

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

27 MAY 2021

SCRUTINY RECOMMENDATION	PROPOSED ACTION	POST TITLE	BUDGET COST	TIMESCALE
<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 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 an 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>Mark Adams – DPH</p>		<p>N/A</p> <p>March 23</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</p>

<p>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.</p>	<p>This action is no longer possible. NewWalk CIC have purchased Letitia house from the council.</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>Rachel Burns - Advanced practitioner</p>	<p>TBC</p>	<p>N/A</p> <p>June 21</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 proposal has been submitted to cover from October 21- March 23)</p> <p>PCC contribution to be confirmed post May election</p>	<p>Jonathan - Advanced practitioner Bowden</p>	<p>TBC</p>	<p>Complete</p> <p>May 21</p> <p>May 21</p>
<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.</p>	<p>Build in discussion to ADDER national board discussions at initial pilot end and follow up with formal letter from the Director of Public Health</p>	<p>Mark Adams - DPH</p>		<p>October 21</p>
<p>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>	<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>Jonathan Bowden- Advanced practitioner</p>		<p>March 22</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 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>Recommencement of work (paused due to COVID) to secure recovery city status for Middlesbrough</p> <p>See also linked actions in f</p>	<p>Jonathan Bowden - Advanced practitioner</p>		<p>March 22</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"> • That quick and reliable access to specialist Substance Misuse support is made available to the Community Crisis Team, Crisis Assessment Suite and Inpatient wards • 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 • That Substance Misuse workers attend joint meetings, as arranged by TEWV, including formulation and pre-discharge • That Substance Misuse Services contribute to TEWV's co-produced 	<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 & 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</p>	<p>Elsbeth Devanney- TEWV AMH service lead</p>	<p>Teww funded Tees Substance Misuse workers £139,959</p>	<p>October 22</p>

<p>Crisis management plans / Wellness Recovery Action Plans (WRAP)</p> <ul style="list-style-type: none"> • That a programme of joint clinics (Mental Health/Substance Misuse) to meet the needs of dual diagnosis patients be established • That the role of peer support workers across all organisations be increased • That prescribers in Substance Misuse services work with TEWV prescribers to ensure enhanced sharing of information • That cross fertilisation in terms of training for Substance Misuse and Mental Health workers be established 	<p>network as a forum to take this 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>Elsbeth Devanney-TEWV AMH service lead</p> <p>Elsbeth Devanney-TEWV AMH service lead</p>	<p>TEWV funded Peer support workers £84,557</p>	<p>December 22</p> <p>December 22</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 Substance Misuse Service, monitoring and review to take place</p>	<p>Jo Russell – Health Improvement Specialist</p>		<p>Complete</p> <p>September 21</p>

j) That prescribing substitute treatment for those under 18 years be further explored and the preferred option piloted.	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	N/A		N/A
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.	Good base line resources are in place and to be locally tailored Curriculum 4 Life CPD area to be available for school staff	Jo Russell-Health Improvement specialist		September 21
l) That support for children experiencing parental opiate dependence be commissioned and the number of children being reached and supported reported.	Through action i) children will be identified and engaged. Numbers will be part of routine monitoring on the new vulnerable persons model system going live form April 2021	Rachel Burns		September 21 Numbers to be reported at October 21 and March 22
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.	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 https://medicines.necsu.nhs.uk/download/county-durham-tees-valley-primary-care-pain-management-guideline/ We also have a position statement on prescribing for persistent pain https://medicines.necsu.nhs.uk/downlo	Alastair Monk Medicines Optimisation Pharmacist- CCG		This is live now, and the resources are live on our NECS MO website. The resources will be reviewed when national updates become

	<p>ad/cdtv-apc-position-statement-prescribing-for-persistent-pain/</p> <p>Middlesbrough GP practices have also signed up to receive bi-monthly CROP (Campaign to reduce opioid prescribing) reports – as part of an initiative co-ordinated by the Academic Health Science Network</p> <p>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>			available
<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.</p> <p>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.</p> <p>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>Alastair Monk Medicines Optimisation Pharmacist- CCG</p>		<p>This live now, and work will continue throughout 2021 and into 2022</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 opiates for chronic non-malignant (non-cancer) pain in Middlesbrough is reduced.</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). The role will hopefully develop in order for further education sessions to take place targeted at newly recruited practice pharmacists</p>	<p>Alastair Monk Medicines Optimisation Pharmacist- CCG</p>		<p>CCG funding has been agreed for the financial year 21/22, and support will be provided during this time</p>
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