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

Oxfordshire Health and Wellbeing Board Detailed performance report

1. Details

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

Strategic Lead: Jackie Wilderspin, Jo Melling

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

The Drug and Alcohol treatment system was put out to competitive tender by the Public Health team at Oxfordshire County Council during 2014, the new specification for this that was developed in consultation with the CCG, police, service users, families and other key stakeholders. Several large contracts were combined to form the new integrated drug and alcohol treatment service. Turning Point won this contract and the new service become operational in April 2015.

During any system re-design performance may falter - as staff and service users move to the new service provider. Transferring clinically complex service users requires strong clinical governance to ensure service users don't drop out of services or any other health issues. As this new contract was set up all services users were transferred safely, all care plans were reviewed and no service users dropped out of treatment. This was due to a carefully managed transition process with robust governance by Turning Point.

Turning Point has many challenges to overcome to deliver improved outcomes for Oxfordshire service users. They have already recruited more clinicians, nurses and specialists and opened 3 new full time treatment centres. There are now treatment centres running in Didcot, Banbury, Witney and Oxford.

The charts below show the trends in performance for clients seeking treatment for opiate use and non-opiate use. It should be noted that the previous dip in performance, which was during the time that other providers held contracts let by the DAAT prior to this becoming the responsibility of the Public Health team in the County Council. Please note that the data in the table is for the last 12 monthly reports only and does not cover the whole time span illustrated in the chart.

A recovery plan for improving successful completions of treatment has been in place since October 2013. This plan has recently been revised in collaboration with Turning Point and focus on this performance continues with support from Public Health England.

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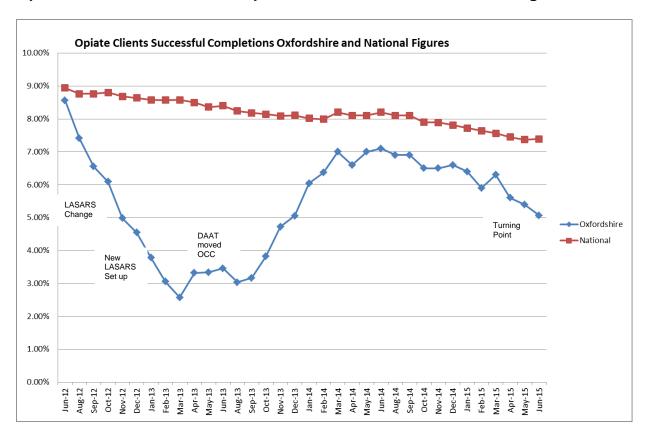
Current indicator RAG Rating

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.

Opiate Clients Successful Completions Oxfordshire and National Figures

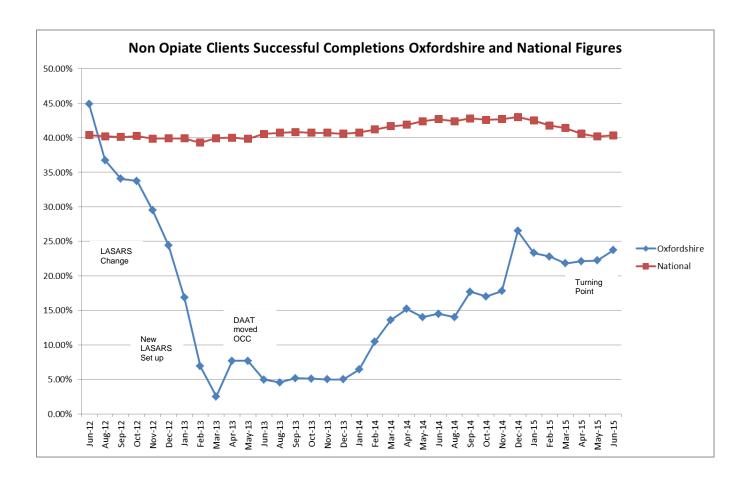


Opiate	Jun-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Numbers in treatment - rolling 12 months	1601	1584	1571	1553	1556	1538	1525	1511	1503	1511	1501	1500
Total completions - rolling 12 months	113	110	109	101	101	101	98	89	94	85	81	76
Successful completions as a proportion of number in treatment - rolling 12 months	7.10%	6.90%	6.90%	6.50%	6.50%	6.60%	6.40%	5.90%	6.30%	5.60%	5.40%	5.07%
Direction of Travel From Previous Period	↑	\downarrow	-	\downarrow	-	↑	\rightarrow	\rightarrow	↑	\rightarrow	\downarrow	\downarrow
NATIONAL	8.20%	8.10%	8.10%	7.90%	7.89%	7.81%	7.72%	7.64%	7.56%	7.45%	7.37%	7.39%
Oxfordshire compared to National	-1.10%	-1.20%	-1.20%	-1.40%	-1.39%	-1.21%	-1.32%	-1.74%	-1.26%	-1.85%	-1.97%	-2.32%

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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	Jun-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Numbers in treatment - rolling 12 months	110	100	96	88	90	83	86	92	87	86	90	97
Total completions - rolling 12 months	16	14	17	15	16	22	20	21	19	19	20	23
Successful completions as a proportion of number in treatment - rolling 12 months	14.50%	14.00%	17.70%	17.00%	17.80%	26.50%	23.30%	22.80%	21.80%	22.10%	22.20%	23.70%
Direction of Travel From Previous Period	↑	\downarrow	↑	\downarrow	↑	↑	\downarrow	\downarrow	\downarrow	↑	↑	↑
NATIONAL	42.70%	42.40%	42.80%	42.60%	42.70%	43.00%	42.50%	41.80%	41.40%	40.60%	40.20%	40.34%
Oxfordshire compared to National	-28.20%	-28.40%	-25.10%	-25.60%	-24.86%	-16.41%	-19.16%	-18.98%	-19.58%	-18.49%	-17.96%	-16.64%

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

- System change. The Service was re-tendered during 2014 and new service started in April 2015
- Performance in terms of successful completions of Oxfordshire treatment services has been poor for some time, 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.
- Re-tendering of these services is part of the recovery plan and learning from the period of poor performance has been incorporated into the service specification.
- Broad consultation with service users, staff and other stakeholders was carried out as part of the specification process to ensure necessary improvements could be specified.

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

Recovery plans are in place and Turning Point are closely monitored in order to ensure that actions are in place to improve performance over the next 3 years.

This contract incorporates prevention, harm reduction and treatment services and support for abstinence based recovery. The 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.

A wider range of treatment options are available from 4 locality hubs in the City, Banbury, Didcot and Witney, with satellite clinics in other towns too. Staff have been able to improve their skills with a comprehensive training programme and recruitment to a larger staff team has been successful.

5. What needs to be done now? - New initiatives and actions Action	By Whom & By When			
★ A revised recovery plan in the light of new contract arrangements has been drafted in collaboration with PHE	OCC and PHE October 2015			
■ Performance reporting to monitor the impact of transition on the overall performance.	OCC and PHE			
■ Monthly contract management meetings to ensure all actions in the recovery plan are being prioritised	OCC monthly			
□ Continued implementation of the new service development plan alongside the recovery plan.	OCC and Turning Point. Oct 2015			
□ Continued investment in workforce development to improve the skills of staff employed by Turning Point – both new recruits and those transferring from previous providers of the service	Turning Point March 2016			