

**HEALTH SCRUTINY PANEL  
OPIOID DEPENDENCY - WHAT HAPPENS NEXT? ACTION PLAN**

**19 FEBRUARY 2024**

<b>SCRUTINY RECOMMENDATION</b>	<b>PROPOSED ACTION</b>	<b>UPDATE</b>
<p>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 consumption 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.</p>	<p>Proposed recommendation to explore a pilot of drug consumption rooms cannot be accepted currently because there is no legal basis for this. If this changes then the Council would consider the potential for such a space in Middlesbrough.</p> <p>To assist this we will utilise our links with PHE colleagues and opportunities presented by project ADDER to ensure conversations continue to take place and explore future potential for Middlesbrough pilot within lifetime of project ADDER</p>	<p>No appetite from Home Office to enable a pilot to be delivered. The legislation remains unchanged, so we are unable to legally operate a DCR.</p> <p>Scotland are operating a consumption room pilot, due to different arrangements north of the border, so we will monitor the outcomes of this.</p> <p>We have developed a multi-agency, harm minimisation outreach approach with people with lived experience (PWLE) staff at its core. This has achieved many positive results and impacted some of our most vulnerable people/works into priority settings.</p>
<p>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.</p>	<p>Not applicable. Scrutiny would be required to progress this via a motion at Full Council with support from officers on wording as required.</p>	<p>N/A (from PH service area).</p>
<p>c) That a new capital funding bid for a 16- 18 bedded detox and drug rehabilitation facility at Letitia House</p>	<p>This action is no longer possible. NewWalk CIC have purchased Letitia house from the council.</p>	<p>Public Health South Tees (PHST) has led on the formation of a NE sub-regional 'LA9' consortium to pool our inpatient detoxification (IPD) funding</p>

<p>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.</p>	<p>Alternative detox provision is being explored regionally and dedicated funding secured from PHE to enhance detox capacity in 2021/22. Regional pilot to be carried out in 21/22 to inform future approach.</p>	<p>from OHID. We have worked with Home Group to secure the opportunity to utilise a 14-bed new build property in Brotton as an IPD unit and been out to tender. Unfortunately this did not provide a suitable bid but we are exploring other options to secure a provider.</p> <p>We have been utilising a bed at North Tees Hospital for low risk alcohol IPD episodes, as a Tees LAs partnership. This has not met the needs or demands of South Tees residents and will not be continued beyond 31/3/24.</p> <p>In addition to IPD, we are also developing additional, local residential rehabilitation services. There are strong ambitions to ensure that suitable accommodation is available to our vulnerability cohorts at every step of their journey - from active use of substances through to long-term, independent homes in recovery.</p> <p>Finally, we are supporting a CIC (and our secondary rehab provider) to gain Registered Social Landlord status. This is a target within our PHST strategic plan, as it is the most significant barrier to making and sustaining positive behavioural changes but our population cohorts are among the least likely to secure decent accommodation.</p>
<p>d) That funding for the Heroin Assisted Treatment (HAT) programme be prioritised by partners in South Tees and the current level of investment continued for the foreseeable future.</p>	<p>Probation contribution secured on on-going basis</p> <p>Utilise Project ADDER funding to secure remaining costs (funding</p>	<p>When the HAT project ceased operating in 2022, an update was provided to the Health Scrutiny Panel (October 22). Ultimately, when the funding partners pulled out, PHST did not</p>

	<p>proposal has been submitted to cover from October 21- March 23)</p> <p>PCC contribution to be confirmed post May election</p>	<p>have the means to continue to fund the pilot in its entirety.</p> <p>Ultimately it was difficult to both attract and also maintain the engagement of the people who would derive the greatest benefits from HAT. Consequently the pilot did not deliver the outcomes and system savings at the desired scale.</p> <p>PHST has continued to explore alternative treatment options, including long-lasting opiate substitute depot injections (BUVIDAL) and monitoring other innovative interventions elsewhere, such as Psychedelic-Assisted Therapy.</p>
e) That the local authority writes 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	Build in discussion to ADDER national board discussions at initial pilot end and follow up with formal letter from the Director of Public Health	We have fully debriefed Home Office and OHID colleagues about the pilot. They agree with our local assessment of the scheme.
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.	<p>This will be highlighted through project ADDER.</p> <p>Enhance recovery ambassadors and peer led programmes in our vulnerable persons' model and develop our own cohort of ambassadors/peer mentors</p>	<p>Middlesbrough has the first integrated clinical and care co-ordination team delivered by a council in the country. When Foundations served notice in mid-2023, PHST successfully brought the clinical service in-house within a challenging three-month period. We continue to develop the service offer and enhance it with a range of external grant funds.</p> <p>We continue to directly commission our local Lived Experience Recovery Organisation</p>

		<p>(LERO): Recovery Connections (RC) who have a workforce with &gt;90% people in recovery. They provide our community recovery service and primary residential rehabilitation, as well as a host of other activities.</p> <p>We are utilising built-in extension opportunities to continue the RC contract for at least another two years from April 2025. They are widely regarded as one of the finest examples of a LERO in the world. Some of our achievements include:</p> <ul style="list-style-type: none"> <li>• Ensuring that Middlesbrough became the world's first official Inclusive Recovery City;</li> <li>• Developing the Building Recovery in Middlesbrough (BRIM) programme, which has helped to deliver a dedicated recovery hub and 'jobs, friends and houses' for people in recovery;</li> <li>• Having the first recovery campus outside the USA at Teesside University.</li> </ul> <p>We are developing a strategy to increase PWLE in our local treatment and recovery system – via paid roles, recovery ambassadors, peer mentors and volunteers. We have also invested significantly into peer-led recovery approaches through the external grants that we have secured. PHST continues to support RC in terms of other funding opportunities and delivery</p>
<p>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</p>	<p>Recommencement of work (paused due to COVID) to secure recovery city status for Middlesbrough</p>	<p>As per section F, Middlesbrough has achieved Inclusive Recovery City status and the work of RC, in building individual, community and social recovery capital, is widely recognised.</p>

<p>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.</p>	<p>See also linked actions in f</p>	<p>Promoting abstinence and recovery through their staff, ambassadors, peers and volunteers helps to challenge the stigma associated with addictions, drugs and alcohol use.</p> <p>This has been recognised via OHID asking PHST to host and co-develop the first national challenging stigma pilot. This aims to blend academic research into the impact of anti-stigma initiatives along with PWLE delivering local approaches that will be evaluated.</p>
<p>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:</p> <ul style="list-style-type: none"> <li>• That quick and reliable access to specialist Substance Misuse support is made available to the Community Crisis Team, Crisis Assessment Suite and Inpatient wards</li> <li>• 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</li> <li>• That Substance Misuse workers attend joint meetings, as arranged by TEWV, including formulation and pre-discharge</li> <li>• That Substance Misuse Services contribute to TEWV's co-produced</li> </ul>	<p>Following the successful NHSE Crisis Bids in 2021-2024 the below will be developed:</p> <p>TEWV has already budgeted to fund a Substance misuse team 3 x substance misuse workers to work across the Crisis assessment &amp; triage team and home intensive teams which will be in place by October 2022. TEWV to recruit the substance misuse workers who will be part of the teams and involved in the referrals and joint assessments, meetings and huddles. For TEWV inpatient formulation/discharge planning meetings we need to ensure that we continue to send invites to (and have representation from) substance misuse. We need to reinvigorate this and will use the Dual Diagnosis network as a forum to take this</p>	<p>PHST has funded the 3 x dual diagnosis-style posts within TEWV and they work into our treatment and recovery systems across South Tees. They have increased the knowledge and expertise of our workforces with regard to mental health and vice versa with substance misuse and their TEWV colleagues.</p> <p>The team has been instrumental in preventing people with co-existing mental health and substance use support needs falling between the cracks of both service models.</p> <p>Our PHST-TEWV collaborative substance use and mental health workstream continues and has delivered a range of outcomes, the latest of which is that TEWV staff will be providing take home naloxone kits. This will see them being amongst the first mental health trusts in the country to do so.</p>

<p>Crisis management plans / Wellness Recovery Action Plans (WRAP)</p> <ul style="list-style-type: none"> <li>• That a programme of joint clinics (Mental Health/Substance Misuse) to meet the needs of dual diagnosis patients be established</li> <li>• That the role of peer support workers across all organisations be increased</li> <li>• That prescribers in Substance Misuse services work with TEWV prescribers to ensure enhanced sharing of information</li> <li>• That cross fertilisation in terms of training for Substance Misuse and Mental Health workers be established</li> </ul>	<p>forward. To continue with monthly MDT huddles with staff from TEWV and substance misuse workers</p> <p>To Commence VSC contract for substance misuse</p> <p>To recruit a further 3x Peer support workers into the crisis team to work with substance misuse To have an identified prescriber in TEWV teams who liaise with their counterpart in locally commissioned Substance misuse team. The aim is to educate, share knowledge and skills within the team for Substance misuse and MH workers</p>	<p>We are also continuing to work with TEWV's Middlesbrough community MH team to develop joint working arrangements at Live Well East (LWE) in Berwick Hills. This and other planned collaboration activity may be dependent upon PHST securing the former library (attached to LWE) in order to have the necessary space to host and deliver the wide range of support services and associated staff.</p>
<p>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.</p>	<p>A dedicated task and finish group has been established</p> <p>All provisional work has been completed in preparation for the launch of the Young Peoples (YP) Substance Misuse Service, monitoring and review to take place</p>	<p>We have a dedicated YP substance use team as part of our in-house service. They have a range of staff and disciplines, including drugs, alcohol, outreach and criminal justice specialisms.</p> <p>They have also developed a wide range of pathways and collaborative working arrangements with a host of relevant partners.</p>
<p>j) That prescribing substitute treatment for those under 18 years be further explored and the preferred option piloted.</p>	<p>This applies to very small number of individuals and pathways are already in place to ensure this support is provided as needed. Suggest no further action is required</p>	<p>The in-house clinical service can meet the prescribing and clinical requirements of YP with identified needs.</p>

<p>k) 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.</p>	<p>Good base line resources are in place and to be locally tailored</p> <p>Curriculum 4 Life CPD area to be available for school staff</p>	<p>PHST are building on the existing offer by developing the M-PACT whole family programme. This will provide a range of interventions, from advice and brief interventions to structured psychosocial, in a systematic approach. We are also providing nasal naloxone kits and training to all M'bro secondary schools and those facilities supporting YP not currently in education, along with M'bro children's homes.</p>
<p>l) That support for children experiencing parental opiate dependence be commissioned and the number of children being reached and supported reported.</p>	<p>Through action i) children will be identified and engaged.</p> <p>Numbers will be part of routine monitoring on the new vulnerable persons model system going live from April 2021</p>	<p>Actions I-K will also have a positive impact on this recommendation. In addition, we are about to publish a JSNA regarding the impact of parental substance misuse and will be acting on the recommendations contained within that in order to provide extra support and resilience in this regard.</p>
<p>m) 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.</p>	<p>Work is already underway to address and highlight the high levels of opioid prescribing in Middlesbrough GP practices. We have a pain management guideline available for prescribers  <a href="https://medicines.necsu.nhs.uk/download/county-durham-tees-valley-primary-care-pain-management-guideline/">https://medicines.necsu.nhs.uk/download/county-durham-tees-valley-primary-care-pain-management-guideline/</a> We also have a position statement on prescribing for persistent pain  <a href="https://medicines.necsu.nhs.uk/download/cdtv-apc-position-statementprescribing-for-persistent-pain/">https://medicines.necsu.nhs.uk/download/cdtv-apc-position-statementprescribing-for-persistent-pain/</a> Middlesbrough GP practices have also signed up to receive bi-monthly CROP (Campaign to reduce</p>	<p>We will liaise with ICB colleagues and ensure that a detailed update on this item is provided at the Health Scrutiny Panel meeting on 19<sup>th</sup> February 2024.</p>

	<p>opioid prescribing) reports – as part of an initiative co-ordinated by the Academic Health Science Network In addition JCUH have introduced an opioid prescribing policy to ensure short course of opioid medication prescribed for patients post-surgery, are not continued unnecessarily by GP practices</p>	
<p>n) 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.</p>	<p>Pharmacists employed by GP practices and PCNs across Middlesbrough took part in 2 opioid prescribing education sessions in December 2020. The 2 sessions were delivered by members of the IWOTCH team, which included Professor Sam Eldabe, consultant anaesthesiologist, from JCUH. Other presenters included Jane Shaw, Nurse pain specialist from JCUH, and Grace O’Kane, pain specialist pharmacist from JCUH. The pharmacist are now empowered to conduct their own opioid reduction clinics in practice, and prescribing of high dose opioid medication will be measured on an on-going basis over the next 6 months to assess further reductions in prescribing</p>	<p>We will liaise with ICB colleagues and ensure that a detailed update on this item is provided at the Health Scrutiny Panel meeting on 19<sup>th</sup> February 2024.</p>
<p>o) 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</p>	<p>The CCG has already released funding to enable one day per week of the pain specialist pharmacist from JCUH to work in primary care supporting the practice based pharmacists in Middlesbrough (and the wider CCG).</p>	<p>We will liaise with ICB colleagues and ensure that a detailed update on this item is provided at the Health Scrutiny Panel meeting on 19<sup>th</sup> February 2024.</p>



<p>opiates for chronic non-malignant (non-cancer) pain in Middlesbrough is reduced.</p>	<p>The role will hopefully develop in order for further education sessions to take place targeted at newly recruited practice pharmacists</p>	
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