

## **DURHAM COUNTY COUNCIL**

### **SAFER AND STRONGER COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**

At a Meeting of **Safer and Stronger Communities Overview and Scrutiny Committee** held in **Committee Room 2, County Hall, Durham** on **Wednesday 29 June 2016** at **10.00 am**

#### **Present:**

**Councillor D Boyes (Chairman)**

#### **Members of the Committee:**

Councillors J Armstrong, J Charlton, J Gray, C Hampson, M Hodgson, G Holland, S Iveson, N Martin, P Stradling, J Turnbull, C Wilson

#### **Co-opted Members:**

Mr J Welch

#### **Co-opted Employees/Officers:**

Chief Fire Officer S Errington

#### **Also Present:**

Councillors J Allen, P Brookes, C Potts and H Smith

#### **1 Apologies for Absence**

Apologies for absence were received from Councillors S Forster, H Liddle, J Maitland, T Nearney, K Shaw, F Tinsley and Mr A J Cooke.

#### **2 Substitute Members**

No notification of Substitute Members had been received.

#### **3 Declarations of Interest**

There were no Declarations of Interest.

#### **4 Any items from Co-opted Members or Interested Parties**

There were no items from Co-opted Members or Interested Parties.

## **5 Substance Misuse Centres**

The Chairman introduced the Consultant in Public Health, Dr Lynn Wilson to give an update presentation to Members in respect of Substance Misuse Centres (for copy see file of minutes).

The Consultant in Public Health reminded Members of the review undertaken by the Scrutiny Committee in 2014/15 on the issue of the Service Review of Drug Treatment Recovery Centres and the subsequent implementation of an integrated service for drug and alcohol treatment services from 1 April 2015.

Members were reminded that the new service had moved from 23 providers to 1 provider, Lifeline, with a new service model in place, with the Tees, Esk and Wear Valley NHS Trust (TEWV) providing the clinical and prescribing aspects. It was added that the new service was for both children and adults, for any stage within a person's recovery and for whatever substance misuse whether that was alcohol, drugs or a combination. The Consultant in Public Health explained that the County Durham Recovery Model commissioned early interventions, including from General Practitioners (GPs) and Pharmacists, and also to provide an educational role, in terms of schools, colleges and to the relevant working professionals. Members were reminded that there was a focus on recovery, within the community and supporting clients, including via the work of Recovery Ambassadors.

The Consultant in Public Health noted that challenges within the first year had included the move to a single provider for an integrated drug and alcohol recovery service and the associated training for all staff that was required. It was added that in addition, there was the associated work in respect of the Recovery Academy Durham (RAD), initially to have a 36 bed capacity, now a 24 bed capacity. Members had noted issues in terms of performance, and it was highlighted that difficulties with the IT System had meant that Lifeline had been unable to access some elements of performance data from April until October 2015. It was added that over the life of the contract data reports had been developed and information was available to interrogate and this provided valuable performance feedback.

Members were referred to a table setting out the targets and numbers in respect of drug and alcohol misuse and people who were in treatment. It was added that the prevalent problematic substances reported in 2013/14 for young people in County Durham were: Cannabis (71%); Alcohol (71%); Amphetamines (13%); and Cocaine (10%). Members learned that at March 2016 there were 203 young people in treatment via Lifeline.

Councillors were reminded that there were 6 Recovery Hubs, based at: Bishop Auckland; Consett; Durham; Newton Aycliffe; Peterlee; and Seaham. The Consultant in Public Health noted that the Portfolio Holder for Safer Communities, Councillor J Allen had helped in respect of the new bespoke facility at Bishop Auckland.

The Committee noted that there were a number of measures from national data in terms of successful completions and Members were reminded of the performance data for Public Health Outcomes Framework Completions (PHOF), non-PHOF successful completions and re-presentations, with targets currently not being met, albeit with data lag being noted.

The Consultant in Public Health noted there were many successes including 14 apprenticeship posts being filled and 4 Recovery Ambassadors gaining employment. It was added that there were more opiate clients in treatment and the number of clients without blood borne virus (BBV) vaccines was reducing. Members noted that over 8,300 professionals had received training by the Lifeline Team and 61.4% of individuals in treatment were accessing mutual aid in the community, for example via Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous and SMART (Self-Management and Recovery Training) Recovery, which helped in terms of preventing re-presentations. It was added that there were no individuals at exit reporting to be at housing risk and Young People's workers were integrated in the multi-agency safeguarding hub (MASH) and One-Point, and the targets were achieved in terms of young people's exits.

The Committee noted that current ongoing work included: the Performance Plan; monthly meetings; monitoring data on a monthly and quarterly basis; the implementation of a new IT database by October 2016; and in terms of the RAD.

The Chairman thanked the Consultant in Public Health and asked the Service Manager, Lifeline, Anne Bell to speak in relation to the first year of the integrated drug and alcohol service.

The Service Manager explained that in terms of achievements, access had been improved, with all the Recovery Centres being open 9am to 5pm, Monday to Friday, with each having one late evening until 7.30pm. It was added that the Durham City Recovery Centre also opened Saturday AM and that anyone who walked through the door would be seen straight away and their needs assessed.

Councillors noted good progress in terms of 10,101 client attendances, of which 1,518 were SMART group attendances. Members learned that there were 10 volunteers, 8 of which were clients and that the total number of hours worked by the volunteers was 766.5. It was added that 16 clients had become ambassadors, and 1 client had become an apprentice. It was explained that the increased footfall at the Recovery Hubs was a good indicator that people were learning of the service and the number of volunteers and ambassadors was excellent in being to visibly demonstrate recovery.

Members learned that there were services in support of young people and families, with 114 families having been supported to date. Councillors learned as regards training and CRAFT (Community Reinforcement and Family Training) accreditation provided by Lifeline, looking at positive parenting, how to deal with problems and helping to breakdown the cycle of substance misuse and intergenerational misuse. It was added that families could get well together, and an adolescent CRAFT had been introduced. The Service Manager noted that there was good feedback in terms of information from the MASH that helped in terms of improved safeguarding and child protection issues, and that there was work alongside Durham Constabulary in terms of the Staysafe initiative.

The Committee noted that there had been 15 successful completions from the RAD, with there now being 3 premises, increased from 2. It was added there was a number of houses supporting the RAD with ongoing discussions on this issue.

Members were reminded of the Public Health England statistics as referred to by the Consultant in Public Health, and that issues in respect of delays in being able to access performance data from the IT System were reiterated.

The Service Manager referred Members to data for successful episode discharge, with it being stated that this meant a person had exited and had met all the outcomes of their care plans and were drug and/or alcohol free. It was highlighted that there had been a significant increase in the percentage of successful episode discharge the April/May period. Councillor M Hodgson noted that it would have also been useful to have the actual number as well as the percentages listed. The Service Manager added that there was a similar increase in the successful pharmacological modality end for the April/May period.

The Chairman thanked the Service Manager and asked the two Recovery Ambassadors who were in attendance to speak as regards their experience and the work of Lifeline.

The first Recovery Ambassador explained as regards his background and recalled the help he had received via the previous RAD operating in Durham City. It was added that this insight enabled him to offer help to clients from a position of credibility, and as proof that clients could get well and change their behaviours. The Recovery Ambassador added that he, and the other Recovery Ambassadors, received a lot of excellent training and those skills, along with the personal insight helped in being able to support clients in their recovery.

The second Recovery Ambassador explained her background and reiterated the comments in terms of the excellent training provided to Recovery Ambassadors. It was added that she had been helped a lot by Social Services, with volunteering having given a taste of the work involved in helping others in their recovery and this had led to pursuing the role as a Recovery Ambassador. It was reiterated that credibility was vital and that those who had "been there and got the t-shirt" were able to connect with clients and understand their situation. The Recovery Ambassador added that it was satisfying work and that it helped to boost her confidence and helping a client through their recovery journey made her feel "over the moon".

The Building Recovery in Communities (BRIC) Coordinator, Lifeline, Jackie Hilditch explained that the focus was on recovery and reiterated that the figure of 10,101 attendances at the Recovery Centres was a testament to how the recovery community value and access the service. It was added that there were a number of apprentices and ambassadors helping support clients including at Lanchester Hospital, HMP Durham with support to be offered at HMP-YOI Low Newton in the future with training with Durham Constabulary. Members noted that the retention rate of apprentices was good, with only 2 people having moved on, with half moving into employment and the remainder in place as apprentices.

The Chairman thanked the speakers, the Recovery Ambassadors especially for their stories and experiences, and asked Members for their questions.

Councillor N Martin noted the number of people in treatment as per the information in the presentation and asked whether there was a question of capacity in terms of the increased numbers, citing an example of a student with chronic alcohol problems he was involved with several years ago where the student was told he would wait 6 months before being seen. The Service Manager noted that there was now the capacity and that anyone that came through the door would be seen the same day. It was added that the client would have a care plan produced, interventions would be identified and noted that in cases of chronic alcohol misuse then a reduction in consumption would be a first step, not a move to immediate detoxification.

Councillors noted that a Nurse would carry out a health assessment and detoxification would be at a later stage, and depending upon the client this could be carried out at home, or at a RAD. It was added that there was no waiting list and that if a person was motivated then the service could help.

Councillor M Hodgson asked how people were referred to the service. The Service Manager noted that people could walk in to the Recovery Hubs or be referred by other agencies, for example GPs, and those agencies had all the relevant information in terms of making referrals.

Mr J Welch asked as regards cannabis misuse as an issue. The Service Manager noted that cannabis was often also used and that poly-drug use would be identified within a clients' individual care plan.

Councillor J Armstrong noted Members supported the excellent model and the very good performance framework that was in place and asked when Members could expect target to be met. The Chairman added that it was known that there was data lag in terms of the drug targets, however the alcohol data was up-to-date. The Head of Planning and Service Strategy, Children and Young People's Services, Peter Appleton noted that the data in terms of alcohol treatment that was presented to Committee within the performance reports received was effectively real-time, and there was some lag in the drug treatment data. The Head of Planning and Service Strategy added that it would be important to sustain the alcohol performance and to identify what actions taken recently had made an impact. The Service Manager noted that since being able to access some of the performance data from the IT system from November 2015 this has allowed staff to be pro-active in dealing with the issues affecting their clients.

The Senior Partner, AMuto Project Management, Lifeline, Rebecca Parker reiterated there had been delays in accessing performance data and subsequent to having reports made available it had been possible for staff to identify issues and target those accordingly. It was added that there was an audit process looking at live data, feeding into performance planning to allow timely correction measures to impact upon underperformance. It was reiterated that these actions would not affect the Public Health England data reported at Quarter 1 due to the previously mentioned data lag.

Councillor N Martin asked if there were any specific examples of such actions taken that had helped to improve performance. The Senior Partner noted that as the performance data was now coming through it was possible to drill down to see what actions were and were not effective and to also use the data to allocate responsibility accordingly. The Senior Partner added that there had been a bedding-in period in moving from many providers to the new service, exacerbated by the IT issues as discussed, and that upward trends would begin to appear in performance from Quarter 1 2016/17.

The Chairman noted the backdrop of Government policy in terms of methadone proscribing and the Recovery Ambassadors explained that there was a focus on recovery and that there was a need to for clients to look to break old associations and to want change in order to move towards recovery. The Service Manager added that it could be difficult for some clients and this was an area that the RAD referrals was impacting upon, helping client recover quickly and with the visible results of other clients and the Recovery Ambassadors showing clients that recovery was possible.

Councillor J Allen added that the performance data was complex and that drilling down would help to identify the best practices across the Recovery Hubs and then this could be shared to help improve performance. Councillor J Allen noted from visiting the Recovery Hubs and Academies that there was a lot of vital and important work being done by staff and the Recovery Ambassadors, with the volunteers as previously mentioned also providing much assistance. The BRIC Coordinator explained that clients being able to work with volunteers and Ambassadors was vital in showing how people could progress, “passing the baton” in terms of the recovery journey.

Councillor M Hodgson noted that an important aspect in terms of data was to be able to show that the service was operating well across the County for all our residents and families that needed help. Councillor N Martin added that it would be useful to have some specific examples of the changes that had been made and the milestones in those cases. Councillor J Armstrong noted that further performance updates could also include narrative to help explain the work ongoing to improve performance. Councillor J Armstrong reiterated that Members supported the model and the work ongoing in respect of the new drug and alcohol service.

**Resolved:**

- (i) That the report and presentations be noted.
- (ii) That the Safer and Stronger Overview and Scrutiny Committee receive a further update within its work programme.