



Delegated Decisions by Cabinet Member for Public Health & Equality

Tuesday, 4 October 2022 at 9.00 am

Room 2 - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings, please click on this [Live Stream Link](#)
However, that will not allow you to participate in the meeting.

Items for Decision

The items for decision under individual Cabinet Members' delegated powers are listed overleaf, with indicative timings, and the related reports are attached. Decisions taken will become effective at the end of the working day on Wednesday 13 October 2022 unless called in by that date for review by the appropriate Scrutiny Committee.

Copies of the reports are circulated (by e-mail) to all members of the County Council.

These proceedings are open to the public

A handwritten signature in black ink that reads "Stephen T Chandler".

Stephen Chandler
Interim Chief Executive

September 2022

Committee Officer: **Jack Latkovic**
Email: jack.latkovic@oxfordshire.gov.uk

Note: Date of next meeting: 8 November 2022

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

Items for Decision

1. Declaration of Interest

2. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am two working days before the meeting, ask a question on any matter in respect of the Cabinet Member's delegated powers.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member, and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

3. Petitions and Public Address

Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection.

Requests to speak must be submitted by no later than 9am four working days before the meeting i.e. 9 am on Wednesday 28 September 2022. Requests to speak should be sent to jack.latkovich@oxfordshire.gov.uk.

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

4. Supplementary Substance Misuse Service (Pages 1 - 36)

Cabinet Member: Public Health & Equality

Forward Plan Ref: 2022/130

Contact: Kate Holburn, Head of Public Health Programmes, 07825 052768

Report by Corporate Director for Public Health & Community Safety (**CMDPHE4**).

A number of additional grants, from the Department for Levelling up, Housing and Communities and Office of Health Improvement and Disparities, have been provided to Oxfordshire County Council Public Health Team to enhance substance misuse services, including the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) and the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). In

August 2022 a new grant was announced, which will commence in November 2022, the Supplementary Substance Misuse Treatment and Recovery Housing Support Grant which Oxfordshire are eligible to receive. The income from these grants will fund this service.

The Cabinet Member is RECOMMENDED to approve the commission of a contract, via the appropriate procurement route, for a Supplementary Substance Misuse Service, to work alongside the core Community Alcohol and Drug Service.

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CABINET MEMBER FOR PUBLIC HEALTH & EQUALITY

4 OCTOBER 2022

SUPPLEMENTARY SUBSTANCE MISUSE SERVICE

Report by Corporate Director of Public Health & Community Safety

RECOMMENDATION

1. **The Cabinet Member is RECOMMENDED to** approve the commission of a contract, via the appropriate procurement route, for a Supplementary Substance Misuse Service, to work alongside the core Community Alcohol and Drug Service.

Executive Summary

2. A number of additional grants, from the Department for Levelling up, Housing and Communities and Office of Health Improvement and Disparities, have been provided to Oxfordshire County Council Public Health Team to enhance substance misuse services, including the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) and the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). In August 2022 a new grant was announced, which will commence in November 2022, the Supplementary Substance Misuse Treatment and Recovery Housing Support Grant which Oxfordshire are eligible to receive. The income from these grants will fund this service.

The annual contract value will be over £500,000 and therefore is required to be entered in the Forward Plan, in accordance with the Access to Information Rules. This is a key decision and a delegated decision consistent with overall Council policy to deliver agreed strategy/plans within the area of responsibility and within approved budgets.

Background

3. Community-based alcohol and drug treatment and support services in Oxfordshire are provided by Turning Point, under a contract for £5 million per annum that commenced 1 April 2020, for a period of 4 years with the option to extend or a further 4 years to 31 March 2028.
4. Since the contract started, there has been a renewed national focus of the impact of drugs and alcohol leading to the new 10 year national plan [From Harm to Hope](#)¹. Also, it is recognised that the COVID pandemic presented a risk of increased morbidity and mortality for drug and alcohol users.
5. In response to the impact of COVID and the national response to homelessness during the pandemic, DLUHC [launched](#) the Rough Sleepers Drug and Alcohol Treatment Grant² (RSDATG) in 2020 to provide extra resources for treating this sub population. Oxfordshire was identified as an area to receive this additional funding from November 2020.

¹ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](#)

² [Extra help for rough sleepers with drug and alcohol dependency - GOV.UK \(www.gov.uk\)](#)

CMDPHE4

6. Further additional funding in drug treatment was announced as part of the [investment to reduce drugs crime³](#), in 2021. This was released to local authorities as a “Universal Grant” to enhance drug treatment for individuals linked to the criminal justice system.
7. In line with the Harm to Hope 10 year plan, and continuing the previously announced investment to reduce drug crime, the [Supplemental Substance Misuse Treatment And Recovery Grant⁴](#) (SSMTRG) was awarded to Local Authority Public Health teams in 2022.
8. In August 2022 the Council were informed that we are eligible to receive a new Supplementary Substance Misuse Treatment and Recovery Housing Support Grant (SSMTRHSG) that will commence in November 2022 for a period up to 31 March 2025 which brings new expectations for enhanced delivery of community substance misuse services.
9. The government is proposing the introduction of a new set of rules which would govern the arrangement of healthcare services in England. The [Provider Selection Regime⁵](#) will move away from the expectation of competition in all circumstances and towards collaboration across the health and care systems, removing unnecessary levels of competitive tendering and barriers to integrating care, and promoting the development of stable collaborations. The Harm to Hope Plan states that substance misuse services would fall within these regulations, potentially removing the need for additional tendering for existing contracts including variations. The government has consulted on these regulations, but no commencement date has been announced.

Key Issues

10. To enable the delivery of supplementary services to meet the grant, and national OHID/DLUHC requirements, the Council must commission a contract by the appropriate procurement route for these services which will be combined under a Supplementary Substance Misuse Service, to work alongside the core Community Drug and Alcohol Service. The procurement route involving transparent competitive tendering must comply with the Council’s Contract Procedure Rules which ensure compliance with the Public Contracts Regulations 2015.
11. The value of the community services under the existing three grants will be in the region of £2 million per annum.
12. Due to the value, this will be classed as a **key decision**, and the value is too high for an exemption from tendering under the procurement rules because a direct award would breach the Public Contracts Regulations 2015.
13. If the Provider Selection Regime is introduced, this procurement will not be necessary. However, in case the PSR is not introduced in time, and due to the work required to successfully complete a procurement exercise, this work cannot be delayed.

³ [£148 million to cut drugs crime - GOV.UK \(www.gov.uk\)](#)

⁴ [Extra funding for drug and alcohol treatment: 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)

⁵ [Provider Selection Regime: supplementary consultation on the detail of proposals for regulations - GOV.UK \(www.gov.uk\)](#)

Corporate Policies and Priorities

14. Continued development of drug and alcohol services is clearly defined in the national drug strategy Harm to Hope 10-year plan. Governance for strategic development of services will fall under the remit of the new formed [Combatting Drugs Partnership](#)⁶, a multi-agency partnership group overseeing the local implementation of strategic plan delivery. The initial steps to form this partnership are underway, with a chair, membership and footprint agreed.
15. The support of rough sleeper's and those with a housing need, with substance misuse services is one of the strategic priorities in the current Drug and Alcohol Partnership Strategy. (Appendix 1)
16. The Supplementary Substance Misuse Service will support Oxfordshire residents with substance misuse problems including those who are rough sleeping and at risk of homelessness. Therefore, it will contribute to the Council's Strategic Plan 2022-2025 by tackling health inequalities and prioritising the health and wellbeing of residents.

Financial Implications

17. The grants income, some of which is indicative at this point for 22/23, has a value in the region of £2 million. It is anticipated this will have a similar value in the next two years, 23/24 and 24/25
18. The maximum funding envelope for this contract will be £4 million per annum, for the provision of substance misuse services funded by external grants which include the current grants names above. In recognition of the rapid development of substance misuse services following the launch of the national Harm to Hope strategy as well as current inflationary cost pressures, further funding of up to £2 million could be available and is included within the funding envelope.

Comments checked by:

Tom James, Finance Business Partner, Thomas.James@Oxfordshire.gov.uk
(Finance)

Legal Implications

19. There are no legal implications other than those set out in this report.

Comments checked by:

Jonathan Pool, Solicitor, Jonathan.Pool@oxfordshire.gov.uk (Legal)

Staff Implications

20. The Live Well Improve and Enable Substance Misuse Team will carry out the procurement process (within programme allocations already agreed) supported by additional staff funding in the various grants. Procurement and Legal staff time will

⁶ [Drugs strategy guidance for local delivery partnerships](https://www.gov.uk/government/consultations/drugs-strategy-guidance-for-local-delivery-partnerships) (www.gov.uk)

CMDPHE4

Background papers: Nil

Contact Officer: Kate Holburn, Head of Public Health Programmes,
kate.holburn@oxfordshire.gov.uk, 07825 052768

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Drug and Alcohol Partnership Strategy 2020 - 2024

November 2020

FINAL version following discussion at the Health Improvement Board, September 2020

Author: Kate Holburn,
Head of Public Health Programmes, Oxfordshire County Council

Acknowledgements

This Drug and Alcohol Partnership Strategy has been developed over a number of months, in discussion with key partners across the system.

Members of the following partnership groups have been instrumental in shaping the strategy:

- Safer Oxfordshire Partnership Co-ordination Group
- Alcohol Partnership, Oxfordshire
- Children and Young Persons Substance Misuse Forum, Oxfordshire

The publication has unfortunately been delayed following reprioritisation of work in 2020 due to the COVID-19 pandemic.

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Vision

To work together to reduce the harm caused to individuals and to society by misuse of alcohol and drugs. This includes work on prevention, early intervention, treatment and promoting sustained recovery.

About this strategy

This strategy has been developed in collaboration with a range of partners to highlight the current challenges presented as a result of substance misuse in Oxfordshire, and to identify local priorities. It presents data on the impact of drug and alcohol use, and an assessment of need in this area.

The strategy will be used by the Safer Oxfordshire Partnership, a group in Oxfordshire that brings together community safety partners, including local authorities, police, probation, NHS, Fire and Rescue and the voluntary sector to deliver on joint priorities and emerging themes. All partners and strategic health bodies in Oxfordshire should refer to this to ensure we have commonly agreed priorities for tackling the harm and social challenges caused by substance misuse.

Every effort has been made to reference information that has been used in this document and the complete list is available at the end of the document.

Executive summary

Substance misuse is an issue that affects a broad spectrum of people across the population. The impact on society can be seen in several ways including crime, health and the economy. Alcohol and drug consumption is linked to many social determinants of health, and disproportionality affects disadvantaged populations. There is a significant financial burden associated with substance misuse in the UK.

As a result, the strategic context for this partnership strategy is broad ranging but supports local priorities within Oxfordshire. It is recognised that the impact of COVID-19 has changed the pattern of drug and alcohol use, and this will be better understood in due course.

An assessment of need has highlighted the challenges presented by the use of drugs and alcohol in society:

- Worse health outcomes, especially associated with deprivation
- The link between illicit drugs and violence and other criminal activity,
- The significant threat posed by County Drug Lines (CDL) to vulnerable adults and children being drawn into exploitation.
- The need for support in vulnerable populations such as the homeless and those with mental health needs.
- The national and local challenge of unmet need for alcohol services

The priorities identified in this strategy are;

- 1. Reducing the risks to children and young people associated with substance misuse**, including:
 - Combatting Country Drugs Lines and Child Drug Exploitation, to safeguard children and young people from this risk
 - Identifying and addressing substance misuse in parents, to reduce the impact on children and parents.
- 2. Reduce the harms caused by alcohol**, and in particular:
 - improving earlier identification and prevention of alcohol harm
 - addressing the unmet need for alcohol support and treatment.
- 3. Supporting the vulnerable and complex needs population to address substance misuse and associated harms**, with particular focus on:
 - Those with dual diagnosis (mental health and substance misuse)
 - Homeless population and those vulnerably housed
 - Those in deprived areas.

National Strategic context

Substance misuse is an issue that affects a broad spectrum of people across the population. The impact on society can be seen in several ways, ranging from child exploitation, reduced health and wellbeing for individuals, and impacts on the night-time economy. Alcohol and drug consumption is linked to many social determinants of health, and disproportionality affects disadvantaged populations.

There is a significant financial burden associated with substance misuse in the UK. Alcohol related harm costs UK society an estimated £21 billion per year, of which £11bn is related to crime, £3bn related to the NHS and £7bn related to lost productivity, sickness or unemployment.ⁱ In 2010/11 the Home Office estimated that illicit drug use cost society £10.7bn per year.ⁱⁱ

Substance misuse can have a significant impact on an individual's health. Analysis of literature showed that alcohol is the third leading risk factor for death or disability, after smoking and obesity, and is recognised as a causal factor for more than 60 diseasesⁱⁱⁱ. Also there is a much greater risk of mortality for substance misusers. Drug related deaths are significantly increasing in England and Wales, with latest figures showing a 16% annual increase from 2017 - 2018^{iv}.

Mental health and substance misuse are closely linked, and a dual diagnosis can be a challenge for patients. The Mental Health Taskforce Five Year Forward View aims to provide easier access to holistic services for anyone with diagnosed mental health problems, recognising the challenges to accessing these services when there is a dual diagnosis.^v

There are also socio-economic factors associated with alcohol and drug use. Both drinking and illicit drug use are seen in greater proportions in populations with higher deprivation. Populations with severe disadvantage, specifically the homeless, those with poor mental health and offenders, are associated with a higher risk of substance misuse.

During the COVID-19 pandemic, including the period of national lockdown starting in March 2020, the environment for substance misuse has changed significantly. The night-time economy closed, social activities ceased, general movement of people reduced significantly, and rough sleepers were provided with emergency accommodation. The impact of this on drug and alcohol consumption is still being understood.

Societal challenges of substance misuse

There is a constantly changing picture of the challenges that the use of illicit drugs, and the excessive use of alcohol present. In addition to the health challenges highlighted above, there are some specific contexts in society which are significantly impacted by substance misuse, many of which are linked.

Violence and knife crime

The illicit drugs market has a recognised link to violent crime, which has been documented both nationally and internationally.^{vi} This is due to both the psychotic effects of the drugs, and the fact that any conflict between rival gangs controlling drug market areas is often settled through violence and intimidation.

The World Health Organisation (WHO) has recognised the need to adopt a whole system approach to preventing violence and this is reflected in their Sustainable Development Goals, several of which are related to tackling violence or addressing the risk factors for violence.^{vii}

The Serious Violence Strategy^{vi} made tackling this issue a national priority, and this was supported with funding for Violence Reduction Units and providing a Youth Endowment Fund which can be used to put early intervention efforts into tackling youth offending. All community safety partnerships have “Tackling Violence” as one of their priorities.

Locally, in the Thames Valley region, this has been tackled by commissioning a number of services providing primary, secondary and tertiary prevention interventions, with the aim of reducing violence in the long-term.

The Thames Valley Violence Reduction Unit’s (VRU) vision is to have a generational and sustainable shift away from the increasing tertiary demand (i.e. response to incidents) through more primary interventions (e.g. education and prevention work) and targeted secondary intervention (e.g. intervention with youth offenders to prevent further criminal activity). All VRUs are adopting a multi-agency approach to preventing violence which is supported by the framework of a public health approach.^{viii}

County drugs lines - child drug exploitation

The 2018 Home Office Serious Crime Strategy^{ix} states the National Police Chiefs' Council (NPCC) definition of a County Line is *a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”*.

The children involved in this activity are the victims of Child Drug Exploitation. This practice is very closely linked to violence, and the provision of early intervention and prevention is essential to protect children from this crime.

The criminals operating the County Drugs Lines business model can supply illicit drugs from urban areas through to more rural areas and smaller towns. They are highly adaptable if disrupted, forming new lines rapidly, and rely on targeting vulnerable children to carry substances around and be contact points. The most commonly supplied substances through this route are heroin and crack cocaine though other substances, such as cannabis, are also supplied.^x Groups involved in County Drugs Lines cause significant harm through criminal activity, including firearm use, violence, and the exploitation of young people and vulnerable adults.^{ix}

County Lines present a major threat to community safety across the country and this is equally felt in the Thames Valley^{xi}.

Parental alcohol and drug misuse

The use of substances by parents has been shown to be a factor where children and young people require intervention from Children Social Care Services, in particular for children and young people on plans, in serious case reviews, and amongst young carers.^{xii} In addition, domestic abuse and mental health are often seen together as complicating factors in these situations. The impact of this can be seen in an increase in demand for Children's Social Care Services, and in an increase in hidden harm, and unmet need for children, whilst the needs of the parents are not always met. Recently, the services have introduced multi-disciplinary support for parents to help them address their mental health and substance misuse needs and combat domestic violence, with the aim of reducing the barriers to effective parenting.

These factors are also recognised as being adverse childhood experiences. Evidence has shown that an adult who has experienced four or more adverse childhood experiences is significantly more likely to be a high-risk drinker or use drugs.^{xiii}

Homelessness

The response to homelessness during the COVID-19 pandemic evolved rapidly. In March 2020 the Ministry of Housing Communities and Local Government (MHCLG) stated that all rough sleepers should be brought into emergency accommodation^{xiv} and that subsequent policies should plan to avoid people returning to rough sleeping.

Evidence has shown that people who are homeless or sleep rough have a range of complex health and social care needs. There is also a high prevalence of substance misuse amongst people who are homeless or who experience rough sleeping^{xv xvi}. There is not a simple solution to responding to these needs and a multi-agency approach is required to be successful. Tackling substance misuse in this population is a key step in enabling people to move on from this crisis point.

The MHCLG provided funding for the Oxfordshire Homeless Trailblazer Programme, which aimed to prevent homelessness by taking a multi-agency approach to intervening earlier before the person reached a crisis point.^{xvii}

Local Strategic Context

The Drug and Alcohol Partnership Strategy is being developed in the context of the priorities and objectives of key strategic bodies within Oxfordshire. All of the following strategies have aspects that relate to the impacts of substance misuse, and the opportunities to improve outcomes and reduce harm.

Oxfordshire Joint Health and Wellbeing Strategy 2018 - 2023^{xviii}

The following priorities within this strategy support actions to reduce the impact of drug and alcohol.

A Good Start in Life

- Enable children and young people to be well educated and grow up to lead successful, happy, healthy and safe lives.
- Schools and universal services working together with local, targeted and specialist services is key to improving outcomes.
- Shift the focus to prevention and early help through real partnerships and using resources effectively.

Living well

- Shift the focus to prevention, enabling people to get the information and support they need to make healthy choices.

Tackle inequalities

- We need to use information effectively to identify communities and groups who experience poorer outcomes and ensure the right services and support are available to them, measuring the impact of our work.
- We need to work together to build on the success of recent years in coordinating our approach to wellbeing challenges which are the responsibility of multiple agencies. Examples of this are coordinated work for homeless people and people suffering domestic abuse, with City and District Councils

The **Oxfordshire Prevention Framework 2019-2024**^{xix} has been developed with these priorities in mind, adopting the principle of:

- **Prevent** illness
- **Reduce** the need for treatment
- **Delay** the need for care

The use of alcohol and drugs impacts on several preventable risk factors identified in the prevention framework, but there are also specific recommendations for alcohol:

- *Joint ambition for addressing alcohol related harm across the partnership.*
- *The Alcohol Care Team (ACT) in the hospital trust is expanded. Use of fibrosis scanning to assess alcohol related liver damage early.*
- *The Community Safety Practitioner service in the Emergency Dept is increased in capacity to work with the ACT and other services.*
- *Identification and Brief Advice and referrals in primary care increased.*
- *Increase accessibility to alcohol services for the whole population, including those drinking at harmful but not hazardous levels.*

[Police and Crime Plan, Thames Valley 2017 - 2021](#) ^{xx}

This Plan identifies the priorities of the Police and Crime Commissioner in the Thames Valley

Reducing Re-Offending

- Substance abuse
- Gangs and Knife Crime

Serious Organised Crime and Terrorism

- Exploitation of vulnerable people

Oxfordshire Children and Young Person's Plan 2018 to 2022^{xxi}

This plan describes 5 Areas of Focus, Of which the following support the wider agenda around drug and alcohol work:

Be happy and healthy

- be confident that services are available to promote good health and prevent ill health early in life and before crisis
- access services to improve overall well being

Be safe

- be protected from all types of abuse and neglect

Director of Public Health Annual Report^{xxii}

This strategy takes into account the priorities of the Director of Public Health's Annual Report, which highlights the challenges and opportunities we face in Oxfordshire. Of specific interest to the substance misuse agenda are the;

- Focus on social and wider determinants of health, of which substance misuse is a factor, and how these expose inequalities in some wards in Oxfordshire.
- Focus on prevention along the Promote, Prevent, Reduce, Delay model

Partnerships

Oxfordshire has benefited from a Drug and Alcohol Partnership Strategy for several years, producing outputs such as a joint approach to "Legal Highs". It has been clearly identified in the local and national strategies mentioned in this document that multi-agency, and partnership working is essential to be able to effectively solve the complex challenges posed by substance misuse. The partners, who can work together to deliver this strategy, include:

- Public Health, Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- Primary Care Providers including GPs, Pharmacists
- Ambulance and first response services
- Local Medical Committee and Local Pharmaceutical Committee
- Adult services, Oxfordshire County Council
- Children, Education and Families, Oxfordshire County Council
- District Councils including Community Safety and Housing Teams
- Early Years settings, schools, colleges and universities in the county
- Housing and homelessness services
- Substance misuse services
- Thames Valley Police
- Local representatives of the Armed Forces
- Probation services
- Public Health England
- Oxfordshire Fire and Rescue Service
- Youth Offending Service
- Licensing Teams
- Oxford University Hospitals Trust
- HM Prison Services
- Oxford Health NHS Foundation Trust

- NHS England
- Charities and voluntary sector
- People in services and their families.

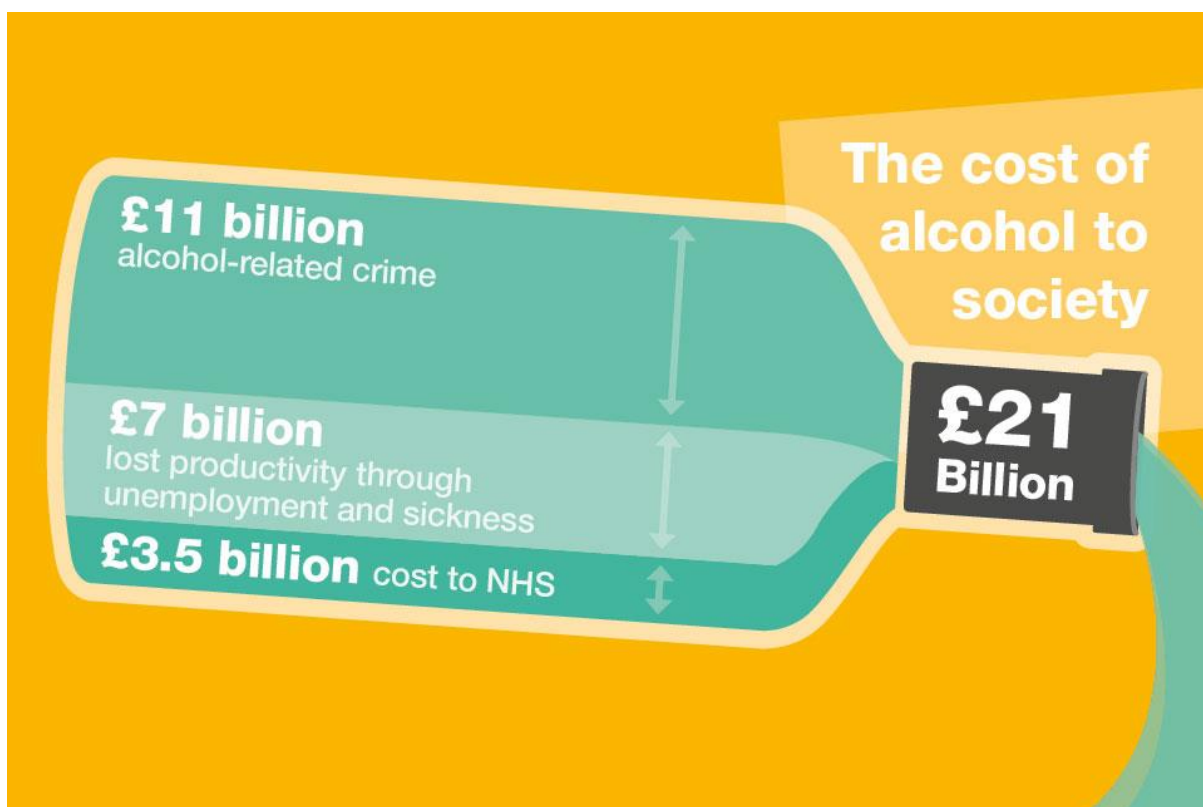
Demonstration of need

A number of data sources have been reviewed to identify the specific needs for the substance misusing population in Oxfordshire. A detailed Drug and Alcohol Needs Assessment^{xi}, considering a wide range of available data sources, was completed in 2018 and this has been used to inform the priorities of this strategy. More up to date information has been reviewed from the draft 2020 JSNA and other sources, and this is summarised in Appendix One. In addition, a Health Needs Assessment for the Adult Street Homeless Population^{xxiii} was completed in 2019 and this has informed our understanding of this population.

The information below gives a summary of the key findings from this review and the proposed priorities as a result of the areas of need identified.

Alcohol

Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.



Source : <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

National data shows that more men than women drink alcohol, with 30% of men and 14% of women drinking at increasing or higher risk levels. Also, adults in the least deprived areas are more likely to drink at increased risk levels. The COVID lockdown has had an impact on people's drinking habits with a greater proportion of those aged 35 to 74 drinking at higher risk levels, and a greater volume of alcohol purchased by the lesser deprived areas. ^{xxv}

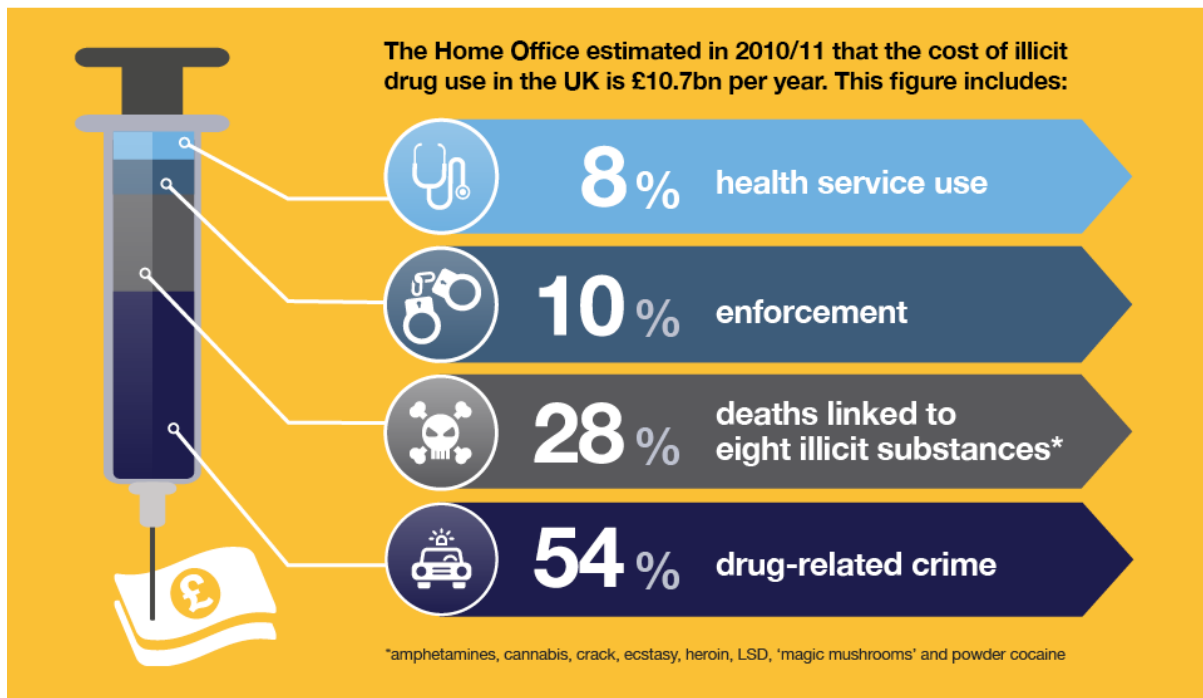
Alcohol related hospital admissions for adults are lower than national average in Oxfordshire, however this is balanced against a national challenge of unmet need for alcohol services which is higher than average in Oxfordshire at 86.4%.

Drugs

The use of illicit drugs has a significant cost to society, linked to health needs and criminality.



Healthmatters Drug misuse harms society



Source : <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths#resources>

In Oxfordshire, the use of illicit drugs has increased since 2015 /16 with 5% of adults saying they've taken a drug in the last month. Also, there's an increasing trend in the use of Class A drugs; particularly the use of powder cocaine and ecstasy in 16 to 24-year olds. The use of Class A drugs is associated with the night-time economy and generally in more urban areas. Hospital admissions for the use of drugs peaks between the ages of 25 and 34 in Oxfordshire, and although admissions amongst older people are low, numbers are rising in those aged over 45. These admissions rates are higher in areas of greater deprivation.

Whilst drug related deaths in Oxfordshire are lower than national average, more than half of the Oxfordshire drug related deaths were in Oxford.

Homelessness and rough sleeping

The needs of the rough sleeping population are well recognised nationally and range from support for substance misuse to mental health and other general health needs.

This is a vulnerable population who are at risk of being targeted by or being involved in criminality.



Source : <https://publichealthmatters.blog.gov.uk/2019/09/30/health-matters-rough-sleeping/>

The Health Needs Assessment for the Adult Street Homeless Population (2019) identifies provision of substance misuse support as a clear need for this population within Oxfordshire. The assessment identified there were around 1000 homeless adults either sleeping rough or in supported accommodation over the course of a year. Around 80% of these are male but the proportion of women is increasing. Rough sleeping is in greater concentration in the cities within the County, with the highest levels in Oxford.

Children and young people

The proportion of children drinking or using drugs increases between the age of 11 to 15 years; 6% of pupils in this age group said they drank alcohol at least once a week whilst 17% reported having taken drugs in the last year.

Substance misuse is a recognised factor in a child needing interventions from local authority children's services. Substance misuse, often seen in tandem with other issues such as poor mental health, conflict in families and domestic abuse, has a significant impact on an adults' parenting ability and therefore a long-term impact on the child's welfare. In Oxfordshire, drug misuse and alcohol misuse were noted as the 3rd and 4th highest risk factors in the assessment of children in need, after domestic violence and mental health, and these were both higher than the England average in 2018/19^{xxvi}

Alcohol related hospital admissions in Oxfordshire for children are significantly higher than for England and the South East region, and admissions are higher in females than males.

Crime

Substance misuse is closely linked with criminality, with alcohol related crimes accounting for 5% of all crimes in Oxfordshire in 2019, and Oxford recording the highest number out of the districts.

One of the greatest risks currently associated with illicit drugs is Child Exploitation and involvement in County Drugs Lines. The Oxfordshire Drug and Alcohol Needs Assessment from 2018/19 reported 14 County Lines operating around the county at that time. This data will not reflect the current position as county lines rapidly evolve to maintain the supply chain for illicit drugs, but this issue continues to cause a significant safeguarding challenge in Oxfordshire.

Mental health

The Drug and Alcohol Needs Assessment identified that more than half of individuals who seek drug and alcohol treatment services have concomitant mental health treatment needs (dual diagnosis). This is a common thread amongst other areas of vulnerabilities such as homelessness, and is also recognised by Children's Social Care in parenting needs.

Priorities

The priorities for the Drug and Alcohol Partnership are based on an overview of national surveillance data and the review of the needs in Oxfordshire, and the local and national strategies. These have been considered by partners, to reflect current experience in their sectors, and ensure the priorities bring the greatest benefit to the population in Oxfordshire.

In order to achieve effective outcomes for this strategy an agreed approach **of data sharing and joint working across agencies will continue to be adopted**, as it has been in previous years.

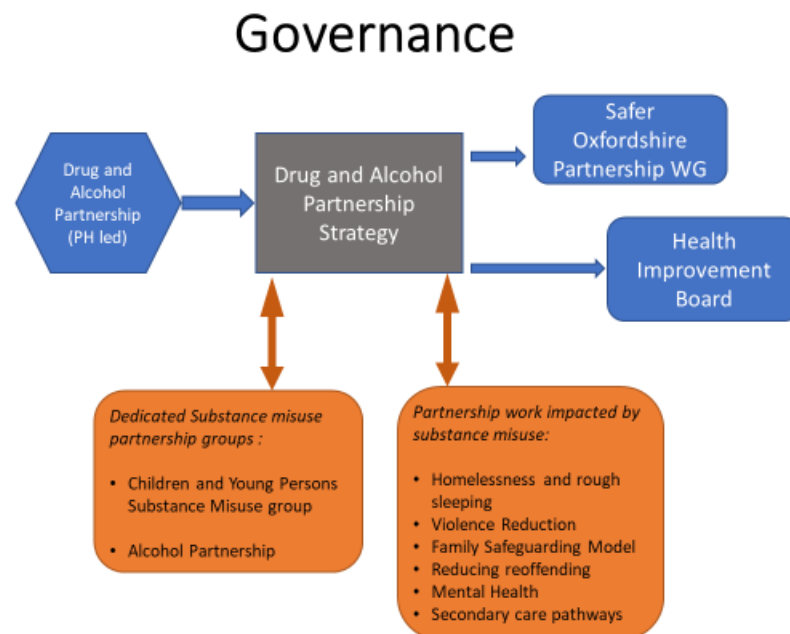
The priorities are:

4. **Reducing the risks to children and young people associated with substance misuse**, including:
 - Combatting Country Drugs Lines and Child Drug Exploitation, to safeguard children and young people from this risk
 - Identifying and addressing substance misuse in parents, to reduce the impact on children and parents.
5. **Reduce the harms caused by alcohol**, and in particular:
 - improving earlier identification and prevention of alcohol harm
 - addressing the unmet need for alcohol support and treatment.
6. **Supporting the vulnerable and complex needs population to address substance misuse and associated harms**, with particular focus on:
 - Those with dual diagnosis (mental health and substance misuse)
 - Homeless population and those vulnerably housed
 - Those in deprived areas.

Implementation

Governance

The governance for this strategy is defined below. The Drug and Alcohol Partnership Strategy is a virtual partnership, led by Public Health, and reports to the Safer Oxfordshire Partnership Co-ordination Group and the Health Improvement Board.



There are two partnership groups which focus specifically on substance misuse; the Children and Young Persons Substance Misuse Forum, and the Alcohol Partnership Group. However, substance misuse has an impact on a far wider range of social issues and this strategy highlights partnership work in those areas. These areas include, but are not limited to:

- Homelessness and rough sleeping
- Violence Reduction
- Family Solutions Plus (formerly Family Safeguarding Model)
- Reducing Reoffending
- Mental Health
- Secondary care pathways

Reporting

An annual report will be developed reflecting the work that has been undertaken in all partnerships relevant to this strategy and presented at the Safer Oxfordshire Partnership Working Group and Health Improvement Board.

Action plans

The substance misuse partnership groups will develop an action plan and implement actions based on these priorities.

For partnership groups where substance misuse is a factor in the work, actions will be reviewed to achieve alignment with the priorities in this strategy. Action plans will be reviewed annually.

Measurement of Outcomes

The overarching indicators for this strategy will be:

1) Successful Completions

Number of users of a substance that left treatment successfully, who do not re-present to treatment within 6 months, as a percentage of the total number of opiate users in treatment.

Substance	Target*
OPIATES	6.6%
NON-OPIATES	36.6%
ALCOHOL ONLY	42.8%

*Targets are based 2019-20 PHOF Local Outcome Comparator Quartile measures, bottom of the second quartile. This is slightly higher than national average measures.

2) Death from Drug Misuse:

Target ****4.5 per 100,000**

(**England rate 16/17 -18/19; measured as a standardised rate per 100,000)

3) Further indicators relating to action plans will be drawn up by partnership groups.

APPENDIX 1: OVERVIEW OF DATA

The data presented here has been summarised from the Oxfordshire draft Joint Strategic Needs Assessment 2020^{xxiv}, and a number of other data sources. They present a picture of need relating to substance misuse nationally and in Oxfordshire.

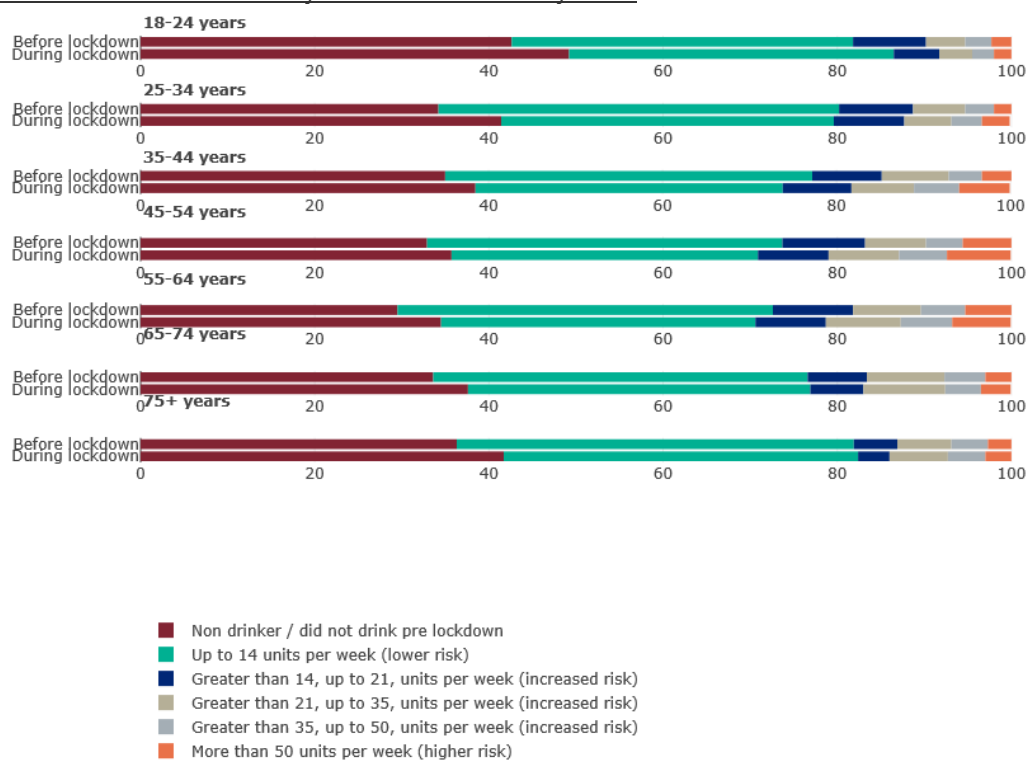
ALCOHOL

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.

Alcohol consumption – national data

- National survey data show that 65% of men and 50% of women had drunk alcohol in the last week
- The proportion of men and women drinking in the last week increased with age and was highest among both men and women aged 65 to 74 (71% and 58% respectively)
- 30% of men and 14% of women drank at increasing and higher risk levels (over 14 units per week)
- This statistic has been exacerbated by the COVID lockdown, with a greater percentage of 35 – 74 year olds drinking at higher risk levels since that time. ^{xxv}

Percentage of respondents aged 18+ years who consumed each of the unit groupings during a typical week before and during lockdown in England, by age group: survey results up to 13/07/2020 – Persons Source: PHE analysis of YouGov survey data.



- Adults in least deprived areas were more likely to drink over 14 units pw (27%) (the recommended amount) compared to those in most deprived areas (18%). Again, this difference has been increased since the COVID lockdown.

Oxfordshire data

Alcohol related hospital admissions - adults

- In 2018/19, there were 3,114 admission episodes for **alcohol-specific (wholly attributable to alcohol)** conditions in Oxfordshire, equivalent to 472 admissions per 100,000 population
- There were 3,316 admission episodes for **alcohol-related (primary or secondary diagnosis is alcohol related)** conditions in Oxfordshire, equivalent to 497 admissions per 100,000 population
- This is significantly lower than national and regional rates

SUBSTANCE MISUSE IN CHILDREN AND YOUNG PEOPLE

Alcohol drinking in young people – national data

- 6% of all pupils aged 11-15 said they usually drank alcohol at least once per week
- a further 11% of pupils said they usually drank between once a fortnight and once a month, meaning a total of 17% who said they usually drank alcohol at least once a month
- The proportion usually drinking once a week increased with age, from 1% of 11 year olds to 14% of 15 year olds
- White pupils were most likely to have had an alcoholic drink in the last week, with 13% having done so. This compares to 7% of Mixed ethnicity pupils, 3% of Black pupils and only 1% of Asian pupils

Oxfordshire data

Alcohol related hospital admissions - young people

- There were 165 admissions of people aged under 18 in Oxfordshire due to alcohol-specific conditions in the three year period 2016/17 to 2018/19
- This is equivalent to a rate of 38.3 admissions per 100,000 population, **significantly higher than the England and South East averages**
- Unlike the older age groups, admissions are higher in females than males. In the most recent data, the rate per 100,000 in Oxfordshire was 27.2 in males (similar to England and South East) and 49.9 in females (significantly worse than England and South East)

Drug use in school pupils aged 11-15 – national data

- In 2018, 24% of pupils reported they had ever taken drugs, the same as in 2016
- 17% of pupils said that they had taken drugs in the last year, compared to 18% in 2016 (not a statistically significant difference)
- The difference in prevalence between the proportion of boys (18%) and girls (16%) who had taken drugs in the last year was not statistically significant
- The likelihood of having taken drugs in the last year increased with age, from 5% of 11 year olds to 31% of 15 year olds

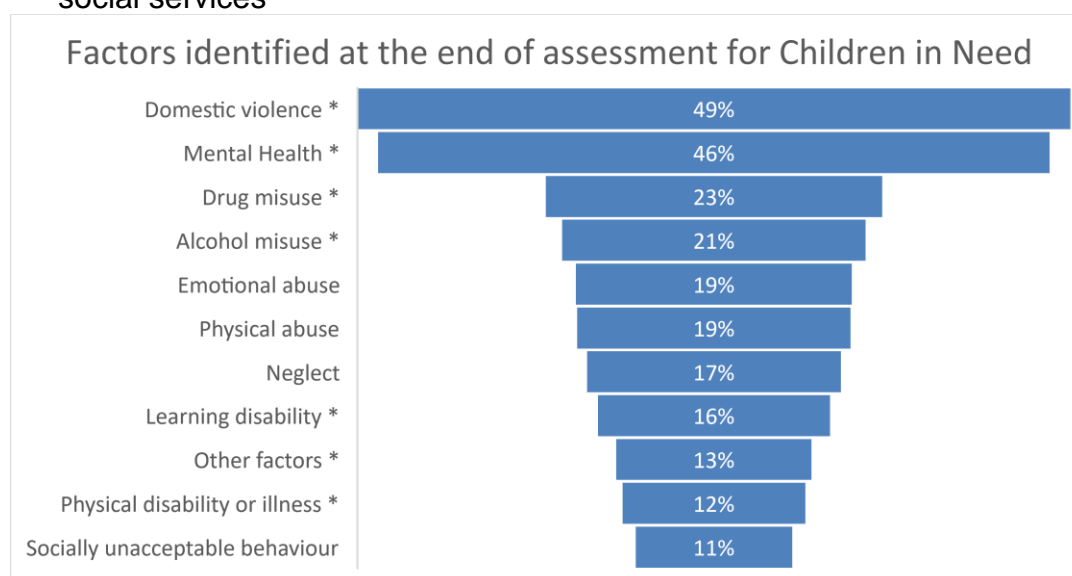
- Asian pupils were less likely than other ethnic groups to have taken drugs in the last year; 13%, compared to 23% of mixed ethnicity pupils, 18% of Black pupils, and 17% of White pupils

Illicit drug use in young adults – national data

- Around 1 in 5 (20.3%) people aged 16-24 had taken a drug in the last year, with an apparent increase since the 2015/16 survey (18.0%)
- 1 in 9 (11.4%) had taken a drug in the last month
- 1 in 11 (8.7%) 16-24 year olds had taken a Class A drug in the last year

Substance misuse as a factor in social care interventions with children^{xxvi}

- Both alcohol and drug misuse is recognised as a contributing factor Where a child is being assessed as a child in need or for child protection My children social services



**Includes concerns regarding (a) the child, (b) parent/carer or (c) another person living in household. Each of these factors (a, b or c) may be counted once against each episode. For example: where concerns about drug misuse by the child, parent(s)/carer(s) and another person living in household are all identified within an episode of need, they are each counted once against that episode and all three included in the figures for drug misuse.*

DRUG USE

Illicit drug use –national data

- National data show that around 1 in 11 (9.4%) people aged 16 to 59 had taken an illicit drug in the last year, indicating an increase since the 2015/16 survey (8.3%)
- 1 in 20 (5%) had taken a drug in the last month
- Younger people are more likely to have taken drugs than older people
- 1 in 25 (3.7%) people aged 16-59 years reported taking a Class A drug in the last year, following a generally upward trend since 2011/12. This increase was driven primarily by use of powder cocaine and ecstasy in 16-24 year olds

- Men (12.6%) were around twice as likely as women (6.3%) to take any drug in the last year
- Higher prevalence of drug use was associated with more frequent visits to pubs, bars and nightclubs
- Class A drug use in the last year was around 11 times higher among those who had visited a nightclub at least four times in the past month (24.5%), compared with those who had not visited a nightclub in the past month (2.3%)
- People living in urban areas (9.8%) were more likely to have taken any drug in the last year than those living in rural areas (7.7%)

Hospital admissions related to drug misuse

- In 2018/19, there were 40 admissions for drug-related mental and behavioural disorders in Oxfordshire. This equates to 6 admissions per 100,000 population, lower than the regional (7 per 100,000) and national (13 per 100,000) rates
- In the same period, there were 795 admissions where drug-related mental and behavioural disorders were a factor, which equates to 116 admissions per 100,000, higher than the regional rate (110 per 100,000) but lower than the national rate (175 per 100,000)
- There were 185 admissions (27 per 100,000) for poisoning by drug misuse in Oxfordshire in 2018/19, compared to 26 per 100,000 in the region and 33 per 100,000 in England
- National data show that more men than women were admitted to hospital for drug related mental and behavioural disorders (74% male), but similar proportions for admissions due to poisoning by drug misuse (49% male)
- Admissions for drug related mental and behavioural disorders, and for poisoning by drug misuse, show similar age profiles. Levels are highest for younger people (apart from those under 16), **peaking between ages 25 and 34**. Admissions for drug related mental and behavioural disorders are very uncommon in those aged under 16 and over 64. Although **admissions amongst older people are low, numbers are rising most in those aged over 45**
- Admission rates for both drug related mental and behavioural disorders, and for poisoning by drug misuse **increase with the level of deprivation**

Drug-Related Deaths

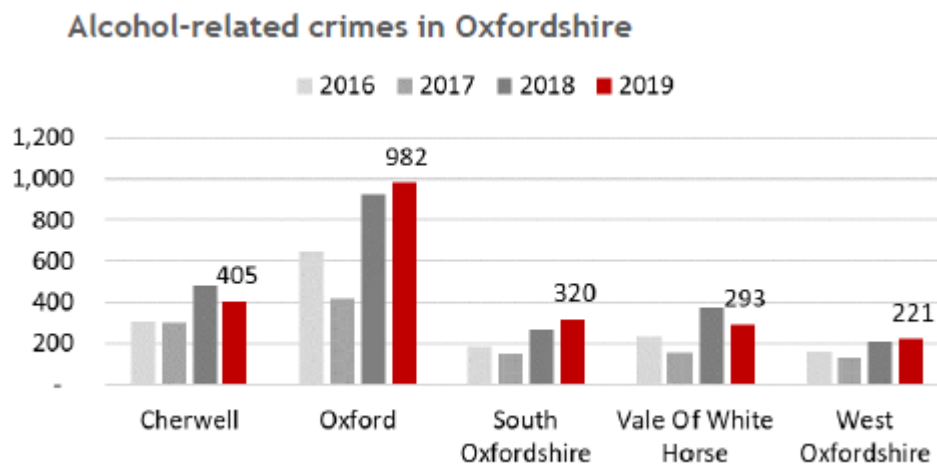
- Analysis of the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15–49 age group in England.
- Local data shows that Oxfordshire has one of the lowest rates of deaths from drug misuse in the South East region and is significantly lower than the England average.
- However, there were still 48 deaths (DSR rate 2.4 per 100,000) from drug misuse between 2016 and 2018 in Oxfordshire, compared to 1,021 in South East (rate 3.9);
- More than half of these deaths were in Oxford City.

CRIME

Alcohol related crime

In 2019 (Jan-Dec) Thames Valley Police recorded 2,221 alcohol-related crimes in Oxfordshire, similar to the number in 2018 (2,248). **Alcohol-related crimes were 5% of all crimes in the county.**

- Between 2018 and 2019, Alcohol-related crime increased in South Oxfordshire and Oxford City and declined in other districts.



Note: This data is for all recorded crimes in Oxfordshire where the substance use field has been recorded as 'Alcohol' related. 2018 data has also had the new qualifiers of 'Alcohol related -crime suspect' and 'Alcohol related -crime victim' added to the report. Thames Valley Police Crime Recording System -Niche RMS

OTHER VULNERABILITIES

Fires linked to drugs and alcohol

- During the 2018/19 financial year there were 23 dwelling fires in Oxfordshire with a cause that may have been linked to drugs or alcohol, accounting for 7% of the 315 total dwelling fires during this period. This is above the number in each of the previous two years (11 in 2017/18 and 18 in 2016/17).
- Two thirds (16) of the fires linked to drugs and alcohol were accidental, six were deliberate and one unknown.

Rough sleeping

The homeless population is difficult to see and measure but represents a broad group with diverse needs

- No formal estimates exist for the size of the street homeless population in Oxfordshire. The best guess of the number of rough sleepers at any one time comes from estimates based on street counts.
- A health needs assessment of the adult street homeless population in Oxfordshire estimated that, on any one night, **100-150** people sleep rough somewhere in the county and between **350-400** homeless adults sleep in some form of supported accommodation each night.

- By combining annual estimates of rough sleepers (~600-700) with those in supported accommodation (~600-650), and then discounting the overlap between these groups (~200-300), it is estimated that **around 1,000 homeless adults sleep rough or in supported accommodation in the course of a year.**
- Around 80% of homeless adults are male, but the proportion of women has increased in recent years. Most homeless adults are aged between 30 and 50, but the proportion of young people has increased in recent years

DRUG AND ALCOHOL SERVICES

Adults

- In 2018/19 there were 1,870 adults (aged 18 and over) in specialist drug treatment in Oxfordshire. This is down again by 2% from last year.
- The majority of those in drug treatment were aged between 30 to 49 (1,346 - 72%)
- The number of adults in treatment for alcohol only in Oxfordshire in 2018-19 was 587, the majority of whom were aged 30 to 59 (78%).

Young people

- In 2018/19 the number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire was 185.
- 71 began using their main substance before they reached 15 years of age
- 79 were using two or more substances (this includes Alcohol)
- 30 reported being affected by others' substance misuse.
- 47 identified as having a mental health treatment needs
- 40 were receiving treatment for their mental health need(s)
- Referrals were predominantly from education services (31%) and children and family services (47%).

PERFORMANCE

In the Public Health Outcome Framework the measure for substance misuse services is "the proportion of all in treatment who successfully complete treatment and do not re-present within six months". Within Oxfordshire the performance on

these measures is higher than national average and within the top quartile.

PUBLIC HEALTH OUTCOME FRAMEWORK: INDICATORS C19a C19b and C19c - Successful completion of drug treatment

C19a C19b and C19c Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months

(n) = number successfully completed and did not re-present / all in treatment
 Baseline period: Completion period: 01/10/2018 to 30/09/2019, Re-presentations up to: 31/03/2020
 Latest Period: Completion period: 01/12/2018 to 30/11/2019, Re-presentations up to: 31/05/2020
 Comparison to England: Lower = Red, Similar = Amber, Higher = Green
 Direction of travel (D.O.T): Current data measured against the baseline (B). Due to rounding small differences may not be visible in displayed percentages, but are taken into account in D.O.T. calculation.
 Note: PHOF C19a C19b and C19c have been refreshed in line with <http://www.phoutcomes.info> and <https://www.ndtms.net>

	Baseline period		D.O.T	Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)		(%)	(n)		
Local opiate clients	10.4%	158 / 1517	▲	10.5%	159 / 1518	7.19% - 10.47%	110 to 159
National opiate clients	5.7%			5.6%			
Local non-opiate clients	45.1%	188 / 417	▼	44.9%	196 / 437	39.72% - 58.57%	174 to 255
National non-opiate clients	34.2%			34.3%			
Local alcohol clients	54.8%	330 / 602	▼	53.2%	337 / 634	42.82% - 53.15%	272 to 337
National alcohol clients	37.9%			37.8%			

Unmet need

Unmet need is an estimate based on the prevalence and the number of people in treatment and highlights the need to increase the reach of services.

The unmet need for Alcohol is higher than national average at 86.4% locally compared to 82.6% nationally. For all other substances the unmet need is lower or equivalent to national average^{xxvii}

DIAGNOSTIC OUTCOMES MONITORING EXECUTIVE SUMMARY

Details about the new Local Outcome Comparators can be found here
 Restricted Statistics Click here to learn more

Quarter 4 2019-2020

Oxfordshire

Report generated on 28/05/2020

KEY: ANY OPIATE CITATION NON-OPIATE ONLY ALCOHOL ONLY ALCOHOL AND NON-OPIATE

ESTIMATES OF UNMET NEED OF DRUG AND ALCOHOL USERS IN YOUR AREA

2.3 The estimated proportion of people in your area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system

Prevalence period: 01/04/2016 to 31/03/2017
 Estimated unmet need rate period: 01/04/2019 to 31/03/2020
 Alcohol unmet need rate calculated using alcohol only and alcohol and non-opiate substance groups

Latest statistics on prevalence can be found [here](#)
 This item now only contains percentage unmet need based on the point estimate and no longer includes the upper and lower confidence intervals so that it is consistent with where it is reported elsewhere

	Unmet Need	
	Local (%)	National (%)
Opiates and/or crack cocaine	55.3%	53.9%
Opiates	46.9%	47.1%
Crack	50.9%	58.5%
Alcohol	86.4%	82.6%

OTHER KEY FINDINGS FROM THE DRUG AND ALCOHOL NEEDS ASSESSMENT 2018/19:

Health:

- More than half of individuals who seek drug and alcohol treatment services have concomitant **mental health** treatment needs
- Individuals with alcohol dependence or substance misuse face substantial associated health inequalities, including higher rates of **premature morbidity and mortality**.
- Nationally 80% of alcohol dependent and near 100% opioid dependent users also smoke.

Inequalities:

- Cherwell and Oxford City are the two districts in Oxfordshire with the highest levels of population growth, socioeconomic deprivation, urban living and homelessness. These districts constitute the highest risk areas for substance misuse.
- Young white males who live in socioeconomically deprived urban areas have the highest rates of alcohol and drug misuse in Oxfordshire.

Social impact

- Substance misuse has a high social cost from associated **public order & criminality** in Oxfordshire.

Safeguarding

- Alcohol and/or drug misuse is ubiquitous among **sex workers**
- Approximately 1 in 5 presentations to alcohol misuse treatment services, and 1 in 4 presentations to drug misuse treatment services, reported **living with children**. Alcohol and drug use were identified as risk factors in assessments by children's social care, at higher than national rates.

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