Middlesbrough moving forward

Legal and Governance

OVERVIEW AND SCRUTINY BOARD

Date: **Thursday 11th March, 2021**
Time: **4.00 pm**
Venue: **Virtual Meeting**

AGENDA

Please note: this is a virtual meeting.

The meeting will be live-streamed via the Council's Youtube channel at 4.00 pm on Thursday 11th March, 2021

1. Apologies for Absence

2. Declarations of Interest

   To receive any declarations of interest.

3. Minutes - Overview and Scrutiny Board (Extraordinary Meeting: Budget Consultation) - 27 January 2021 — 5 - 10

4. Minutes - Overview and Scrutiny Board (Call-in: Nunthorpe Grange Farm Disposal) - 29 January 2021 — 11 - 14

5. Minutes - Overview and Scrutiny Board - 11 February 2021 — 15 - 22

6. Executive Forward Work Programme — 23 - 30

7. Executive Member Update: The Mayor — 31 - 32

   The Mayor will be in attendance to update the Board on his aims and aspirations, progress made to date and to highlight any emerging issues relating to his portfolio.

8. Middlesbrough Council's Response to COVID-19

The Chief Executive and Director of Public Health will be in attendance to provide the Board with an update in respect of the Council's response to COVID-19.

9. Final Report - Economic Development, Environment and Infrastructure Scrutiny Panel - Pest Control Services — 33 - 40

10. Final Report - Health Scrutiny Panel - Opioid Dependency: What Happens Next? — 41 - 94

11. Overview and Scrutiny Board Call-in Outcome: Nunthorpe Grange Farm Disposal — 95 - 98

12. Scrutiny Chairs Update

Ad Hoc Scrutiny Panel - Councillor J. Thompson
Adult Social Care and Services Scrutiny Panel - Councillor J. Platt
Children and Young People's Learning Scrutiny Panel - Councillor S. Hill
Children and Young People's Social Care and Services Scrutiny Panel –
Councillor L. Garvey
Culture and Communities Scrutiny Panel - Councillor C. McIntyre (update to be provided by Democratic Services Officer)
Economic Development, Environment and Infrastructure Scrutiny Panel –
Councillor M. Saunders (update to be provided by Councillor B. Hubbard)
Health Scrutiny Panel - Councillor J. McTigue

13. Any other urgent items which, in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Wednesday 3 March 2021

MEMBERSHIP

Councillors J Thompson (Chair), M Storey (Vice-Chair), C Cooke, D Coupe, L Garvey, A Hellaoui, T Higgins, S Hill, T Mawston, C McIntyre, J McTigue, J Platt, M Saunders, Z Uddin, B Hubbard and A Preston (The Mayor)

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Chris Lunn, 01642 729742, chris_lunn@middlesbrough.gov.uk

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OVERVIEW AND SCRUTINY BOARD

A meeting of the Overview and Scrutiny Board was held on Wednesday 27 January 2021.

PRESENT: Councillors J Thompson (Chair), M Storey (Vice-Chair), D Coupe, L Garvey, A Hellaoui, T Higgins, S Hill, T Mawston, J McTigue, J Platt, M Saunders and Z Uddin.

PRESENT BY INVITATION: Councillor C Hobson and A Preston (The Mayor).

OFFICERS: C Breheny, Cooper, A Humble, C Lunn, J McNally, S Reynolds and I Wright.

APOLOGIES FOR ABSENCE: Councillors C Cooke and C McIntyre.

20/2 **DECLARATIONS OF INTEREST**

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

20/3 **BUDGET CONSULTATION**

The Director of Finance, the Head of Financial Planning and Support and the Executive Member for Finance and Governance were in attendance at the meeting to provide information in respect of the Council's current Budget Consultation exercise.

The Director of Finance delivered a presentation, which covered the following topics:

- Setting the scene of the Council's finances;
- Members' general responsibilities in setting the budget;
- The timeline for budget setting;
- The budget position;
- The efficiency savings presented to Full Council as part of the Strategic Plan;
- Changes in the Finance Settlement and subsequently to the proposed budget as a result; and
- The proposed increase in Council Tax.

It was explained that the context of the 2021/2022 budget was the austerity programme, which the Council had been part of since 2010 following the financial crisis. Since 2010, the Council had made over £100m of savings and the independent National Audit Office had calculated that the money available for the Council to spend had reduced in real terms by 36%.

It was indicated that the share allocated to Adult Social Care and Children's Social Care had increased from 40% of the total net budget in 2010/2011, to 63% in 2020/2021; Central Services' percentage share of the net budget had decreased from 31% to 18% since 2010/2011. Regarding Council Tax, in the current financial year 2020/2021, £59m or 51% of the Council's income was provided by Council Tax. In 2008, that figure was less than 25%; this was partly due to Council Tax increases and partly due to the reduction in overall expenditure, and meant that the Council was far more locally funded than it was previously.

In terms of the change in composition of the budget between 2010/2011 and 2020/2021, a graphical illustration was shown to the Board. It was noted that the net budget of services most visible to the public, e.g. street cleaning, refuse collection, regeneration and cultures, etc. had reduced following a decrease in the overall funding available, and the increased pressures for Adult Social Care and Children's Social Care due to demography and issues presented.

In terms of responsibilities for setting the budget, it was explained that the Section 151 Officer's responsibility was to propose and certify that a budget was balanced. In terms of Elected Members, responsibility was focused on working positively towards setting a balanced budget, which was a legal responsibility and not optional for the Council. It was commented that Members had contributed positively to the process this year.

Regarding the budget setting timeline, the legal cut-off point for setting the budget was 11 March 2021. At present, the consultation phase of the process was being undertaken, with consultation closing on 31 January 2021. To date, over 300 responses had been received from the public to the budget consultation and the strategic priorities consultation, which would be factored in alongside feedback from this meeting and from other Member engagements. Following consideration, the budget report would be submitted to Executive on 16 February 2021 for endorsement, and then subsequently to Council on the 24 February 2021 for approval. A holding date for a potential second Council meeting for approval of the budget had been set for 5 March 2021, if required.

Regarding the estimated budget gap, the current circumstances in which the Council operated were unprecedented. However, although the COVID-19 pandemic had left the Council in a state of uncertainty in terms of operations in 2021/2022, which was reflected in the ability to plan expenditure and recognise what a balanced budget would look like, it was felt that Central Government (the Ministry of Housing, Communities and Local Government in particular) had listened to the Council and the sector, and provided emergency funding for the Council to react to the situation during the current financial year, which was highly welcomed.

It was explained that, when setting the budget for 2021/2022, consideration needed to be given towards the potential on-going impact of COVID-19, and ensuring that sufficient provision was available. Based on an assessment of a range of factors, as detailed in the Strategic Plan report submitted to Full Council in December 2020, it was determined that additional budget savings and/or increases in Council Tax of £3.011m would be required in 2021/2022.

Details were provided in respect of the approach that would be undertaken to meet the budget gap. The additional savings requirement assumed all existing savings proposals for 2021/2022, totalling £1.568m (which included fortnightly waste collection), would be achieved. To meet the budget gap, Executive were endorsing proposed additional budget efficiency savings of £1.9m for 2021/2022 (as detailed in Appendix 1 of the submitted report). These were all considered to have minimal or no effect on frontline service delivery levels. Alongside this, it was proposed that Council Tax be increased by 3.99% for 2021/2022. This was an increase from the previous assumption of a 1.99% increase, and would produce a further £1.1m of income above that previously assumed.

The £1.9m of budget efficiency savings proposals for 2021/2022 were outlined to the Board. Amongst the proposals, £300,000 for Section 31 grant income and £700,000 for reduced budget requirement for Capital Finance were highlighted, which provided the majority of the savings. With regards to Capital Financing, historically low interest rates permitted refinancing of debt, which meant that it was less expensive for the Council to repay that debt than first assumed. The Section 31 Business Rates grant was increased grant received from Central Government to off-set reliefs provided to businesses. A further key point was that, although there were staff reductions associated with some of the savings proposals, none of those represented compulsory redundancies; vacant posts would be deleted from the structure.

It was explained that the day following submission of the proposed budget report to Full Council, the Provisional Settlement for 2021/2022 was received from Central Government, which changed the assumptions slightly. The Settlement was marginally better than the previous Medium Term Financial Plan (MTFP) assumptions, with the key changes being as follows:

- To reflect the continued direct impact of the pandemic, there was an additional COVID-19 Support General Grant allocation of £5.3m to cover the period up to 30 June 2021. The Sales, Fees and Charges scheme had also been extended to cover the same period;
- The Social Care Grant had been increased by £1.5m from the 2020/2021 figure;
- A new ‘one off’ Lower Tier Services Grant had been introduced for 2021/2022 only, with a value of £0.3m;
- Due to enhanced difficulties in collecting Council Tax and Business Rates, 75% support was put in place for Collection Fund deficits due to reductions in the base in 2020/2021 and a Grant for Council Tax Support of £2.6m was put in place for 2021/2022; and
- Council Tax increase limits were set at a 2% General Council Tax Limit for 2021/2022;

and a 3% Adult Social Care Precept which could be applied in either 2021/2022 or 2022/2023.

It was indicated that, for both the sector and for Middlesbrough Council, if there was a 5% increase in expenditure available to Local Government, 4% of that increase would come as a result of the Local Authority being permitted to increase Council Tax (therefore essentially raising more funds from local residents; not receiving additional funds from the Exchequer).

In terms of COVID-19 support, there would be increased costs in the new financial year; however, it was unclear at present as to what these would be. It was felt prudent to not assume that the £5.3m would leave the Council net better off. In terms of the £3m provision for the recovery period for COVID-19, this remained valid and was still required because it was concerned with the recovery period for COVID-19, irrespective of when activities to support the town, businesses and people were carried out. This positioned the Council £1.8m net better off than previously assumed in the MTFP (before receipt of the Finance Settlement from Central Government).

Details regarding the proposed changes to the 2021/2022 budget were provided to Members. It was explained that the improved funding for the period had afforded the Council increased flexibility; it was proposed that this be utilised as follows:

- The assumption was that increased COVID-19 funding would be required to meet additional costs due to the prolonged nature of the pandemic;
- Cancel the proposed move to fortnightly refuse collections, which removed a saving of £396,000;
- The saving taken from the Capital Financing Budget of £700,000 would be reduced by £500,000 to provide for adequate maintenance of Council assets and delayed/reduced Capital Receipts (reference was made to recent focus upon the Transporter Bridge in relation to this);
- There would be an increase in the minimum proposed level of General Reserves from £9.4m to £11.0m to cover additional COVID-19 risks;
- Reduce the proposed Council Tax increase from 3.99% to 2.75%. A reduction in income of £688,000, which would be made up of a 1.99% General Council Tax increase and 0.75% Adult Social Care Precept. This approach meant that the Council would retain 2.25% of Adult Social Care Precept to use in 2022/2023, if required. This had not been assumed in the MTFP, which still assumed a 1.99% increase in 2022/2023.

Members were provided with information regarding the determination of the minimum level of reserves. A review of the proposed levels had been carried out as part of the Council's budget report in February 2021, using established Chartered Institute of Public Finance Accountancy (CIPFA) criteria on the basis of several risk factors, as follows:

- Inflation;
- Demand-led pressures (mainly Adult Social Care and Children's Social Care, generally the latter in Middlesbrough);
- Efficiency savings;
- Local Government finances;
- General economic climate (half of the Business Rates paid in the current year were funded by Government grants); and
- COVID-19 continuing effect.

This activity provided a range of between £6.6m and £15.3m, with a mid-point of £11m; the Director of Finance would be recommending that the minimum level of reserves be set at £11m for 2021/2022. It was explained that this was reviewed annually, and therefore if the Council was in a more stable position next year, that money could potentially be reduced and utilised to support services.

The impact of a 2.75% Council Tax increase, by Band, was illustrated to Members. This was based on the Council element only, and excluded Parish Councils, the Cleveland Fire Authority Precept and the Cleveland Police Precept, which was set by each individually. As a supplementary note, the majority of properties in Middlesbrough were Band A; the overwhelming majority were Band A and Band B, which affected the Council's income from

Council Tax. Further, less than half of the Council Tax payers in Middlesbrough paid the full amount of Council Tax, with over half being eligible for discounts including Single Person Discount and disabled banding reduction.

Following the presentation, the Executive Member for Finance and Governance thanked the Finance Team for all of the hard work undertaken.

Members of the Board were afforded the opportunity to ask questions.

A Member referred to Adult Social Care and Children's Social Care and queried the point at which demand-led pressures and increased expenditure would become a significant issue for the Local Authority. In response, the Director of Finance indicated that if Children's Social Care in particular was to continue on the same trend as it had up to last year, problems with sustainability would present within a decade. To stop increased spending on Children's Social Care, it had been recognised that an improvement in the quality of practice and outcomes for children in Middlesbrough would automatically result in less expensive interventions. Reference was made to the Quarter Two and Quarter Three budget outturn results, where it was being seen, for the first-time, that fewer children were being looked after by Middlesbrough on a sustained basis, and that the placement costs for these children were also reducing. This was not an efficiency, but was about children not reaching the point where they required the most expensive interventions. If this trajectory could continue, it would allow for financial sustainability going forward. As at 26 January 2021, the number of children in residential placement was 65, which was reflective of the position a couple of years prior (before it had risen to 80).

A Member made reference to Council employees and queried the position in respect of redundancies. In response, the Director of Finance clarified that there may be some voluntary redundancies, but no compulsory redundancies.

A Member made reference to the determination of the minimum level of reserves and, in terms of comparability with other Local Authorities, queried whether it was standard practice to select the mid-range point. In response, the Director of Finance indicated that this was not always the case because different Local Authorities selected different approaches; some may create specific reserves for certain matters. It was explained that the mid-point was selected because it was envisaged that not all of the risk factors would occur simultaneously or within the same year; the minimum level was essentially worst-case scenario. It was a professional judgment call, to which the mid-point felt most appropriate in the current situation.

A Member made reference to Council Tax collection rates and queried Middlesbrough's current position in terms of arrears. In response, the Director of Finance advised that the figures could be obtained. It was explained that these could be quite significant as they covered a number of years, and non-payment in 2020/2021 had, to date, been higher than it ever had been previously. The Executive Member for Finance and Governance advised that, due to COVID-19, all Councils were experiencing higher levels of non-payment than in previous years, and this was not applicable solely to Middlesbrough. Reference was made to the significant work and varying initiatives being undertaken to support residents. The increase figure had been kept to the minimum that it possibly could; initially projected at 3.99%, this had been reduced down to 2.75% to help residents in all areas across the town, including Marton and Nunthorpe where, for the first time, some residents had been unable to pay.

A Member referred to the 2.75% Council Tax increase and queried whether this included the Cleveland Police Precept. In response, the Executive Member for Finance and Governance advised that this referred only to the Council Tax element; the Cleveland Police Precept and the Cleveland Fire Authority Precept would be additional.

A Member referred to additional powers afforded by the Government to collect outstanding Council Tax and requested elaboration on that point. In response, the Director of Finance clarified that the Government was providing additional support, as opposed to powers, for Council Tax collection, which meant that Government would share the burden. It was highlighted that, for the vast majority of the current financial year, the Court system had not been open to pursue Council Tax debt. In 2019/2020, 30% of Council Tax payers in Middlesbrough did not start paying until they had received a Court Summons. Collecting Council Tax in an area such as Middlesbrough was challenging and all available levers did

need to be utilised before some people would start paying. Not having those available this year had impacted significantly.

A Member commented on the number of people in the town paying full Council Tax, which would reduce further if the amounts were increased. In response, the Director of Finance advised that, in the current year, there had been an increase in working age claimants for local Council Tax support because of their circumstances. There were 2300 households in Council Tax arrears that had not been previously, and all were not eligible for benefit, etc., but were in reduced financial circumstances than they had been in previous years. There had been an impact from that, which had been factored into the budget setting for a lower Council Tax collection rate than in previous years.

A Member queried how Middlesbrough compared to neighbouring Local Authorities in terms of the amount of people claiming Council Tax support, whether that figure had increased due to the economic impact of COVID-19 and, if so, what activities were being undertaken to provide support. In response, the Director of Finance explained that the base for Middlesbrough's level of Council Tax support claimants was one of the highest in the country. Over the course of the pandemic, Middlesbrough had seen a smaller increase in claimants than in comparison to neighbouring Authorities with a lower base. Middlesbrough had seen an increase in working age claimants, but a concurrent decrease in older people claimants; the net increase in Middlesbrough was a couple of percent, whereas in core cities, for example, this could have been 10%, 12% or 15%. The national average for Local Council Tax Support claimants was circa. 8%-9%. In terms of support provision, reference was made to the Council's 'Stop the Knock' policy, which was being implemented despite the significant pressures on Revenues and Benefits staff in respect of COVID-19 support and business support. Work was on-going to ensure that people received advice and support, and accessed all eligible provisions, with mention being made of Local Council Tax Support and Free School Meals support.

A Member commented that Council Tax increases were necessary in order to fill a Government funding gap. Reference was made to the current financial position, the Local Government Finance Settlement, the removal of proposed fortnightly residual waste collections, and the Council Tax increase reduction from 3.99% to 2.75%. In response to a query regarding the decisions taken around residual waste collections and the Council Tax increase amount, the Director of Finance indicated that if the financial circumstances were significantly worse in 2022/2023, those two elements could be reviewed. The key uncertainty in the MTFP concerned the level of financial support from the Government and what this would be in future years. The assumption had been made that this would remain on a cash basis as it was for 2021/2022, but it was felt unreasonable to expect the Government to provide that information now. Therefore, prudent assumptions were being made so as to avoid any unnecessary service/budget cuts.

A Member referred to the Adult Social Care Precept and queried the flexibility of this to spend on other priorities, should it be required. In response, the Director of Finance explained that the MTFP already assumed increased costs in Adult Social Care; the big driver in Adult Social Care at present was the National Living Wage, which the Government had increased by more than inflation for a number of years. A large proportion of staff in the private care sector that the Council commissioned received the National Living Wage, and therefore if their wages increased by 5%, that would be reflected in the bills that the Council paid for domestic care, domiciliary care, etc. Those increases were assumed in the MTFP; additional costs in Adult Social Care could be attached to the precept, and therefore that could be utilised to close the budget gap in future years.

The Mayor thanked the Director of Finance and the team for all of the work undertaken. It was felt that the pandemic would last longer than expected, but the Council would be in better financial shape afterwards than first initially felt. The Chair supported this, and thanked the officers for their attendance and contributions to the meeting.

AGREED that the information provided be noted, and the agreed action be undertaken.

20/4 **ANY OTHER URGENT ITEMS WHICH, IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

Councillor McIntyre

A Member referred to Councillor McIntyre's absence and requested that the Board's well wishes be conveyed.

AGREED that the action be undertaken.

Council Finance

Following the information provided at today's meeting, a Member queried whether a total figure for the Council's current debts could be provided to the Board. The Executive Member for Finance and Governance indicated that this would be looked into.

AGREED that the action be undertaken.

OVERVIEW AND SCRUTINY BOARD

A meeting of the Overview and Scrutiny Board was held on Friday 29 January 2021.

PRESENT: Councillors J Thompson (Chair), M Storey (Vice-Chair), C Cooke, D Coupe, A Hellaoui, T Higgins, S Hill, B Hubbard (Substitute for M Saunders), T Mawston, J McTigue and J Platt.

PRESENT BY INVITATION: Councillors C Hobson, J Rathmell, A Waters, G Wilson and M Smiles; A Preston (The Mayor).

OFFICERS: C Benjamin, C Breheny, R Horniman, C Lunn, G Moore, T Parkinson, S Reynolds and I Wright.

APOLOGIES FOR ABSENCE: Councillors L Garvey, C McIntyre, M Saunders and Z Uddin.

20/73 **DECLARATIONS OF INTEREST**

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

20/74 **MINUTES - OVERVIEW AND SCRUTINY BOARD - 18 DECEMBER 2020**

The minutes of the Overview and Scrutiny Board meeting held on 18 December 2020 were submitted and approved as a correct record.

20/75 **CALL-IN - NUNTHORPE GRANGE FARM: DISPOSAL - CHURCH LANE**

The Chair explained that the purpose of the meeting was for the Board to consider the outcome of the Call-in in respect of Nunthorpe Grange Farm: Disposal – Church Lane.

The matter had initially been considered by the Board on 18 December 2020; however, that meeting had been adjourned in order for further legal advice to be provided.

The Council's Monitoring Officer had provided advice and a copy had been circulated to all Members. The Monitoring Officer was in attendance at the meeting to provide that advice to the Board, and the Director of Finance was also present to respond to any queries.

It was highlighted that the purpose of the meeting was not to revisit the information presented on 18 December 2020, but to make a decision based on the evidence already received.

The Monitoring Officer reiterated some of the main points of the legal advice that had been provided to Members. It was explained that, having been asked to advise whether the Executive decision departed from the Budget and Policy Framework, the response to this point was that it did not. The submitted report set out the reasoning for this. In summary, the Board heard that:

- The Executive decision was about whether the Council should sell the asset in question. The Executive was not concerned with determining how the land should be used or developed, as that was a matter for the Planning and Development Committee.
- The Council's Asset Disposal Policy was relevant to the Executive decision to dispose of the land, and that policy had been followed in this instance.
- In terms of the (valid) points raised in support of the argument that the decision was outside of the Budget and Policy Framework, these related to the Local Plan and the Mayor's Vision and were not directly relevant to the decision made by the Executive. Instead, they related to the business of the Planning and Development Committee. These issues may need to be considered by the Planning and Development Committee when in receipt of a planning application by the purchaser.
- In essence, the Executive was concerned with the decision whether to dispose of the land at Nunthorpe Grange Farm. In taking the decision, the Executive did not depart from the Budget and Policy Framework.

The Proposer of the Call-in, Councillor Rathmell, made the following points:

- It was felt that, despite being a valid Policy Framework document, the Local Development Plan was being dismissed. Reference was made to the role of the Planning and Development Committee; the replacement of this document in the Budget and Policy Framework with national legislation; designation of this land within the Local Plan as agricultural land, forestry or fishery, versus the proposed use of this land for religious purposes; and the potential implications for the Planning department, the Council and the local area following departure from the Local Policy Framework and the Local Plan.
- The legal advice provided relied on the Council's planning process, which ensured that a departure from the Local Plan did not happen. However, it was felt that departure from the Local Plan had occurred in this case because the Executive decision had approved sale for an alternative use within the Local Plan, which gave the Planning and Development Committee no authority, precedence or sway.
- There had been no advice provided in respect of the Mayor's Vision, which it was felt the decision had also departed from.
- This matter departed from the Budget and Policy Framework, and the decision taken by the Executive should therefore be referred back to Full Council for consideration. Reference was made to use of the site for religious purposes; the Council's Policy Framework and Policy documents; the potential impact upon residents in departing from the Budget and Policy Framework; and the complexities around planning and benefit of sourcing associated specialist advice.

A Member commented that the purpose of the meeting was to complete business that had been adjourned on 18 December 2020, and to make a decision based on the information already provided to the Board. It was felt that the report provided by the Monitoring Officer detailed a response to the arguments raised at that meeting; any new information or arguments were not materially relevant to the decision that Members needed to take at this point. The decision required of Members at this moment in time was based on the discussions Members had had in the first meeting, and based on the Monitoring Officer's paper. Essentially, did the Board disagree with the Monitoring Officer's advice and therefore feel the decision ought to be referred back to Full Council, or did the Board agree with the Monitoring Officer's determination, as presented. It was highlighted that, once this aspect of the Call-in had been considered, further discussion was still required as to whether or not this decision should be referred back to the Executive.

The Democratic Services Officer explained that following on from the Monitoring Officer's advice, the Board needed to take a vote in order to determine whether or not it accepted this advice (i.e. did the Board agree that the decision fell outside of the Budget and Policy Framework, or not). If the Board did agree that the decision fell outside of the Budget and Policy Framework, then the matter would be referred back to Full Council. It was highlighted that, irrespective of the outcome on this point, the vote would only deal with the first part of the Call-in. The decision could still be referred back to Executive should the Board feel it appropriate to do so.

Members were advised that once the first vote had been held, the Board would then be required to hold a further two votes to consider the remaining grounds i.e. lack of consultation and inadequacy of information, which were both raised at the initial meeting on 18 December 2020. Each vote would be to determine whether the Board felt there was sufficient evidence to refer the matter back to the Executive on that particular ground, or not. The Board also needed to be clear on its reasons for a referral back to the Executive, if applicable.

It was indicated that, if the Board determined there was insufficient evidence for a referral and it was satisfied with the decision-making process followed and the decision taken, no further action would be necessary. The decision could then be implemented immediately. Alternatively, the Board could opt to take no further action, but consider whether issues arising from the Call-in needed to be added to the Scrutiny Work Programme.

Following a voting process, the Board agreed that:

1. The decision taken by the Executive did not fall outside of the Budget and Policy Framework, therefore accepting the legal advice provided by the Monitoring Officer. The matter would not be referred to Full Council.

2. There was sufficient evidence of a lack of consultation; the decision would therefore be referred back to the Executive for reconsideration.
3. There was sufficient evidence that the information provided to the Executive was inadequate; the decision would therefore be referred back to the Executive for reconsideration.

In preparation for the Executive meeting, it was explained to Members that a report detailing the Board's reasons/recommendations for the referral would be produced. Following discussion, it was determined that the following would be incorporated:

1. That alternative uses for the site be explored, such as community uses, that would be of benefit to a greater number of residents within the area by not restricting use for/to a particular purpose/group.
2. That further consideration be given as to whether best value for money has been achieved, or whether enhanced consultation and an open tender exercise could generate additional interest/alternative proposals.

The Chair thanked all in attendance for their contributions.

AGREED that:

1. The decision taken by the Executive did not fall outside of the Budget and Policy Framework, and therefore the matter would not be referred to Full Council; and
2. In respect of the decision taken by the Executive, there was sufficient evidence for lack of consultation and inadequacy of information. The matter would be referred back to the Executive for reconsideration, with the following reasons/recommendations:

    1. That alternative uses for the site be explored, such as community uses, that would be of benefit to a greater number of residents within the area by not restricting use for/to a particular purpose/group.
    2. That further consideration be given as to whether best value for money has been achieved, or whether enhanced consultation and an open tender exercise could generate additional interest/alternative proposals.

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OVERVIEW AND SCRUTINY BOARD

A meeting of the Overview and Scrutiny Board was held on Thursday 11 February 2021.

PRESENT: Councillors J Thompson (Chair), M Storey (Vice-Chair), C Cooke, D Coupe, L Garvey, A Hellaoui, T Higgins, S Hill, B Hubbard (as Substitute for M Saunders), J Platt and Z Uddin.

PRESENT BY INVITATION: Councillors L Lewis and A Waters (Executive Member for Regeneration).

OFFICERS: S Bonner, G Cooper, R Horniman, C Lunn, E Mireku, T Parkinson and S Reynolds.

APOLOGIES FOR ABSENCE: Councillors T Mawston, C McIntyre, J McTigue and M Saunders; A Preston (The Mayor)

20/73 **DECLARATIONS OF INTEREST**

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

20/74 **MINUTES - OVERVIEW AND SCRUTINY BOARD CALL-IN - 18 DECEMBER 2020 - RESIDUAL WASTE COLLECTIONS**

The minutes of the meeting of the Overview and Scrutiny Board held on 18 December 2020 were submitted and approved as a correct record.

20/75 **MINUTES - OVERVIEW AND SCRUTINY BOARD - 14 JANUARY 2021**

The minutes of the meeting of the Overview and Scrutiny Board held on 14 January 2021 were submitted and approved as a correct record.

20/76 **EXECUTIVE FORWARD WORK PROGRAMME**

The Chief Executive submitted a report which identified the forthcoming issues to be considered by the Executive, as outlined in Appendix A to the report. The report provided the Overview and Scrutiny Board with the opportunity to consider whether any item contained within the Executive Forward Work Programme should be considered by the Board, or referred to a Scrutiny Panel.

A Member made reference to the impending Equality and Diversity Policy report and queried why this was a triennial refresh, as opposed to being a more frequent refresh. It was agreed that this would be followed up with an appropriate officer for a response to be provided to the Member.

AGREED that the information provided be noted, and the agreed action be undertaken.

20/77 **MIDDLESBROUGH COUNCIL'S RESPONSE TO COVID-19**

The Chief Executive provided a brief introduction to advise the Board that the Council was currently experiencing a steady state in terms of responding to COVID-19, with support being provided to communities and businesses as required. The only recent decision of note concerned IT provision to school children.

The Consultant in Public Health delivered a presentation to the Board.

Regarding the latest regional COVID-19 position (and trends), it was explained that over the most recent seven day period, which ended on 6 February 2021, most Local Authority areas in the North East were (in comparison to the previous seven day period) seeing a downward trend in COVID-19 cases. Middlesbrough had been stable over the last two-week period.

The local position showed a downward trend, which had plateaued over the last two weeks. On 10 February 2021, there had been 64 new cases of COVID-19; 526 new cases had been diagnosed in the last seven days; the current rate per 100,000 of the population was 373.1.

Since the beginning of the COVID-19 pandemic in 2020, there had been circa. 11,000 cases in the Middlesbrough Council area. There had been 858 cases diagnosed in the last 14 days, and 1462 new cases diagnosed in the last 21 days.

In terms of COVID-19 mortality rates, up to 22 January 2021 inclusive, there had been 298 deaths. Four of these had occurred in the previous week; the rate per 100,000 of the population was currently 211.10. The majority of those deaths had occurred in hospital (194), followed by care homes (91), at home (12) and in a hospice (1).

Regarding the COVID-19 case rate by age groupings, it was indicated that the majority of Middlesbrough's current cases were amongst the 23-34 age group.

In terms of current clustering and outbreaks, and activities being undertaken as part of community testing, it was explained that there were two outbreaks currently ongoing, both of which were in high risk settings (Houses of Multiple Occupation (HMO)): one was a mother and baby unit and the other a supported living unit. In terms of work places, cases had been identified at DWP offices; Cleveland Cable Company; Teesside University; On a Roll sandwich manufacturer; and First Source.

As part of the Council's response to the pandemic, the Council hosted a community testing programme. Through the programme, additional testing was provided to essential workers who were not able to work from home during the lockdown period, which was provided twice per week. Additional testing was also available to any members of the public who were not showing symptoms of COVID-19, which was in addition to the testing sites already available to those displaying symptoms. In Middlesbrough, three fixed sites within the community were planned: Middlesbrough Sports Village (now live), North Ormesby Community Hub, and Newport Community Hub. As part of the programme, essential worker testing (mainly Social Care staff) was now live at three Council sites: MAIN, Resolution House, and Cavendish House. Work was also being undertaken with high risk businesses, i.e. those with between 50-250 employees, to undertake Lateral Flow/regular testing.

Following the update, Members were afforded the opportunity to ask questions.

A Member referred to HMOs and to one of the identified cases, and requested clarification around the 42 residents that had been shielding. In response, it was explained that in this case, this referred to 20 adults and 22 children – a mother and baby unit that hosted mainly asylum seekers. To date, there had been seven positive cases; all those living in the facility were required to self-isolate because of the way the venue was structured (e.g. communal areas and shared facilities in place). The Member was concerned of the number of people in one household. In response, it was explained that this was similar to the other HMO where 50 people resided (each with individual rooms, but with shared facilities). It was difficult to ask a few to isolate.

In response to an enquiry regarding the potential reasons for the plateauing of cases, but the number appearing to remain quite high, it was explained that one of the things being observed was that following the first lockdown, the number of cases had reduced to a very low level. After the second and current lockdowns, the number of cases had reduced, but not as far as expected. During the current lockdown, there was still a number of people working because they were not able to work from home, whereas after the first lockdown, anyone that could not work from home remained at home. As more people were leaving home to work, there was an assumption that because more people were coming into contact from different households and mixing at the workplace, the likelihood of cross infection was higher. This was one of the reasons for increased support to businesses in terms of testing to help break the chain of transmission in the workplace. The Member commented on the movement of people in Middlesbrough, which seemed as high as at any other time. It was hoped that the number of cases would be reduced to that of other areas.

A Member referred to HMOs and queried the procedures followed to deal with confirmed cases, particularly in terms of contact tracing if individuals did not have mobile phones or apps to support this. In response, it was explained that as part of the measures put in place, food (3 meals per day) and support to obtain medication was provided. Close working was undertaken with management to ensure that outbreak control measures were in place and that residents were supported as much as possible. Reference was made to the New walk facility, where there had been an outbreak; there had been no issues and the isolation period had now passed. Some segregation had been required for the shared facilities, but residents were supported throughout. The Member commented that he had been aware of one resident from within that facility being out in the community, and queried whether a local lockdown had been put in place for those residents. In response, it was explained that there had been agreement that residents were not to leave the premises during the isolation period; this matter would be discussed with the management.

A Member referred to concerns raised with him by a Head teacher in relation to the safeguarding of children who had been at home for some time and queried, from a Council perspective, how children who were not in care, but living in vulnerable households, were being identified and supported. In response, the Chief Executive advised that during the last lockdown, new risk plans had been completed on every child that was in the Local Authority's care, and every child that had an Education, Health and Care Plan. A review of almost 4000 risk plans had been conducted, which re-assessed the child's situation and the issues that they would face if not attending school. Those plans had been maintained and through the review processes in place, it was being ensured that any new concerns identified were monitored and dealt with accordingly.

A Member referred to other areas in the North East and the downward trend in the number of positive cases that had been observed, and Middlesbrough remaining the same despite more testing in the area. It was queried whether this additional testing would have an effect on Middlesbrough's trend or not. In response, it was explained that all areas were undertaking large amounts of testing at the moment and Middlesbrough's trends were going down, it was within the last two weeks that these had plateaued. Observation would continue to ascertain whether the downward trend continued. The Chief Executive commented that, geographically, Middlesbrough was far more urbanised than a lot of the Local Authorities of the same population size. More people living in an urbanised area was a contributory factor to figures being higher, and it also needed to be recognised that Middlesbrough was a major employment hub for all of the Tees Valley. It was felt that everything that could be done was being done; it was not felt to be an issue of more testing, but due to the type of place Middlesbrough was, which meant that it would be more susceptible to rising figures.

A Member queried the number of Teachers or Teaching Assistants that had tested positive for COVID-19. In response, it was indicated that this data would be obtained.

A Member referred to testing sites and queried accessibility for areas such as Hemlington and Coulby Newham, where rates were high. In response, it was explained that the test site at Cannon Park was a regional test site; mobile testing units were currently hosted in Hemlington at the Viewley car park next to All Nations Church on Mondays and Tuesdays, and on Cargo Fleet Lane in the Thirteen Group car park Wednesday to Friday. An additional mobile unit had been established at Pallister Park car park. Testing was spread as broadly as possible; it was reiterated that a site had also been established at Middlesbrough Sports Village, and intended that one would be established in the North Ormesby area. Consideration had been given to vehicle ownership and access to testing sites; drive-in and walk-in options were available as appropriate.

A Member requested that the presentation slides be circulated to the Board; this would be actioned.

A Member referred to the vaccination programme in respect of taxi drivers and queried whether those drivers, who were contracted by the Council to transport (vulnerable) children and adults, were receiving vaccines. In response, it was indicated that there was a national list of occupations and conditions that created a priority list. The vaccination programme was controlled by the NHS, with the hospital conducting vaccinations for occupations that fell

within that priority list and key demographics. Mention was made to other areas and the distribution of surplus vaccines to individuals within specific categories. This query would be raised with the Clinical Commissioning Group (CCG) and further information provided in due course.

The Chair thanked the Chief Executive and the Consultant in Public Health for their attendance and contributions to the meeting.

AGREED that the information provided be noted, and the agreed action be undertaken.

20/78 **EXECUTIVE MEMBER UPDATE: EXECUTIVE MEMBER FOR REGENERATION**

The Executive Member for Regeneration, Councillor A Waters, was in attendance at the meeting to update the Board on his aims and aspirations, progress made to date, and to highlight any emerging issues relating to his portfolio. The Director of Regeneration and Culture was also in attendance at the meeting.

The Executive Member made the following points as part of his update to the Board:

- This portfolio covered transportation, inward investment to the town, economic development, development, planning and building control.
- Current key issues included: Cycle lanes on Linthorpe Road; Inward investment at Centre Square, with the properties now largely being let; Tees AMP, with all units now let or under offer; and the BOHO Zone area.
- Regarding economic development, the Town Centre issues in relation to COVID-19 had had a huge impact. Reference was made to the significant amount of work being undertaken by officers in relation to grants and revenues and benefits, with a message of thanks being conveyed to all of the teams involved.
- Regarding the Future High Streets Fund, the Council had secured £14m, which was excellent news for the Town Centre and the wider Tees Valley area.
- Work was currently being undertaken in repurposing Captain Cook Square.
- In terms of housing development, work was progressing in Gresham and it was hoped that Thirteen Group would be on site soon. Reference was made to BOHO Bright ideas, where 60 units would be on site soon. Agreements had been reached with all of the developers for housing at Middlehaven, which was excellent news.
- Work was currently ongoing with regards to the Stainsby consultation, which was due to end at the end of January 2021.

Following the update, Members were afforded the opportunity to ask questions.

A Member referred to cycle path investment and the importance of this. Reference was made to the cycle lanes investment on Linthorpe Road and to the potential for further investment in other areas of Middlesbrough. Further details were requested as to how Linthorpe Road had been selected for the lanes, what other options had been considered, and what consultation work had been carried-out. In addition, it was queried whether further investment for other areas could be identified. In response, the Executive Member explained that consultation work in respect of Linthorpe Road had been carried out through the Tees Valley Combined Authority (TVCA), as it was a TVCA funded project. Consideration was given to the feedback received to date, which had included negative feedback from some businesses. This was acknowledged, however, it was indicated that car parking on Linthorpe Road was limited, and the revenue generated from car parking was minimal as only 30 vehicles paid to park in this locality during designated/peak times. Following consultation activity, responses had been reviewed and it was hoped that some further ideas would be brought forward to support businesses in the area. It was explained that Linthorpe Road was a gateway into the Town Centre. In terms of further infrastructure, it was important that development permitted cycle lane linkage across the town to drive the cycling initiative forward, to encourage change and reduce reliance upon personal vehicle usage. The Member requested that, if/when looking at other sites for cycle infrastructure, as many Ward Members as possible be involved in the process.

A Member referred to the Stainsby development and commented upon potential traffic issues if the spine road did not proceed. In the event that this did not go ahead, a commitment was sought from the Executive Member that further consultation work would be undertaken with affected Wards/Ward Councillors (including Hemlington and Stainton and Thornton). In response, the Executive Member provided background details in respect of the development, referring to: housing development in the area; inclusion of the road in the 2014 Local Plan; preservation of as much of the meadow as possible; and consultation activity currently being carried-out. It was indicated that further consultation work would be undertaken with Members of the surrounding Wards, as appropriate.

A Member referred to the £14m allocation from the Future High Streets Fund and requested further information. In response, the Executive Member explained that, in essence, the purpose of the allocation was to ensure that Middlesbrough retained its High Street for the future. Consideration was given to a neighbouring Local Authority area where a significant number of businesses had been lost. It was indicated that Middlesbrough provided a centre point for the whole of the Tees Valley and it was essential that the Town Centre be kept in what was an ever-changing environment. Continued investment was needed in order to keep businesses operating.

The Director of Regeneration and Culture explained that the Council had secured a 70% allocation of the funds originally bid for from the Future High Streets Fund, which appeared consistent with other Local Authorities. Reference was made to retail space and empty premises being replaced with leisure and cultural facilities, and urban living space. It was envisaged that the Town Centre would continue to retain a core retail offering, but would be complemented by a wider mix to ensure that it could continue to operate. It was highlighted that a report would be considered by the Executive in April 2021, which would set-out the full programme for the Future High Streets Fund.

A Member made reference to the Future High Streets Fund and commented that the High Street was not only concerned with the Town Centre. It was queried whether any of the funding would be allocated to other localised shopping areas, such as The Viewley Centre and Parliament Road. In response, the Executive Member acknowledged this point and made reference to other elements of development plans, such as wider business, leisure and retail. The Director of Regeneration and Culture explained that there were two funds in existence: the Future High Streets Fund, whereby funding had already been secured, and the Towns Fund, whereby the outcome to a recent bid was currently awaited. It was explained that this enquiry aligned more towards the Towns Fund bid, but it was difficult to say what and how activity would be undertaken until the outcome of that bid was known.

A Member referred to a recent meeting of the TVCA's Audit and Governance Committee and commented that the Authority had £19.3m worth of funding set aside to support Local Authorities in the Tees Valley to develop brownfield sites. It was queried what plans were in place for Middlesbrough in this regard. In response, the Executive Member commented that wherever funding opportunities were presented through the TVCA, bids would be made for an allocation. The Director of Regeneration and Culture explained that this funding was being allocated in phases; Middlesbrough had received an allocation of £7.9m in phase one for preparatory work at Middlehaven. This was subject to the satisfactory completion of legal and contractual work, which was currently being undertaken. The outcome of this would be reported to Executive in due course. Mention was also made of funding that the Council had helped secure for Thirteen Group in relation to a couple of sites. It was indicated that the £7.9m was spread across a number of years. The fund was still open and bidding would continue for other sites.

In response to a request for clarification regarding the Stainsby/Mandale Meadow consultation work currently taking place, the Executive Member explained that this consultation activity referred to housing development. Reference was made to the Local Plan produced in 2014, which stipulated the inclusion of a road in the locality to alleviate problems with traffic. Unfortunately, a road was mandatory and despite every effort to achieve otherwise, it was highly likely that a road would run through the site. Work would be undertaken with the community and activities undertaken as sensitively as possible to mitigate damage.

A Member referred to brownfield sites and commented upon payments made to surrounding communities to develop amenities for local people, feeling that in some cases the payment amounts needed to be increased. In response, the Executive Member explained that if there was a profit from a land sale within the town, i.e. the amount received exceeded the Council's asset value, the Council would do its utmost to share that amount with the local community. It was hoped that in the long term, in light of the work being undertaken with housing developers, increased monies would be afforded to local people within those areas. Members were encouraged to come forward with their ideas and suggestions as to how local areas could be improved through the payments/allocations.

A Member commented that there were many brownfield sites located around Middlesbrough; it was hoped that some would be retained to provide work opportunities for both older and younger people residing in Middlesbrough. Reference was made to development of one site that had been awarded a 199-year lease to a housing developer, which although would provide Council Tax revenue, the use of the land by the Council for this period of time would not be possible. In response, the Executive Member acknowledged this point. It was explained that development of brownfield sites in small pockets would generate Council Tax income. Reference was made to the regeneration of Middlehaven, where the infrastructure was being established first to provide training and employment opportunities in industries, such as technology, that would provide for future generations. It was highlighted that there was a current skills shortage in Middlesbrough, with individuals relocating from other areas of the country to fill digital employment vacancies. Work was currently taking place with schools in order to address skills shortages and prepare young people for future employment.

A Member agreed that consideration did need to be given to the future, but commented that Middlesbrough had a finite number of greenfield sites – it was important to remain mindful of this when looking at development opportunities. In response, the Executive Member acknowledged this point. Reference was made to the Mayor's Vision and the desire to increase urban living, which would utilise brownfield sites in the Town Centre. It was also important to remain mindful of the desire to provide training and employment opportunities for local people in digital industries. Reference was made to the Local Plan, currently being drafted, which would help protect greenfield sites.

A Member referred to the Local Plan and a recent meeting of the Planning and Development Committee, where an application for a housing development had been considered. It was explained that the maximum allocation for housing identified in the Local Plan for that particular area had been exceeded, and planning permission granted; clarification as to the role of the Local Plan was sought. In response, the Executive Member explained the importance of the Local Plan, which was enshrined in law. The Director of Regeneration and Culture explained that the Local Plan guided the Planning and Development Committee. It was not 100% specific on every issue and there was flexibility available (the example of a change to housing numbers on a particular development was provided). Omission of a Local Plan would have very negative consequences; a clear and concise Local Plan facilitated the Planning and Development process. If justification for changes to the housing mix or design of a particular development was provided, this could be taken into account by the Planning and Development Committee.

A discussion ensued in relation to the wider benefits afforded to local communities in instances where development work was undertaken. A Member felt that in some cases the benefits awarded had differed; reference was made to the Nunthorpe and Newport Wards. The Executive Member referred to the past, current and planned development of these areas and the work that would be undertaken in moving forward.

A Member referred to the development of Middlehaven and, on the basis that the snow centre project would no longer be progressed, queried the plans for that key site. In response, the Executive Member advised that there was interest in the site; work was currently being undertaken as to potential ways forward. In terms of timescale, the Director of Regeneration and Culture advised that a report regarding the future development of Middlehaven would be considered by the Executive shortly, which would set out how a strategy would be developed. A subsequent report to a future Executive meeting in three/four months' time would provide details of this strategy. Ward Members would be involved in this process and consulted upon.

A Member referred to the development of a new Community Centre in East Middlesbrough, which would replace the Southlands Centre, and queried the current status of this. In response, the Executive Member confirmed that this development would be taking place. A large proportion of the required funding had been identified from within the Council's Capital Programme; it was intended that the remaining funds would come from the Towns Fund bid, which would hopefully be confirmed in March 2021. Work was currently taking place to determine potential ways forward to ensure that it was a community site fit for purpose. The planning application was being prepared and activities were on-going with the local community in respect of the design of the Centre. A full programme of works would be provided once the remaining funds had been confirmed.

A Member made reference to the Towns Fund bid. To help ensure the most effective way forward for local communities, it was requested that Ward Members be involved/consulted at appropriate times throughout the process. In response, the Executive Member agreed with this point and the importance of Ward Member involvement.

A Member made reference to Selective Landlord Licensing and, given the amount of time that had been lost to COVID-19, queried whether this initiative would be extended. In response, the Director of Regeneration and Culture advised that further information was currently awaited, which would be provided when available.

A Member referred to the consultation activity undertaken in respect of the cycle infrastructure works and queried whether a copy of the consultation document, together with an analysis/details of the responses, could be provided. In response, the Executive Member advised that the consultation work had been carried out by the TVCA as it was funded through the TVCA. The Executive Member referenced media work that he had carried out to publicise the consultation process. The Director of Regeneration and Culture advised that the consultation had now closed and work was currently underway on analysing the results, details of which could be provided in due course.

The Chair thanked the Executive Member for Regeneration and the Director of Regeneration and Culture for their attendance and contributions to the meeting.

NOTED

20/79 **FINAL REPORT - CULTURE AND COMMUNITIES SCRUTINY PANEL - SOCIAL COHESION AND INTEGRATION**

The Vice Chair of the Culture and Communities Scrutiny Panel presented the Panel's Final Report in relation to Social Cohesion and Integration.

The recommendations to be submitted to the Executive were:

1. That the Council develop a Community Cohesion Strategy for Middlesbrough that:

    - Ensures all aspects of Community Cohesion work is co-ordinated and monitored.
    - Informs the Council's existing social regeneration agenda and is monitored through existing performance reporting processes.
    - Is in place by the end of 2022/23.

2. Given recent staffing changes, as well as the discontinuation of funding for key projects after 2021 and the uncertainty brought about the COVID-19 pandemic, the Council should look to ensure the current Strategic Cohesion and Migration Manager is sufficiently supported via a robust staffing structure beyond 2021.

3. That the Executive consider including Middlesbrough in the Refugee Resettlement Scheme.

4. To assess progress against its objectives, the Panel should receive an update on the progress of Place Based Working no later than November 2021.

AGREED that the findings and recommendations of the Culture and Communities Scrutiny Panel be endorsed and referred to the Executive.

20/80 **SCRUTINY CHAIRS UPDATE**

The Scrutiny Chairs/Vice Chairs provided updates in respect of the work undertaken by their respective panels since the last meeting of the Board.

A Member queried that, if it was necessary for a scrutiny panel to be postponed and then subsequently cancelled, would it be possible for that panel to decide to temporarily look at holding a substitute meeting on a slightly different topic, or did the topic currently under review need to be completed.

This query would be raised with the Head of Democratic Services.

AGREED that the information provided be noted, and the agreed action be undertaken.

20/81 **DATE OF NEXT MEETING - THURSDAY, 11 MARCH 2021 AT 4.00 P.M.**

The next meeting of the Overview and Scrutiny Board had been scheduled for Thursday, 11 March 2021 at 4:00 p.m.

NOTED

20/82 **ANY OTHER URGENT ITEMS WHICH, IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

Outcome of Executive Meeting – Call-in Referral – Nunthorpe Grange Farm Disposal

The Chair reported to the Board that the Executive had met on 9 February 2021 to consider the Call-in referral in respect of Nunthorpe Grange Farm Disposal.

The outcome of that meeting was that the recommendations put forward by the Overview and Scrutiny Board were noted but not endorsed. Therefore, the decision taken by the Executive on 24 November 2020 was still valid, and would be implemented with immediate effect.

NOTED

MIDDLESBROUGH COUNCIL

Report of:	Chief Executive

Submitted to:	Overview and Scrutiny Board – 11 March 2021

Subject:	Executive Forward Work Programme

Summary

Proposed decision(s)
It is recommended that the Overview and Scrutiny Board consider the content of the Executive Forward Work Programme.

Report for:	**Key decision:**	**Confidential:**	**Is the report urgent?**
Information	No	N/A	N/A

Contribution to delivery of the 2020-23 Strategic Plan		
People	**Place**	**Business**
Open and transparent scrutiny supports all elements of the Mayor's Vision.	Open and transparent scrutiny supports all elements of the Mayor's Vision.	Open and transparent scrutiny supports all elements of the Mayor's Vision.

Ward(s) affected
All Wards affected equally

What is the purpose of this report?

To make OSB aware of items on the Executive Forward Work Programme.

Why does this report require a Member decision?

The OSB has delegated powers to manage the work of Scrutiny and, if appropriate, it can either undertake the work itself or delegate to individual Scrutiny Panels.

One of the main duties of OSB is to hold the Executive to account by considering the forthcoming decisions of the Executive and decide whether value can be added by Scrutiny considering the matter in advance of any decision being made.

This would not negate a Non-Executive Member's ability to call-in a decision after it has been made.

What decision(s) are being asked for?

It is recommended that the Overview and Scrutiny Board consider the content of the Executive Forward Work Programme.

Other potential decisions and why these have not been recommended

No other options were considered.

Impact(s) of recommended decision(s)

Legal

Not Applicable

Financial

Not Applicable

Policy Framework

The report does not impact on the overall budget and policy framework.

Equality and Diversity

Not Applicable

Risk

Not Applicable

Actions to be taken to implement the decision(s)

Implement any decision of the Overview and Scrutiny Board with regard to the Executive Forward Work Plan.

Appendices

The most recent copy of the Executive Forward Work Programme (FWP) schedule is attached as Appendix A for the Board's information.

Background papers

Executive Forward Work Plan

Contact: Chris Lunn
Email: chris_lunn@middlesbrough.gov.uk

APPENDIX A

Ref No. / Ward	Subject / Decision	Decision Maker and Decision Due Date	Council Strategy	Key / PFP	Likely Exemption	Background documents
Executive Member - The Mayor						
I008947 All Wards	Strategic Plan 2021-24: approach to delivery To endorse the proposed milestone plans to ensure achievement of the Council's strategic priorities for the 2021-24 period.	Executive Member - The Mayor 13 Apr 2021			Public	
Deputy Mayor and Lead Member - Children's Social Care						
I008317 All Wards	Children's Services Improvement Programme Quarterly update To provide members of the Executive with an overview of the strategic and operational actions undertaken in the last quarter against the Children's Services Action Plan 2020/21	Executive 16 Mar 2021		KEY	Public	
I008734 All Wards	Corporate Parenting Strategy That Executive ratifies and supports the Corporate Parenting Strategy.	Executive 16 Mar 2021			Public	
I008777 All Wards	Youth Services Update To provide Executive with an update on the outcome of the tender for Youth Services and progress on mobilisation of the services for go live on 1st April 2021.	Executive Member - Deputy Mayor and Lead Member for Children's Social Care 30 Mar 2021		KEY	Public	

Ref No. / Ward	Subject / Decision	Decision Maker and Decision Due Date	Council Strategy	Key / PFP	Likely Exemption	Background documents
Executive Member - Adult Social Care and Public Health						
I008723 All Wards	Acceptance of the Holiday Activities Fund 2021 grant That the Executive approves the acceptance of the Holiday Activities Fund 2021 grant.	Executive 16 Mar 2021		KEY	Public	
Executive Member - Communities and Education						
I008185 All Wards	Community Safety Plan 2020-2022 That Executive approves the Community Safety Plan 2020-2022 as agreed by the Community Safety Partnership on 23rd October 2020.	Executive 11 May 2021		KEY	Public	
I008655 All Wards	Virtual School Annual Report This report sets out the work the Virtual School has undertaken over the last year to support the educational progress of our looked after children. It provides both a narrative and a detailed numerical analysis of impact to enable the achievements of the children to be fully understood.	Executive 11 May 2021			Public	
Executive Member - Environment						
I008733 All Wards	Recycling and Education Report A report on developing a Waste & Recycling Education / Awareness programme across Middlesbrough to increase recycling.	Executive 16 Mar 2021		KEY	Public	

Ref No. / Ward	Subject / Decision	Decision Maker and Decision Due Date	Council Strategy	Key / PFP	Likely Exemption	Background documents
I008724 All Wards	Green Strategy That Executive approve the adoption of the Green Strategy, following the public consultation.	Executive 13 Apr 2021		KEY	Public	
I008176 All Wards	Proposed School Cleaning Price Increase 20/21 That Executive considers the proposed school cleaning price increase for financial year 2020/2021 and approves the proposed recommendations.	Executive 14 Sep 2021		KEY	Public	
Executive Member - Finance and Governance						
I008778 All Wards	Process to Administer Grant Funding This report seeks support for implementing a Policy for the Council receiving and managing grant funding received from the Government and other third parties. It also requests approval for the delegation to officers of decisions relating to the distribution and expenditure of any such funding in consultation with the Section 151 Officer. Where there is an element of discretion with regard to the allocation of funding, that officers have delegated authority to make amendments to the scheme and the criteria for receiving grants, in consultation with the Section 151 Officer.	Executive 16 Mar 2021		KEY	Public	
I008572 All Wards	Tender Pipeline Approval 2021/22 To approve Middlesbrough Council's tender pipeline for 2021/22 and agree delegation of award to the relevant Director.	Executive 16 Mar 2021		KEY	Public	

Ref No. / Ward	Subject / Decision	Decision Maker and Decision Due Date	Council Strategy	Key / PFP	Likely Exemption	Background documents
I008260 All Wards	Community Asset Transfers That the Executive approves the recommendation to seek expression of interests for future potential execution of community asset transfer leases for Brambles Farm Community Centre CC, Langridge Initiative Centre, The International Centre and 22 Holylake, seeking more detail from the four organisations that have already expressed an interest and allowing for a further six weeks to enable other parties to submit their own expressions of interest in the four locations.	Executive Before 31 Mar 2021		KEY	Public	
I002457 All Wards	Community Benefit From Land Sales Policy	Executive Before 31 Mar 2021			Public	
I008210	Surveillance Policy Surveillance Policy sets the governance framework for decisions to undertake covert directed surveillance where there is a legitimate reason to do so.	Executive Member - Finance and Governance 30 Apr 2021			Public	
Executive Member - Regeneration						
I008288 Central	Council Future Office Accommodation - Preferred Option - Part A Revisiting the options appraisal for the Council's future accommodation and identifying the preferred option.	Executive 16 Mar 2021		KEY	Public	
I008951 Central	EXEMPT Council Future Office Accommodation - Preferred Option - Part B	Executive 16 Mar 2021		KEY	Fully exempt	

Ref No. / Ward	Subject / Decision	Decision Maker and Decision Due Date	Council Strategy	Key / PFP	Likely Exemption	Background documents
	That Executive considers the building options that have been explored for the future accommodation of Council Staff and approves: a) a departure from Centre North East being considered the preferred option due to changing circumstances; b) Fountains Court being the preferred option for the future accommodation of staff; and, c) the purchase of Fountains Court.					
I008722 Central	Teessaurus Park Improvement That Executive approve the proposal to further develop and improve Teessaurus Park.	Executive 16 Mar 2021		KEY	Public	
I008516 Nunthorpe	Voluntary Registration of Land at The Avenue, Nunthorpe as a Village Green / Nunthorpe Village Green That Executive approves an application seeking the voluntary registration of land at The Avenue, Nunthorpeas a Village Green.	Executive 16 Mar 2021			Public	
I008559 Hemlington	Hemlington Grange - Statement	Executive Before 31 Mar 2021			Public	
I008671 Nunthorpe	Nunthorpe Commitments A series of commitments to the people of Nunthorpe about future developments.	Executive 13 Apr 2021		KEY	Public	
I008779 All Wards	2021/22 Transport and Infrastructure Capital Programme	Executive 13 Apr 2021		KEY	Public	

Ref No. / Ward	Subject / Decision	Decision Maker and Decision Due Date	Council Strategy	Key / PFP	Likely Exemption	Background documents
	That Executive approves the proposals to allocate funding to deliver infrastructure as identified within the report.					
I008732 Acklam	MDC Tollesby Confirming the financial arrangement for the development at Tollesby by the Middlesbrough Development Company.	Executive 11 May 2021		KEY	Public	
I002484 Central	Boho Residential Towers - Site Disposal That Executive approves the proposal to proceed with the disposal of the Council's freehold interest in land at Middleshaven in order to facilitate the development of the Boho Residential Towers.	Executive 18 May 2021		KEY	Public	

Schedule 2: Executive Portfolios

Executive Portfolio:	**The Elected Mayor of Middlesbrough**
Portfolio Holder:	Andy Preston
Lead Officer:	The Chief Executive

SCOPE OF PORTFOLIO

The Mayor has overall Executive responsibility for all Policy Framework documents, although individual Executive Members take the lead for those documents which may come under their respective portfolios. The Mayor has overall responsibility for delivering the Mayor's Priorities and associated initiatives.

Service areas and Functions

The Mayor has overall responsibility for executive functions together with those general responsibilities detailed above. Service responsibilities have been delegated to the Executive Councillors.

The Mayor is the Council's representative to the Combined Authority and will sit in the Tees Valley Combined Authority.

The Mayor (or whoever he decides to nominate) to exercise the Council's rights as a shareholder in BCCP Limited on behalf of the Teesside Pension Fund.

The Mayor exercises the Council's rights as shareholder in MHomes (Middlesbrough) Limited.

The Mayor will also have responsibility for Marketing and Communications.

The Mayor also has responsibility for the Armed Forces Covenant

The Mayor is the first citizen of the town and will promote the town as a whole and act as a focal point for the community. He will also take precedence with regard to any civic duties but these may be delegated to the Chair/Vice-Chair of the Council.

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MIDDLESBROUGH COUNCIL

FINAL REPORT OF THE ECONOMIC DEVELOPMENT, ENVIRONMENT AND INFRASTRUCTURE SCRUTINY PANEL – PEST CONTROL SERVICES

CONTENTS

AIM OF THE INVESTIGATION

1. The aim of the investigation was to consider whether the pest control services currently offered by Middlesbrough Council are fit for purpose and to assess whether further income could be achieved by expanding the service.

MAYOR'S PRIORITIES

2. The scrutiny of this topic fits within the following priorities of the Mayor's Priorities:

   Quality of Service: We will ensure that we place communities at the heart of what we do, continue to deliver value for money and enhance the reputation of Middlesbrough.

COUNCIL'S THREE CORE OBJECTIVES

3. The scrutiny of this topic aligns with the Council's three core objectives as detailed in the Strategic Plan 2021-2024[1]:

   - People - working with communities and other public services to improve the lives of our residents.

   - Place - securing improvements in Middlesbrough's housing, infrastructure and attractiveness, improving the town's reputation, creating opportunities for local people and improving our finances.

   - Business - promoting investment in Middlesbrough's economy and making sure we work as effectively as possible to support our ambitions for People and Place.

TERMS OF REFERENCE

4. The terms of reference for the scrutiny panel's short review are:

   A) To examine the Pest Control Services currently offered by Middlesbrough Council including the resources required to run the service and income achieved.

   B) To establish the range and cost of pest control services provided by other Tees Valley Councils and local private operators.

   C) To consider whether expanding Middlesbrough Council's pest control services could provide an additional income stream to the Council.

BACKGROUND INFORMATION

5. A local authority has specific legal powers to take steps to ensure that its area is free from rats and mice. They must take action to destroy rats and mice on their own land and can

[1] Middlesbrough Council's Strategic Plan 2021-2024

serve a notice on an owner or an occupier ordering work to get rid of the problem.[2]

6. Middlesbrough Council currently provides pest control services in the following areas:

- Back Alleys.
- Council owned open spaces.
- Council Buildings
- Commercial Contracts.
- Thirteen Housing.

7. There are four pest control operatives: three permanent full time employees and one agency worker. Seven Area Care staff are trained in rodent control and eleven additional staff are undertaking online pest control training. The rodent control training is a one-day training course.

8. Pest Control Technicians have completed the Level 2 Pest Management Level course, awarded by the RSPH (Royal Society for Public Health UK), which enables them to carry out a wider range of activities. This Level 2 qualification is designed to provide an understanding of public health pests and their management. It fulfils the legal requirement relating to the training of pest control technicians as set out in the Control of Pesticides Regulations 1986.[3] The training takes approximately four to six weeks to complete on a day release basis.

9. The Council's aim is to build up resilience across departments and enable the Level 2 qualified Pest Control Technicians to focus on the back alleys, contracts, and council owned spaces, whilst the area care staff provide a pest control service to Council buildings and cemeteries.

10. The intention is to continue identifying and training additional members of staff from the back alley cleansing and area care teams, as well as building managers, in rodent control. One of the current Pest Control Technicians will also be upskilled to complete the Level 2 qualification to build additional resilience in the team.

11. The Council has 70 commercial contracts across Middlesbrough which generates approximately £43K per annum. The number of commercial contracts has decreased during 2020, due to a number of businesses ceasing trading or opting to request pest control as and when needed, rather than having a regular contract. The Council has worked with businesses during the Coronavirus Pandemic to assist where possible, by delaying payments if necessary.

12. The team carries out approximately 542 visits per year to a variety of customers including restaurants, fast food takeaways, schools, Middlesbrough College and private businesses.

13. The Council also has a joint contract with Durham County Council for Thirteen Group which covers a wide area across the north east. Middlesbrough Council covers Middlesbrough, Redcar, and Saltburn. The income from this contract is approximately

[2] https://www.citizensadvice.org.uk/housing/repairs-in-rented-housing/repairs-common-problems/repairs-infestations-of-pests-and-vermin/

[3] https://www.rsph.org.uk/qualification/level-2-award-in-pest-management.html

£95K, with the total number of jobs completed approximately 1300. Up to four visits per property can be carried out under this contract. Income from the Thirteen contract covers the Council's costs in terms of running the service.

14. Currently Middlesbrough Council does not offer a pest control service to private residential properties across Middlesbrough, although it has provided one in the past. The Council focusses the pest control service on contract work and open spaces.

15. **Tees Valley Councils – Pest Control Services for Domestic Properties**

The Panel ascertained that the other Tees Valley Councils – Stockton On Tees, Darlington, Redcar and Cleveland and Hartlepool, all offer various pest control services to their residents. Some services are free and others are chargeable. Darlington Council does not provide pest control services to commercial businesses and properties.

16. Searches on the websites of Stockton On Tees, Darlington, Redcar and Cleveland and Hartlepool Councils revealed the following information in relation to pest control services Charges:

Council	Free Service	Chargeable Service	Charge
Stockton On Tees[4]	Rats Mice (indoors only) Cockroaches Bed bugs	Ants and flies Bees and wasps Biscuit beetles Carpet beetles Fleas and mites Moles and squirrels Pigeons Silverfish Spider beetles	Subject to required treatment from £35 + VAT
Darlington[5]		Rats and mice	£10 (this charge does not apply for council tenants as pest control for mice and rats is included in the rent)
		Insects	£70.20
Redcar and Cleveland[6]	Pest Control officers can offer free advice over the phone on a		

[4] https://www.stockton.gov.uk/our-people/environmental-health/pest-control/

[5] https://www.darlington.gov.uk/environment-and-planning/pest-control

[6] https://www.redcar-cleveland.gov.uk/resident/Pages/Pest-Control.aspx

	number of different pests		
		Rats/Mice	£83 (up to 2 visits)
		Bees (subject to individual assessment to determine whether treatment can take place)	£83 (up to 2 visits)
		Wasps	£83 (up to 2 visits)
Hartlepool[7]	Free advice and identification service		
	Rats (if in house)		
		Rats	£40 – refunded if confirmed rates in house
		Mice	£80.00 visit + up to 4 Re visits then invoiced for time £40.00 per hours + materials
		Insects	Advice visit £40.00 if require treatment additional £20.00 charge

17. Redcar and Cleveland Council has recently reduced its pest control team from two to one member of staff who also deals with stray dogs. Whilst Redcar and Cleveland Council offers free advice, it is reported that the take up of treatment option is poor.

18. **Commercial Operators**

19. Searches on websites of commercial pest control operators revealed that they generally charge according to the type and extent of the pest problem following consultation, rather than offering a set pricing structure. Where prices are quoted online they range from £50 per hour plus materials, to £270 plus VAT, for 3 visits to a rat infestion.

20. A Panel member was charged £160 for a commercial operator to treat a garden rat infestation. The Panel member reports that one commercial operator informed him that demand is currently so high he is unable to take on any more work through his website.

21. During the first UK lockdown in March 2020 due to the Coronavirus pandemic, 51% *of British Pest Control Association (BPCA) members reported an increase in rodent activity. In October 2020, 78% of pest controllers polled reported increased rat sightings, with 63% noting a rise in mouse-related incidents.[8]

22. There are a number of factors contributing to the rises, one of which is that milder winters are leading to increases in rodent populations. During lockdown people are

[7] https://www.hartlepool.gov.uk/info/20049/pest_control/435/pest_control_service/2

[8] https://bpca.org.uk/News-and-Blog/pestaware-the-impact-of-lockdown-on-pest-control/267047

spending more time at home and in their gardens, and are putting more food out for birds and other wildlife, which in turn attracts vermin. The most effective rodent control method is to remove food sources, water, and items that provide shelter.

23. Other issues include fly tipping, and bag slashing in back alleys. Household rubbish disposed of in bin bags creates a natural food source for rodents. Whilst in Middlesbrough there is a programme of baiting in the alleys, discarded food sources such as pizza boxes are far more attractive to the rodents than poisonous bait.

24. Middlesbrough Council previously had a contract with Northumbrian Water to bait the sewers but this is no longer in place. Northumbrian Water state that their responsibility is confined solely to their sewer network and their leaflet "Facts About Rodents"[9] provides the following information:

> "*We are committed to working closely with local authorities and our customers to deal with rats…..*
>
> *……When we receive a report of a rodent sighting from a member of the public, we will advise the local authority so that it can consider surface baiting. We will carry out up to three cycles of rodent baiting in manholes within the affected area. A site visit will be carried out after each cycle of baiting to see whether any bait has been taken.*
>
> *If any bait has been taken, we will re-bait the manholes. If after three cycles the bait is still being taken the matter will be referred to one of our technical support advisors to assess whether further investigation, or further baiting, is needed. If we find that the bait has not been taken, this would suggest that either the rodent activity is not sewer-based, or if it was, activity has now stopped. In either case, no further work would be carried out by ourselves."*

25. During the last calendar year 2020-2021, Middlesbrough Council served 14 prosecution notices on private homeowners or private rented tenants in relation to pest nuisance.

26. Middlesbrough Council does not keep a record of requests for pest control services from residents and no formal complaints about the lack of this service have been received.

CONCLUSIONS

27. The scrutiny panel reached the following conclusions in respect of its investigation:

TERM OF REFERENCE A – To examine the Pest Control Services currently offered by Middlesbrough Council including the resources required to run the service and income achieved.

The Council has 70 commercial contracts across Middlesbrough which generates approximately £43K per annum. The Council also has a joint contract with Durham County Council for Thirteen

[9] Facts About Rodents – Northumbrian Water Fact Sheet

Group and the income from this contract is approximately £95K. The income achieved from the Thirteen contract covers the Council's costs in terms of running the service.

TERM OF REFERENCE B – To establish the range and cost of pest control services provided by other Tees Valley Councils and local private operators.

The costs of pest control services offered by the Tees Valley Councils varies, ranging from a free service up to £83, depending on the type of pests and number of visits required. Commercial Operators' fees are similarly varied and appear generally more expensive.

TERM OF REFERENCE C – To consider whether expanding Middlesbrough Council's pest control services could provide an additional income stream to the Council.

Unlike the other four Tees Valley Authorities, Middlesbrough Council does not currently offer any pest control services to private residents. Anecdotal evidence gathered indicates that there is an increasing rodent problem in Middlesbrough. However, as the Council does not record service requests for pest control services from private residents, it is difficult to ascertain the extent of the problem or the likelihood of take-up of any such Council service by residents.

RECOMMENDATIONS

28. Following the submitted evidence, and based on the conclusions above, the Economic Development, Environment and Infrastructure Scrutiny Panel's recommendations for consideration by the Executive are as follows:

    1. Consideration be given to Middlesbrough Council offering a low cost Pest Control Service to residential properties and whether this would provide an additional income stream to the service area.

    2. Investigate whether an amount could be included within the Council Tax charge to provide a pest control service to private residents without any additional fee.

    3. Promote educational messages about good house-keeping to prevent vermin infestations through the LoveMiddlesbrough magazine.

ACKNOWLEDGEMENTS

29. The Economic Development, Environment and Infrastructure Scrutiny Panel would like to thank the following for their assistance with its work:

    G Field, Director, Environment and Community Services.
    J Ingledew, Bereavement Services Manager, Redcar and Cleveland Borough Council.
    D Lumsden, Pest Control Technician.
    A Mace, Head of Environment Services.
    P Shaw, Operations Manager, Recycling and Education.
    A Wilson, Pest Control Technician.

BACKGROUND PAPERS

30. The following sources were consulted or referred to in preparing this report:

    Informal meeting with Pest Control Technicians on 9 December 2020.

Minutes of the meeting of the EDEI Scrutiny Panel held on 16 December 2020.
British Pest Control Association website.
Citizens Advice website.
Darlington, Hartlepool, Redcar and Cleveland, Stockton on Tees Councils' websites.
Northumbrian Water Factsheet.

COUNCILLOR M SAUNDERS
- CHAIR OF ECONOMIC DEVELOPMENT, ENVIRONMENT AND INFRASTRUCTURE SCRUTINY PANEL

The membership of the scrutiny panel is as follows:

Economic Development, Environment and Infrastructure Scrutiny Panel 2020-2021
Councillors M Saunders (Chair), B Hubbard, (Vice-Chair), R Arundale, D Branson, D Coupe, T Furness, L Garvey, L Lewis, M Storey, S Walker

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MIDDLESBROUGH COUNCIL

Final Report
Health Scrutiny Panel

Opioid Dependency: What happens next?

CONTENTS

AIM OF THE SCRUTINY REVIEW

1. To examine where we want to be in 5 years' time in terms of reducing opioid dependency and supporting people in Middlesbrough with opioid tapering / pain management.

MAYOR'S VISION

2. The scrutiny of this topic fits within the following priorities of the Mayor's Vision:

    - Making Middlesbrough look and feel amazing.
    - Tackling crime and anti-social behaviour head on – the ravages of drug addiction and its effects are destroying lives and communities and are killing parts of the town.
    - Creating positive perceptions of our town on a national basis.

COUNCIL'S THREE CORE OBJECTIVES

3. The scrutiny of this topic aligns with the Council's three core objectives as detailed in the Strategic Plan 2020-2023:

    • People - We will continue to promote the welfare of our children, young people and vulnerable adults and protect them from harm, abuse and neglect.

    • Place - We will transform our town centre, tackling crime and antisocial behaviour, improving accessibility, developing Centre Square as an iconic Tees Valley office, leisure and residential location, and creating other iconic spaces for digital, media and leisure businesses.

    • Business - We will create positive perceptions of our town on a national basis, improving our reputation, and attracting new investment, visitors and residents.

TERMS OF REFERENCE

2. The terms of reference, for the scrutiny panel's review, were as follows:

    a) To examine local opioid dependency rates
    b) To consider the commissioned services in place and level of resource currently invested by the local authority and partner agencies in reducing dependency in Middlesbrough
    c) To investigate the work undertaken by the local authority and partners to tackle opioid dependency amongst:-
        - Women (case study)
        - Older opioid users (case study)
        - Residents living in deprived wards (case study)
    d) To identify good practice and evidence based approaches that aim to support opioid tapering / pain management (including campaigns to increase people's knowledge of the risks associated with prescribed opioids and over the counter medications).

BACKGROUND INFORMATION

What are opioids?

3. Opioids are drugs which come from opium poppies or which have been synthetically produced to mimic the poppy's effects. That includes legal medicines like morphine and codeine, as well as the illegal drug heroin. Opium poppies have been used to ease pain and aid sleep for centuries. Today, they are still used by doctors to treat severe pain. They work by blocking the body's pain signals. They also produce the hormone dopamine, which creates the euphoric feeling of being "high".

   Britain's most prescribed opioid drugs are:-

   - co-codamol
   - tramadol
   - codeine
   - co-dydramol
   - dihydrocodeine
   - oxycodone
   - fentanyl

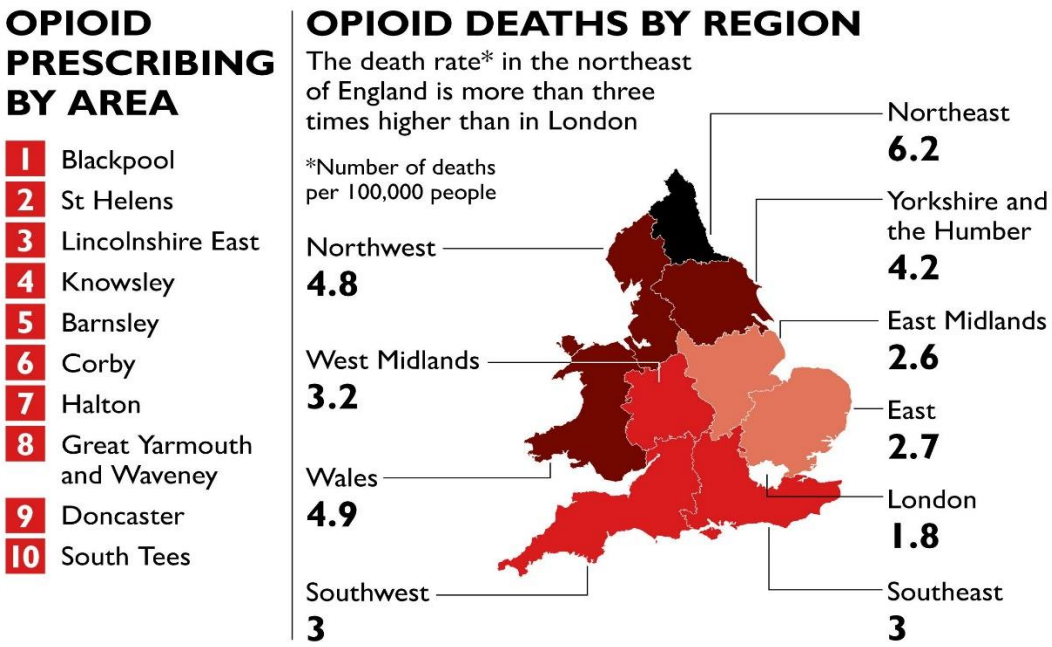
Why are they so dangerous?

4. Opioids are good at stopping pain in the short-term. But they are extremely addictive, and as the body builds up tolerance they become less effective at stopping pain. If they are not used properly, this can lead to a dangerous spiral, in which someone takes higher and higher doses as the drugs get less effective. However, coming off them is extremely unpleasant. It is easy to become trapped. If an opioid dosage is too high, breathing begins to slow – sometimes so much that it stops altogether.

An epidemic of opioid use

5. In February 2019, *The Sunday Times* published an investigation into Britain's rising number of opioid prescriptions, deaths and overdoses over the last 10 years. It found that around five people were dying from drugs every day. That includes deaths from heroin, as well as legal painkillers. Britain's poorest areas, such as Wales and the North, were the worst affected. Dr Andrew Green, of the British Medical Association, told the paper there was "no doubt" that the UK is experiencing an "epidemic of opioid use".

6. The director of the charity DrugWise told *The Sunday Times* that there is a "perfect storm" of GPs "under huge pressure" and an ageing population, meaning more patients complaining of chronic pain. "It is not surprising that more and more prescriptions are being written as demand increases." Tackling the crisis will involve finding alternative pain medicines, changing the amount of drugs prescribed and supervising patients more closely.



7. In addition to the challenges presented by high rates of prescribed opioids the use of illegal drugs including heroin continues to damage our local communities. In February 2020 Dame Carol Black published her independent review of drugs and a summary of the key findings are detailed below:-

- The illegal drugs market has long existed but has never caused greater harm to society than now. An estimated 3 million people took drugs in England and Wales last year, with around 300,000 using the most harmful drugs (opiates and/or crack cocaine). Drug deaths in 2018 were the highest on record (2,917). The increases have been primarily driven by deaths involving heroin, which have more than doubled since 2012.

- The UK has the highest number of rough sleepers dying on our streets from drug poisoning since records began. Huge geographical and socioeconomic inequalities lie beneath these trends, with entrenched drug use and premature deaths occurring disproportionately in deprived areas and in the north of the country.[1]

- Much of the 'core' heroin population are entrenched users with increasingly severe and costly health problems, many of them cycling in and out of treatment services. The ageing of the heroin population and their length of drug use is a big factor in the record number of drug-related deaths.

- On a given day approximately 20,000 people, or nearly 1 in 4 prisoners, are detained because of offending related to their drug use, as opposed to being involved in supply. Long-term drug users are cycling in and out of our prisons, at great expense but very rarely achieving recovery or finding meaningful work.

- Dependency on prescription medicines is an emerging and worrying issue which requires greater attention from government.

[1] https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary

8. On 20 January 2021 the Government announced a £148m investment in an intensive, whole system approach to tackling the problem of illegal drugs. In addition a further £28m of funding has been made available for 'Project ADDER' (Addiction, Diversion, Disruption, Enforcement and Recovery), which combines targeted and tougher policing with enhanced treatment and recovery services.

   'Project ADDER will bring together partners including the police, local councils and health services, and run for 3 financial years in 5 areas with some of the highest rates of drug misuse: Blackpool, Hastings, **Middlesbrough**, Norwich and Swansea Bay.'[2]

9. Middlesbrough has the potential to access £4.8m of funding between 2020/21 and the end of March 2022. Over a period of just over two years, the project aims to deliver reductions in the:

   • rate of drug-related deaths
   • drug-related offending
   • prevalence of drug use.

10. Proposed interventions to be funded through project ADDER are outlined in the interventions table attached in Appendix 1. In Middlesbrough they include a mixture of specialist posts, the majority of which will be employed by Middlesbrough Council, and aligned with the integrated service model for domestic abuse, homelessness/housing support and substance misuse; and delivery interventions.

11. The benefits of Project ADDER include:-

    - The funding could help save lives and reduce our unacceptable drug-related deaths (DRD) rate, which is at the highest level on record. **This means that people are statistically more likely to die from a Drugs Related Death (DRD) in Middlesbrough than they are from a car/road-related death.** The latest Office for National Statistic report shows Middlesbrough's DRD rate is 16.3 deaths per 100,000 population, meaning that we have one of the highest rates in Europe. This is significantly higher than both the NE regional and national averages, which are 9.1 and 4.7 respectively.

    - The enforcement element in particular will assist in tackling wider drug-related issues in the town. The project is likely to lead to approx. £1.95m per annum additional funding for the next two financial years, across the Council and Police Partners (depending on the ability of other areas to successfully deliver their plans, this could potentially be increased).

    - It could benefit the forthcoming integrated service model which brings together domestic abuse, homelessness and substance misuse services from 1st April 2021 aiming to better address the complex vulnerabilities faced by some of our

[2] £148 million to cut drugs crime - GOV.UK (www.gov.uk)

residents. Project ADDER will help us to maximise the benefits of this new model with significant external investment in key areas of drugs support.

- Positive discussions have taken place with Police and healthcare partners regarding joint interventions and future partnership working.

- Breaking the cycle of addiction will prevent escalating needs in terms of future substance misuse service delivery, as well as the multitude of Local Authority and partner organisations' services that this will positively impact.

- Substance misuse impacts on a wide range of health outcomes and service provision, including demand on children's services, primary and secondary care, and adult social care. Improved outcomes in substance misuse will translate to further benefits across key areas of health and social care.

- Stakeholder consultation and co-production of ADDER and the associated interventions, including with the local service user community and 'experts by experience', will form a key part of the programme.

- Project ADDER supports the recent Middlesbrough Council Health Scrutiny Panel's examination of opioid dependency, which recommended that this topic was to become a long-term, standing agenda item due to its level of impact and complexity. Multiple partner organisations have been invited to the panel over the last year in order to promote a whole-system approach to tackling this 'wicked problem'.

SUMMARY OF EVIDENCE

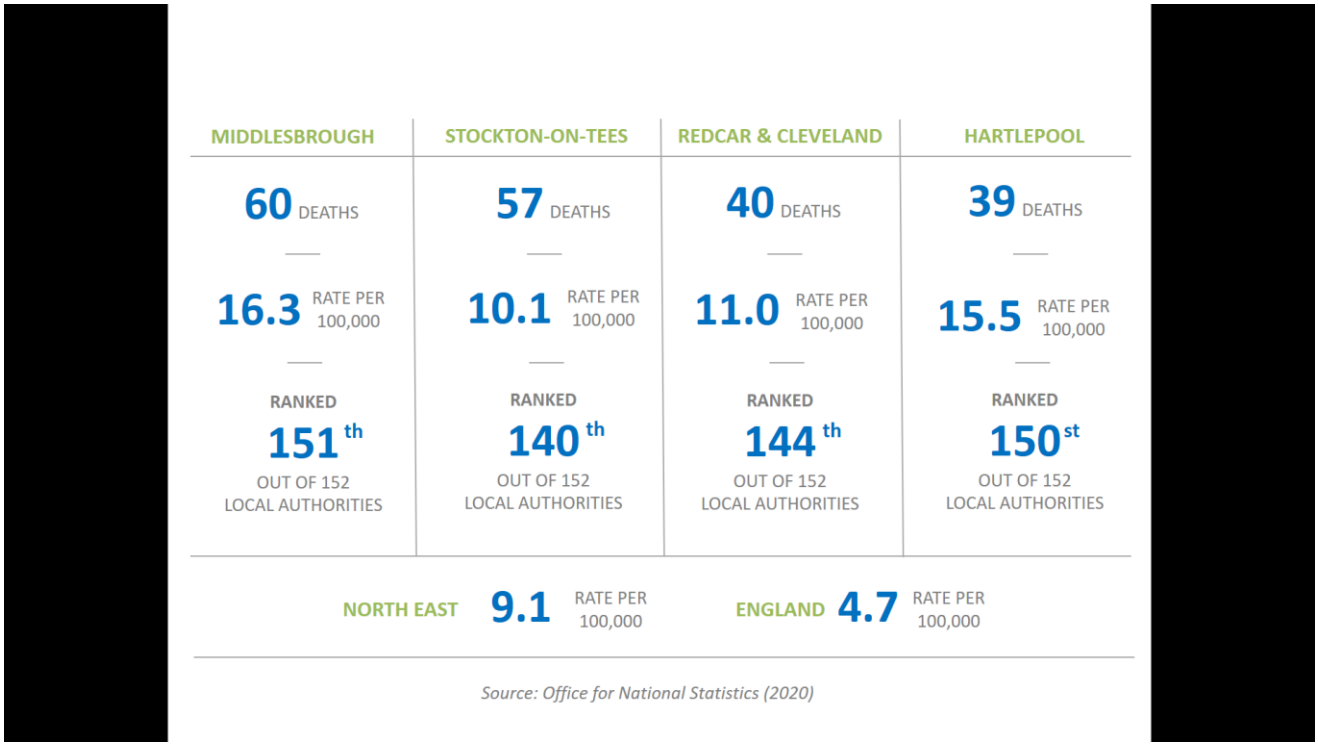
TERM OF REFERENCE A – To examine local opioid dependency rates

12. Middlesbrough has high levels of estimated drug misuse, 25.51 opiate and crack users per 1000 population, triple the national rate of 8.4 and is the highest in the country. (PHE, 2019)

13. **The average age of drug related deaths in Middlesbrough is 38.2 years old**. In comparison, average life expectancy is 76.2 years old. The Middlesbrough wards with the highest Drug Related Death rates are: Central, Newport, Park, Longlands & Beechwood and Brambles & Thorntree.

Drug Related Deaths in the Tees Valley

14. For the period 2017-19 the drugs related death figures from the Office for National Statistics (ONS) for the Tees Valley show:-



Drug related Deaths, 2017-2019 in England (Public Health England)

15. Between 2008 and 2019 the most common drugs detected from Coroner Inquests into substance related deaths were heroin, alcohol, methadone, cocaine, mirtazapine, benzodiazepines, zopiclone and pregabalin.

16. In terms of the number of drugs detected post-mortem it is now increasingly common to see all of the above drugs in someone's system.

17. Teesside Coroner Inquest data shows that between 2008 and 2019 there was a notable increase in the number of drugs detected. In 2008-09 there were frequently 1-2 drugs detected. In 2019 a third of cases involved 5 or more drugs. There is a tendency for pregabalin and benzodiazepam to be used by younger people.

18. Middlesbrough currently has in treatment:

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

19. In terms the demographic of patients in treatment in Middlesbrough 72 per cent are males, with the highest numbers seen in the 30-39 age group. In addition 51 per cent of those in treatment have an identified mental health need.

Evidence from Foundations GP Medical Practice

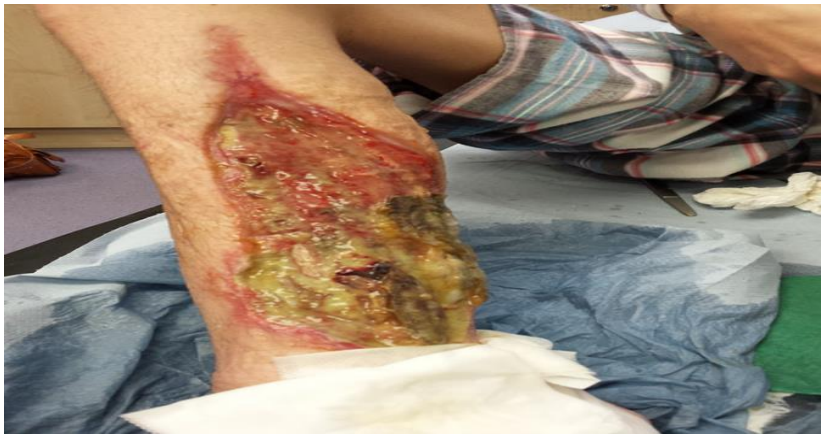
20. Foundations GP medical practice in Middlesbrough is commissioned to provide a specialist prescribing service. The profile of patients at the practice is as follows:-

- Around 70% of referrals come via self- presentation.
- 47% are unemployed, with a further 28% long term sick.
- 17% are identified as having a housing issue or homeless.
- 20% are currently living with children (that we are aware of)
- 17% admit to buying illicit prescriptions
- 33% of opiate clients have been in treatment for six years or more.

21. The average age of patients registered at the practice is 38 years old and all have significant health problems, including 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.

22. All patients have also experienced a high prevalence of emotional trauma and no patient has not experienced some form of trauma. Physical wounds, as shown below, sustained through drug use further highlight the extremity of harm along with medieval levels of life expectancy.



23. Dr John Bye, GP at Foundations Medical Practice, Middlesbrough advised:-

    This is a group of patients that do not often seek help and only at the point of crisis will they approach services for support. The prevalence of asthma and COPD are related to the drug use, as some drugs are smoked, which impacts on respiratory health. From a GP's perspective it cannot be stressed enough how often these patients do not seek help. It is also the case they are often very transient and will not, for example, return the next day for any follow up treatment. Efforts are always made to try and complete treatment immediately when people present.

24. The cost and availability of various substances locally is as follows:-

    - Pregabalin is readily available, selling for around £10 for a strip of 7x 300mg tablets, or £50 for a box of 50. Tend to be counterfeit tablets.
    - Gabapentin is not as readily available currently as Pregabalin, but this changes regularly. Gabapentin tends to be around £10 a strip of 500mg tablets and is usually diverted prescriptions.

- Zopiclone is cheap, it can be as little as £5 a strip and can vary in strength.
- Diazepam (£10) is in high demand but there are reports of an increase in counterfeit with reports of other tablets being dyed blue and sold on.
- Buprenorphine prices have risen again in the prison setting, some reports of up to £30 per tablet (previous high for branded Subutex was £60)
- Tramadol is still used widely, low cost and easy to get hold of.

25. A number of methods are used to source the various substances including family, friends, GP prescribing, internet, local dealers and social media. Complex issues can also arise where restrictions are imposed on prescribed substances, as a black market of those substances can develop, which are not quality controlled.

We Talk, They Die: A Call for Action

26. On 9 October 2019 the 'We Talk, They Die: A Call for Action' conference was held at the Jury's Inn in Middlesbrough. The event was organised by Foundations Medical Practice and a range of international and national harm reduction experts were in attendance to share their knowledge and expertise. The attendees included:-

    - Ricardo Baptista Leite, Medical Doctor and Member of the Portuguese Parliament - For better or worse - decriminalisation of drug use: outcomes from Parliament.
    - Jason Harwin, Deputy Chief Constable of Lincolnshire Police and National Police Chief Councils (NPCC) lead for Drugs - Harm reduction policing and the need for evidence based practice.
    - Dr Magdalena Harris, London School of Hygiene Tropical Medicine - Harm Reduction: Listening to the experts to inform harm reduction.

27. A number of presentations were given to highlight the various approaches adopted to reduce drug related harm: -

    - Portugal's decriminalisation of drugs highlighted the significant impact that could be achieved if legislative changes were to be introduced in the UK.
    - Foundations Medical Practice launched a Heroin Assisted Treatment (HAT) Project, where people are given diamorphine twice a day under medical supervision. The scheme is part funded by the Police and Crime Commissioner (PCC) for Cleveland and is targeted at those for whom all other current treatment options have failed.
    - Naloxone (opioid overdose drug) kits are being distributed by volunteers, who have all battled addiction as part of a Middlesbrough Peer Project.
    - Checkpoint (an offender management programme that offers those eligible an alternative to prosecution) has been established in Durham Constabulary's force area. It provides an opportunity for individuals to tackle the underlying issues such as their mental health, alcohol and drug misuse and aims to improve the life chances of the participants. A similar scheme has been launched in Cleveland.

Portugal's health focused and harm reduction approach

28. In respect of the approaches introduced to tackle drug related ham some other countries have introduced decriminalised markets. Portugal, for example, has 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.**

29. In Portugal pre-2001 heroin was the main substance of problematic drug. Increases in reported drug-related deaths between 1991 and 1998 highlighted the public risk of injecting and the need for drug policy reform. **On 1 July 2001 Law 30/2000 was introduced which decriminalised drug possession, acquisition and consumption for personal use.**

30. Ricardo Baptista Leite, Medical Doctor and Member of the Portuguese Parliament advised:-

- Decriminalisation of drug use **did not increase drug use, drug-related crime or 'drug tourism' in Portugal**
- **Decreases in HIV and overdose-related deaths** have been observed since 2001
- Decriminalisation is **only part of the journey** – further work needs to be done on **stigma**, **safety** and **availability of other harm reduction initiatives**

Local Action

31. In terms of work undertaken by Public Health (South Tees) to tackle these issues locally the following measures have been implemented:-

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

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

Future Funding Opportunities – Changing Futures

33. On 10 December 2020 the Ministry of Housing, Communities and Local Government launched the 'Changing Futures' scheme – a £46 million programme, which aims to establish new, innovative and co-ordinated ways to better support vulnerable adults and particularly those facing entrenched disadvantage and trauma. The initial delivery period will be for two years in 2021/22 and 2022/23, with options to extend if more funding is available, including through local match funding. There is an expectation that local areas will be able to demonstrate plans to sustain a legacy of system change and improved working for adults experiencing multiple disadvantage beyond the initial programme period.

34. The prospectus for the 'Changing Futures' scheme invited expressions of interest from organisations such as councils, health bodies, police, probation services, voluntary and community sector organisations to form local partnerships. The planned timescale for the mobilisation of the national 'Changing Futures' programme is:- 21 January 2021 deadline for Expressions of Interest (EOI's), February – shortlist of areas announced, March to April

– Delivery Plan development and Spring – Year 2 delivery grants agreed, funding provided and delivery commences.

35. On 2 March 2021 the Council was advised that the South Tees partnership's EOI has been shortlisted by MHCLG. South Tees is one of 21 areas to have been successful at this stage with up to 15 being selected for the funding. By the end of April the partnership needs to develop and submit the following:-

    - A costed delivery plan, meeting the core principle set out in the prospectus. This will include further information on our cohort and frontline delivery, and further information on wider system change goals.
    - A theory of change, setting out how our delivery proposals will lead to improved outcomes at individual, service and system level
    - Clear local governance arrangements and commitment from all the core partners set out in the prospectus.

36. To assist with this process, a development grant of £15,000 has been offered, which will provide dedicated co-ordination capacity on behalf of the partnership and enable the timescales to be met.

TERM OF REFERENCE B - To consider the commissioned services in place and level of resource currently invested by the local authority and partner agencies in reducing dependency in Middlesbrough

Middlesbrough Recovering Together (MRT)

37. Middlesbrough Recovering Together (MRT) is the local substance misuse model that aims to offer people seamless services as if delivered from a single provider. MRT has been delivering local substance misuse support since 1 October 2016, with three providers working in partnership:

    Change, grow, live (CGL) (formerly CRi) provide 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) is a specialist GP practice that provides primary care to people who are experiencing or at risk of social exclusion. The service operates over two sites: Acklam Road for substance users and violent/aggressive patients, and Harris Street for asylum seekers. Both have been rated 'outstanding' by the CQC. On behalf of Public Health, Middlesbrough Council they provided a clinical recovery service.

    Recovery Connections (formerly Hope NE) are the provider of all recovery interventions and also deliver a twelve step-based, quasi-residential rehab model via their current building. There are 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 is emphasis placed on facilitating people into Mutual Aid (alcoholics anonymous, narcotics anonymous, etc.). Recovery Connections is rated ‘outstanding’ by the CQC.

38. Representatives from all three organisations provided evidence and it was emphasised that the harms caused by the misuse of opioids and other drugs are far reaching and affect people’s 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.

39. In public health terms it is the cumulative impact of the misuse of drugs and all of the surrounding issues that make it a wicked problem. The message that **you alone can recover but you cannot recover alone** was emphasised**.**

Evidence from Change, Grow, Live (CGL) - A Care Co-ordination Service

40. Access to the services provided by CGL is open entry and is available at a range of locations including the Live Well Centre and Foundations GP Medical Practice.

The service focuses 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

41. Psychosocial interventions involve intervening in the psychology (thoughts/feelings) or the social (context/environment), which are 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

42. CGL also provide a young persons' service to offer specialist support for young people who are either using alcohol / drugs or are affected by someone else's alcohol / drug use.

Evidence from Foundations (GP Medical Practice) - Clinical Service

43. Daniel Ahmed, Clinical Partner at Foundations GP Practice made reference to a quote from Gabor Mate (a Canadian Physician known for his expertise on trauma, addiction, stress and childhood development). It sums up the stark reality of providing care to people who have become so dehumanised they no longer care if they live or die.

    '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.'

44. To address the issue of opioid dependency a **health focussed harm reduction approach** is required. Such an approach is 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 is normal, yet with drug use, we don't use all the tools we have available to reduce harm.

    '**We expect drug users to jump out of a plane without a parachute every time they use drugs.'**

Evidence based approach:

45. The following health focussed harm reduction approaches were highlighted as best practice:-

- **Rapid access to treatment** - no wait times. Why, there is clear evidence that being in treatment protects 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 is often a stigma attached to this, people are encouraged to reduce doses, the lower the dose the better, a moral value is attached to the dose that isn't applied in other areas of medicine. We do not draw breath when we need to take 500mg of paracetamol. A patient who requires 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 have failed to benefit from front line treatment options. The rest of the UK treatment sector is in awe of Middlesbrough's HAT programme.

46. Danny Ahmed, Clinical Partner at Foundations GP Medical Practice advised that,

'**Embracing a wider definition of recovery is critical in supporting people who use opiates**.'

Recovery must be understood to have a multitude of outcomes:

47. Recovery is a journey and not an end point:-

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

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

48. In order to reduce the number of drug related deaths a radical approach is needed, with the introduction of measures that directly impact the most vulnerable with evidence based solutions.

Evidence based solutions:

49. What works and what is needed:-

- **Introduce safe spaces for people to consume substances** - Safe spaces to use substances safely are widely used in Europe, Canada and Australia and have 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 use substances to ensure the substance is safe. Drug users do 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 will allow services to reach those we don't currently and to engage them on the path to recovery. An example of this is Middlesbrough's peer to peer Naloxone programme

50. Photographs were shown, taken in areas of the town centre, although it was emphasised that this could be any town or city in the country. The photographs show human waste and discarded needles, works and crack pipes. This is the current state of play, this is how the most vulnerable people in our local communities who use drugs are currently living and using. We have a drug related death crisis and yet this, this is the place where some people are having to use. In 2019 a young lady had been found dead in this area and a young man died here last Christmas.

Heroin Assisted Treatment (HAT)

51. The Heroin Assisted Treatment (HAT) programme is based at Foundations GP Medical Practice, it is an evidence based intervention undertaken in partnership with the Police and Crime Commissioner (PCC) and Probation services. It involves a cohort of high volume users of emergency services, those committing the most crimes and those who have previously failed to engage in treatment. All of the clients involved in the programme attend twice a day to inject, 7 days a week and receive a full package of support from other relevant services. The programme has shown excellent early outcomes and all participants have terminated their use of street heroin.

52. The following feedback has 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.'

53. At the time of presenting evidence it was advised that there were currently nine people involved in the scheme, with spaces for up to fifteen. Members expressed the view that they are very supportive of the initiative and keen to explore the possibility of expanding the scheme, as well as increasing their knowledge about Drug Consumption Rooms (DCRs). DCRs have been a part of the harm reduction movement within the substance use field since the mid 1980's with the first such facility opening in Bern, Switzerland in 1986. Of the 123 DCRs that are currently operational worldwide, the majority are based within Europe. Australia and Canada are the hosts to DCRs outside of Europe. Closer to home, discussions regarding establishing a DCR in both Dublin and Glasgow are ongoing.[3]

54. The aim of DCRs are as follows:

    1. Reduce morbidity and mortality by providing a safe environment for more hygienic use and by training clients in safer use.
    2. Seek to reduce drug use in public and improve public amenity in areas surrounding urban drug markets.
    3. Promote access to social, health and drug treatment facilities.
    4. Reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services.
    5. Contribute to a reduction in drug use in public places and the presence of discarded needled and other related public order problems linked with open drug scenes.

55. The point was made that at present the Home Office is not in favour of DCRs. Glasgow has openly requested a trial, however, to date the request has not been approved. Bristol has also recently set up some mock DCR's to demonstrate to the public what would be involved.

Evidence from Recovery Connections

56. Recovery Connections' in Middlesbrough provides the following services:-

    - **Quasi Residential Rehab (QRR)** in Middlesbrough is one of the only free to enter rehabs in the country (8 flats). The CQC rated has rated it as Outstanding and a 12

[3] Drug Consumption Rooms: A Welsh Response – Rob Barker Williams

step rehab programme is available for Middlesbrough residents who wish to complete an intense 6 month programme.

- **Community support** includes 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 are designed to teach people skills and get people mixing with similar people aiming for similar goals.
- **Housing support** is also provided, mainly for people leaving rehab however there is some support available for people accessing community groups.
- **Young person's worker** is based at the Students Union at Teesside University 2 days per week, helping to support people in recovery to get into education and maintain attendance and work.
- **Trauma therapy** is mainly for people in rehab however therapists also work with people accessing community provision across MRT. Recovery connections has secured funding from the National Lottery to employ two full time trauma therapists adding value to the current treatment provision.

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

58. Recovery Connections is also 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 is an effective way of engaging with people in the street and each time the bike goes out staff from the organisation will engage approximately 40 people in a conversation about recovery.

59. Upon visiting Recovery Connections Quasi Residential Rehab facility on Marton Road it was evident that the offer provided is unique. In order for individuals to secure a rehab placement a significant amount of preparation is undertaken. A rehab admission panel assess the likelihood of an individual successfully completing the intense 6 month programme and there is currently a waiting list of 2-3 months to access the 8 bed facility. In terms of expanding the offer consideration has previously been given to providing a 16-18 bedded detox and drug rehabilitation facility at Letitia House in Middlesbrough. However, a bid by the Public Health Team to the Council's Capital Fund for £200,000 to fund the necessary structural changes was unsuccessful.

60. Currently, those with medical complications have to access in-patient detox facilities in Manchester and Leeds. The current cost to access a 7-10 day detox programme is approximately £25,000 per patient and is funded via the Public Health Grant. If a local detox facility was available that cost would reduce significantly and more patients could be supported using the funding available. Income could also be generated through placements commissioned by other bodies, as currently **there are no publically funded in-patient detox and drug rehabilitation facilities available elsewhere in the region.**

Budget reductions

61. In terms of the funding reductions **over the last seven years the Public Health budget that is used to fund substance misuse services in Middlesbrough has been cut by more than half, from approximately £6m per annum in 2014/5 to around £2.3m for 2020/21**. There is no longer a dedicated prevention budget, the ability to innovate has been reduced and the future of the **Hospital Intervention and Liaison Team (HILT)** remains uncertain. **There has also been a loss of specialist skills, knowledge and experience, as less capacity has 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 is easy to dismiss, more palatable to prioritise other agenda, deeper understanding of the sources to restrict supply.
    - Incredibly high stigmatization remains.

    Next Steps

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

    Longer Term Opportunities

    - Collaboration with key partner organisations
    - Pooled budgets.

    Requests

    - Commitment to continued investment

62. Public Health (South Tees) has a really good track record of securing external grant funding but there is a need for the real term cuts to be highlighted. Long term financial stability is needed to deliver and plan future service delivery.

63. The Heroin Assisted Treatment (HAT) programme is currently funded through a partnership arrangement using time limited funding, secured until October 2021. Additional funding is needed, as else there remains a risk that Middlesbrough could lose this innovative work. The Police and Crime Commissioner (PCC) elections are due to be held in May 2021 and there is a need to ensure PCC funding continues to be secured. A number of measures are needed:-

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

64. The point was also made that **the value for money evidence is clear and investing in prevention is a win win, it saves lives and saves families.**

65. Public Health is currently in the process of maximising value for money by commissioning **an integrated commissioning model**. This innovative approach will join up homeless services, domestic abuse services and substance misuse services to address the multiple, complex issues faced by vulnerable adults in Middlesbrough. **Building social capital and ensuring people have 'somewhere to live, something to do and someone to love'[4] is of the utmost importance.**

TERM OF REFERENCE C – To investigate the work undertaken by the local authority and partners to tackle opioid dependency amongst:-

- **Women (case study)**
- **Older opioid users (case study)**
- **Residents living in deprived wards (case study)**

Evidence from Middlesbrough Community Safety Partnership

66. Middlesbrough Community Safety Partnership is a statutory body made up of representatives from the Police, Probation Service, Local Authority, Youth Offending Service and the Fire and Rescue Authority and it produces a community safety plan that is reviewed every two years.

67. The Community Safety Partnership plan identifies the following priorities:

Priority 1 - Perceptions and Feeling Safe

- We will aim to better understand and improve the public perception of safety and crime in Middlesbrough
- Tackling crime and ASB head on

Priority 2 - Tackling the Root Causes

- Adverse Experiences
- Trauma Informed approach

Priority 3 - Locality Working, Inc. Town Centre

- Reconfigure relationships between statutory organisations and the community. Encouraging and supporting a collaborative approach and building capacity within the community. Create a safe town centre environment to live, work and visit

68. Neighbourhood Safety Wardens in Middlesbrough have a significant role to play in identifying and engaging with vulnerable people and referring to commissioned services. All of the Wardens carry naloxone kits, a drug that reverses the effects of an overdose. **By administering the drug the Wardens, who are also trained in first aid, have saved the lives of 9 people in Middlesbrough since December 2019.**

69. Wardens, who are also accredited by the Chief Constable of Cleveland Police, regularly gather intelligence and share information with the Police relating to drug dealing so that

[4] Social capital is an important ingredient in the maintenance of physical and mental wellbeing, In 1990 Physiatrist Sheldon Berrol noted that what is important to all of us is to have somewhere to live, something to do and someone to love.

appropriate action can be taken. This has resulted in drug raids taking place in a number of local communities.

70. The Council's Officers also regularly build a portfolio of evidence to support an application to the courts for a house closure where there is evidence of ASB, crime and drug dealing from a property.

71. The following case studies detailing the support offered through a multi-agency approach were provided:-

2018 Example with Community Safety (Assertive Outreach)

S was homeless, sleeping on the street and begging in Middlesbrough town centre, he was a heroin user and wasn't engaging with any services. He had benefits in place however couldn't access them as he didn't have a fixed address for the bank card to be sent out to. S couldn't gain housing in Middlesbrough as he had "burnt his bridges" with all landlords.

10 weeks after S started to engage with the community safety team he was housed in temporary accommodation. He continued his engagement with the team and was offered a more permanent address with 2020 properties. He is now attending all of his Probation appointments and is now in receipt of Housing Benefit. His landlord have no complaints and have said he is *'doing well'*. He has held down his tenancy and pays his rent top up and he now has a bank card and can therefore easily access his benefits.

The team organised an assessment at CGL, which S attended, allowing him to be put on a methadone script. The team later supported him to attend Foundations and he states he hasn't used heroin since and is now feeling much healthier. He wanted to stop begging so the Town Centre Team arranged for him to start selling the Big Issue as long as he attends Recovery Connections once a week.
He keeps out of the town centre and sells the Big Issue in the Linthorpe area.

S now feels ready for a DISC referral to support him into securing a permanent tenancy and he has asked the team if they can also help him look at his mental health once he has settled.

S has messaged the team on several occasions, here are some quotes

"Thanks, I wouldn't have been here if it was left to me, so thanks very much it means a lot"

"I wouldn't have known where to start without your support"

Example from November 2020 Town Centre Wardens

X

X had been homeless for 12 months when the Town Centre Wardens started to engage with him. He was a prolific beggar in the town centre and was sleeping in shop doorways within the main precinct area, which was of concern to town centre businesses. Although X had benefits in place, he was misusing substances which was the reason he was also begging. He had 'burnt bridges' with housing providers but he said he wanted to change and stop living like this.

After a number of calls and discussions with the Homeless Team eventually a landlord agreed to give X a tenancy and he was placed into a private rented property. X was supported to set up his Housing Benefit claim by the homelessness team.

A community award scheme was successfully applied for to provide him with white goods, household furniture and clothing.

X is continuing to work with the team, he has also started to sell the Big Issue and he is now ready to address his substance misuse and will be supported to make links with the relevant agencies for ongoing support. It is recognised that X still has a long way to go but he is making small steps in the right direction. Below is a quote from X

"Thank you, I wanna make changes and I wouldn't have been able to do this much without you"

72. Marion Walker, Head of Stronger Communities advised,

'People don't choose to live a challenging life, they often find themselves in a situation that gradually creeps up on them. Individual circumstances and life experiences can lead to people being in a certain environment that can lead to harmful behaviours. Every drug user is someone's brother, sister, mother, daughter, son and they deserve another chance and support to change their behavior when they are ready for it. If their behavior is causing harm to the community, they need to understand that that it is not acceptable and their actions will have consequences. Therefore enforcement does have a place too.'

73. It was also advised that **additional benefits would be derived from increased assertive outreach work to support people to make small, positive steps to changing behavior.**

Evidence from Cleveland Police

74. Following publication of the recent HM Inspectorate of Constabulary and Fire & Rescue Services report, which had highlighted serious concerns about Cleveland Police leaving vulnerable victims at risk the Chief Inspector advised that there has been a significant culture change within the force, particularly in respect of Police understanding around the vulnerability of drug users and how people become dependent. In 2019/20 Cleveland Police have also led on the Heroin and Crack Cocaine Action Area (HCCAA) project.

75. The Chief Inspector advised that streamlined processes for dealing with possession of drugs are currently being considered. For example, if an individual is stopped with a very small amounts of drugs but there is no risk of threat or harm, procedures to interview them on body worn cameras and submit a streamlined case file outside the court process could be introduced. At the same time the individual concerned would be referred to the relevant support agency or local authority to help them to address the issue rather than the case still being stuck in the court system three months down the line. As valuable visible police presence is being taken out by relatively low level offending.

76. Cleveland Police is also currently working with partners on trying to divert people from heading into the criminal justice system by offering rehabilitation - rather than putting them through short-term custody sentences for drug possession. Healthcare professionals are employed as part of the custody and diversion team and will assist individuals who have some sort of drug dependency whether it be to opioids or prescribed medications.

77. Cleveland Police's Neighbourhood Policing Team also host 'threat, risk and harm meetings' on a daily basis with partners including the local authority, local housing providers and fire & rescue services to discuss crime, anti-social behaviour (ASB) and vulnerability. Many of the issues discussed are linked to drugs and alcohol and the majority of incidents reported to the Police are rooted in these issues. At present there are a significant number of reports around street dealing and Cleveland Police will not tolerate dealers causing problems on the streets. The Police are working alongside the Council to close down troublesome properties

78. Cleveland Police have a number of harm reduction schemes in place including:-

- Divert schemes to divert people from the criminal prosecution system to rehabilitation
- Young engagement meetings
- New programmes to educate school aged children to deliver a holistic approach to the danger of drugs

Trends in Middlesbrough

79. In terms of the enforcement work undertaken by Cleveland Police this is currently yielding very little in terms of recovering Heroin. It would appear to be a generational change - Heroin is a dying drug in terms of the younger generation picking it up. However, **Cleveland Police have seen an increase in the misuse and abuse of prescribed drugs and drugs imported over the internet including tablets, painkillers and sleeping tablets.** People are also moving towards cocaine and crack cocaine.

Evidence from Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust

80. Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust is a provider of Mental Health and Learning Disability Services and is not commissioned to provide Substance Misuse Services or services related to primary Opiate dependence. In the course of providing Mental Health and Learning Disability Services TEWV provides help to persons with dual diagnosis. The definition of dual diagnosis is a co-existing mental health and alcohol and / or drug misuse problems.

81. In respect of the level of resources invested by TEWV in dual diagnosis regular mandatory training is provided to staff, a dedicated dual diagnosis lead has been appointed within the Trust and dual diagnosis link clinicians / link champions also work across a number of teams. In addition these practitioners work in partnership with the locally commissioned substance misuse services. A Mental Health and Substance Misuse network is also in place in Teesside and inpatient services / wards are often needed to provide detox for patients.

82. Dr Sinha, Clinical Director at TEWV advised that in terms of TEWV's experience of working with those addicted to opioids it's felt that:-

    Difficulties are increasing (anecdotal reports) and getting the right help at the right time (in terms of helping an individual addicted to opioids) can be challenging. There is also an association with adverse outcomes including fatalities and the individual often faces a number of difficulties in addition to mental health and substance misuse including issues relating to finance, housing and physical medical conditions.

83. In terms of recent initiatives undertaken by TEWV a series of Rapid Process Improvement Workshops (RPIW) involving partner organisations have been held. Change, Grow, Live (CGL) were involved in Middlesbrough and TEWV has also initiated the Mental Health / Substance Misuse Network with other stakeholders. The crisis assessment suite at Roseberry Park receives support from the Substance Misuse services and joined up care is provided on site. It is hoped the training of inpatient staff in the use and distribution of Naloxone kits will also lead to a reduction in deaths linked to opiates.

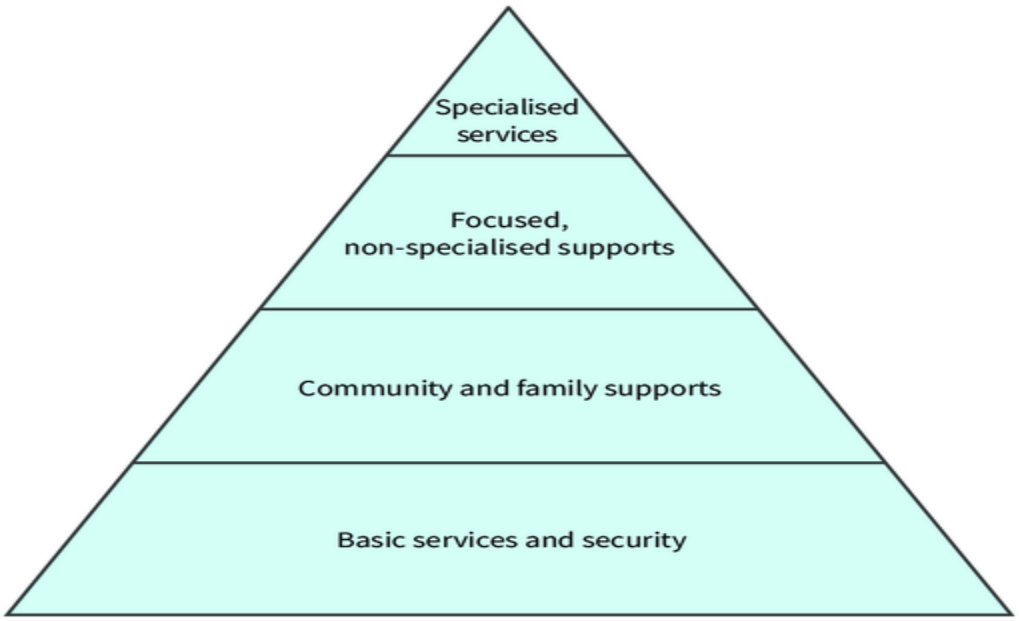
84. With regard to TEWV's views on the impact of opioid dependency on children and young people in Middlesbrough, Dr Sinha, Clinical Director advised that colleagues in the field report that the number of young people physically dependent on opioids in Middlesbrough is small but growing. There are young people who are at risk of developing dependency and for those young people born substance dependent it impacts on their development. Young people in Middlesbrough are also impacted by parents and significant adults own opioid dependence.

85. TEWV put forward the following suggestions for interventions that are needed over the next 5 years to better support people in their recovery from opioid dependency:-

    - Mental Health, Substance Misuse, Primary Care Networks (PCNs), Mental Health services especially Psychological interventions working jointly
    - Quick and reliable access to specialist Substance Misuse help especially in Crisis, Crisis Assessment Suite and Inpatient wards

- Single point of access in Mental Health to include Substance Misuse workers for joint triage/joint initial assessment; also Social workers, other colleagues
- Substance Misuse workers to attend joint meetings like formulation, pre-discharge meetings
- Substance Misuse Services to contribute to TEWV's co-produced Crisis management plans / Wellness Recovery Action Plans (WRAP)
- Mental Health services to deliver joint clinics in Substance Misuse premises
- Role of peer support workers across organisations
- Prescribers in commissioned Substance Misuse services to work with TEWV prescribers (at times meds may be given by prescribers in different organisations like GP, Substance Misuse, Mental Health, Acute hospitals etc. with limited sharing of information)
- Pathways for young people at risk of dependency and a way for those already dependent to access timely treatment
- Prescribing substitute treatment for those under 18 years needs further exploring
- Cross fertilisation in terms of training for Substance Misuse and Mental Health services (to each other)

86. Reference was made to the four levels of interventions, as highlighted in the pictorial triangle below:-.



87. Level 4 is the base of the triangle and represents basic services and security, level 3 is the next tier and is defined as community and family support, tier 2 is focused on non-specialised support and the top tier relates to specialised services. The vast majority of people sit below the top tier but are still in need of support.

88. **One of the main issues is that currently the majority of resources invested are concentrated on the very acute services, which people are accessing at the point of crisis. There really needs to be a shift in that resource but one of the difficulties in achieving this is that support is still needed for those at crisis point whilst trying to stop the future flow.** Only through investment in the more preventative measures can there be any sort of solution in the long term. There is a definite willingness from the

different service providers to work more closely and capitalise on how, through closer integration, the system can perform better with the resources currently available to it.

Evidence from the North East Ambulance Service (NEAS)

89. Over the last three years NEAS has seen an increase in the number of overdose cases attended in the TS1-8 postcode areas; with 2019 being the last full year of data available. In 2017 the number of overdose cases attended was 982 and in 2019 this has risen to 1757. The term overdose has a very wide definition and may include both accidental and unintentional overdose of both prescription and illicit drugs. In terms of identifying patients who have probably taken an overdose of an opioid based drug, the use of Naloxone is a more accurate measure.

90. NEAS has documented 778 cases where Naloxone has been administered to a patient between January 2017 and the present day, with a significant increase (38 per cent) in usage between 2018 and 2019. This accounts for approximately 1 per cent of all face to face ambulance encounters in the same area.

91. During this time period the indications for the administration of Naloxone Hydrochloride have not changed and therefore it is reasonable to assume that NEAS has seen more cases of opioid toxicity. However, the figures in Middlesbrough broadly aligned with similar increases in the use of Naloxone throughout the North East and there is nothing to suggest in the data that Middlesbrough is a significant outlier.

92. There is some seasonal variation in the number of cases, with the summer months seeing greater number of cases than winter. However, with only 3 years' worth of data it is not a large enough sample to draw definitive conclusions.

93. The TS1 and TS3 postcodes have the highest usage of Naloxone in the Middlesbrough area. Whilst NEAS do not hold data on hospital admissions this increased activity has certainly resulted in more patients transported to hospital for overdoses, opioid and none opioid related. Demographic information held by NEAS is limited but the majority of patients who received Naloxone Hydrochloride are men and the largest age bracket is for those aged 31-40.

94. NEAS advised that there are two areas of practice from other parts of the world that are worthy of attention:

    1. Information sharing between ambulance services and other public health bodies.

    - In some communities, Ambulance services regularly share data with public health and law enforcement agencies to help community partners better understand when unexpected peaks are occurring and put plans in place to address them. This requires information sharing agreements and support from NHS commissioning colleagues but can provide a very useful early warning when a potentially fatal batch of drugs were in circulation.

    2. Within the US many law enforcement agencies have issued their officers with Naloxone kits, in order to provide immediate treatment model to patients.

    - This is being adopted by some police forces elsewhere in the UK.

TERM OF REFERENCE D – To identify good practice and evidence based approaches that aim to support opioid tapering / pain management (including campaigns to increase people's knowledge of the risks associated with prescribed opioids and over the counter medications).

95. In September 2019 Public Health England published the Prescribed Medicine Review. The review highlighted that in the period 2017 to 2018, 11.5 million adults in England (26% of adult pop) received, and had dispensed, one or more prescriptions for any of the medicines within the scope of the review. The review included:-

    - Antidepressants
    - **Opioids**
    - Gabapentinoids
    - Benzodiazepines
    - Z-drugs

96. The report highlighted that in the period 2017-2018 the rate of prescribing for antidepressants had increased from 15.8% of the adult population to 16.6% and for gabapentinoids from 2.9% to 3.3%. Annual prescriptions for opioid pain medicines had decreased slightly since 2016 but these figures vary throughout the country. It was noted that **opioid pain medicines and gabapentinoids have a strong association with deprivation**. The proportion of length of time of people receiving prescriptions continuously varies. **For all classes who had at least a year of prescriptions the figures increase with higher deprivation.**

    Opioid use in the UK

    - 28 million people in the UK living in chronic pain
    - 5.6 million adults are on prescription opioids or 1 in 8 adults
    - 500,000 people have been on opioids continually for more than 3 years
    - 20 years ago there were 47 drug poisoning deaths in England and Wales involving 2 drugs codeine or tramadol, last year there was nearly 400 – a worrying trend
    - Opioids are now so common people forget how powerful they are especially when they're mixed with alcohol
    - The use of prescription opioids is a major public health issue - it's up there with heart disease and cancer

97. The data contained in the Prescribed Medicine Review suggests that most people who start prescriptions receive them for a short time. However, each month there is a group of patients who continue to receive a prescription for longer. **Benzodiazepines, Z-drugs, opioid pain medicines and gabapentinoids are associated with a risk of dependence and withdrawal.** Patients report harmful effects with stopping these medicines, which affect their well-being, personal, social and occupational functioning. These effects can last several months.

    Addicted to Pain Killers

98. The Prescribed Medicine Review report (2019) details South Tees CCG and Hartlepool and Stockton (HaST) CCG's ranking compared to other CCG's across the country. The

ranking is highlighted, with "1" being the highest indicating higher prescribing rates per head of population and "195" being the lowest.

99. For South Tees CCG prescribing rankings for the following prescribed medicines are as follows:-

- Antidepressants - 2
- Opioid pain - 4
- Gabapentinoids - 2
- Benzodiazepines - 67
- Z-drugs - 143

100. Blackpool CCG is the only CCG with a lower ranking for the prescribing of opioid pain medicines and antidepressants.

	Antidepressants		Opioid pain		Gabapentinoids		Benzodiazepines		Z-drugs	
CCG name	Number with at least one dispensed prescription (2017/18) *	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****	Number with at least one dispensed prescription (2017/18) *	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****	Number with at least one dispensed prescription (2017/18) *	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****	Number with at least one dispensed prescription (2017/18) *	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****	Number with at least one dispensed prescription (2017/18) *	*Rank within CCGs (1=highest ISR, 195=lowest ISR)****
HARTLEPOOL AND STOCKTON-ON-TEES CCG	46,657	*15*	37,819	*21*	11,402	*15*	5,304	*170*	2,078	*195*
SOUTH TEES CCG	49,884	*2*	41,326	*4*	13,228	*2*	7,228	*67*	4,208	*143*

101. In terms of the data for repeat prescriptions of the drugs over 12 months, again with ranking relative to other CCG's across the UK the figures for South Tees CCG are as follows:-

- Antidepressants - 35
- Opioid pain - 21
- Gabapentinoids - 23
- Benzodiazepines - 9
- Z-drugs - 1

How powerful is opioid pain medication?

- **Morphine (15mg) - equivalent to 13 co-codamol (**morphine a close relation to heroin) and is highly addictive
- **Codeine (30mg) is far more powerful than co-codamol** and patients may experience withdrawal symptoms
- **Oxycodone** - **equivalent to 75 codeine tablets** and is one of the most widely abused prescription opioids and has been implicated in thousands of US deaths
- **Diamorphine** (30mg) - more commonly known as heroin

- **Fentanyl** (75micro-grams/hour) – **equivalent to 338 co-codamol tablets (all of it in one little patch)** is usually given via a slow release skin patch

102. Views were invited from Middlesbrough residents in respect of their personal experiences of opioids and the following comments were received:-

> *"Painkillers are far too easily prescribed, but there is always the pressure from the patient as we have been programmed to believe that painkillers are the solution and the suggestion of the brain playing a part puts up people's defences that someone is suggesting that 'it is all in the head' (believe me my pain was real)."*

> *"Opioids are far too commonly prescribed, from codeine to morphine. From personal experience it is frightening how a seemingly harmless drug such as codeine can be so addictive."*

> *"The brain plays a massive part in pain and I think medical professionals are starting to focus more on this pathway, but it's not easy because of the expectation that a painkiller is the answer."*

> *"I suffer with back spasms and was prescribed Tramadol. I hated them. I've never taken anything like that before and couldn't function on them. I took 3 doses and decided they weren't for me. For nearly four years my back went into spasm approximately every six weeks and I mainly relied on ibuprofen & co-codamol."*

> *"I've had great success with a physio (I've tried acupuncture and 3 other physio before) who looked at the root of my pain and didn't believe that painkillers are always the answer. He identified that my brain and nervous system has become over sensitised from an initial injury and described how I needed to retrain the signals from my brain to my back (there are some great books on this too)."*

An opioid and gabapentinoid reduction programme

103. In October 2019 Professor Eldabe, Consultant Anaesthetist at South Tees NHS Foundation Trust (ST NHS FT), Associate Professor Sandhu, University of Warwick, G O'Kane, Specialist Pain Management Pharmacist, ST NHS FT) and A Monk, Medicines Optimisation Pharmacist, North of England Commissioning Support (NECS) submitted a proposals to pilot a pharmacist-led opioid and gabapentinoid reduction programme within South Tees CCG, Hartlepool and Stockton-On-Tees CCG and Darlington CCG, based on the **I-WOTCH** (**I**mproving the **W**ellBeing of people with **O**pioid **T**reated **CH**ronic pain) model.

104. In terms of background information the proposal highlighted that nearly eight million people (15 per cent) in England have moderate to severe chronic non-malignant pain. The condition has a major impact on the wellbeing and productivity of those affected with its

prevalence reported to be higher among older people and those from socio-economically deprived areas. The common disorders contributing to this epidemic include low back pain, neck pain, osteoarthritis, neuropathic pain, fibromyalgia, chronic widespread pain and post-surgical pain. **This is also limited data supporting the effectiveness of long-term strong opioids for chronic non-malignant pain. Adverse effects often outweigh the benefits of long-term opioid treatment on pain.**

105. A summary of the pharmacist led opioid and gabapentinoid reduction proposal is detailed below:

There is an international epidemic of opioid prescribing for chronic non-malignant (non cancer) pain. Gabapentinoid prescribing is also high, despite questionable efficacy.

South Tees CCG and Hartlepool & Stockton CCG are two of the highest opioid and gabapentinoid prescribing areas in the region. Prescribing volumes are higher than the national average. Recent data shows drugs drug-related deaths in Middlesbrough, Stockton-On-Tees, Redcar & Cleveland and Hartlepool are higher than the North East and England average.

There is a need to address the high opioid and gabapentinoid prescribing volumes in North East England, particularly within South Tees CCG, Hartlepool & Stockton CCG and Darlington CCG. **There is little evidence to suggest that there are any existing pathways specific to people with opioid treated chronic non-malignant pain.** Working with practice pharmacists in primary care we would like to adopt the I-WOTCH model to deliver an opioid and gabapentinoid education and reduction programme within GP practices. We propose that we pilot the programme for 2 years. If the pilot is successful we plan to up-scale the programme and deliver it across the region.

The I-WOTCH model

106. The I-WOTCH model is designed to assist people with long standing pain to engage in reducing their opioids without fear of pain or relapse. It consists of three days of self-management intervention jointly led by a clinical and lay facilitator plus one-to-one support from the nurse (face to face and telephone) to support tapering of opioid medication. The clinical facilitators receive 3 days of training prior to delivering the programme. A key role of the clinical facilitator is to generate motivation.

The outline of the I-WOTCH structure is as follows:-

- **Week 1: I-WOTCH Day 1**: One-to-one consultation with specialist nurse. Jointly agreed withdrawal treatment plan. Education on living and dealing with pain.
- **Week 2: I-WOTCH DAY 2:** Goal setting, discussing barriers to change
- **Week 3: I-WOTCH DAY 3:** Managing communications and relationships
- **Week 4 to 6:** Up to two telephone consultations
- **Week 7 to 10:** One-to-one consultation with specialist nurse.

The aim of the intervention is complete withdrawal from opioids over ten weeks.

107. In 2019 71 GP Practices in the North East took part in the I-WOTCH trial. GP lists were screened using the I-WOTCH inclusion and exclusion criteria and **10,000 people were deemed eligible to take part in trial.** Of those 10,000 people, 228 were successfully

randomised into the trial. **This leaves 9772 patients who could benefit from education on opioids and managing chronic pain.**

Evidence from Tees Valley CCG

108. Tees Valley CCG is extremely mindful of the current issues in relation to both high levels of opioid medication prescribing and the high levels of drug related deaths in Middlesbrough, as well as in the Tees Valley in general. The CCG is engaging actively with local authority partners, in particular the Tees Preventing Drug Related Deaths Co-ordinator; the pain clinic at James Cook Hospital, in particular Professor Eldabe and his team; and local GP practices, in order to raise awareness amongst all clinicians of high levels of opioid prescribing in the Tees Valley.

109. The CCG's Medicines Optimisation practice team is working with GP practices to assist in the identification of patients on particularly high doses of opioid medication. There is a wide variation in both volume and cost of opioid prescribing by GP practices throughout Middlesbrough. Although the overall trend is decreasing it is acknowledged that **Middlesbrough practices are still prescribing at more than double the volume of opioid medication when compared with the national average.**

110. During 2019/20 and continuing into 2020/21, the CCG is focusing on how it can assist GP practices to reduce inappropriate prescribing of high dose opioid medication to Middlesbrough's population.

111. The CCG is working closely with South Tees Hospital NHS Foundation Trust (STHFT) to highlight current high levels of opioid prescribing in primary care. The Trust is working to both limit the number of patients commencing opioid therapy, but also assisting patients who needed to reduce their doses of opioid medication.

112. There is a dedicated opioid reduction clinic at James Cook University Hospital (JCUH), operating as part of Prof Eldabe's team, where a specialist Pharmacist is able to consult with patients referred by GP practices. Work has progressed on an opioid specific discharge protocol in order to limit the amount of opioid medication being given to patients on discharge from hospital. Clearer advice is included for patients in order to ensure they do not ask for further medication, unnecessarily, from their GP.

113. CCG led initiatives include:-

- The CCG medicines optimisation team are assisting practices in identifying high dose opioid patients and highlighting these patients to prescribers. GPs are then able to initiate reduction programmes in appropriate patients, ideally using a structured reduction programme of gradually decreasing doses. More complex patients are able to be referred to the Trust clinic.

- South Tees CCG is taking part in the CROP (Campaign to Reduce Opioid Prescribing) initiative. This initiative is being co-ordinated by the Academic Health Science Network (AHSN), on behalf of all CCGs in the North East & North Cumbria. The initiative consists of specific practice information being sent to practices every 2 months, commencing in April 2020.

  The report contains:-

- details of practice opioid prescribing
- where the practice featured compared to all practices
- age and gender information related to opioid prescribing
- national resource's to assist prescribers in reducing the prescribing of opioid medication

114. Additional patient focused work will take place in 2020/21, when pharmacist led community opioid/gabapentinoid reduction clinics will be established, operating at Primary Care Network (PCN) level. The CCG is currently funding a pilot, which involves the education of 5 Pharmacists to deliver a series of structured patient level opioid reduction interventions in a primary care setting.

115. Nottingham Clinical Commissioning Group's Area Prescribing Committee has recently produced a number of resources in respect of opioid dependency for both clinicians (Appendix 2) and patients (Appendix 3). These resources highlight a number of best practice initiatives and key messages in relation to the deprescibing of opioids.

CONCLUSIONS

116. Based on the evidence, given throughout the investigation, the scrutiny panel concluded that:

Terms of Reference A – Local opioid dependency rates

117. It is evident that in addition to the challenges presented by high rates of prescribed opioids the use of illegal drugs including heroin continues to harm our town. The level of drug-related deaths in Middlesbrough, which is at the highest level on record, is unacceptable. The latest Office for National Statistics report shows Middlesbrough's Drugs Related Death (DRD) rate is 16.3 deaths per 100,000 population, meaning that we have one of the highest rates in Europe. People are more likely to die from a DRD in Middlesbrough than they are from a car/road related death and this cannot be allowed to continue. A health focused harm reduction approach to drug dependency is needed. People can't recover if they are dead and right now people in Middlesbrough are dying, in record numbers, from drug related deaths.

118. The harms caused by the use of opioids and other drugs in Middlesbrough are far reaching and affect people's lives at every level; crime committed to fuel drug dependence, organised criminality, violence and exploitation and the negative impact on communities. In public health terms it is the cumulative impact of the misuse of drugs and all of the surrounding issues that make it a 'wicked' problem. Not only is the death rate high but the harm caused to individuals, families and the wider community is irreparable. The average age of those dying is under 40, these are young people in our town with complex vulnerabilities, many of whom have experienced adverse childhood experiences and physical / emotional trauma. In addition the impact of parental drug misuse on children is another huge area of concern. The estimated number of children who live with adult opiate users by gender of the opiate user were calculated by Liverpool John Moores University in 2014/15 (latest data available). In the North East the estimated number of children living with female opiate users is 3,039 and the number of children living with male opiate users is 5,442. Supporting people to overcome addiction whilst keeping children in their care safe from harm is paramount. The panel is keen to ensure those children in Middlesbrough living with an adult opiate user receive the necessary support they require.

119. The stark reality of providing care to people who have become so dehumanised they no longer care if they live or die was captured by a Middlesbrough Clinician when he referenced Gabor Mate (a Canadian Physician known for his expertise on trauma, addiction, stress and childhood development) '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.' There remains a stigma associated with drug dependency and this issue needs to be addressed. Building social capital and ensuring people have 'somewhere to live, something to do and someone to love' is of the utmost importance.

Terms of Reference B - Level of resources invested

120. Drug treatment services in Middlesbrough are rated Outstanding by the CQC and a number of innovative approaches to harm reduction are in place including the Heroin Assisted Treatment (HAT) program and Quasi Residential Rehab (QRR) offered by Recovery Connections. However, over the last seven years the Public Health budget used to fund substance misuse services in Middlesbrough has been cut by half, from approximately £6m per annum in 2014/15 to around £2.3m for 2020/21. In response Public Health (South Tees) is maximising value for money by commissioning an integrated vulnerable persons service model, which will come into effect on 1 April 2021. This innovative approach will join up homeless services, domestic abuse services and substance misuse services to address the multiple, complex issues faced by vulnerable adults in Middlesbrough.

121. The impact of austerity on drug treatment services nationally has been palpable and locally it has included the temporary loss of the Hospital Intervention and Liaison Team (HILT), deletion of a dedicated prevention budget, loss of specialist skills, less capacity, an increase in more generic posts and a reduction in the ability to innovate. Dame Carol Smith, in her independent review of drugs, published in February 2020 concluded that a prolonged shortage of funding has resulted in a loss of skills, expertise and capacity from this sector and that investment was vital. The Government's announcement on 20 January 2021 to invest £28m of funding in Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery), combining targeted and tougher policing with enhanced treatment and recovery services is therefore hugely welcomed. The potential for Middlesbrough to access £4.8m of funding between 2020/21 and the end of March 2022 is key to helping reduce the rate of drug-related deaths, drug-related offending and the prevalence of drug use in our town.

122. The interventions funded via Project ADDER will include specialist assertive outreach and engagement provision (including Young People's engagement workers to act on County Lines intelligence) an additional specialist role in the HILT, development of a local service dedicated to cocaine and recreational drugs treatment, enhanced local naloxone programme, development of a dedicated substance misuse secondary housing pathway provision, creation of a recovery house and bespoke 'jobs, friends and houses' approach and establishment a local drug-driving scheme, as well as an enhancement of the existing DIVERT scheme. Collectively these intensive measures will help to reduce drug related deaths over the next two years.

123. The Heroin Assisted Treatment (HAT) programme, initially funded through a partnership arrangement with the Police and Crime Commissioner (PCC), until October 2021 has also been secured for a second year via the Durham Tees Valley Community

Rehabilitation Company. In addition there is potential to secure additional funding via the of Housing, Communities and Local Government's (MHCLG) recently launched 'Changing Futures' scheme – a £46m programme to better support vulnerable adults and particularly those facing entrenched disadvantage and trauma. Expressions of interest were invited from organisations such as councils, health bodies, police, probation services, voluntary and community sector organisations to form local partnerships. South Tees (Public Health) have led on a local bid and if successful the initial delivery period will be for two years 2021/22 and 2022/23, again this initiative will further enhance the work facilitated via Project ADDER.

Terms of Reference C – work undertaken by the local authority and partners

124. It is evident that people don't choose to live a challenging life, they often find themselves in a situation that gradually creeps up on them. Individual circumstances and life experiences can lead to people being in a certain environment that can lead to harmful behaviours. Every drug user is someone's brother, sister, mother, daughter, son and they deserve another chance and support to change their behaviour when they are ready for it. Equally, if their behaviour is causing harm to the community they need to understand that it is not acceptable and their actions will have consequences.

125. There has been an emphasis on recovery throughout this review and the fact that recovery is a journey and not necessarily a one way street or one that involves complete abstinence from all substances. There also needs to be an acceptance that it is not a case of either or in terms of a adopting a health approach or labeling drug misuse as a purely criminal issue. Recovery from drug dependency is a long process, there is no quick fix and the issues faced by those experiencing these issues are complex. Recovery from the COVID-19 pandemic is currently being widely discussed nationally and building back better, addressing the stark health inequalities exposed by the pandemic are fundamental components of the Council's Strategic Plan 2021-24. Supporting people in their recovery from drug dependency needs to form part of this plan.

126. Recovery provides hope and Dr. Day (Government appointed national Recovery Champion for drug dependence) states, 'Addiction is often rooted in pain, and two key themes are important in overcoming and managing it. Firstly there must be hope, a promise that things can and do change, that today is not the way it will always be. Secondly there must be a search for meaning, purpose and direction in one's life. Recovery is a reality: it can and does happen. The creation of a 'Recovery Orientated System of Care' (ROSC) offers the best chance of helping people move out of addiction. The Health Scrutiny Panel is keen for Middlesbrough to become a Recovery City and be viewed as a lead in delivering a ROSC in the UK.

127. There are concerns that anecdotally heath colleagues have reported the number of young people dependent on opioids in Middlesbrough is small but growing and improved pathways for young people at risk of dependency are needed; substitute prescribing for those under 18 need further exploring. Dependence on drugs usually has its roots in the first 25 years of life. In the USA academic institutions have begun to create programs designed to support the recovering student and to increase access to treatment for the student still in active addiction. The first attempt to create something similar in the UK has recently started at Teesside University.

128. The evidence suggests that substance use before the age of 20 is usually a symptom of wider problems, and dependence has rarely developed at this point. Effective intervention could therefore potentially lead to a very different life path, but may need to include a variety of elements beyond a focus on substance use: trauma-focused care, treatment of mental health issues, social and educational support, criminal justice diversion interventions.[5]

129. Moving recovery upstream has been an important consideration throughout this review and it has been acknowledged by Health partners that one of the main issues is that currently the majority of resources are concentrated on the very acute services, which people are accessing at the point of crisis. There really needs to be a shift in that resource but one of the difficulties in achieving this is that support is still needed for those at crisis point whilst still trying to stop the future flow.

130. **One of the positive interventions that has been referenced throughout the review has been the use of Naloxone, an opioid reversal drug. Naloxone is already carried by Middlesbrough Neighbourhood Safety Wardens, who through administering the drug, have used it to save the lives of 9 people since December 2019. The funding allocated via Project ADDER will enable a Police Naloxone Pilot to be introduced and increased nasal Naloxone kits to be provided throughout the town.**

Terms of Reference D – opioid tapering / pain management

131. The prescribed medicines review published by Public Health England in September 2019 highlighted that 11.5 million adults in England (26 per cent of the Adult Population) received and had dispensed one of more prescriptions for any of the medicines within the scope of the review; Antidepressants, Opioids, Gabapentinoids, Benzodiazepines and Z-drugs. It was noted that opioid pain medicines and gabapentinoids have a strong association with deprivation. In 2019 South Tees CCG ranked 2nd highest for number of patients prescribed antidepressants, 4th highest for number of patients prescribed opioid pain medication and 2nd highest for number of patients prescribed gabapentinoids out of 195 CCGs.

132. Middlesbrough GP practices are prescribing at more than double the volume of opioid medication when compared with the national average. There is also limited data supporting the effectiveness of long-term strong opioids for chronic non-malignant (non-cancer) pain. Adverse effects often outweigh the benefits of long-term opioid treatment on pain. This long term dependency on prescribed opioids is often a hidden problem that affects people's quality of life and people need clinical support in order to reduce their doses of opioid medication. Although there is a dedicated pain management clinic at James Cook University Hospital this remains vastly oversubscribed. The development of the I-WOTCH model intervention is welcomed and community opioid/gabapentinoid reduction clinics are set to be established at Primary Care Network (PCN) level. However, this is very much at a pilot stage and up until very recently there has been little evidence to suggest any pathways specific to people with opioid treated chronic non-malignant pain (chronic pain not related to cancer). Dame Carol Black concluded in her review in 2020 that dependency

[5] UK Government Recovery Champion – Annual Report – January 2021

on prescription medicines is an emerging and worrying issue which requires greater attention from government. It is certainly an issue that requires greater attention locally.

133. Throughout this review the Health Scrutiny Panel has received significant input from the front line, as well as undertaken visits to Foundations Medical Practice, and the Quasi Residential Rehab unit ran by Recovery Connections. The Panel has captured a snap shot of people's experiences of drug dependency. However, the harm reduction experts dealing with these issues are seeing it day in, day out and not only are they highly qualified, they have the practical experience to know what works. The panel fully supports their suggestion and recommendations, as captured throughout this review.

RECOMMENDATIONS

a) That the public health approach to drug dependence be continued and the benefits of introducing safe spaces in Middlesbrough for people to consume substances (drug consumption rooms) be further explored. Drug consumptions rooms have been successfully used elsewhere in the world (including in Europe and in Canada) for approximately 16 years and no one has ever died of a drug overdose in any of these facilities. Middlesbrough could in the future be a pilot for the adoption of such an approach in the UK.

b) That the local authority writes to the government to request that it reconsiders national policy in respect of drug consumption rooms (DCRs). Given that DCRs are a provable harm reduction tool that reduces the risk of overdose, improves people health and lessens the damage and costs to society.

c) That a new capital funding bid for a 16-18 bedded detox and drug rehabilitation facility at Letitia House be submitted. Public health benefits and financial savings could be achieved when compared to the current costs of funding individual 7-10 day detox programmes out of area.

d) That funding for the Heroin Assisted Treatment (HAT) programme be priortised by partners in South Tees and the current level of investment continued for the foreseeable future.

e) That the local authority write to the relevant Minister highlighting the success of the Heroin Assisted Treatment Programme (HAT) in Middlesbrough and how it is a demonstrably effective way of treating drug addiction.

f) That the high quality drug treatment facilities available in Middlesbrough are recognised and that the town develops as a Recovery Orientated System of Care (ROSC) further.

g) That in an effort to reduce the stigma associated with drug dependency a proactive approach is undertaken to promote the town's vibrant recovery community. Middlesbrough is a town where recovery from drug dependency is possible, recognised and celebrated. The town has outstanding substance misuse treatment services and innovative harm reduction initiatives in place. Work needs to be undertaken to ensure Middlesbrough is recognised locally and nationally as a Recovery Town/City.

h) That in respect of the areas for improvement put forward by Tees, Esk and Wear Valley NHS Foundation Trust it is ensured that a number of measures are implemented including:-

i) That quick and reliable access to specialist Substance Misuse support is made available to the Community Crisis Team, Crisis Assessment Suite and Inpatient wards

ii) That Substance Misuse workers, Social Workers and other colleagues are included in the single point of access in Mental Health for joint triage/joint initial assessment

iii) That Substance Misuse workers attend joint meetings, as arranged by TEWV, including formulation and pre-discharge

iv) That Substance Misuse Services contribute to TEWV's co-produced Crisis management plans / Wellness Recovery Action Plans (WRAP)

v) That a programme of joint clinics (Mental Health/Substance Misuse) to meet the needs of dual diagnosis patients be established

vi) That the role of peer support workers across all organisations be increased

vii) That prescribers in Substance Misuse services work with TEWV prescribers to ensure enhanced sharing of information

viii) That cross fertilisation in terms of training for Substance Misuse and Mental Health workers be established

i) That pathways for young people at risk of drug dependency be developed and a way for those already dependent to access timely treatment provided.

j) That prescribing substitute treatment for those under 18 years be further explored and the preferred option piloted.

j) That the Personal, Social, Health and Economic (PSHE) education delivered in Middlesbrough schools in respect of drugs and alcohol be reviewed by public health professionals to ensure our teachers and school leaders are equipped with the local knowledge they need to deliver an enhanced educational offer to our children and young people.

k) That support for children experiencing parental opiate dependence be commissioned and the number of children being reached and supported reported.

l) That the best practice approaches adopted elsewhere in the UK in respect of opioid deprescribing for persistent non-cancer pain (for example, those put forward by Nottinghamshire Area Prescribing Committee) be taken up by Tees Valley CCG and promoted amongst Primary Care Networks (PCNs) in Middlesbrough.

m) That in 2021/22 GP lists in Middlesbrough be screened using the I-WOTCH inclusion and exclusion criteria to establish the number of patients who could benefit from education on opioids and managing chronic pain. Following identification an appropriate initiative be developed to target those patients. In order to ensure that prior to the outcome of the

pharmacist led opioid and gabapentinoid reduction proposal early steps are taken to provide people with alternatives approaches to pain management.

n) That if the opioid and gabapentinoid reduction programme currently being piloted proves successful TVCCG invests sufficient resources to ensure the programme is scaled-up and the number of patients prescribed strong opiates for chronic non-malignant (non-cancer) pain in Middlesbrough is reduced.

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- Associate Professor H Sandhu, University of Warwick

ACRONYMS

132. A-Z listing of common acronyms used in the report:

- **CGL** – Change, Grow, Live
- **NEAS** – North East Ambulance Service
- **TEWV** – Tees, Esk & Wear Valley NHS Foundation Trust
- **TVCCG** – Tees Valley Clinical Commissioning Group
- **MRT** - Middlesbrough Recovering Together

- **PCC** - Police and Crime Commissioner
- **HAT** – Heroin Assisted Treatment
- **DCR** - Drug Consumption Rooms
- **DRD** – Drug Related Deaths
- **QRR** – Quasi Residential Rehab
- **HILT** – Hospital Intervention and Liaison Team
- **NEAS** - North East Ambulance Service
- **PCN's** - Primary Care Networks
- **RPIW** - Rapid Process Improvement Workshops
- **WRAP** – Wellness, Recovery, Action, Plans
- **TV CCG** – Tees Valley Clinical Commissioning Group
- **ST CCG** – South Tees Clinical Commissioning Group
- **JCUH** – James Cook University Hospital
- **ST NHS FT** – South Tees NHS Foundation Trust
- **CROP** - Campaign to Reduce Opioid Prescribing
- **AHSN** - Academic Health Science Network (AHSN)

BACKGROUND PAPERS

133. The following sources were consulted or referred to in preparing this report:

- Reports to, and minutes of, the Health Scrutiny Panel meetings held on 8 October 2019, 11 February 2020, 10 March 2020, 13 October 2020 and 8 December 2020.

COUNCILLOR JOAN MCTIGUE

CHAIR OF THE HEALTH SCRUTINY PANEL

Membership 2019/2020 - Councillors J McTigue (Chair), D P Coupe (Vice-Chair), A Hellaoui, S Hill, J Rathmell, D Rooney, R M Sands, M Storey and P Storey

Membership 2020/2021 - Councillors J McTigue (Chair), D P Coupe (Vice-Chair), B Cooper, A Hellaoui, B A Hubbard, T Mawston, D Rooney, M Storey and P Storey

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Appendix 1- Interventions Overview

Intervention Grouping	Intervention	Description (including FTE and throughput/outcome targets)
Project ADDER Development and Delivery	Local Project ADDER Leadership and Management	• Programme Manager: 50% match funding towards 1 x FTE at linked grade Q/R (approx. £65k p.a. inc. on costs total). *5 months of costs included.* This role will: ○ Provide the strategic leadership and vision for Project ADDER, integrating substance misuse with the wider vulnerable persons agenda by ensuring collaboration between key partners and by harnessing existing local assets ○ Ensuring that Project ADDER aims and objectives are included within partner agency policies, as well as vice versa in terms of criminal justice, mental health, health, etc. ○ Oversee the governance arrangements for Project ADDER, providing a direct link between the project's delivery and the DPH, who is Chair of the steering group ○ Provide the direct link between Project ADDER and the senior leadership of Middlesbrough Council ○ Maximise the outcomes and sustainability/legacy of Project ADDER initiatives within the available resources, partnership 'match funding' and collaborative opportunities by co-ordinating the local approach to obtain benefits for all partners over the longer-term ○ Lead on the relationships with the Home Office, PHE and other area leads re. Project ADDER ○ Oversee the development of the strategy for years 2 and 3 of Project ADDER, including co-dependencies, collaboration and complementary elements within partners' strategies. • ADDER Project Manager – to oversee the development roles (within this proposal) and project documentation, *5 months of costs included.* The remit of this role is to: *0.8 for 3 months* ○ Develop a project plan for Project ADDER, including GANTT chart and SMART objectives with named owners for each action

		○ Develop a performance management framework for Project ADDER to drive the desired outcomes and enable close monitoring ○ Be a conduit between Project ADDER and the local substance misuse treatment/recovery system ○ Explore the feasibility of a local, sustainable inpatient detox facility ○ Co-ordinate local Project ADDER meetings and groups, maintaining accurate records ○ Ensure that timescales are met and plans are delivered to achieve required outputs.
Prevention and Early Intervention (P&EI)	P&EI Development Co-ordinator	Procure suitably experienced organisation to develop a proposal for year 2 of ADDER re. targeted P&EI programme, capacity building and implementation plan, following a review of current arrangements. This will deliver: ○ Review current provision ○ Develop a P&EI programme ○ Develop a capacity building plan ○ Mobilise and implement the above
	System-wide IBA development	IBA Co-ordinator post to work across primary, secondary and community-based care, ensuring engagement of partners and their settings across the town. 4 months of costs included. The post will: ○ Develop a delivery plan, including appropriate settings ○ Develop a mobilisation and implementation plan ○ Launch the service and deliver IBA to 500 people by 31/3/21, targeting the following groups: ➢ Carers ➢ Parents of YP (education and building resilience) ➢ Cannabis, cocaine and NPS users ➢ Specific pathways for education settings ➢ Training champions in partner organisations to build local capacity

Enhanced, targeted outreach and harm reduction services	Specialist Assertive Outreach and Engagement provision	2 x FTE Assertive Outreach and Engagement workers to enhance existing provision and target those at the highest risk of dying, e.g. prison leavers, those considered near misses/overdoses, rough sleepers, vulnerable adults and crack users with unmet needs. 4 months of costs included. These posts will deliver: • Develop pathway for high risk and vulnerable individuals • Work with DART service to ensure engagement and transition plans for highest risk prison leavers in order to improve the rate of prison leaver engagement from 34% to 50% by 31/3/21 • Make contact and attempt to engage all identified 'near misses' with a target of 75% successful engagement by 31/3/21 • Work with adult services to develop an enhanced vulnerable adults safeguarding pathway to improve the rate of engagement by 10% by 31/3/21 • Reduce the level of unmet need for crack users from 54% to 45% by 31/3/21 • Identification of rough sleepers and onward referral into appropriate service(s) with a target to engage 25 people by 31/3/21
	Young persons' outreach and engagement approach	2 x FTE YP engagement workers – will be reactive to intelligence re. county lines, coercion, trafficking and work with childrens services to ensure appropriately enhanced safeguarding pathways are in place. 4 months of costs included. These posts will also deliver: • Working with Police colleagues to play a full part in acting on County Lines intelligence, developing an enhanced support pathway • Targeted, visible outreach to hotspot locations, linking in with key colleagues such as NPT, community safety, homelessness service, etc. working in the two priority wards of Newport and North Ormesby (initially) • Increased YP levels of engagement into treatment by an additional 15% • Supporting the P&EI Co-ordinator in delivering risk and resilience messages to YP in key locations, delivering to 100 YP by 31/3/21

	Enhanced local naloxone programme	• Police Naloxone Pilot: Frontline Police Officers to carry and dispense nasal naloxone – to specifically target those not already covered by the syringe kits, such as carers/significant others, who would be more comfortable administering a nasal spray. This will deliver: o A minimum of 500 nasal kits into the local system o Training for all officers who will be carrying the kits, who will then train people they distribute the kits to. • Increased nasal naloxone availability: Nasal naloxone kits to be provided throughout the town, particularly in areas with the highest risk of overdoses. This element will deliver: o Explore feasibility of partnership with NEAS to locate nasal naloxone kits within/adjacent to defibrillators (in separate lockboxes) that can be released when necessary o Locate nasal naloxone kits in 25 key, overdose hotspot locations across the town o Distribute naloxone kits to those at risk on release from Police custody (already happens from Holme House prison).
	Development of dedicated cocaine and other recreational drugs approach	Gather emerging evidence of effective interventions and engagement initiatives to develop an innovative, local service dedicated to cocaine and recreational drugs treatment via the commissioning of a suitably experienced organisation. This will deliver: • A cocaine and recreational drugs peer research report • Carry out evidence review of emerging models/interventions, including substitute prescribing • A mobilisation/implementation plan and specification for an evidence-based, dedicated cocaine and recreational drugs service in years 2 and 3 including preventative, treatment, recovery and prescribing interventions with an element of contingency management to help engagement.

Improved pathways for health and social care services	Transformation workers to review and improve pathways for specific cohorts within substance misuse clients	2 x FTE Pathway Transformation Workers (4 months of costs included): 1 x post will deliver improved pathways between primary/secondary care and social care for substance misusers: • Co-ordination of a multi-agency, task and finish group to improve pathways by reviewing existing approach, examples of best practice and designing a plan for improved practice • Implementation of a multi-agency substance misuse network meeting to drive transformation across the system/within partner organisations • Carry out casefile audits to identify the 20 most appropriate/high risk individuals to engage with in order to prevent escalation of needs by 31/3/21 1 x post will focus on transformation of pathways for vulnerable females, particularly pregnant women, sex workers, offenders, prison leavers, victims of domestic abuse and those who have had children removed. It will deliver: • Co-ordination of a multi-agency, task and finish group to improve pathways by reviewing existing approach, examples of best practice and designing a plan for improved practice • Implementation of a multi-agency substance misuse network meeting to drive transformation across the system/within partner organisations • Carry out casefile audits to identify the 20 most appropriate/high risk individuals to engage with in order to prevent escalation of needs by 31/3/21
	Hospital Interventions and Liaison Team (HILT) - additional specialist roles	Dedicated 1 x FTE Co-ordinator to focus on managing the most at-risk patients and developing a plan and pathways (between the NHS Trust and community settings) to ensure patients with drug-related issues are identified, engaged and supported. They will be attached to the HILT team, which is funded by the Trust and this additional post should also attract further match funding from TEWV for an equivalent mental health/substance misuse role within the psychiatric-liaison team (to co-work with the HILT team). 4 months of costs included. This will deliver:

		• Refer all overdoses/DRD near miss patients into relevant pathway (as detailed above in 'Specialist Assertive Outreach and Engagement provision') • Development of robust pathway to community support services and enhanced follow-up of patients following discharge • Finalise agreement with TEWV for equivalent MH role to be based within HILT • Engagement of 100 patients within the hospital by 31/3/21 • Develop and deliver mutual training programme to upskill 50 staff from all related settings on substance misuse, mental health and wider vulnerabilities to improve knowledge and practice across the local system
	Physical Health Support	The lung health clinic specifically for drug users with respiratory co-morbidities is not feasible in year 1 due to the impact of C-19 on specialist respiratory capacity within the Trust. We have proposed an alternative which should be approved by HO/PHE imminently: Deliver a range of nutrition and dietary interventions to ADDER clients. This would include Jamie's Ministry of Food classes, cooking on a budget courses, healthy eating choices training and some equipment for those who need it.

bespoke, local, 'jobs, friends and houses'-style approach	Dedicated substance misuse-related employment, training, accommodation and social pathway – please see:
	 
	Benefits of JFH style approach to Mbro.d
		Procure a suitably experienced topic expert to research and develop this approach – to work with relevant partners in identifying and engaging the necessary expertise. This will result in:
		• Gathering of evidence and best practice
		• The production of an implementation plan, co-produced with members of the local recovery community
		• Engagement of education providers – this will enable dedicated training and education routes for people in recovery. This will be aimed at multiple levels of education, training and experience, matching opportunities with the desire and motivation of the individuals coming through
		• Engagement of Jobcentre +, local employers and employment agencies – to:
		  ○ Inform the education/training providers in terms of local employment needs and matching their offer accordingly
		  ○ Create apprenticeship/training placement opportunities

		○ Support the development of social enterprises; • Engagement of additional housing providers to co-design pathways and enable the offer of housing from the point of engagement through to independent living in quality, sustainable homes for life • Plan for the development of a keeping in touch peer/volunteer service for those in recovery who have left structured treatment/recovery services in year 2 • Draft targets and performance management framework • Co-ordinate the development of independent research to quantify the benefits of this local approach to the public sector.
	Development of dedicated substance misuse secondary housing pathway provision – please see:  Benefits delivered by Secondary Recov	Fill in the gaps within the existing pathway to ensure a successful transition from local residential rehabilitation, prison and other recovery settings into settled and sustainable accommodation that exceeds the minimum decent homes standard. Through one-off capital investment, this element can become a self-sustaining and scalable legacy of ADDER by utilising the associated housing payments for reinvestment and expansion purposes. This will deliver: • A minimum of 8 x additional beds, dedicated to substance misuse clients, available for year 2 of ADDER and beyond (in perpetuity) • Specialist, ongoing support to ensure sustainable recovery and relapse prevention via care for the 'whole person' and harnessing wider support provision as necessary (including the jobs and friends elements) • Increased flow/churn through the primary rehab by working collaboratively with the local provider to offer intensive support to participants and the offer of a smooth pathway into secondary housing provision • Support to enable transition into independent living in quality, sustainable homes for life, via relationships with all relevant types of housing providers and a 'good tenant passport' (i.e. paying rent/mortgage on time, maintaining a decent home, being a good neighbour, etc.) • Further preparation for independent living and being able to consider themselves as a valued member of their community:

		○ Nutrition classes including healthy eating, Jamie's Ministry of Food, cooking on a budget, etc. ○ Positive mental health interventions ○ Fostering positive family and social networks that will support ongoing abstinence/recovery; • A reduction in substance misuse re-presentation rates by ensuring that 80% of those placed are successfully supported to remain on a recovery pathway.
	Dedicated recovery house, based on Oxford House-style principles – please see: https://www.recoveryanswers.org/research-post/oxford-houses-offer-both-recovery-benefits-cost-savings/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215736/ Oxford House_manual.pdf	Purchase and refurbishment of a suitable property as the initial home to provide a platform for expansion. Through one-off, match-funded capital investment, this element can also become a self-sustaining and scalable legacy of ADDER once the initial property is up and running. This will provide: • The purchase and renovation of a house with a minimum of 4 x beds (self-contained due to COVID-19 implications), to be used in perpetuity as an Oxford House • Dedicated support capacity to enable the development and implementation of the initial Oxford House • The generation of surplus funds in order to enable the development of a second Oxford House (and so on…) • Expanded mutual aid opportunities for the local recovery community
	Building Recovery in the Community (BRiC) provision	1 x FTE BRiC Worker – to provide floating support across the bespoke, local programme. 4 months of costs included. This post will deliver: • Engagement of 20 people as a minimum • Development of local community offer, including a minimum of 3 support groups

Diversion	Enhancement of existing DIVERT scheme	2 x FTE substance misuse keyworkers to work across custody suite and IOM/PPO teams to provide specialist support, advice and pathways to community services. Will provide targeted testing on arrest, rehabilitation order recommendations for sentencing, liaison with DIVERT scheme, etc. 4 months of costs included. These posts will deliver: • Intensive engagement of those identified as having substance misuse issues by criminal justice partners • Breaking the cycle between drugs and crime • Reduce the re-offending rate for Middlesbrough as a result of engaging more people into the DIVERT scheme.
	Develop a local drug-driving scheme	Commission suitably experienced organisation to develop and deliver a drug-driving intervention and engagement approach for those caught driving whilst drug-impaired (predominantly cocaine and cannabis) – both digital and face-to-face offers. Once set up, this will be sustainable by charging the participants in lieu of a higher fine/disqualification from driving (and, potentially, a reduced driving ban). This will deliver: 1. Assess the local demand for a drug driving service. Including the identification of drug users who, predominately would not engage with traditional services. 2. Establishing whether local/national service providers currently delivering drink driver rehabilitation scheme (DDRS) courses, offer drug driver rehabilitation interventions. Identifying any national or international best practice or evidence of impact. 3. Engage criminal justice agencies such as the Police, Courts and Probation on out of court disposal options. 4. Identify the feasibility of developing a drug driving course, engaging with the Driver and Vehicle Standards Agency, Department for Transport and Road Safety GB. 5. Research the feasibility of a reduction in the length of a driving band if a course is completed, as a means of generating an income that could be reinvested into ADDER beyond the funding timescales. 6. Identify appropriate pathways into treatment services.

	Youth Offending Service Link Worker	1 x FTE substance misuse keyworker to work primarily on transition pathways and supporting the most complex clients, whilst building capacity and expertise within YOS (to work as a virtual team with the YP Assertive Outreach workers). 4 months of costs included. This post will aim to: • Reduce the number of YP involved in crime and ASB from 52% to 45%. • Deliver YP specific substance misuse training to 30 staff. • Work with the top 10 most complex clients identified as using substances and offending.

OPIOID DEPRESCRIBING FOR PERSISTENT NON-CANCER PAIN

Key Messages

- Opioids are very good analgesics for acute pain and for pain at the end of life but there is little evidence that they are helpful for long term pain such as lower back pain, fibromyalgia, headache, migraine, abdominal and pelvic pain.
- **Safety concerns** - long term opioid use can lead to fractures, falls, endocrine abnormalities, immunomodulation, opioid induced hyperalgesia and dependence.
- The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit. Ref: Faculty of Pain Medicine Key Messages.
- If a patient is using opioids but is still in pain, the opioids are not effective and should be discontinued, **even if no other treatment is available**.
- By tapering the opioid dose and stopping, patients will be more able to function in the world, and feel less ill. They may still have pain, but are likely to feel better in themselves.
- Opioid analgesia used long term can destroy lives - read Faye's Story.
- Opioids started in hospital should not routinely be continued in primary care. Review patient and assess pain before prescribing more opioids post discharge.
- Before starting an opioid trial, manage patient expectations and explain risks. See Checklist for Prescribers on Opioids Aware website.

Opioids should be tapered or stopped for non-cancer pain, particularly if...

- The opioid(s) is/are not providing useful pain relief or ability to do more.
- The patient develops intolerable side effects.
- The patient is on a dose of more than 120mg/day oral morphine equivalent.
- There is strong evidence that the patient is misusing, abusing or diverting their medicines to others.
- The patient is taking, or is started on, medicines that potentiate the effect of opioids e.g. pregabalin, benzodiazepines, antidepressants., antipsychotics. See BNF for full list.
- The patient has been on opioids for more than 3 months.
- The underlying painful condition resolves.
- The patient receives a definitive pain relieving intervention (e.g. joint replacement).

See over for step-by-step guide to opioid deprescribing

Responsibility for prescribing opioids

- Whilst tapering opioids, the patient should ideally receive prescriptions from a single prescriber and the medicine dispensed from a specified pharmacist. Consider using the home screen of the medical record to highlight which prescriber is managing the opioid deprescribing.
- If the patient needs a prescription from someone other than the usual prescriber, documentation should be clear and accurate to support consistency of safe care.
- Do not issue prescriptions before they are due, this will help to prevent patients increasing their doses on their own or diverting their medicine to others.
- Do not issue more than 28 days supply at one time. Consider prescribing for shorter periods - weekly or two weekly.

Useful resources:

- Faculty of pain medicine Opioids Aware resources - www.fpm.ac.uk/opioids-aware
- Live Well with pain - www.livewellwithpain.co.uk
- DVLA drugs and driving: the law - www.gov.uk/drug-driving-law
- Contact local pain service for advice and support if needed.

OPIOID DEPRESCRIBING FOR PERSISTENT NON-CANCER PAIN

Discussion with the patient

- Explanation of the limited role that opioids have in long term pain and the potential benefits of opioid reduction (avoidance of long term harms and improvement in ability to engage in self management strategies).
- Agree if outcome is stopping or tapering to a specified dose.
- Explanation that withdrawal symptoms (see box 2) or a change in pain may occur following each reduction but these symptoms tend to settle within a few days.
- Stress that opioids should not be stopped suddenly and that the reduction will take time (months not weeks).
- Discuss other ways to manage pain and develop self-management strategies. See NHS Live Well - 10 Ways to Reduce Pain or Live Well with Pain - Ten Footsteps.
- Calculate total oral morphine equivalence of all current opioids by any route (link to calculator). Check with the patient what they are actually taking, don't assume the prescribed dose is being taken.

Is the patient engaged and willing to taper?

No → Box 1

Yes ↓

Agree reduction schedule with patient. Aim to taper the dose by 10% of the original dose two weekly or monthly.

- If taking more than one opioid, reduce one at a time starting with the most potent.
- If taking modified release (MR) / patches as well as immediate release (IR), taper MR / patch first and switch IR liquid to tablets to more easily monitor the amount used.
- Limit number of doses of IR per day and counsel patient not to increase dose of IR to compensate.
- Ensure that scripts are not issued early.
- Agree the reduction schedule with the patient, particularly if they are anxious. You may agree to start with a small dose decrease (e.g. 5% or even less) or monthly rather than two weekly if it helps to gain confidence.
- When considering frequency of reductions, consider your capacity for follow up and review.
- Patients may experience withdrawal symptoms for several days after reduction so weekly reductions may be too quick.
- The reduction becomes a larger proportion of the dose as the dose reduces. This is why patients may run into difficulty as they reach lower doses. Consider smaller dose reductions as the dose becomes lower.

Review

- Check for withdrawal symptoms (box 2) between dose reductions (this can be done over the phone if necessary).
- Offer encouragement and remind of reasons for tapering.
- Offer advice on managing withdrawal symptoms (box 3).
- Anxiety and low mood can exacerbate withdrawal symptoms. See NHS Live Well - 10 Ways to Reduce Pain for tips on managing pain, sleep and low mood.
- If patient wants to give up follow advice in box 1.
- Contact local pain service for advice and support if needed.

Box 1 - What if the patient is not keen?

Ref: Opioids Aware - Tapering and Stopping

- Be empathic and focus discussion on medicines.
- Allow patient time to reflect on information and arrange a further appointment to initiate taper if necessary. If, after reflection, patient is still not keen then review again in 3 to 6 months.
- Take a full medicines history and ask how well the medicines are working, and reflect that the patient is describing severe pain despite medicines.
- Share that the experience of many patients is that taking medicines results in no real benefit for pain.
- Explain that we now have better ways of working out how helpful medicines really are and we know that a lot of things that we thought were helpful in the past have proved to be disappointing and...
- ...take responsibility for contributing to where we are now!
- Pain medicines can cause significant harm.
- Explain the DVLA rules for driving under the influence of prescription medicines.
- It matters a lot that the patient has confidence that all their medicines are working well
- Usually stopping medicines makes no difference to pain but can make people feel better (fewer side effects / better quality of life). Consider filling in a Prescribed Opioids Difficulties Scale to allow the patient to see the problems opioids are causing.
- If a tapering trial doesn't work we can think again
- Brainman videos may be helpful and are used by the local pain service.
- Suggest that the patient watches Louise's story on the Live Well with Pain website.

Box 2 - Withdrawal symptoms

- Sweating, yawning, tremor, abdominal cramps, restlessness, irritability, anxiety & runny nose/eyes.
- Bone or joint aches, which may be confused with perceived worsening of the original pain.
- The clinical opiate withdrawal scale (COWS) can be used to quantify the severity of withdrawal symptoms and monitor changes over time.

Box 3 - Managing Withdrawal symptoms

- Patients experience withdrawals differently and may experience none, some or all of the above symptoms.
- Withdrawal symptoms can be very unpleasant but are generally not life threatening, reassure the patient that these symptoms will resolve with time.
- Tapering may be paused to allow time to overcome symptoms before the next dose reduction, tapering should not be reversed except in exceptional circumstances
- Do not be tempted to treat withdrawal symptoms with more opioids or benzodiazepines.

NHS

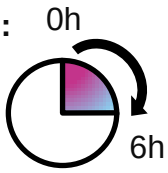
Integrated Care System
Nottingham & Nottinghamshire

Strong Oral Opioids for Acute Pain: Information for Adult Patients (Over 16 years)

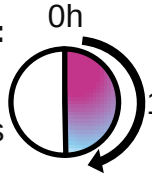
This leaflet is relevant to NEW or CHANGED prescriptions for:

- ❑ *Immediate release* morphine sulphate oral solution (Oramorph®) or tablets (Sevredol®)
- ❑ *Modified release* morphine sulphate capsules (Zomorph®) or tablets (MST®)
- ❑ *Immediate release* Oxycodone capsules (Shortec®) or liquid (Shortec® liquid)
- ❑ *Modified release* Oxycodone tablets (Longtec®)

Immediate release opioids:
For quick pain relief
Work for 4-6 hours



Modified release opioids:
Release gradually
Work for 12 hours



What are strong opioids?

Opioids are a *short term* option for *acute* pain
Opioids can significantly *reduce* pain, but rarely *stop* pain altogether.

- ❑ **Opioids** are strong morphine, or morphine-like, pain relievers.
- ❑ **Acute pain** comes on quickly and usually has a cause such as an injury
- ❑ Opioids are not effective for all types of pain.
- ❑ They are less effective for long-term pain due to tolerance and side effects.
- ❑ The best opioid dose is the lowest dose possible that makes pain manageable.
- ❑ Reducing your pain will allow you to breathe deeply, cough and move around. This lowers the risk of serious complications such as chest infections, blood clots and pressure sores.

How long should I take opioids for?

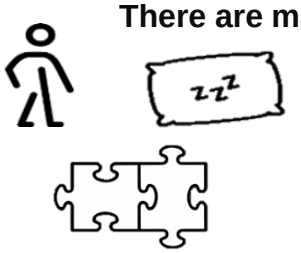
It is important that you do not take opioids for longer than you need.

- ❑ The aim is to gradually lower the amount you are taking and stop them (or return to your normal dose) before your supply runs out.
- ❑ Hopefully you will not require a repeat prescription of opioid medication.

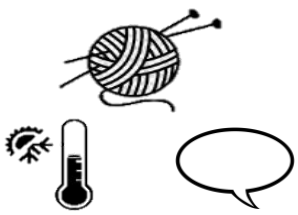
If you are still in significant pain or need support, please contact your GP.

How can I manage my pain?

There are many proven options to help you other than medication:



Gentle exercise
Get a good nights sleep
Distract yourself! Knit, complete a puzzle…
Hot and cold packs
Talk about it with someone you trust



Author: Tiffany Feather, NUH Senior Clinical Pharmacist.
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Strong Oral Opioids for Acute Pain: Information for Adult Patients (Over 16 years)

How should I take these medicines?

Do not drink alcohol or take other medicines that make you drowsy whilst taking these medicines **UNLESS** prescribed by your doctor.

If these medicines make you feel drowsy you may not be fit to drive or operate machinery. For information: www.gov.uk/drug-driving-law

If you have other medicines prescribed for pain make sure you use them as prescribed to lower the amount of opioid you need.

Please do not take more pain relief than you are prescribed. If you do please seek medical advice.

What side effects could I experience?

Nausea or vomiting- can be managed with anti-sickness medication.

Constipation - can be managed with laxatives

Drowsiness or confusion - can be managed by adjusting the dose or opioid choice.

Tolerance - your body can get used to opioids and they can become less effective.

Dependence - if you decrease the dose too quickly you can experience symptoms of withdrawal such as sweating, stomach cramps and muscle aches.

Your local pharmacist is a great source of support and advice for managing your medications. Contact your pharmacist if you have questions or concerns.

If serious side effects occur seek medical advice.

Where can I get more information?

Telephone Helplines:

Nottingham University Hospitals Trust Tel: 0115 924 9924 ext. 64641

Sherwood Forest Hospitals Trust Tel: 01623 672213

Primary Integrated Community Services Pain Services: 03000 830 000

Internet Resources (can be found via google or any other search engine)

- ❑ **Faculty of Pain Medicine:** *Taking opioids for pain*
- ❑ **British Pain Society:** *Understanding and managing pain: information for patients*
- ❑ **My Live Well with Pain**

Author: Tiffany Feather, NUH Senior Clinical Pharmacist.
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MIDDLESBROUGH COUNCIL

OVERVIEW AND SCRUTINY BOARD

OVERVIEW AND SCRUTINY BOARD CALL-IN OUTCOME: NUNTHORPE GRANGE FARM DISPOSAL

11 MARCH 2021

PURPOSE OF THE REPORT

1. Following the Overview and Scrutiny Board (OSB) Call-in meeting in respect of Nunthorpe Grange Farm Disposal, and the decision taken by the Board to refer the matter back to the Executive for reconsideration, the Executive is required to provide the OSB with a written response outlining its subsequent decision and the reasons for it.

BACKGROUND

2. At the Executive meeting held on 24 November 2020, the Executive considered a two-part report (Part A and Part B – Part B containing exempt information) in respect of Nunthorpe Grange Farm Disposal. The decision taken at the meeting was as follows:

    a) That the recommendations of the report be approved.
    b) That a proportion of the capital receipt (i.e. £43,500) generated by the disposal of the land be allocated to Nunthorpe and Marton East wards, for community use.
    c) That a land-related covenant be applied, imposing restrictions on future use of the land.
    d) That, in respect of the disposal of Council assets, a report be submitted to a future meeting of the Executive to ensure that when a negotiated sum exceeded the asset value, a proportion of the capital receipt generated would be allocated to the relevant ward/s, for community use.

3. This decision was subsequently called-in and considered by OSB on 18 December 2020 (meeting adjourned pending legal advice) and (continued on) 29 January 2021.

4. At the OSB Call-in meeting held on 29 January 2021, it was agreed that the decision taken by the Executive did not fall outside of the Budget and Policy Framework, and therefore the matter would not be referred to Full Council. However, there was sufficient evidence of a lack of consultation and inadequacy of information. The matter would be referred back to the Executive for reconsideration, with the following reasons/recommendations:

    a) That alternative uses for the site be explored, such as community uses, that would be of benefit to a greater number of residents within the area by not restricting use for/to a particular purpose/group; and
    b) That further consideration be given as to whether best value for money has been achieved, or whether enhanced consultation and an open tender exercise could generate additional interest/alternative proposals.

EXECUTIVE MEETING

5. The Executive met on 9 February 2021 to reconsider the decision initially taken on 24 November 2020.

6. Following consideration, the decision of the Executive was that the recommendations put forward by OSB be noted, but not endorsed.

7. The reasons for the Executive's decision, as per each recommendation, are as follows:

OSB Recommendation: That alternative uses for the site be explored, such as community uses that would be of benefit to a greater number of residents within the area by not restricting use for/to a particular purpose/group.

- The Brethren has been a part of the community for many decades and has contributed positively to the Nunthorpe area in various ways. Irrespective of religious beliefs, supporting such community groups within any Ward is enormously positive for Middlesbrough, and the Council should be looking to encourage and adapt this across Middlesbrough wherever possible.
- Within this particular proposal, there is a commitment to protect the green space, and trees and fruit trees will also be planted. Therefore, not only would this proposal assist a community organisation which is looking to grow, but would also safeguard some of those highly valued green space areas in Nunthorpe.
- In terms of community use, this Hall, under certain terms, would be available to the community and could therefore be an important community asset. The Brethren does encourage community use/access, as has been the case in Marton.
- Development of a Community Centre is not deemed appropriate for this site due to accessibility and distance/locality from the centre of the community. It could potentially be used as parkland, but further planning, consideration and subsequent consultation would be required.
- Monies generated by the disposal of the land and allocated for community use could be utilised by more centralised community resources, such as the Nunthorpe and Marton Recreation Club or the play area located on The Avenue.
- The by-pass ought to form the ultimate boundary for housing development in Middlesbrough. There is a park and ride facility planned for the future; further development could be controlled through ten-year caveats.

OSB Recommendation: That further consideration be given as to whether best value for money has been achieved, or whether enhanced consultation and an open tender exercise could generate additional interest/alternative proposals.

- This site had already achieved a higher value than the asset register valuation. It was possible that putting the site out to open tender could potentially have resulted in an increased price; however, it is likely that interest would only have been received from housing developers. This is not what the people and residents of Nuthorpe want and could potentially have been detrimental to local communities. This proposal provides a way of protecting the piece of land for the good of the area.
- In terms of consultation, the Parish Council had been consulted and there is demonstrable evidence of this on the Parish Council website. Consultation in respect of land sales is generally not undertaken, and therefore there had been an increased level of consultation in respect of this proposal.

8. The Executive voted unanimously that the decision taken on 24 November 2020 would still stand and be implemented with immediate effect.

BACKGROUND PAPERS

9. The following sources were consulted, or referred to, in preparing this report:

- Minutes of the Executive meetings held on 24 November 2020 and 9 February 2021; and
- Minutes of the OSB meetings held on 18 December 2020 and 29 January 2020.

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