

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

24th January, 2013

PRESENT – Councillor Newall (in the Chair); Councillors Donoghue, Francis, Macnab, E. A. Richmond, S. Richmond H. Scott and J. Taylor. (8)

APOLOGIES – Councillors Donoghue, Nutt and Regan. (3)

ABSENT – Councillor I. Haszeldine (1)

OFFICERS IN ATTENDANCE – Dr Rob Dawson, NECA Medical Director, Kate Jeffels, Darlington Drug and Alcohol Treatment (DAAT) Joint Commissioning Unit Manager, Helen Leake, DAAT Intelligence Performance Analyst and Paul Walsh, NECA Regional Treatment Manager/Clinical Lead.

HP45. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HP46. DARLINGTON TREATMENT JOURNEY 2008 – 2012 – The Darlington Drug and Alcohol Treatment (DAAT) Joint Commissioning Unit Manager, Kate Jeffels introduced a PowerPoint presentation (slides previously circulated) reminding Members how the treatment journey has been developed, the vision of recovery and highlights from the Drug and Alcohol Strategy. Mrs Jeffels explained the positive progress that has been made since the launch of the Connected Recovery Model and the shift in culture which was beginning to emerge with service users starting to move forward through the introduction of Recovery Coaches, Peer Mentoring and Additional Training.

The Team are keen to embed and promote the Connected Recovery Service, develop service users involvement in the services available, including development of the wraparound care services such as dual diagnosis, blood born virus and Tier 4 treatment. Officers hope to improve sustainable outcomes by increasing successful completion and reducing representations through smooth transition of DAAT to the Council within the Public Health Team.

Members were delighted that there appeared to be culture shift that was successfully changing the focus from treatment to recovery. Members were pleased to note that despite original concerns, the surrounding community had accepted the value of the centre and there had been no untoward incidents reported since the controversial move from the Elmfield Centre.

RESOLVED – (a) That the presentation be noted.

(b) That (once available) the Service Implementation Review be forwarded to Members for information, after consideration by the DAAT Board.

HP47. CONNECTED RECOVERY DARLINGTON – The NECA Regional Treatment Manager/Clinical Lead, Paul Walsh introduced a PowerPoint presentation (slides previously circulated) discussing the Connected Recovery Model. Members were guided through the presentation which highlighted the recovery agenda and the best practice model.

Mr Walsh explained that the connected recovery pathway was supported by North East Council on Addictions (NECA) and North East Recovery from Addictions Forum (NERAF). Members were informed that the recovery model was not only a practical change but also a conceptual transformation, which improves a client's journey by putting them at centre of planning their own recovery and enabling the services to be targeted.

Discussion ensued around the development of a best practice model following the principle of the 12 step model (similar to alcoholics anonymous) which focuses on achieving abstinence and particularly in maintaining it. It also coincides with psychological and environmental changes. Readiness, awareness and insight are the main features that differentiated final success from previous attempts ensuring that people need to want abstinence. Members were pleased that exits from treatment is carefully planned and the door always remains open for people to return if they feel that they need additional support or are unable to cope. People are not judged or turned away and success could also be measured by people recognising for themselves that they need to help or assistance.

On-going support is the key to a successful recovery and allowing people to identify and manage their own needs and requirements is key. Peer mentors also offer support and a peer mentor group is also being set up. Members were delighted that Recovery Coaches played such an important role in individual's recovery and are active in recovery planning towards the later stages of recovery.

Particular reference was made to dual diagnosis and Members were informed that close liaison is undertaken with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and where mental health issues are more predominant they are treated initially and the drug addiction is treated secondary.

Specific discussion was held around the use of steroids particularly anabolic steroids that males tend to use to improve the performance, whether roid rage actually was a condition, how dangerous and addictive these injectable substances are. It was noted that steroid users do use the needle exchange to obtain clean needles.

Members welcomed the recovery model and considered how people with successful recoveries are integrated back into the community. It was noted that an Advisory Group was being established to bring people together and communicate with community leaders. Changing the image of people with addictions would be a challenge but one that needed to be explored.

Brief discussion was had about funding and the Local Authority new responsibility on 1st April 2013 of public health. Members expressed concern that fellow Councillors may not fully be aware of the challenges that the DAAT Team faces continuing to improve services and deliver high quality services and pathways, based on difficult budgets. It was suggested that a training session be arranged for all Members to address these concerns.

RESOLVED – (a) That the presentation be noted.

(b) That a Members Training session be held for all Members of Council highlighting the budgetary challenges the DAAT will be facing within the public health allocation under the Local Authority's public health responsibility.

HP48. DARLINGTON KEY PERFORMANCE INDICATORS – The DAAT Intelligence Performance Analyst, Helen Leake introduced a PowerPoint presentation (slides previously circulated) drawing Members attention to the key performance indicators. The presentation outlined historical performance indicators, recovery key performance indicators and connected recovery service specification. Members considered figures of people in treatment, successful completions and effective treatments used.

Members noted that 98% of people on recovery used to be on maintenance and now 43% of active clients receiving prescribing (maintenance) are currently on a reduction programme. It was acknowledged that the reduction of figures would gradually decrease and it was a challenge for people moving away from their prescribed drugs. Dr Dawson explained that sometimes it's a very lengthy process for people reducing their reliance of methadone.

Discussion ensued about Prison services and a Strategy for Darlington residents, issues around unmet need and how only a proportion of people using substances seek or is referred for help and assistance, rehabilitation services and inpatient detox beds.

RESOLVED – That the presentation be noted.

HP49. SERVICE USERS – One of Recovery Coaches addressed the meeting and explained his pathway of treatment and recovery. Members thanked him for his honesty and were very impressed with his recovery and how he was now helping others with their recovery pathways.