Heroin/Diamorphine Assisted Treatment Pilot (HAT/DAT) Update.

Health Scrutiny Panel – 11 October 2022.

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From Harm to Hope – National Drug Strategy

- The ten year drugs plan to cut crime and save lives, along with the JCDU partnership frameworks to underpin local systems, including treatment and recovery service models.

- The strategy outlines three main priorities:
  1. Break drug supply chains.
  2. Deliver a world-class treatment and recovery system.
  3. Achieve a shift in demand for recreational drugs.

- The strategy recognises that half of people dependent on opiates and crack cocaine are not in treatment, and that drug addiction co-occurs with a range of health inequalities, especially mental health issues, homelessness, and deprivation.

- Additional Government investment is in place to supplement this approach until at least 31/3/25.

Dame Carol Black Review – Part Two:

- Treatment and recovery offers across the country have become significantly worse due to the considerable budget reductions over many years:

  "We recommend that from 2022, DHSC require local authorities to spend drug treatment funding, current and additional, on these services and not on other things."

- Caseload sizes are unsafe:

  "The drug treatment and recovery workforce has deteriorated significantly in quantity, quality and morale in recent years, due to excessive caseloads, decreased training and lack of clinical supervision. A recent workforce survey showed that drug workers had caseloads of between 50 and 80, sometimes rising as high as 100 people. Good practice suggests a caseload of 40 or less, depending on complexity of need. Such high caseloads reduce the quality of care provided and the effectiveness of treatment. Focus should be on providing high-quality personalised care"

Dame Carol Black Review – Part Two:

- Increasing the meaningful involvement within local systems for people with lived experience, including more peer support (but not in terms of doing work that should be provided by professionals):

  Lived Experience Recovery Organisations (LEROs) should form part of local leadership and innovation, so that services are tailored to local needs within a strong partnership approach. Successful treatment and recovery systems include smaller, locally led voluntary-sector organisations.

- Drug use among young people continues to increase – 1 in 3 children have taken drugs in the last year. Engaging YP into support is not effective and they are becoming increasingly vulnerable to coercion, e.g. County Lines:

  Improved prevention is key to stemming the tide, including more effective work into schools and education settings. Enhanced, age-appropriate evidence-based services and support, particularly for mental health, will build resilience and avoid substance misuse. Local authorities should identify, and provide additional support to, those young people most at risk of being drawn into using illicit substances or involvement in supply.

Dame Carol Black Review – Part Two:

- Closer working and improved capacity between mental healthcare and substance use.

  More than 2/3 of our local treatment/recovery population are affected by issues related to mental health.

- That local authorities commission a full range of evidence-based harm reduction and treatment services to meet the needs of their local population.

  "Since 2012, the government has entrusted all decision making on drug treatment services to local authorities, with virtually no accountability or recognised standards. The current system of local commissioning is fractured."

- Drug-related issues are so widespread that local areas all need effective Recovery-Orientated Systems of Care (ROSC), including the offer of suitable housing, employment pathways and recovery support to address multiple unmet needs. Drug dependence can be both a cause and a consequence of homelessness/rough sleeping.

  "Having a healthy home is key to recovery and treating homeless people for drug misuse is exceptionally difficult unless their housing needs are addressed at the same time. Currently local authority housing services do not systematically provide the support that is needed, and there are shortcomings in the availability of specialist housing support (for example 'supported housing', 'recovery housing' or 'floating support') tailored to meet the specific needs of the population in drug treatment."

…at a glance

- Approx. £4.5m over 2.5 years;
- High profile, national programme;
- Creation of new, specialist roles in Middlesbrough;
- Can share the learning/good practice across Cleveland/the region;
- Multi-faceted, in line with national drugs strategy:
  - Enforcement
  - Diversion
  - Treatment/Recovery.

- South Tees Public Health (STPH) receive £1.3m p.a. for the ADDER Diversion and Treatment/Recovery elements;
- There is the expectation that a broad menu of interventions/activity is delivered with this funding, as per the strategy/DCB recommendations;
- Middlesbrough's ADDER plan has a broad, ambitious scope, in line with the significant local need;
- Staff working into childrens' services, TEWV, criminal justice settings, specialist roles that had been lost, near misses to prevent further drug-related deaths, etc.;
- Range of workstreams including BRIM, Harm Reduction, training/development across the system, etc.

HAT/DAT Pilot Overview

- Has been running for 3 years and delivered undoubted benefits for some patients;
- STPH have played an intrinsic role in both mobilising and enabling the pilot to be delivered – fully invested in it being successful;
- Funding sources have changed throughout this time, however, utilising the infrastructure provided by Foundations' core contracts has been a constant;
- Capacity was initially 14-15, reducing to 10 x patients – but the pilot has never consistently managed to engage more than single figures;
- Medicine has to be ordered in minimum quantities equating to 6 months of supply, at great expense.

HAT/DAT Pilot Funding Situation

- Needed to be a system-wide approach for sustainability;
- We have collectively sought to do this;
- HAT/DAT contribution is the single largest amount of funding within the M'bro ADDER budget;
- **The existing ADDER funding was never pulled nor in doubt – it remains in place and was the agreed 2022/23 funding level**;
- It was anticipated to continue for the next two financial years to 31/3/25.

HAT/DAT Pilot Funding Situation

- The issue was finding a significant, additional amount that Foundations stated was required to continue the pilot to 31/3/23;
- This would have amounted to almost a quarter of the ADDER annual funding for treatment/recovery being spent on 7-10 people;
- It would have meant proposing to OHID and Home Office leads that we stopped delivering other, existing ADDER activities in order to facilitate the additional funding for HAT/DAT;
- The extremely difficult decision was taken locally that, as costs were continuing to increase and the number of the agreed beneficiaries was not reaching the capacity, that the pilot would need to end;
- The existing patients could be supported via comprehensive, alternative means within the system.

Transition planning:

- Patients are the absolute priority – a safe and supported transition;
- STPH are supporting Foundations and our wider substance misuse services to ensure bespoke plans are in place for every individual;
- All options – detox, rehab, long-acting OST, etc. – are being considered;
- OHID and other Government departments are happy to support however they can;
- The learning is being captured by the follow-up Teesside University evaluation work.

PUBLIC HEALTH
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Thanks, any questions?

Middlesbrough
moving forward

this is
Redcar & Cleveland