

**Safer and Stronger Communities
Overview and Scrutiny Committee**



7 January 2019

**Drug and Alcohol Recovery Service
Update**

Report of Amanda Healy, Director of Public Health, Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide Members of the Committee with an update on information in advance of a presentation by Jane Sunter, Public Health, Durham County Council and Ted Haughey, Executive Director of Operations North East and North Yorkshire for Humankind, on the progress of the implementation of substance misuse services within the county.

Executive summary

- 2 A new County Durham Drug and Alcohol Recovery Service for adults, young people and family members affected by substance misuse launched on February 1st, 2018.
- 3 The service commissioned by the County Council and is being delivered by Humankind (formerly known as DISC) in partnership with Spectrum Community Health CIC and The Basement Project.
- 4 Tackling drug and alcohol misuse is an area of importance for the Safer and Stronger Communities Overview and Scrutiny Committee and has featured on agendas of committee meetings and focused pieces of work over recent years.
- 5 This update report was requested by The Safer and Stronger Communities Overview and Scrutiny Committee on 27 March 2018.

- 6 Cabinet gave approval for the procurement of the Drug and Alcohol Recovery Service on 13th September 2017. The Drug and Alcohol Recovery Service model has now been implemented as stipulated in the service specification.

Recommendation(s)

- 7 To review the information contained in the report

Background

- 8 The provision of effective substance misuse services in County Durham makes a significant contribution to tackling health inequalities, increasing life expectancy, improving the health and well-being of families and reducing crime and disorder in our local communities.
- 9 In a recent Public Health England Review (January 2017) it was estimated that for every £1 spent on substance misuse treatment there is a £2.50 saving recuperated on the social costs of drug misuse, making sound sense for local authorities to continue to invest in supporting people into recovery.
- 10 The remodel of the Drug and Alcohol Service took place in September 2017, in order to meet a revised financial allocation of £1.3m savings and provide an opportunity to review best practice and re-design the service specification
- 11 Key priorities for the new specification highlighted the need for:
- a) **Providing outreach support** – for the workforce to become more mobile, taking services “out” to clients to extend the service reach. This will increase referrals and help to reduce social isolation, especially in alcohol clients.
 - b) **Better Integration** – for the drug and alcohol service, to become more “outward” focused, working in partnership with other partners to achieve common goals.
 - c) **Improved pathways** - This includes a number of key pathways for criminal justice, primary care, mental health and the social care provision for children, young people and families.
 - d) **Become more family focused** – placing families at the heart of the service regardless of their entry point into the system, helping to break the cycle of intergenerational substance misuse.
 - e) **Reinvigorating the prevention and early intervention agenda** – For drugs and alcohol to be included in wider health, wellbeing and social care interventions.
- 12 The new model transitions services into a community outreach model. This provides a new approach to increasing the accessibility of high quality of drug and alcohol services into the local community setting.

Progress to date

Providing outreach support

- 13 The service's staffing model has been designed to provide all service aspects across all areas of the County, supporting recovery centre and community satellite activity. All service staff have a recovery centre base and work across designated satellite areas.
- 14 Additionally, Humakind have added the support of a dedicated Senior Peripatetic Manager and Business Support Manager to support service development and delivery. An additional resource of a full time Human Resources Advisor has also been invested to support the service team across a number of HR-related issues.
- 16 Humankind have completed the decommissioning of the Recovery Centres in Thames House, Newton Aycliffe and Church Street in Seaham with no significant attrition rates from service users.
- 17 Service support continues to be managed through the main recovery centre sites within Peterlee and Bishop Auckland.
- 18 A community satellite offer for service users in the East and South of the County has also been implemented with local sessions in the Pioneering Care Partnership in Newton Aycliffe, Seaham Primary Care Centre and Seaham Job Centre.
- 19 North Durham retains a staff base in the Durham Recovery Centre, Whinney Hill. The re-configured use of Eden House in Consett compliments provision in Stanley Medical Centre as satellite clinic venues.
- 20 Options to further utilise the capacity within Eden House is being explored in line with potential Public Health England Capital Funding applications scheduled for submission in January 2019.
- 21 Further provision in Consett will also include peer support/breakfast club activities within the Salvation Army and commencement of regular sessions within Job Centre Plus, Consett.
- 22 In addition to the community satellite offer service team members are providing outreach sessions into the following community venues:
 - a) Pelton Fell Community Centre
 - b) The Fells at Plawsworth
 - c) Glenroyd House
 - d) Job Centre – Consett
 - e) Durham University
 - f) Eden Hill Hospital
 - g) West Park Hospital
 - h) Murton GP Practice
 - i) University Hospital of North Durham
 - j) Richardson Hospital, Barnard Castle
 - k) Lanchester Road Hospital
 - l) North Road Methodist Church

Needle Exchange Provision

- 23 Alongside the extended community offer, Humankind have also expanded pharmacy needle exchange provision to complement the centre based needle exchange services. There are new pharmacy needle exchange providers in Seaham, Horden and Consett.
- 24 Working with the Councils neighbourhood teams a needle litter campaign will be developed across all communities further embedding programmes for the testing and treatment pathways for Blood Borne Viruses (BBV's).

Children, Young People and Families (CYPF)

- 25 The CYPF service continues to enjoy strong working relationships with both Childrens and Adults social services and mental health services offering support to children and young people via one to ones and drop in's into the following schools and educational venues:
 - a) Woodham
 - b) Bishop Auckland College
 - c) Framwellgate School
 - d) Durham Johnson School
 - e) Laurel Avenue Childrens Centre
 - f) Parkview School
 - g) New College Durham
 - h) Durham Federation
 - i) Box Clever
 - j) North Durham Academy
 - k) Endeavour EDC
 - l) East Durham College
 - m) Bishop Barrington
 - n) King James
 - o) South Durham Training

- 26 Humankind also have fulfilled the contractual obligation to have a presence within the One Point Hubs county wide and the Youth Offending Service. This facilitates support sessions for children and young people and also enable engagement in multi-agency meetings.
- 27 The CRAFT and peer support family offer available for both adult and childrens services will be available across all three recovery centres in the New Year.

Service Updates

Criminal Justice

- 28 A new dedicated criminal justice team and associated pathways have been established to manage all mandated orders such as Alcohol Treatment Requirements (ATR) and Drug Rehabilitation Requirements (DRR).

Programmes of care for criminal justice clients have been restructured and include both behaviour change and clinical components dependent on individual need.

- 29 Pathways continue to be developed with the Council's VIP scheme, Durham Constabulary's Checkpoint and the Integrated Offender Management Unit (IOM). This includes information sharing agreements to help facilitate a collaborative culture supporting positive shared outcomes for service users.
- 30 Humankind are also working with Durham and Darlington and Durham Tees Valley Community Rehabilitation Company (Probation, CRC) who now have a worker co-located in the Bishop Auckland Recovery Centre one day a week, this supports the ATR/DRR process, affords robust attendance and supports information transfer. This model will be extended countywide into 2019/20.
- 31 A dedicated Prison Link Worker also visits HMP's Durham and Low Newton on a regular basis to complete assessment for pending prison releases. This is a fundamental partnership arrangement, with the transfer of relevant information being paramount.
- 32 The provision of naloxone and needle exchange equipment within custody suites is also being explored. The development of a collaborative relationship the probation Court Teams around allocation of ATR/DRR orders for appropriate clients is also being considered.

HOPE Team

- 33 The service's HOPE (Health, Outreach, Prevention and Engagement) team have made significant links with a range of key stakeholders, including primary care to support engagement with individuals who would benefit from prevention and early intervention messages. This approach increases the reach for those clients unwilling to access what are perceived as traditional "drug services."
- 34 HOPE staff have established regular service sessions with TEWV as mental health partners, with weekly sessions in both Lanchester Road and West Park Hospital. This compliments the work of the in-house provision of adult social care social workers focusing on implementing the Care Act for complex clients.
- 35 Positive contact has been made with University Hospital North Durham including support from lead consultants. It is hoped that service staff will offer regular sessions within CDDFT from early in the New Year, including A and E, gastroenterology and midwifery.
- 36 A number of presentations have been delivered to GP surgeries with several more planned in January and February 2019. Service sessions are being offered in a number of surgeries where there is high demand.

- 37 Links have been made with the Wellbeing for Life Service team, with plans being developed for practitioners and navigators to contribute to wellbeing groups within recovery centres. The service are planning to provide drug and alcohol awareness training for Wellbeing for Life staff.
- 38 Service staff will receive smoking cessation training in January. Upon completion service staff will provide stop smoking advice and information at key assessment and review points within an individual's recovery journey, alongside supported access to the smoking cessation service team.

Children, Young People and Families

- 39 The Children Young People and Families team are fully embedded within the integrated service and see regular daily referrals from a range of partners. The team currently support 136 (as of December 2018), Children and Young People across County Durham and a Single Point of Contact duty system allows for ease of referrals via telephone, drop in or secure email.
- 40 Humankind work closely with our safeguarding partners attending a range of meetings including Team Around Family, Team Around Children, Team Around Schools, Education Raising Awareness of Sexual Exploitation, Child Protection meetings, domestic violence agencies (Harbour) and Early Help forums. The service also facilitates drop in's and pre arranged events such as carousels, Freshers Week, Alcohol Awareness week activity and Missing and Exploited Group (MEG) meetings.
- 41 A full time worker is co-located within the MASH and two workers are co-located within the Youth Offending Team supporting young people within the criminal justice system and co-facilitating information sessions for parents.
- 42 Dedicated pathways have been established for alcohol seizures working closely with Durham Police teams to target young people drinking within the community, vulnerable children, ERASE and hospital admissions.
- 43 Support given to education includes:
 - a) Junior Education Programme, multi-agency approach - delivering one session on the program to year 6.
 - b) Durham Constabulary stay safe carousels - year 8 - deliver KS3 drug education.
 - c) Student Voice Survey - input on questions on drugs, alcohol and energy drinks.
 - d) 'Have a Word' developed for students by students – this initiative won an Alcohol Impact Award.
 - e) 98 primary schools had energy drink awareness training this year.
 - f) Education sessions at Bishop College for all first years, two young people requested support, one referred to young people's worker other to young carers.

Safeguarding

- 43 In response to recommendations from Durham County Council's recent Joint Targeted Area Inspection (JTAI) for Domestic Abuse, Humankind have reconfigured the service-staffing model to create a new Safeguarding and Families lead role as recommended within the Inspection report. This role will be operational from January 2019, leading on case reviews, quality, cross reference with SSID/Liquid Logic, case tracking and safeguarding supervision.

Sustained Recovery

- 44 The programme and aftercare offer provided by the service has been fully reviewed and updated since February 2017. Each of the three Recovery Centre's have a timetable of group sessions and activities that are mandated as part of a service user's recovery plan. These sessions range from informal peer activities such as breakfast clubs, more formal peer support activities such as SMART groups, short structured group sessions through to formal 12 week group programmes.
- 45 Recovery Academy Durham (RAD) programme has been fully updated, with the support of the Basement Project. Service users wishing to attend a full time structured day programme now attend core RAD groups and build the remainder of their weekly timetable from the wider group/activity offer available within the service. RAD supported housing is also still available.
- 46 Wider support with accommodation (for all service users) is being provided through effective working links with Housing Solutions, local housing providers and Humankind's Housing Team.
- 47 The service's ambassador and volunteer programme is fully operational with 9 service ambassadors and 3 volunteers.
- 48 Support is also being provided to the independent County Durham in Recovery (CDIR) via the Basement Project as part of the subcontract arrangement with Humankind. CDIR have an agreed annual action plan and are developing the offer across the County.
- 49 The sessions based within North Road Methodist Church have been exceptionally popular. A successful CDIR launch event was held on 10th December. Although the service are supporting CDIR, this support has a strong focus on enabling CDIR to become an independent, self-sustaining recovery community group.

Clinical Recovery Support

- 50 All clinical prescribing pathways and protocols have been reviewed and updated to support safe and effective prescribing. The clinical team provided by Spectrum Community Health CIC, have formed a BBV working group to promote harm reduction and immunisation/treatment to all service users.

- 51 This initiative includes working closely with the Freeman Hospital in Newcastle to provide regular clinics across all three of recovery centres. Bishop Auckland has been identified as an area requiring additional resources.
- 52 A campaign was held during the first week of December, which included delivering promotional events around naloxone and Blood Borne Viruses (BBV) testing and treatment. Events included training for staff to administer naloxone and BBV testing across all three recovery centres.
- 53 During the campaign week 44 patients were tested for HIV – No positive results were found. 77 patients were tested for Hepatitis C, with eight Positive test results yielded, all clients accepted a referral for Hep C treatment to the Freeman Hospital on the day of the positive diagnosis.
- 54 40 patients were trained to use naloxone and provided with a naloxone kit, which counteracts the effect of an opiate overdose.

Main Implications

Performance Outcomes

- 55 Since February 2018, the Drug and Alcohol Recovery Service has made steady progress to deliver on the 2017/18 service specification. The delivery of the new model has required significant change within a reduced funding allocation.
- 56 This work has included the implementation of a new staffing structure, building reconfigurations, new satellite sourcing with associated client management and a CQC inspection (October 2018). Despite this backdrop of change, the performance of the service has only fallen marginally since February 2018.
- 57 The performance for the drug and Alcohol Recovery Service is recorded through the national Drug Treatment Monitoring System. The tables below highlight the outcomes of interventions for Quarter 1 and 2 (April – September 2018). Outcomes in 2018/19 will provide a baseline tracker for year 1 of the contract.

Table 1. Numbers in treatment (April 2018 – September 2018) taken from NDTMS

Indicator	Definition	Baseline (2017/18)	2018/19 Target	Apr	May	Jun	Qtr 1	Jul	Aug	Sep	Qtr 2	Direction of travel from baseline	National	
Numbers in treatment (direction of travel compared to corresponding period of the previous year)														
22	Opiates	Numbers in treatment during the year to date:	1497	1474				1279				1353	↑	
23	Non-opiates		406	350				210				263	↑	
24	Alcohol		1101	1096				559				709	↓	
25	Alcohol and Non-Opiates		367	354				188				247	↓	
26	Pregnant women		17	Tracker				4				7	↓	

58 The numbers in treatment have dropped when comparing the baseline of 2017/18. This is to be expected due to the significant changes occurring within the new model implementation. The reduction in alcohol clients reflects the national trend in those accessing treatment. However, figures are increasing in opiates and non-opiate outcomes in County Durham.

Table 2. Proportion in treatment who Successfully Complete (April – September 2018) taken from NDTMS, 2018.

Indicator	Definition	Baseline (2017/18)	2018/19 Target	Apr	May	Jun	Qtr 1	Jul	Aug	Sep	Qtr 2	Direction of travel from baseline	National	
Effective treatment														
32	Opiates	Proportion in treatment who were retained for 12 weeks or more or completed treatment	91.9%	90.9%				92.6%				92.5%	↑	94.7%
33	Non-opiates		67.4%	76.0%				70.1%				73.9%	↑	84.7%
34	Alcohol and Non-Opiates		74.4%	76.6%				73.6%				72.8%	↓	86.3%
Successful completions as a proportion of all in treatment														
35	Opiates	Number of successful completions as a proportion of all in treatment	5.5%	6.0%	5.7%	5.8%	5.8%			5.1%	5.1%		↓	6.2%
36	Non-opiates		28.8%	31.5%	29.6%	30.6%	32.3%			32.9%	34.5%		↑	38.6%
37	Alcohol		32.6%	28.1%	32.5%	32.5%	31.3%			31.5%	32.1%		↓	38.6%
38	Alcohol and Non-Opiates		24.5%	27.5%	25.6%	25.5%	26.5%			24.0%	24.2%		↓	34.0%

59 The rates for numbers retained in treatment continue to increase in opiate and non-opiate service users in Quarter 1 and 2 (2018). Successful completion rates for all those in treatment for non-opiates, alcohol and alcohol and non-opiates remain stable.

Table 3. Representation rates (April – September 2018) taken from NDTMS, 2018.

Indicator	Definition	Baseline (2017/18)	2018/19 Target	Apr	May	Jun	Qtr 1	Jul	Aug	Sep	Qtr 2	Direction of travel from baseline	National	
Public Health Outcomes Framework 2.15: Successful completions of drug / alcohol treatment														
39	Opiates	Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months	6.4%	6.0%	6.4%	6.0%	6.0%			5.5%	5.2%		↓	6.3%
40	Non-opiates		30.1%	26.4%	31.2%	30.6%	30.8%			29.2%	27.8%		↓	36.4%
41	Alcohol		31.9%	28.0%	32.8%	33.6%	33.8%			32.2%	31.7%		↓	39.0%
Re-presentations														
42	Opiates	Proportion who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months	13.1%	≤24.7%	13.5%	11.8%	9.5%			24.2%	26.5%		↑	16.5%
43	Non-opiates		7.5%	≤8.4%	6.7%	4.9%	2.6%			3.0%	1.7%		↓	5.3%
44	Alcohol		9.9%	≤9.4%	7.9%	7.8%	8.2%			8.6%	9.4%		↓	8.1%
45	Alcohol and Non-Opiates		14.5%	≤8.2%	13.0%	14.3%	14.0%			13.6%	13.3%		↓	8.1%

60 As a further update in November 2018, the service has exceeded targets for the numbers of alcohol-only clients and non-opiate and crack users (non- OCU) for Successful Completions. For opiate completions, the service is only two Successful Completions away from target at year to date (December, 2018)

- 61 Focus needs to be placed on the combined use of alcohol and other substance categories, which are 20 clients short of the Successful Completion targets year to date. Humankind have undertaken a full caseload review and are confident performance can be further improved over the remainder of the contractual year.

Table 4. Successful Completion *numbers* year to date at end of November 2018

Primary drug use	Annual target set	Successful Completions achieved (YTD)
Opiate	65	63
Non-opiate	89	91
Alcohol and non-opiate	73	53
Alcohol only	219	239

Conclusion

- 62 The Drug and Alcohol Recovery Service contract was procured in February 2018. The service has transitioned into a new model focusing on an integrated family-focused approach to managing substance misuse. This has been undertaken against a backdrop of a reduced funding envelope, implementing a new staffing structure, geographical building reconfigurations and new satellite outreach and access being developed.
- 63 New pathways for criminal justice, primary care, mental health and complex cases, children, young people and families have all been developed to extend the reach of the service and work with partners to engage clients based within their own local communities.
- 64 Despite this backdrop of change, the performance of the service has not fallen significantly since February 2018. 2018/19 will provide baseline data for future contract monitoring, where it is hoped the foundations laid in the first year of service implementation will further increase recovery outcomes.

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Appendix 1: Implications

Legal Implications

The Drug and Alcohol Recovery Service has been procured through Durham County Council due process.

Finance

The contract value was allocated to Drug and Alcohol Recovery services will remain constant until 2020/2021

Consultation

A full consultation process was undertaken about the need of the new service to be procured in 2017/18

Equality and Diversity / Public Sector Equality Duty

Equality and diversity have been fully considered in terms of access into services and policies to support the implementation of the contract and service.

Human Rights

No infringement of human right has been identified.

Crime and Disorder

Drug and Alcohol Recovery Services will impact on reducing levels for crime and Disorder in our local communities.

Staffing

A full process of staff TUPE has been undertaken as part of the service transition.

Accommodation

There have been 3 Recovery Centres retained as staff bases in Durham city, Peterlee and Bishop Auckland. Community satellite venues have been sourced and developed to extend the access and reach to service users based within local areas.

Risk

The maintenance of the provision of high quality drug and alcohol recovery services remains a key priority for the Council, but a reduced funding allocation could increase the risk of reducing the numbers in recovery outcomes.

Procurement

The drug and Alcohol Recovery Service contract has been procured for 2 years (commencing in 2018/19), with a possible extension of a 3rd year into 2020/21. The service will be reviewed in September 2019.