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## Report to Adult Social Care and Health Scrutiny Committee

# Adult Integrated Substance Misuse Treatment and Recovery in Oldham

### Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

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### Purpose of the Report

The previous update to the Adult Social Care and Health Scrutiny Committee was provided on 7th September 2023 (*appendix 11.1*). The report gave an overview of our progress in embedding recommendations of the Government's 10-year drugs plan 'From harm to hope'. It also summarised key outcomes of our drug and alcohol treatment service, which is delivered by Turning Point.

The Committee requested a further update on the drug strategy milestones and key achievements of Substance Misuse Treatment and Recovery Service in Oldham to be provided for today's meeting.

A **Presentation from Gary Marshall, Senior Operations Manager** is attached (*appendix 11.2*). A copy of Rochdale and Oldham Active Recovery (ROAR) Annual Report 2023/24 is also included (*appendix 11.3*). Turning Point have been asked to attend the meeting to answer any questions the committee may have in relation to their service delivery model, its implementation and current priorities.

### Executive Summary

Having a high functioning drug and alcohol treatment and recovery offer is an essential component of the range of activity required to achieve better population health and reduce demand on health and social care services.

In December 2021, a national policy paper – *From harm to hope; A 10-year drugs plan to cut crime and save lives* was published, setting out the ambition to give people with drug addiction a route to a productive and drug free life. The Oldham Drug and Alcohol

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Partnership Group was established in April 2023 and has been overseeing workstreams that are required to be delivered under the 10-year drug plan. This report summarises work to date and provides an overview of current outcomes and future pressures faced by our drug and alcohol treatment service.

### **Performance**

The number of Oldham residents needing specialist support to stabilise, engage in treatment and move into recovery has continued to increase. In Q1 2024/25 the number of Oldham residents in treatment was 1840. This is an increase of 247 residents in treatment over the last 12 months.

The prevalence estimates for Oldham (numbers of residents that should be in treatment) are 2,052 opiate and crack cocaine users and 3,008 dependent Alcohol users. The level of unmet need currently is approximated to be 35% and 83% respectively.

Oldham is currently meeting our number in treatment targets (Q2) that are financially linked to conditions under Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). We are currently on-track to achieve our 2024/25 financial year end targets, but considerable focus is needed to continue to increase Opiates and Alcohol users in treatment when assessed against our unmet need estimates.

There are increasing numbers of residents being supported in partnership with Probation Service that are involved in the criminal justice system. The criminal justice (Dependency and Recovery) caseload is at 188 residents in treatment. Our Continuity of Care measure (percentage of prison releases requiring substance misuse support when transferred into community that are successfully transferred) is at 67% with the Q2 target of 72% expected to be achieved. A significant pressure is the Government's 2024 Early Prison Release Programme due to the high capacity across the prison estate. Number of releases are small but expected to increase over the next 12 months.

Our Homeless Addition and Treatment Support Service (HATSS) continues to engage with rough sleepers and residents at risk of losing their accommodation. The overall caseload is 137 residents engaged in the service. A key pressure is finding suitable accommodation for complex individuals, with multiple cooccurring health conditions, who may be assessed to have made themselves intentionally homeless.

### **Funding and Future Grants**

The budget for Drug and Alcohol treatment service in Oldham in 2024/25 is made up of £2.5M from the Local Authority Public Health Core Budget.

In 2024/25, there is also an additional £1.68M in time limited central government grants. This is made up of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG), In-patient detoxification Grant, Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG), Individual Placement and Support, and Housing Support Grant. There is also another £0.17M from a combination of HM Prison and the Probation Service for Alcohol Care Teams.

At time of writing this report there has been no announcement from Government that SSMTRG and RSDATG will continue in 2025/26. An announcement is expected at the end of October 2024. If these budgets do not continue, then up to 33 fulltime equivalent posts are at risk in Oldham Turning Point Service. Contingency plans are being developed to deal with the reduction in funding but if these budgets are not extended considerable capacity in

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the service would be lost. This will mean a significant increase in caseload sizes, reduction in capacity to increase numbers of residents in treatment and the level of support able to be offered across the wider partnership.

### **Key Pressures and Risks**

1. The overall number of residents in treatment continues to increase and this places more demand on our Tier 4 budget, which funds specialist inpatient detoxification and residential rehabilitation placements. The Public Health Treatment budget includes £300,000 for the management of these places but continues to be put under extreme pressure.
2. Unplanned exits from treatment and representations rates are high. Work is ongoing with Turning Point to improve this churn of residents who do not engage and represent back into treatment at a later time.
3. The number of patients in treatment for over 6 years is currently at 32% of our in-treatment population but has reduced over the last year.
4. Drug & Alcohol Related Deaths (DARDs): Drug related deaths are lower than the England average, but the impact of synthetic opioids (Fentanyl's and Nitazenes) are a constant risk that treatment services are managing. Alcohol related deaths in Oldham are higher than the England average and when looked at alongside our prevalence and unmet treatment need demonstrate that a focus on this group over the long-term is needed.
5. Dual Diagnosis and the number of patients with cooccurring conditions remains high, with over three quarters of the in-treatment population affected by low mood (anxiety/depression) which impacts their ability to stay in treatment. The specialist Mental Health Social Worker post provided by CMHT is also likely to be unsustainable if the RSDATG is discontinued.
6. Engaging hard to reach groups and ethnic minority populations is limited with the majority of the in-treatment population being male and white British.
7. Lack of recovery accommodation in Oldham impacts on those trying to maintain their recovery and/or abstinence. This is contributing to the numbers of residents that relapse and represent into treatment.
8. There are limited independent recovery support networks outside of treatment system. This needs to be nurtured and supported, so we start to see community driven recovery support and Lived Experience Recovery Organisations (LEROs) establish themselves across Oldham.

### **Future Aspirations**

Progress made to date in increasing the number of residents in treatment is very positive, but arguably unsustainable in the long-term, if additional government grants don't continue. The treatment service will need to reset and focus on residents who present with the most complex physical health and specialist pharmacological treatment needs in relation to drug and alcohol dependence. In order to achieve this there will need to be wider partnership approaches across Oldham to increase resilience of 'at risk groups' and prevention initiatives to reduce the need of specialist interventions. Sustaining recovery for those out of treatment is essential in breaking the cycle of relapse. Over the next 12 months the Drug and Alcohol Partnership Board will be focusing on these areas.

### **Recommendations**

The Committee are asked to note the outcome of work over the last 12 months and progress to date from Turning Point in the delivery of the Adult Integrated Substance Misuse Treatment and Recovery Service.

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## Adult Integrated Substance Misuse Treatment and Recovery in Oldham

### 1 Strategic Background

- 1.1. Under the Health and Social Care Act 2012, local authorities have a duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. The Greater Manchester Drug and Alcohol Strategy sets out the collective ambition to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol. Reducing these harms is central to improving the safety, wellbeing and prosperity of our residents.
- 1.2. In December 2021 a national policy paper – [From harm to hope: A 10-year drugs plan](#) to cut crime and save lives’ was published, setting out the ambition to give people with drug addiction a route to a productive and drug free life.
- 1.3. The government’s 10-year plan aims to create a drug and alcohol treatment and recovery system via a full range of evidence-based interventions. It sets out the ambition to ensure accessibility to anyone experiencing substance addiction, ensuring individuals are treated as having a chronic health condition. The aim is to provide life-saving support and improve safety and productivity of local areas by reducing the harms that drug addiction can cause and maximising long-term recovery.
- 1.4. The strategy encompasses recommendations outlined by an [independent review by Dame Carol Black](#), including 3 key objectives:
  - Increase the proportion of people misusing drugs who access treatment and recovery support, including more young people, and earlier interventions for offenders to divert them away from the criminal justice system, particularly prison.
  - Ensure that the treatment and recovery package offered is of high quality and includes evidence-based drug treatment, mental and physical health interventions, and employment and housing support.
  - To reduce the demand for drugs and prevent problematic drug use, including use by vulnerable and minority groups and by recreational drug users.

### 2 Oldham Drug and Alcohol Partnership Group

- 2.1. The Oldham Drug and Alcohol Partnership Group was established in April 2023 and has been overseeing delivery of workstreams that are required to be achieved under the 10-year drug plan. This has included all elements that fall under criminal justice and that are captured under Oldham Supplementary Substance Misuse Treatment & Recovery Grant (SSMTRG).
- 2.2. Progress is reported quarterly via the GMCA Drug & Alcohol Commissioning Group and to the Combatting Drugs Partnership (CDP) and Transformation Boards. Progress of the SSMTRG is reviewed by the regional Office for Health Improvement & Disparities (OHID) and Drug & Alcohol Improvement Support Team (DAIST).

### 3 Work Programme

- 3.1 Focus has continued to be on improving delivery of services and engage more residents into treatment, improve treatment quality and increase resilience. The aspiration being to support residents and reduce the likelihood of them resorting to substance misuse and dependence caused by crisis, historical trauma or mental ill health.

3.2 The budget for Drug and Alcohol treatment services in Oldham is made up of £2.5M from the Public Health Core Treatment Budget. There is also an additional £1.85M in time limited central government grants. This is predominately made up of the Supplementary Substance Misuse Treatment and Recovery (SSMTRG) and Rough Sleeper Drug and Alcohol Treatment (RSDATG) Grants.

3.3 There are five measures that we must report on nationally that are intended to improve the delivery of substance misuse services:

1. Increase numbers in treatment for Opiate, Non-Opiates and Alcohol
2. Reduce Drug and Alcohol Related Deaths
3. Increase capacity in the workforce and improve training
4. Improve engagement rates (continuity of care) for those residents released from custody and maintaining treatment and recovery when in the community
5. Increase numbers accessing Residential Rehab by 2% of all those in treatment

3.4 Over the last 12 months Public Health and Turning Point have worked alongside Office for Health Improvement and Disparities Regional Teams and Greater Manchester Combined Authority to meet these targets. All have been achieved apart from a reduction in alcohol related deaths, that is slightly higher than the national average.

#### 4 Oldham Drug and Alcohol Delivery Plan

4.1 The GM Combatting Drugs Partnership (CDP) Strategic Delivery Plan incorporates the agreed aims and objectives from CDP in response to the requirements of the National Drug Strategy. The expectation is that the local Drug and Alcohol Partnership Boards will implement activity required to:

1. Breaking Drug Supply Chains
2. Improve Delivery of treatment and recovery system
3. Reduce the demand for drugs

#### 5 Key Achievements over 2024 period

5.1 Over the last reporting period the treatment service has achieved an increase in numbers in treatment based on August 2023 baseline as summarised below:

Numbers in Treatment	June-23 Source NDTMS	June-24 Source NDTMS	RAG SSMTRG Baseline Q2 target in NIT required for 2024/25
Opiates	701	755	739
Non-Opiates/ Non-Opiates & Alcohol	432	586	448
Alcohol Only	460	499	490
<b>Total Numbers in Treatment</b>	<b>1593</b>	<b>1840</b>	<b>1677</b>

5.2 Direction of travel is positive but is placing significant caseload pressures on the service. Achieving increase numbers in treatment against prevalence and unmet need estimates is continuing to be difficult.

5.3 Increasing access to rehabilitation placements to support residents in recovery is being achieved. The OHID target of 2% of treatment population accessing placements will be reached by the end of the financial year but is placing pressure on our Tier 4 budgets.

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## 6 Criminal Justice Treatment Pathways

- 6.1 There continues to be improvement in engagement rates for prisoners released from custody and maintained in treatment. Our Continuity of Care target; prison releases requiring substance misuse support when transferred into community is 67% with the Q2 target of 72% expected to be achieved. Current pressure on the prison estate and current Government early (SDS40) release programme may impact on this but the treatment service has worked diligently in partnership with Probation and Prison Services to mitigate any future risks to engagement rates.

Continuity of Care (Prison to Community)	SSMTRG Baseline 2022	Latest Performance Q1 2024/25 Source NDTMS	Change from Baseline	SSMTRG 2024-25 Ambition
Local	58%	67%	9%	75%

- 6.2 Joint working arrangements between probation and treatment service teams is working effectively for those supervised by the National Probation Service in part due to specialist criminal justice treatment team funded via SSMTRG. It should be noted that less than 30% of clients in treatment are involved with criminal justice system.

## 7 Drug and Alcohol Related Deaths (DARD)

- 7.1 Drug related deaths are lower than the England average, but the impact of synthetic opioids (Fentanyl's and Nitazenes) are a constant risk that treatment services are managing. Alcohol related deaths in Oldham are higher than the England average. The Oldham Drug and Alcohol Related Deaths Panel delivered in partnership with Liverpool John Moores University is supporting us to look at wider system barriers to support learning, alongside the work of Safeguarding Adults Board.
- 7.2 The reduction in harm and risk of overdose for those still actively in addiction remains a area of focus across the partnership with Naloxone being given to all patients and high-risk groups. Turning Point have developed a Synthetic Opioid Harm Reduction Response Plan, which is triggered with local partners and agencies when risk is identified locally.
- 7.3 Reducing Alcohol Related Deaths and wider alcohol related harms is an ongoing work stream but the number of Oldham residents effected is high. Work has progressed with Royal Oldham Hospital and Alcohol Care Teams to understand why those discharged from hospital are reluctant to engage in community treatment. The development of the Assertive Outreach Team to engage change resistant drinkers is a recent addition in Turing Point. Work has also commenced at a Greater Manchester level to develop the Reducing Alcohol Related Harms Strategy but is not expected to be finalised until 2025.

## 8 Adult Integrated Substance Misuse Treatment and Recovery Service (Turning Point)

- 8.1 Turning Point Services Ltd commenced delivery of Adult Integrated Substance Misuse Treatment and Recovery Service on 1st April 2023. Turning Point have prepared a brief update and their Annual Report is also included which summarise key achievements over the last 12 months.

## 9 Lived experience initiatives and recovery support

- 9.1 Lived experience initiatives and recovery support services (RSS) support people in recovery and their families and benefit the wider community. They offer practical and emotional support to meet a person's needs and build on their strengths. Some are delivered by treatment providers, some by lived experience recovery organisations (LEROs), and some by a combination of both. Although, work has continued in partnership with Action Together

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to establish recovery networks that are independent of our funded core treatment offer, progress has been limited. New Government guidance on recovery support services and lived experience initiatives has recently been published. This guidance supports alcohol and drug treatment and recovery partnerships to understand the evidence, value of and ways to develop lived experience initiatives and recovery support services. These initiatives and services help individuals, and their families sustain recovery long term. We have set-up a task and finish group to look at this and feed back to Oldham Drug & Alcohol Partnership Group.

- 9.2 Employment, Training and Education for residents in treatment and recovery is also an area that needs to be extended further, with 4 in 5 of residents in treatment being unemployed. The Individual Placement and Support Programme delivered by Groundwork GM is proving to be effective in supporting small numbers of people back into work, but capacity and funding is limited for the size of our in-treatment population.
- 9.3 What a person needs to support them in recovery is not very different from what every person needs to feel healthy and safe, such as meaningful activity, having friends and family that support them and living in a secure home. To overcome problem alcohol and drug use, people need to address their alcohol and drug use and create a life that is no longer built around it. Maintaining recovery once exiting from treatment requires an overarching partnership response to meet client aspirations to gain employment, accommodation or improvement in wider health conditions, such as mental and physical health without causing pressure on statutory Mental Health, Adult Social Care or wider health services.

## **10 Key Developments**

- 10.1 There has been a good improvement in increasing the number of residents in treatment but there also needs to be a continued focus on those successfully completing treatment and our long-term recovery rates. Ongoing work that remains unchanged to last year is outlined below:
- i. Increasing numbers engaging in treatment is a key challenge especially around opiate and alcohol use. With increased numbers in treatment comes the additional pressure of managing capacity and caseload numbers in the treatment service.
  - ii. Reducing unplanned exits; the numbers of clients disengaging from treatment remain high and is impacting on overall treatment outcomes, work is ongoing to improve engagement rates and maintain numbers in treatment.
  - iii. Developing the treatment workforce and maintaining capacity is a significant challenge with not enough suitably qualified treatment or recovery workers available. Future Government grant funding may not continue in 2025/26 and this will result in increased caseload sizes and impact on extent of the wider treatment offer, the treatment service is planning for each eventuality.
  - iv. It's recognised the treatment service is working with an increasingly complex client group, presenting with physical and mental health conditions. Nevertheless, engagement has increased and there is a good level of partnership joint working arrangements in place with ASC, CSC and prisons, police and probation services.
  - v. Engagement of change resistant drinkers remains a priority and a focus to increase numbers entering treatment. Work with ROH Alcohol Care Team to look at patient consent on discharge and community pick up rates is ongoing. Supporting families impacted on by a family members substance use, especially in relation to women remains an area of ongoing development.

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- vi. Reducing drug and/or alcohol related harm is still a concern and the ongoing challenges presented by Fentanyl's, Nitazenes and synthetic opioids escalate harm and risk of overdose for those still actively in addiction. The Oldham Drug and Alcohol Related Deaths Panel delivered in partnership with Liverpool John Moores University is supporting learning and development of prevention and harm reduction initiatives.

## **11 Appendices**

11.1 Adult Social Care and Health Scrutiny Report 2023

[Website Link: Drug and Alcohol Strategy Scrutiny Update September 2023](#)

11.2 Turning Point Update 2023/24

11.3 Turning Point Annual Report 2023/24