

27th October 2015



**Overview & Scrutiny Activity -
Service Review of Drug Treatment
Centres**

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1. The purpose of this report is to present findings following scrutiny activity into the service review of drug treatment centres.

Background

2. At its meeting on 20th June 2014, following consideration of a presentation informing Members of a service review and of Drug Treatment Centres within the County, the Committee agreed to establish a review group to carry out further work to provide input to the service review. Members were also advised at this time that a procurement exercise was to be undertaken for an integrated drug and alcohol service.
3. The role of the working group was to provide input before the procurement process commenced and with the service provider following the award of the contract and implementation of the integrated service. The working held two meetings on 9th July 2014 and 7th July 2015 and the aim of this report is to provide the Committee with activity from these meetings.

9th July 2014

4. The aim of this session was to receive an overview of the service review prior to a procurement exercise being undertaken. Cllrs Boyes and Maitland and co-opted members Chief Inspector Colin McGillivray and Tony Cooke were in attendance and met with Anna Lynch, Director of Public Health, Lynn Wilson, Public Health Consultant and Mark Harrison, Commissioning Manager.
5. At the time of the meeting, the current service model for drug treatment service was provided by 13 service providers at seven treatment centers and a recovery academy across the County. Collectively, with Community Alcohol Service there were 23 service providers. Members were informed that within County Durham, prior to becoming a local authority responsibility in April 2013, Drug Treatment Services had been the responsibility of County Durham Primary Care Trust since 2006 and prior to that the former locality Primary Care Trusts. Significant investment had been made by County Durham PCT and the former

Primary Care Trusts had all invested separately and at different levels into both drug and alcohol services.

6. To undertake the review, the Service adopted a 'Lean Project' methodology to design an integrated drug and alcohol service. Members were taken through a step by step guide to the review's process that illustrated the current model and its transition to commission a model that was evidence based, efficient, cost effective and delivered on key outcomes. The review's objectives were to improve outcomes for service users and their families, ensure recovery from dependency and generate efficiencies to ensure value for money.
7. The review aimed to reduce duplication through seeking to commission the service through one service provider with an integrated service model with proposals for six recovery centers across the county. This model also intended to include a number of apprentice and ambassador roles to be created and incorporated within the work force at the new centres. The roles of apprentices and ambassadors are viewed as important by Members as they can offer peer support to service users as they move through their journey to recovery.
8. Whilst a key aspect of the service review is efficiencies, Members were reassured that staff involved with the review had worked in the area of drug and alcohol treatment for many years and were highly motivated to ensure any efficiencies were not at the expense of performance and quality.
9. In relation to service delivery, Members commented on current performance levels of successful completions for opiate and non-opiate treatment service, levels of prescribing and referral routes. In addition, Members highlighted the importance to focus on recovery and reflected on experiences from previously visiting the recovery academy and the achievements this can make to people, families and their communities.
10. This meeting had been positive and provided Members within an overview of the proposed new service and enable comment prior to the procurement exercise commencing. Members were also informed of proposals of an evaluation to be undertaken once the service was in operation.

8th July 2015

11. Following a procurement exercise, Lifeline were awarded the contract to provide an integrated drug alcohol service within County Durham and have been operational since 1st April 2015. In line with the working group's objectives, arrangements were made for Members to meet with the new service provider.
12. Cllrs Boyes, Forster, Liddle, Measor and Turnbull, co-opted Member Tony Cooke and Cabinet Portfolio holder, Cllr Allen met with Lynn Wilson, Consultant in Public Health and Kim Michelle, Area Manager, Lifeline. The aim of this meeting was to receive information on achieved

outcomes from the service review and how the new integrated service model was to be delivered.

13. Outcomes from the review had included the development of a new specification, an integrated service, one lead provider, consolidation of the estate to 6 hubs, development of IT to interrogate prescribing and an evaluation to be carried out by Teesside University
14. Appendix 2 to this report contains the structure of the integrated service model. In summary, the new model is managed by Lifeline Management Board and Tees, Esk & Wear Valley NHS Foundation Trust (TEWV) and includes six Recovery Hubs based in the Derwentside, Dales, Peterlee, Sedgefield, Seaham and Durham areas. Each recovery hub includes a management/admin team, prevention and engagement team, structured treatment, through and aftercare, young person and recovery support services. The hubs at Sedgefield, Seaham and Durham also include a recovery academy with a quasi-residential model.
15. The key focus of this model is recovery and that recovery support and the benefit of recovery ambassadors to help people in their journey with positive messages and stories. In addition, from the initial outset of the treatment system, prevention and engagement was crucial to break the stigma of treatment and highlight that what was being offered in terms of choices and the community of support that was available.
16. With regard to referrals into the service, the importance of working with Pharmacies, General Practices (GPs), Community Groups and Neighbourhood Policing in respect of identifying clients and to work with hospitals was highlighted. The model also links into the Checkpoint programme to reduce reoffending for clients within the criminal justice system.
17. The Working Group learned that Lifeline worked in partnership with TEWV with each having their own areas of responsibility and areas where they worked together. It was noted that TEWV provide recovery oriented prescribing, clinical leadership, work in relation to blood borne viruses, supervision consumption, clinical aspects of recovery pathways and relapse prevention prescribing.
18. In response to information provided, Members acknowledged the approach to the new integrated service and its aspirations to achieve recovery for service users. Members commented on current performance levels and encouraged Lifeline to widely promote its services and engage with GP practices.
19. The meeting concluded with a tour of the Recovery Centre. The tour enabled the opportunity for Members to see the high quality facilities and environment for informal and structured meeting areas and private and secure areas for use by Clinicians.

Conclusion

20. Undertaking this work has engaged Members of the working group with the service review and the transformation to implementation of an integrated service for drug and alcohol services. The invitation by the Service has been welcomed Members and undertaking a site visit to a recovery centre provided an insight to the facilities and services available. Members support a greater emphasis on recovery and acknowledge that the integrated service is in its infancy and request that the Committee's work programme for 2016/17 includes a report on progress of the integrated service.

Recommendations

1. Members of the working group are asked to note information within this report and comment accordingly.
2. That a progress report on implementation of the integrated service from the Service Provider Lifeline be presented to a future meeting of the Safer and Stronger Communities Overview and Scrutiny Committee.

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Appendix 1: Implications

Finance – None

Staffing – None

Risk - None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder – None

Human Rights – None

Consultation – None

Procurement – None

Disability Issues – None

Legal Implications –

