

DRUG AND ALCOHOL TEAM - TASK AND FINISH REVIEW GROUP

22 April, 2016

PRESENT – Councillor Taylor (in the Chair); Councillors Newall, EA Richmond and S Richmond.

DAAT1. DRUG AND ALCOHOL TEAM (DAAT) OVERVIEW – The Group met to consider the effect of the MTFP proposals on the DAAT and the implications of those proposals.

The Director of Public Health gave an overview of the current service, explained the proposals for each of these areas going forward and the rationale behind those proposals.

It was stated that the DAAT commissioning functions were to be absorbed by the Development and Commissioning Team within the People Group; a risk assessment had not been undertaken on the impact of the remaining workforce; and a management decision had still to be taken on how to manage the service. Work objectives had to be aligned to priorities within the Sustainable Community Strategy but this was dependent upon national guidelines and the true impact on the workforce was not known.

The DAAT Joint Commissioning Unit Manager advised that the DAAT members had set themselves key objectives to action prior to handover of duties to partners or other staff members; the team used to be 13 strong but now comprised 3.5 staff; and smoking was also part of the Team's functions.

The Director of Public Health explained that where there was an economic need there had to be a response and whilst there were several contracts 5/6 years ago these had now been rationalised. Although commissioning was within the People's Team, which was also subject to proposals to reduce, the DAAT was within the remit of Public Health and responded to emerging issues and provided early intervention.

The DAAT Joint Commissioning Unit Manager (JCUM) reported that the team provided performance management updates and had expert knowledge of Darlington's background and issues which would not necessarily be obvious to another commissioner undertaking the performance management update process.

Members queried whether other LA's DAAT functions were similar to Darlington's and were informed that many DAAT's had been dissolved or had created further partnerships and Durham County Council had separate dedicated employees leading on alcohol, substance misuse and tobacco. In comparison, Members were advised that, Darlington's treatment budget is around a third in comparison to the Authority's most similar neighbour and that £1m was a small amount when compared with the £65m cost to the economy, NHS and lack of productivity on alcohol and tobacco alone, before factoring in any costs related to substance misuse.

Members noted that although there was no saturation policy in the Borough, Public Health's comments and concerns were incorporated into any Licensing applications.

Members requested clarification on what the Key Performance Indicators (KPI's) were for Darlington and whether they were being met. The DAAT JCUM advised that, in addition to contract information from the treatment provider, BALANCE, the North East Alcohol Office, currently provided KPI information to Darlington and if the proposal to cease contribution to BALANCE was approved there would be significant, reduced availability of performance information especially in relation to local, regional and national benchmarking and legislation and policy updates. The information would need to be bought or possibly sought from NECS or Darlington CCG. A further impact would be the lack of capacity to undertake local campaigns and limited capacity to support national or regional campaigns in Darlington.

The Director of Public Health also advised that, although national profiles would be available, there would be no information from Tees Valley as there was a further proposal to cease payment to the Tees Valley Shared Service as it was not considered value for money. Details of hospital admissions and Police information would be available but Darlington relevant information would need to be paid for. BALANCE undertook an Annual Perception Survey but only fee paying LA's were surveyed. Publicity around Stoptober (smoking was Darlington's second biggest killer) and Dry January would also be lost.

Members requested information around Partnership working arrangements and were advised that the CCG paid for hospital admissions although efficiencies could be achieved if funding had been made available for an Alcohol Liaison Officer, as requested by the Council. The Council also previously funded liaison in police custody but the Director of Public Health questioned whether this was an LA responsibility especially as all partners had not provided funding. Reference was made to the joint funding arrangements between Redcar and Cleveland CCG and the local authority which provided for an Alcohol Liaison team of 16 people based in James Cook Hospital, with excellent results.

Discussion ensued on GP's needing a mechanism to carry out their responsibilities to offer to fund Healthy Darlington as, from a NHS commissioning point of view, this would achieve an excellent return.

Members raised concerns around the cumulative effect of various proposals on vulnerable people making particular reference to the closure of First Stop, where housing needs were met, as drug and alcohol abuse was a particularly common form of death for homeless people. Members were advised that the Police would be the first to see an impact of the reduction/loss of treatment and/or support services, such as First Stop.

It was stated that if all services were stopped there would be an immediate impact as there would be little time to mitigate the consequences, it was suggested that phased ceasing of services would help.

The Director of Public Health advised Members that the Chief Officers Board had asked for information on the cumulative effect of withdrawal of all services which was currently being drawn up by the Assistant Director, Law and Governance. Members

noted that although Darlington had a strong voluntary sector there were also proposals to reduce funding in that Sector.

The JCUM raised concerns around the increased use of New Psychoactive Substances (NPS) known as legal highs, especially in young people and the need to ensure there was continued and sufficient awareness of the harm these drugs could do. A consultant had been employed to undertake a project relating to dedicated pathways for abuse which had highlighted issues around GP's signposting awareness. The DAAT Board had recently agreed that testing and awareness programmes were working and Chief Inspector Sue Robinson had agreed to take over the role of Chair of the NPS Stakeholder Group. Both the police and Police and Crime Commissioner's Officer are currently undertaking impact studies on the Council's MTFP proposals and would advise how the Police could provide support.

Members noted that the CCG never attended DAAT Boards although they were aware of the meetings and the topics discussed. It was also stated that paramedics collect many people on legal highs which was taking away from other emergencies.

A Public Health England National Conference had highlighted an emerging problem with NPS, especially in prisons as the molecular make-up of the drugs were not known although unpredictable and aggressive behaviour had been displayed.

IT WAS AGREED – That the information provided at this stage be noted.