HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 11 February 2020.

PRESENT:	Councillors J McTigue (Chair), D P Coupe (Vice-Chair), A Hellaoui, B A Hubbard (Substitute for Hill), T Mawston, D Rooney, M Storey and P Storey
PRESENT BY INVITATION:	Councillor Thompson (Chair of OSB)
ALSO IN ATTENDANCE:	Daniel Ahmed - Clinical Partner and Dr John Bye - Clinical Partner (Foundations), Vicky Franks - Project Manager - (Change, Grow, Live) (CGL) Richy Cunningham - Regional Manager (Recovery Connections)
OFFICERS:	C Breheny - Democratic Services Officer J Bowden - Advanced Practitioner, Public Health (South Tees) R Burns - Advanced Practitioner, Public Health (South Tees) T Le Ruez - Tees Preventing Drug Related Deaths Co-ordinator

APOLOGIES FOR ABSENCE Councillor S Hill and M Saunders.

DECLARATIONS OF INTERESTS

There were no declarations of interest at this point in the meeting.

1 **WELCOME AND EVACUATION PROCEDURE**

The Chair welcomed all present to the meeting and advised on the Council's Fire Evacuation Procedure.

2 **MINUTES - HEALTH SCRUTINY PANEL - 18 DECEMBER 2019**

The minutes of the Health Scrutiny Panel meeting held on 18 December 2019 were approved as a correct record.

3 **REDUCING OPIOID DEPENDENCY - FURTHER INFORMATION**

The Panel was advised that Middlesbrough Recovering Together (MRT) was the name of the local substance misuse model, which aimed to offer people seamless services as if delivered from a single provider. MRT had been successfully delivering local substance misuse support since 1 October 2016, with three providers working in partnership:

Change, grow, live (CGL) (formerly CRi) provided the psychosocial treatment aspect of the model for both adults and young people, adopting a whole family approach wherever possible.

Foundations Medical Practice (formerly Fulcrum) was a specialist GP practice that provides primary care to people who are experiencing or at risk of social exclusion. The service operated over two sites: Acklam Road for substance users and violent/aggressive patients, and Harris Street for asylum seekers. Both had been rated 'outstanding' by the CQC. On behalf of Public Health, Middlesbrough Council they provided a clinical recovery service.

Recovery Connections (formerly Hope NE) were the provider of all recovery interventions and also delivered a twelve step-based, quasi-residential rehab model via their current building. There were a number of recovery activities delivered in the community such as the Collegiate Recovery Campus at Teesside University, Recovery Choir, community garden project, drop-in services, SMART Recovery groups and a range of health and wellbeing groups. There was emphasis placed on facilitating people into Mutual Aid (alcoholics anonymous, narcotics anonymous, etc.). Recovery Connections was rated ‘outstanding' by the CQC.

Representatives from all three organisations were in attendance at the meeting to advise the Panel on the way in which service provision was currently delivered. The point was made that the harms caused by the misuse of opioids and other drugs were far reaching and affected lives at every level:

- crime committed to fuel drug dependence;
- organised criminality,
- violence and exploitation;
- irreparable damage to families and individuals;
- negative impact on communities.

It was stated that it was the cumulative impact and all of the surrounding issues that made it a wicked problem in public health terms. It was also important to emphasise the message that **you alone can recover but you cannot recover alone.**

The panel was advised that Middlesbrough had high levels of estimated drug misuse, 25.51 opiate and crack users per 1000 population, which was more than triple the national rate of 8.4 and was the highest in the country. (PHE, 2019)

Middlesbrough currently had:

- 1257 opiate users
- 255 non-opiate users
- 142 non-opiate and alcohol users

It was noted that 72 per cent of the number in treatment were males, with the highest numbers seen in the 30-39 age group. In addition 51 per cent of those in treatment had an identified mental health need and 33 per cent of opiate clients had been in treatment for six years or more.

The latest Office for National Statistics (ONS) data showed there had been an increase in the number of hospital admissions for drug misuse across South Tees, with the latest figures showing the rates in Middlesbrough were three times higher than the national average.

One of the Clinical Partners at Foundations advised the panel that the average age of patients registered at Foundations GP Practice was 38 years old. Yet this cohort had significant health problems and displayed a staggering increased prevalence of chronic health conditions:-

- Asthma 200 per cent above the national average
- COPD 225 per cent above the national average
- Mental health issues 193 per cent above the national average
- Palliative care 211 per cent above the national average.

There was also a high prevalence of emotional trauma and no patient had not experienced some form of trauma. A stark image of a wound sustained through drug use was shown to highlight the extremity of harm, along with medieval levels of life expectancy. This was a group of patients that did not often seek help and only at the point of crisis would they approach services support. The prevalence of asthma and COPD were related to the drug use, as some of the drugs were smoked, which had an impact on respiratory health.

A member of the panel made the point that these were the figures the service providers were aware of and it was questioned as to whether there may be many more people affected. The Clinical Partner at Foundations acknowledged that it could be far worse, however, collectively service providers were confident they had a good penetration of service users and did not regularly encounter many new faces. It was stated that from a GP's perspective it could not be stressed enough how often these patients did not seek help. It was also the case that they were often very transient and would not, for example, return the next day for any follow up treatment. Efforts were always made to try and complete treatment straight away when people presented.

In terms of Drug Related Deaths (DRD), the Office for National Statistics (ONS) figures showed that the total number of deaths from 2008 to 2019 in Middlesbrough was 188 (as of November 2019). The average age of drug related deaths was 38.2. For comparison, the average life expectancy in Middlesbrough was 76.2. The wards with the highest DRD were Central, Newport, Park, Longlands & Beechwood and Brambles & Thorntree. The most common drugs detected in substance related deaths from Coroner Inquests between 2008 and 2019 were heroin, alcohol, methadone, cocaine, mirtazapine, benzodiazepines, zopiclone and pregabalin.

The panel was advised that in terms of the number of drugs detected post-mortem it was now increasingly common to see all of the above drugs in someone's system at the same time. Teesside Coroner Inquest data showed between 2008 and 2019 there was a notable increase in the number of drugs detected. In 2008-09 there was frequently 1-2 drugs detected. In 2019 a third of cases now involved 5 or more drugs. It was stated that there was a tendency for pregabalin and benzodiazepam to be used by younger people. Not many young people started on heroin.

In terms of cost and availability the Panel was provided with information in respect the following substances:-

- Pregabalin was readily available, selling for around £10 for a strip of 7x 300mg tablets, or £50 for a box of 50. Tended to be counterfeit tablets.
- Gabapentin was not as readily available currently as Pregabalin, but this changed regularly, tended to be around £10 a strip of 500mg tablets- usually diverted prescriptions.
- Zopiclone was cheap, could be as little as £5 a strip and could vary in strength.
- Diazepam (£10) was in high demand but reports of an increase in counterfeit- reports of other tablets being dyed blue and sold on.
- Buprenorphine prices had risen again in the prison setting- some reports of up to £30 per tablet (previous high for branded Subutex was £60)
- Tramadol was still used widely, low cost of and easy to get hold of.

In reference to where people sourced these drugs it was advised that a number of sources were used including family, friends, GP prescribing, internet, local dealers and social media. Complex problems could also arise where restrictions were imposed on prescribed substances, as a black market of those substances could develop, which were not quality controlled.

In respect of the approaches adopted elsewhere it was advised that some countries had introduced decimalised markets. Portugal, for example, had taken a much more health focused approach, resulting in a reduction of drug use across the country and a huge reduction in drug related deaths.

In terms of work undertaken by Public Health to tackle these issues it was advised that the following measures had been implemented:-

- The Preventing Drug Related Deaths post had conducted reviews of deaths and looked at patterns of drug use.
- Middlesbrough had taken part in Heroin and Crack Cocaine Action Area (HACAA) work with Cleveland Police
- An integrated commissioning model had been developed to look at wider issues.
- M'bro Alcohol Centre of Excellence (MACE) - capital funding secured - hall gate depot building.
- Live Well Centre approach had been adopted.

In terms of Value for Money it was advised that conservative estimates highlighted a £3/4 saving on each £1 invested. In 2016/17 Public Health England (PHE) figures showed that £5m invested resulted in a £10million social / economic return.

Change, Grow, Live (CGL) - A Care Co-Ordination Service

The Project Manager at CGL advised that open entry access to the service was provided over a range of locations including at the Live Well centre and Foundations GP Medical Practice.

The service focussed on providing:-

- Care co-ordination of effective treatment pathways through collaboration with key stakeholders
- Person-led, holistic care planning and risk management
- Criminal Justice System support
- Family focussed approach
- Harm Minimisation service

Psychosocial interventions involved intervening in the psychology (thoughts/feelings) or the social (context/environment), which was tailored to the individual depending on needs. For example,

- Motivational Interviewing to address ambivalence about change
- CBA (Cognitive Behavioural Approaches) structured support around behavioural change
- Identifying and change thought process
- Education around Emotional management
- Relapse prevention to support sustainability
- Structured and Unstructured group work
- Family work
- Impact of parental substance misuse
- Social interventions e.g. SBNT (Social Behavioural Network Therapy)
- Enhancing recovery capital
- Developing social support for change

The panel was advised that CGL also provided a young persons service to offer specialist support for young people who were either using alcohol/drugs or affected by someone else's alcohol/drug use.

Foundations - Clinical Service

A Clinical Partner at Foundations GP Practice advised that he wished to start with a quote from Gabor Mate (a Canadian Physician known for his expertise on trauma, addiction, stress and childhood development), as it summed up the stark reality of providing care to people who had become so dehumanised they no longer cared if they lived or died. 'My patients' addictions make every medical treatment encounter a challenge. Where else do you find people in such poor health and yet so averse to taking care of themselves or even to allow others to take care of them'.

In order to address the issue of opioid dependency the Clinical Partner at Foundations advised that a health focussed harm reduction approach was required. It was explained that a harm reduction was an approach used all the time in everyday life, kids on skateboards, we don't stop them we provide them with helmets and pads, people jumping out of planes, we don't stop them they have training, a parachute. Harm reduction was normal, yet with drug use, we did not use all the tool we had to reduce harm. We expected drug users to jump out of a plane without a parachute every time they used.

Evidence based approach:

- **Rapid access to treatment** - no wait times. Why, there was clear evidence that being in treatment protected lives.
- **Trauma informed approach** - A trauma informed approach, I am ok you are ok, we don't ask what's wrong with people but what's happened to people. We meet people with respect and love. We need to acknowledge that a path of often horrific life events have led people to need our support. We respect they may find it too difficult to express their thoughts and feelings about their trauma, that they have survived to this point.

- **Opiate substitute prescribing at optimal doses** - The strongest evidence base in all guidance for heroin use is substitute prescribing, the use of methadone/Buprenorphine within particular dose ranges is the number one protective factor in preserving life and providing stability in people who use opiates. Doses should be between 60mg to 120mg for maximum benefit. However, there was often a stigma attached to this, people were encouraged to reduce doses, the lower the dose the better, a moral value was attached to the dose that wasn't applied in other areas of medicine. We do not draw breath when we need to take 500mg of paracetamol. A patient who required insulin is not pressured into reducing the dose.
- **Heroin Assisted Treatment -** Heroin assisted treatment, a further treatment option with a global evidence base of effectiveness. Middlesbrough should be proud it supported the introduction of HAT, allowing treatment options for patients who failed to benefit from front line treatment options. The rest of the uk treatment sector was in awe of Middlesbrough's HAT programme.

Further to the above the Clinical Partner at Foundations GP Medical Practice expressed the view that embracing a wider definition of recovery was critical in supporting people who used opiates.

Recovery must be understood to have a multitude of outcomes:

- **Abstinence from substances** - Recovery had come to mean abstinence from substances. It had come to mean anybody who wasn't abstinent from substances or required medication had not recovered.
- **Stability on medication** - Recovery needed to be acknowledged as multi-faceted. Its right we had a treatment system that aspired to abstinence but not right that we had one that discounts people who had stabilised on medication as recovered.
- **Reduction in harmful behaviours -** It was not right that a reduction in harmful behaviours was not celebrated.
- **Defined by the individual** - It was not right that recovery was not defined by the individual.

You can't recover if you're dead, right now people were dying.

The Clinical Partner at Foundations GP Medical Practice advised that a radical approach was needed, with the introduction of measures that directly impacted the most vulnerable with evidence based solutions.

Evidence based solutions:

- **Introduce safe spaces for people to consume substances** - Safe spaces to use substances safely were widely used in Europe, Canada and Australia and had been for up to 16 years. No one had ever died of a drug over dose in any of these facilities.
- **Introduction of drug sampling** - Introducing drug sampling would allow those who used substances to ensure the substance was safe. Drug users did not want to die
- **Active drug users as part of the treatment system response** - Introducing active drug users to treatment service structures and treatment provision would allow services to reach those we don't currently and to engage them on the path to recovery. An example of this was Middlesbrough's peer to peer Naloxone programme

The panel were shown photographs, taken in areas of the town centre, although it was emphasised that this could be any town or city in the country. There was human waste and discarded needles, works and crack pipes. It was advised that this was the current state of play, this was how the most vulnerable people who used drugs were currently living and using. The point was made to the panel that we had a drug related death crisis and yet this, this was the place where some people were having to use. A young lady was found dead in this area a few months ago and a young man died here over Christmas.

Heroin Assisted Treatment (HAT)

In terms of the Heroin Assisted Treatment programme it was advised that this was based at

Foundations GP Medical Practice, it was an evidence based intervention undertaken in partnership with the Police and Crime Commissioner and Probation services. It involved a cohort of high volume users of emergency services, those committing the most crimes and those who had previously failed to engage in treatment. All of the clients involved in the programme attended twice a day to inject, 7 days a week and received a full package of support from other relevant services. The programme had shown excellent early outcomes and all participants had terminated their use of street heroin.

The following feedback had been received from a Cleveland Police Officer in respect of the programme, 'I stopped a well-known offender in Middlesbrough recently. I've known him for 15 years and he's always wanted or a suspect. But this time he was neither. He told me he was taking part in Heroin Assisted Treatment, that the course was excellent and that it was working for him. He looked the best I had seen him in years. I couldn't believe the difference in him.'

The panel enquired as to the number of individuals involved in the scheme and it was advised that there were currently nine people, with spaces for up to fifteen. The panel was very supportive of the initiative and keen to explore the possibility of expanding the scheme, as well as increasing its knowledge about drug consumption rooms (DCRs). The opportunity to visit the Heroin Assisted Treatment programme at Foundations was offered to the panel and Members expressed the view that such an opportunity would be beneficial. The point was made that at present the Home Office was not in favour of DCRs. Glasgow had openly requested a trial, however, to date the request had not been approved. Bristol had also recently set up some mock DCR's to demonstrate to the public what would be involved.

Recovery Connections

The Regional Manager advised that Recovery Connections' provided the following services:-

Quasi Residential Rehab (QRR) in Middlesbrough was one of the only free to enter rehabs in the country (8 flats). The CQC rated had rated it as Outstanding and a 12 step rehab programme was for Middlesbrough residents who wished to complete an intense 6 month programme.

Community support included structured and recovery focused groups such as SMART and ACT peer recovery, as well as unstructured groups such as cooking and arts and crafts, which were designed to teach people skills and get people mixing with similar people aiming for similar goals.

Housing support was also provided, mainly for people leaving rehab however there was some support available for people accessing community groups to receive as well.

Young person's worker was based at the Students Union 2 days per week, helping to support people in recovery to get into education and maintain attendance and work.

Trauma therapy, mainly for people in rehab however also working with people accessing community provision across MRT. Recovery connections secured funding from the National Lottery to employ two full time trauma therapists adding value to the current treatment provision.

In terms of the offer provided at the Quasi Residential Rehab it was advised that each individual signed up to a contract, which included 12 weeks residential housing and 12 weeks supported peer housing, as well as help finding accommodation if required. Trained Coaches guided and supported each person through the 12 steps programme and it was a very structured environment. Attendance at mutual aid, for example, narcotics anonymous / alcoholics anonymous was also required. The ambassador programme was also of key importance and many of those involved in the centre had been living and breathing recovery for many years. It was not the harm that was the focus but the good.

It was also advised that Recovery Connections was out in the community as much as possible in an effort to send out a positive message to the community about recovery. The coffee bike

was an effective way of engaging with people in the street and each time the bike went it staff from the organisation would engage approximately 40 people in a conversation about recovery.

In terms of what had been lost over the last seven years it was advised that the budget had been cut by half, from approximately £6m to around £2.3m for 2020/21, when inflationary pressures were taken into account. There was no longer a dedicated prevention budget, the ability to innovate had been reduced and the Hospital Intervention and Liaison Team (HILT) had been disbanded. Although, there was some good news and the Public Health Team was very confident that it should be back in place as a result of funding secured through South Tees NHS Foundation Trust. Risks remained in terms of the safe haven and loss of specialist skills, knowledge and experience, as less capacity had resulted in an increase in more generic posts.

Gaps

- The pain management clinic remains vastly oversubscribed.
- Recovery campus, first one in the world outside America, cohort was easy to dismiss, more palatable to priortise other agenda, deeper understanding of the sources to restrict supply.
- Incredibly high stigmatization remained.

Next Steps

- The integrated model should bring numerous benefits.
- In making every contact count, respect was key, as was a restorative approach.

Longer Term Opportunities

- Collaboration with key partner organisations
- Pooled budgets.

Requests

- Commitment to continued investment

The real term cuts needed to be highlighted. As although the Public Health Team had a really good track record of securing external grants funding with the level of cuts faced by the police, probation and prison service there was a need for long term financial stability.

The Heroin Assisted Treatment (HAT) programme was funded through a partnership arrangement using time limited funding, which had been secured until October 2020. It was emphasised that additional funding was needed, as else there was a risk that Middlesbrough could lose this innovative work. There was also the Police and Crime Commissioner (PCC) Elections to consider and a need to ensure PCC funding continued to be secured.

- Help to engage key partner organisations and stakeholders to tackle the issue collaboratively;
- Work collectively to tackle stigma;
- Make Middlesbrough a Recovery City

The point was made that the value for money evidence was clear and investing in prevention was a win win, it saved lived and saved families.

The Chair thanked all of the attendees for their highly informative presentation and discussion.

AGREED that a visit to Recovery Connections' Quasi Residential Rehab facilities and Foundations Medical GP Practice (including the Heroin Assisted Treatment (HAT) Programme) be arranged for all Members of the Panel.

4 **REGIONAL HEALTH SCRUTINY UPDATE**

The Democratic Services Officer provided an update in respect of the following regional meeting:-

- Tees Valley Joint Health Scrutiny Committee held in Hartlepool on 17 January 2020.

AGREED that the regional health scrutiny update be noted.

5 **DATE OF NEXT MEETING - TUESDAY, 10 MARCH 2019**