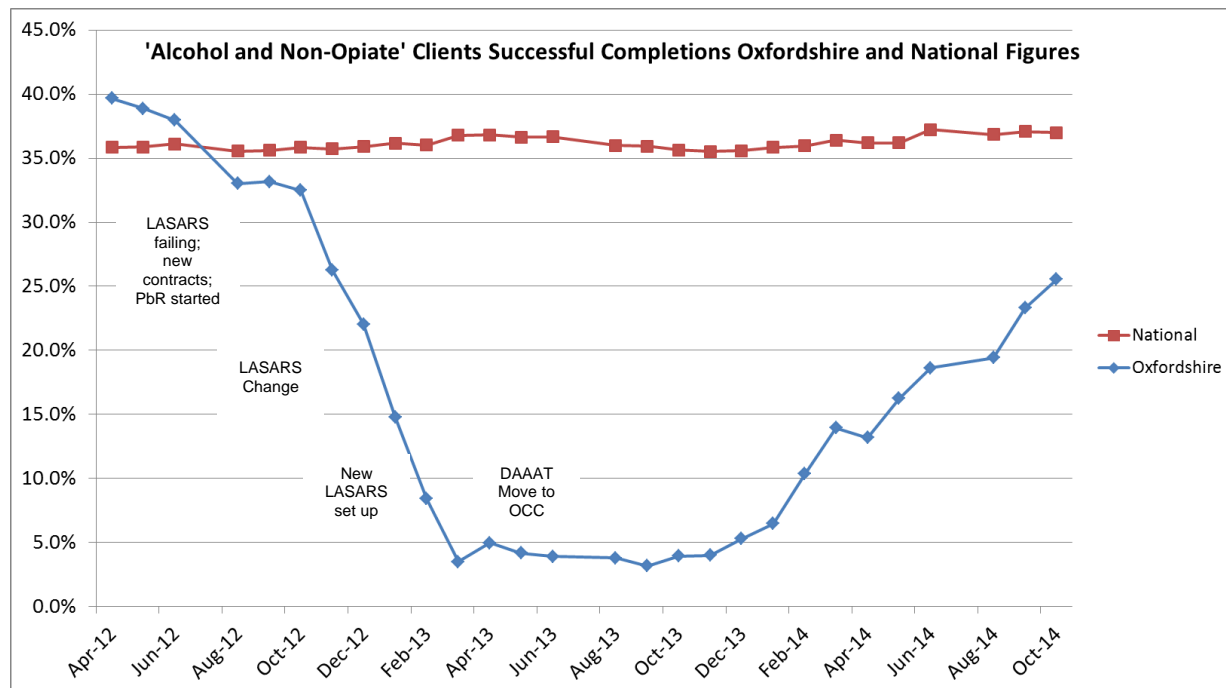
An alcohol service user is any service user citing a primary problem substance in the list of Alcohol substances and no secondary or tertiary problem in the list of Opiates or Non-Opiates.



	Alcohol Only						
	Mar-14	Apr-14	May-14	Jun-14	Aug-14	Sep-14	Oct-14
Numbers in treatment - rolling 12 months	602	645	636	627	549	540	512
Total completions - rolling 12 months	151	162	174	184	166	172	171
Successful completions as a proportion of number in treatment - rolling 12 months	25.1%	25.1%	27.4%	29.3%	30.2%	31.9%	33.4%
Direction of Travel From Previous Period	-	-	↑	↑	↑	↑	↑
NATIONAL	39.3%	39.1%	39.1%	39.8%	39.6%	39.5%	39.2%
Oxfordshire compared to National	-14.22%	-13.99%	-11.71%	-10.44%	-9.32%	-7.68%	-5.79%

'Alcohol & Non-Opiate' Service Users

An 'Alcohol & Non-Opiate' service user is any service user citing at least one substance in the list of alcohol substances and at least one substance from the list of Non-Opiate substances, but citing no Opiate use.



	Alcohol & Non-Opiate						
	Mar-14	Apr-14	May-14	Jun-14	Aug-14	Sep-14	Oct-14
Numbers in treatment - rolling 12 months	208	235	234	231	237	236	227
Total completions - rolling 12 months	29	31	38	43	46	55	58
Successful completions as a proportion of number in treatment - rolling 12 months	13.9%	13.2%	16.2%	18.6%	19.4%	23.3%	25.6%
Direction of Travel From Previous Period	-	↓	↑	↑	↑	↑	↑
NATIONAL	36.4%	36.2%	36.2%	37.2%	36.9%	37.1%	37.0%
Oxfordshire compared to National	-22.48%	-23.02%	-19.97%	-18.63%	-17.45%	-13.77%	-11.49%