

17 February 2020

**Drug and Alcohol Recovery Service
Update**

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

**Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult and
Health Services**

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The report will provide Members of the Committee with an update on the County Durham Drug and Alcohol Service (DARS) delivery since the last update report in January 2019.

Executive summary

- 2 The remodel of the Drug and Alcohol Service took place in September 2017, in order to support the requirement of £1.3m savings from the budget. This also provided an opportunity to review best practice and re-design the service specification.
- 3 The County Durham Drug and Alcohol Recovery Service provided by Humankind, became fully mobilised in June 2018. A new service model was implemented in February 2018 which reduced the number of recovery centre buildings while increasing the outreach provision across the county.
- 4 The new model transitioned 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.
- 5 In the 18 months following this the new delivery model has been embed well; outreach provision has been established and the new integrated pathways have been achieved. Excellent relationships with

partners have been forged and innovative ways of working have been developed.

- 6 The service's performance around successful completions are in line with national averages and numbers in service have remained consistent throughout the year.
- 7 A Care Quality Commission (CQC) inspection was carried out in October 2018 after an initial 6-months of service delivery.
- 8 The overall inspection was rated as Requires Improvement. Subsequently an action plan has been designed and implemented; this has been approved by CQC and further inspection is expected in March 2020.
- 9 The recommendations of the health needs assessment of long-term opiate users conducted in 2018 have been further developed and embed this year. The work included projects around bespoke women's services, Primary Care, dual diagnosis and options for heroin assisted treatment (HAT).

Recommendation

- 10 To review the information contained in the report

Background

- 11 Public Health have a legal duty to commission an accessible drug and alcohol treatment and recovery system to treat both alcohol and drug dependence and to reduce harm.
- 12 The DARS performance is reported to the quarterly Alcohol and Drug Harm Reduction Group which is overseen by Safe Durham Partnership.
- 13 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.
- 14 The remodel of the Drug and Alcohol Service took place in September 2017, in order to support the requirement of £1.3m savings from the budget. This also provided an opportunity to review best practice and re-design the service specification
- 15 The current contract was awarded on a 2 years +1 +1 arrangement in February 2018. The option to utilise the plus 1 option was granted in 2019; putting the current provider in place until February 2021.
- 16 The new model involved the decommissioning of 3 recovery centres; replaced with increased community outreach provision in order to retain front line delivery. 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 Key priorities for the new specification have been achieved. These include:
 - Providing outreach support – for the workforce to become more mobile, taking services “out” to clients to extend the service reach. This has increase referrals and helped to reduce social isolation, especially in alcohol clients.

- Better Integration – for the drug and alcohol service has become more “outward” focused, working in partnership with other partners to achieve common goals.
- 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 and the hospital setting.
- Families have been placed at the heart of the service contributing to break the cycle of intergenerational substance misuse.
- The prevention and early intervention agenda has been reinvigorated by the HOPE team, with the drug and alcohol agenda now integrated into wider health, wellbeing and social care interventions.

21 A Health Needs Assessment (HNA) of long-term opiate clients was carried out by public health during 2017/18 after the requirement for such a document was highlighted by County Durham Council Cabinet in September 2017.

22 A CQC inspection of the DARS took place in October 2018, four months following the implementation of the new service delivery model. The CQC ranked the service ‘as requiring improvement.’

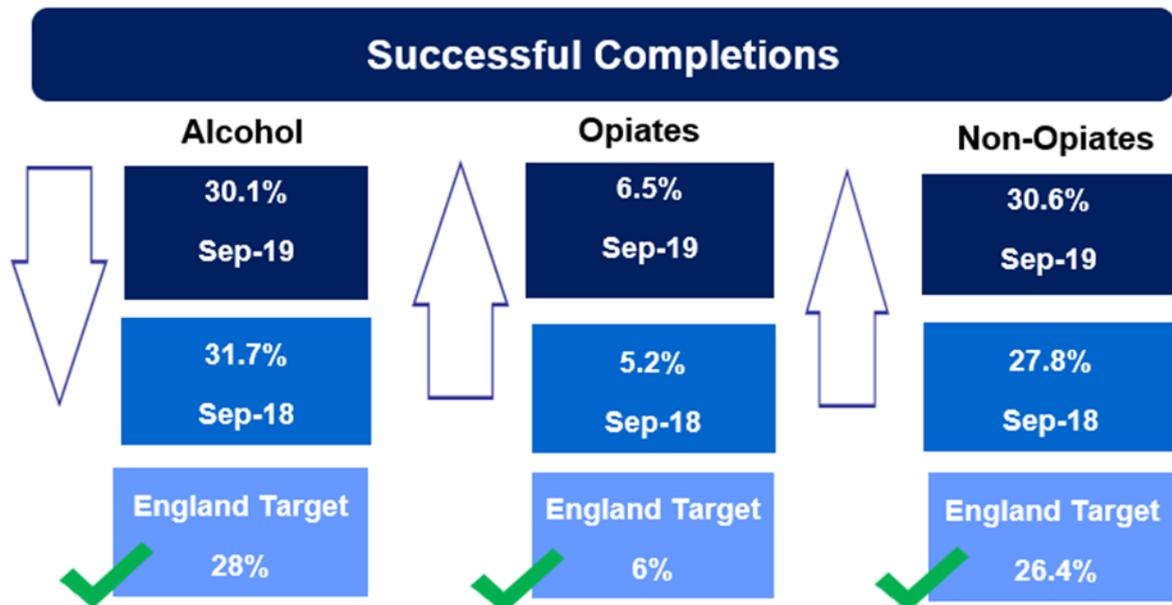
Performance Outcomes

23 There were 3035 clients accessing support from the Drug and Alcohol Recovery Service at the end of Quarter 2 2019/20. The numbers in service have remained broadly consistent over the course of the new contract. See table below for a monthly breakdown.

Table 1. Numbers in treatment for DARS (July-September 2019)

Numbers in Treatment Q2 2019/20				
Durham	July 19	Aug 19	Sep 19	DoT on last month
Opiates	NDTMS monthly data is not published for the month of July	1472	1485	↑
Non-opiates		420	440	↑
Alcohol		1087	1110	↑

- 24 The performance of the service is in line with successful completion national averages for alcohol, opiates and non-opiate clients, at the end of Quarter 2 2019 (July - September).
- 25 The infographic below for details this; along with information on the percentage of successful completions at this point last year. Opiate and non-opiates successful completions are up but alcohol completions are down by 1.6%.



Outreach Provision

- 26 As stipulated in the service specification outreach facilities have been identified and developed in the first year of service delivery. There are over 40 outreach venues across the county providing co-location for recovery workers and prescribers. Appendix 2 details these.
- 27 Increased outreach provision has provided an increase of targeted support into areas of high need where previous provision did not engage directly including Chester-Le-Street, Stanley, Spennymoor and Barnard Castle.
- 28 Outreach facilities have been well attended and are extremely valued by service users and partners.

Integrated Pathways

Criminal Justice

- 29 Humankind have established a specific criminal justice team within the DARS which has developed referral pathways and ensured joint support for clients.

- 30 This team has excellent links with the Integrated Offender Management team, Vulnerability Intervention Pathway (VIP) service, prison estates and the National Probation Service; specific criminal justice recovery workers have provided consistency and specialist skills.
- 31 The team also maintain connectivity with the Checkpoint scheme, delivered by Durham Constabulary and ensure the criminal justice recovery workers link with offenders identified through the Checkpoint scheme and encourage referrals into the DARS.
- 32 There have been 121 clients supported by the criminal justice team at the end of Q2 2019/20. This is a huge increase on the same period last year when the number was 35. This demonstrates the work over the last year to embed pathways by Humankind.

Children, Young People and Families

- 33 Humankind provide a dedicated Children, Young People and Families team which provide a range of bespoke interventions designed to engage the service user and their wider family and carers.
- 34 They also work in partnership jointly delivering comprehensive pathways to address multiple vulnerabilities and risk management for those families in need with many partners including the police, children and adult social care.
- 35 There are recovery workers based within the Youth Justice Service to ensure provision of integrated drug and alcohol service by supporting engagement into service and forge working relationships.
- 36 The service has a single point of contact (SPOC) within the multi-agency safeguarding hub (MASH) to ensure safeguarding of children is of the utmost priority.
- 37 A Think Family Lead Practitioner role has also been introduced to work across the service to implement and deliver Think Family Interventions alongside embedding joint working with wider Think Family partners.
- 38 The numbers of children in treatment has remained fairly static over the course of the contract. There were 311 children having accessed the recovery service at the end of Quarter 2 2019/20.

Hospital Setting

- 39 Humankind have made some developments in partnership with the hospitals; University Hospital North Durham (UHND) and Lanchester Road Hospital which has proved challenging in the past. This has resulted in recovery workers gaining access to hepatology, maternity and paediatric wards to engage patients in treatment.

- 40 It has been evidenced that this is an ideal point in time to engage clients; when they are contemplating behaviour change most seriously. To date this has resulted in 100 referrals to DARS.
- 41 This work is on going with DARS hoping to access a greater number of wards and clinics. Information sharing agreements and patient confidentiality have taken time to agree but this work is set to develop further.
- 42 Links have been made with the Clinical Commissioning Group (CCG) to scope the potential opportunity for an Alcohol Care Team (ACT) based in UHND. This team would engage and support patients into treatment and recovery within the hospital setting.
- 43 Further work is planned to contribute to both planned and unplanned hospital discharge by working in partnership with Housing Solutions, County Durham and Darlington Foundation Trust (CDDFT) and Tees Esk and Wear Valley Foundation Trust (TEWV).

Primary Care

- 44 The HNA identified high levels of opioid based pain relief medication (gabapentinoids) prescribed within primary care locally. The increase in substance misuse related deaths nationally and locally has seen a rise in the number of deaths associated with gabapentinoids. This closely correlates with a substantial increase in prescribing of pregabalin and gabapentin.
- 45 Evidence for the misuse of and dependence on supra-therapeutic doses of gabapentinoids has been accumulating, particularly in people who misuse opioids and in the prison population.
- 46 Key local guidance has been developed and communicated to pharmacies and GPs in response to this to reduce the chances of prescription drugs being diverted.
- 47 In addition to this for patients who are already engaged with substance misuse services contact is always made with the Drug and Alcohol Recovery Service prior to commencement of other medicines. Regular contact is maintained with the service to agree common recovery goals
- 48 The HNA identified that many clients do not engage with GP's enough to assess support for their general physical health and long-term medical conditions. A new approach is now being explored which would entail an outreach service delivering flu vaccinations and a respiratory clinic with long term opiate clients.
- 49 This area of work would provide an opportunity to begin to understand the interface of long-term opiate clients and primary care. This would enhance current primary care practice, using respiratory health as an initiator for a new programme of support, which could be extended to include other long-term conditions.

- 50 The provision would include a respiratory screening service, brief information and advice including signposting to stop smoking services and referral to the respiratory clinic if appropriate. This model is being piloted in Newcastle and has seen 100% of service users screened receive a respiratory disease diagnosis and a high engagement in the service from drug and alcohol clients.
- 51 This model has been presented to the Respiratory Clinical Advisory Group in County Durham and they are keen to progress. There have been personal changes that have resulted in this being delayed; the respiratory consultant retired towards the end of last year.
- 52 The DARS is assessing clients, collating baseline information and signposting to appropriate services where appropriate.

Mental Health (Dual Diagnosis)

- 53 There is currently an established working group in relation to 'dual diagnosis' clients. This consists of TEWV, social care, Humankind and public health.
- 54 The group's purpose is to give strategic oversight of dual diagnosis policies and pathways to ensure all parties are aware of each other's roles and responsibilities.
- 55 This in turn ensures the most vulnerable clients are supported in a way which is individual to them. Specific working protocols are in the process of being developed but all agencies working together on this as a priority is extremely encouraging
- 56 The group held a Dual Diagnosis workshop in January 2020 to initiate the development of a support guide to ensure all services know how clients and when clients can access to support from partner agencies.
- 57 A follow-up event will be held in 6 months' time to review progress.
- 58 Work with Housing Solutions has resulted in the provision of a Rough Sleeper Outreach Worker based in the DARS. This post has made a significant contribution to engaging with the cohort of people sleeping in the streets in Durham City.

Harm Reduction Work

- 59 Following reviews of deaths at the quarterly Substance Misuse Related Death Group (SMRD) meetings examples of learning to prevent further deaths include identifying the need for increased naloxone provision and links to the suicide prevention agenda.
- 60 Naloxone is an emergency antidote to opioid overdose. In the event of a suspected opioid overdose naloxone can temporarily reverse the life-threatening effects of an overdose of opioids. Naloxone itself has no psychoactive properties and so has no intoxicating effects or misuse potential.

- 61 County Durham DARS are now providing kits to vulnerable service users, those accessing needle exchange services and family and carers of high-risk individuals.
- 62 The service is also providing training and naloxone kits to partners such as supported housing, Durham Emergency Accommodation and Durham Constabulary.
- 63 The Police Crime and Victims Commissioners Office have brokered a project to enable police officers in custody suites and members of the Integrated Offender Management Unit to administer naloxone.
- 64 There are plans to implement provision within pharmacies and to extend the reach in Durham Constabulary for take home naloxone to vulnerable individuals on release from custody suites. As well as a pilot project for first response officers to carry naloxone to administer in an emergency all due to commence in April 2020.
- 65 The local suicide prevention co-ordinator is now a valued member of the SMRD group as it was identified important to consider suicide alongside SMRD deaths. This is due to some deaths being difficult to categorise as a suicide or an accidental overdose.
- 66 This partnership ensures a whole picture is provided to both parties as well as intelligence from the local suicide real time data surveillance system helping to inform the group on any shared learning that can inform prevention for the future.
- 67 A regional piece of sector led improvement (SLI) work has begun on drug related deaths. This includes a self-assessment process and peer review to support shared learning across the region.
- 68 A substance misuse outreach worker is now in post in the DARS to support the engagement of homeless individuals into treatment and recovery support. This bespoke targeted work has engaged 4 very hard to reach clients to date.
- 69 A cost-benefit analysis of Heroin Assisted Treatment (HAT) has also been carried out in 2019 which concluded that for 50 clients the cost would be upwards of £1.3 million. This is three times more than the existing methadone treatment and has been recognised as not being cost effective.

Conclusion

- 70 The DARS service is now fully embedded and has made excellent progress on the new aspects of the service model: outreach and integrated pathways.
- 71 The CQC inspection response action plan is in place and approved; reinspection will take place in March 2020.

- 72 The recommendations of the Health Needs Assessment of long-term opiate users conducted in 2018 have been further developed and embed this year. This includes projects around bespoke women's services, respiratory health and dual diagnosis.
- 73 The service's performance around successful completions are in line with national averages and numbers in service have remained consistent throughout the year.

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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 extended by 1 year to February 2021, with a possible extension of a further year into 2021/22.