

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Overview and Scrutiny Performance Board

Thursday, 26 January 2017, 10.00 am, County Hall, Worcester

Membership

Councillors:

Mr R M Udall (Chairman), Mrs E A Eyre (Vice Chairman), Mr A T Amos, Mr C J Bloore, Ms L R Duffy, Mr C B Taylor, Mr P A Tuthill and Mr T A L Wells

Co-opted Church Representatives (for education matters)

Bryan Allbut (Church of England)

Parent Governor Representatives (for education matters)

Ms C Richardson ((Parent Governor)) and Vacancy (Secondary)

Agenda

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Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Alyson Grice (01905 844962)/Samantha Morris 01905 844963 email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website [here](#)

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OVERVIEW AND SCRUTINY PERFORMANCE BOARD 26 JANUARY 2017

DRAFT SCRUTINY REPORT: EFFECTIVENESS OF THE PREVENTION AND RECOVERY DRUG AND ALCOHOL MISUSE SERVICE

Summary

1. The Overview and Scrutiny Performance Board (OSPB) is asked to consider and approve the draft Scrutiny Report on the Effectiveness of the Prevention and Recovery Drug and Alcohol Misuse Scrutiny Task Group.

Background

2. At the Annual Crime and Disorder Meeting held by the Overview and Scrutiny Performance (OSPB) on 7 July 2015, the £4m commissioned treatment and recovery services in respect of drug and alcohol misuse for adults and children and young people was discussed and it was noted that the contract for this Service was re-commissioned from 1 April 2015 with Swanswell Charitable Trust.
3. Historically, service performance has been poor under the previous contractor, for which the Directorate of Adult Services and Health was subject to scrutiny during the previous Council. It is anticipated that Swanswell's new integrated recovery service will lead to significant improvement against national performance indicators.
4. In anticipation of improvements arising from Swanswell's new integrated service, the Council's Overview and Scrutiny Performance Board was keen for some scrutiny of the Prevention and Recovery Drug and Alcohol Misuse Service.
5. It was agreed that the exercise would be led by Cllr Chris Bloore and a Scrutiny Proposal was approved by the Board on 23 September 2015.

Terms of Reference

6. The Terms of Reference for the scrutiny exercise were to investigate:
 - how the County Council, with partners (including the Police) is developing a prevention and recovery approach and an effective service to help reduce drug and alcohol misuse
 - how effectively the Council is working with other agencies to improve the help and advice provided to addicts and their families

OSPB's Role

7. One of the OSPB's roles is to monitor the quality of scrutinies that are carried out to ensure that scrutiny reports are robust and evidence based, and that they follow the terms of reference agreed by the OSPB.

8. To help with this, the Task Group's Lead Member has provided the OSPB with regular verbal updates on the progress of the scrutiny.

Next Steps

9. Once the Board is content, the Scrutiny Report will be considered by Cabinet on 2 February 2017.

Purpose of the Meeting

10. The OSPB is now invited to consider, comment on and approve the attached Scrutiny Report (to follow).

Supporting Information

Appendix 1- Draft Scrutiny Report – Effectiveness of the Prevention and Recovery Drug and Alcohol Misuse Scrutiny Task Group (to follow)

Contact Point for the Report

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Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and minutes of the OSPB meetings on 23 September 2015, 24 February 2016, 21 April 2016 and 25 May 2016.
- [All agendas and minutes are available on the Council's website here.](#)

Scrutiny Report

Effectiveness of the Prevention and Recovery Drug and Alcohol Misuse Service

DRAFT

January 2017

www.worcestershire.gov.uk

Scrutiny Task Group Membership

Chris Bloore
(Lead Member)



Rob Adams



Matthew Jenkins



Graham Vickery



Officer Support

Emma James and Jo Weston, Overview and Scrutiny Officers

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Chairman's Foreword

I am delighted to provide a foreword to this scrutiny report. When given the opportunity to investigate how the County Council, with partners are developing a prevention and recovery approach and an effective service to help reduce drug and alcohol misuse, it was admittedly a significant challenge.

The task group has been impressed with the work of our partner Swansell and are confident it is meeting the desired outcomes. Task members have been impressed by the joined up working of the Council, police, Swanswell and other partners. Progress is being made, best practise shared and most importantly service users are confident and positive about the service.

At the time of writing this report we were informed that Swanswell has merged with a similar group called Cranstoun. It is obviously frustrating to task group members that after a thorough scrutiny exercise on such a key service, that there is the potential for changes to the service. It is with that in mind that task group members believe it is vitally important that a review of our work is completed by the new Council early in its first year.

It has been deeply frustrating to be unable to publish some of the encouraging statistics we have seen to show the welcome progress being made by Swanswell and the service. Strict government guidelines mean that for at least 12 months the statistics must be kept confidential.

It is vital that in the coming months, when making difficult budgetary decisions are being made that this key service is protected to ensure that the incredible work that is being done can continue for the benefit of some of our most vulnerable residents.

It has been a long task group and I am grateful to the task group members Graham, Rob and Matthew for their hard work and dedication to scrutinise such an import area and the Council's scrutiny team officers Emma and Jo for their valued support throughout the process.

A handwritten signature in blue ink, appearing to read 'Christopher Bloore', with a horizontal line underneath it.

Cllr Chris Bloore

Lead Member, Effectiveness of the Prevention and Recovery Drug and Alcohol Misuse Service Scrutiny Task Group

Effectiveness of the Prevention and Recovery Drug and Alcohol Misuse Scrutiny Report

Background and Purpose of the Scrutiny

1. At the Annual Crime and Disorder Meeting held by the Overview and Scrutiny Performance (OSPB) on 7 July 2015, the £4m commissioned treatment and recovery services in respect of drug and alcohol misuse for adults and children and young people was discussed and it was noted that the contract for this Service was re-commissioned from 1 April 2015 with Swanswell Charitable Trust.
2. Historically, service performance has been poor under the previous contractor, for which the Directorate of Adult Services and Health was subject to scrutiny during the previous Council. It is anticipated that Swanswell's new integrated recovery service will lead to significant improvement against national performance indicators.
3. In anticipation of improvements arising from Swanswell's new integrated service, the Council's Overview and Scrutiny Performance Board was keen for some scrutiny of the Prevention and Recovery Drug and Alcohol Misuse Service.
4. A Task Group of cross-party scrutiny councillors was formed, led by Cllr Chris Bloore, lead scrutiny councillor for crime and disorder.
5. The scope of the scrutiny exercise was to investigate:
 - how the County Council, with partners (including the Police) is developing a prevention and recovery approach and an effective service to help reduce drug and alcohol misuse
 - how effectively the Council is working with other agencies to improve the help and advice provided to addicts and their families.

Methodology

6. Evidence has been gathered from a wide variety of sources including Worcestershire County Council itself, as commissioners of the service, Worcestershire Acute Hospitals NHS Trust, the Office of the West Mercia Police and Crime Commissioner, Public Health England and we also visited the provider Swanswell at its Worcester base.
7. Members of the Task Group who are also members of the Council's Adult Care and Well-being Overview and Scrutiny Panel, were involved in the Panel's March 2016 discussion with the Council's Director of Public Health, service commissioners and the provider Swanswell. During this discussion we heard from peer mentors.
8. The Task Group members also considered relevant publications and reports, which are listed in Appendix 1.

Recommendations

9. In drawing up the recommendations, the Task Group has been mindful of what the County Council can and cannot influence from a Public Health perspective.

Effectiveness of Services to Reduce Drug and Alcohol Misuse

Recognising and fully respecting that it has to be on individual basis, we recommend a more aspirational approach be taken on the numbers of people who abstain from drug and alcohol misuse, without losing sight of the fact that substitutes such as methadone, often produce more stable and productive members of society and can be a route to becoming drug free.

Commissioning of Services

In relation to the commissioning approach, we recommend that in the future, when a contract involves a change in provider, consideration be given to award a four year contract with the opportunity for an extension, so as to allow for a planned period of change which does not destabilize a service.

Acknowledging that there is a legal framework around tendering, we recommend that the Council provides opportunities to promote dialogue between organisations to investigate whether consortiums or sub-contracting would support a more local provision of services to the population of Worcestershire.

Engagement and Advice to the Public

We believe many members of the public may be unaware of the dangers of their alcohol consumption. We recommend greater consideration is given as to how the Council can embed the public health message about the risks of regular drinking, for example media campaigns and circulation of publicity material.

We recommend specific awareness-raising to reach rural communities.

We believe that knowledge about services is varied and recommend circulation of Swanswell contact details through the 'Your Life Your Choice' website, clinical commission group newsletters, and to elected members.

Partnership working

We recommend that the Council's Public Health Directorate works with partners to try and address the availability and licensing of alcohol, primarily with District Councils, where Planning and Licensing Committees are responsible for granting applications. Availability and supply plays a big part in increased use and restrictions can be enforced.

We also recommend that consideration be given to training for licensees in enforcing sensible drinking.

We further recommend the need for partnership working to raise awareness within communities, including for example in Schools.

Future Funding and Support – the Bigger Picture

From what we have heard, we believe that Swanswell is working very effectively and is improving the service provided, and as such, we recommend that provision of this contract needs to be continued and supported.

We recommend early communication to and work with providers regarding funding levels, to provide a level of assurance around future funding to enable long-term planning.

We recommend that the impact of Swanswell's merger with Cranstoun be reviewed in twelve months' time by the Director of Public Health, and reported to Scrutiny.

Worcestershire Recovery Partnership

10. Worcestershire Recovery Partnership, commissioned by Worcestershire County Council, takes a whole systems approach to recovery for adults, young people and families. The service covers alcohol and drug misuse, requiring a stronger emphasis on tackling the misuse of alcohol, which was identified as a key priority in the 2013-2016 Worcestershire Health and Well-being Strategy, and which is now being taken forward as a key priority to 2021.
11. The Council's commissioning approach is to commission for outcomes, therefore the specification for the Prevention and Recovery Drug and Alcohol Misuse Service isn't a prescriptive model, instead, it outlines the key outcomes that Commissioners wish to achieve, and the principles and parameters of a service delivery.

'the service will have prevention and recovery at its core, and will be driven by three overarching principles – wellbeing, citizenship and freedom from dependence. This puts more responsibility on individuals to seek help and overcome dependency and supports them to develop their potential, work productively and creatively, build strong relationships with others, and positively contribute to their own communities'

12. The Public Health Outcome Framework (PHOF), produced by government, sets out the desired outcomes for public health and how they will be measured. The Council's specification intends to contribute directly to these PHOF indicators:
 - Successful completion of drug treatment for opiate users
 - Successful completion of drug treatment for non-opiate users
 - Successful completion of treatment for alcohol users
 - Alcohol related admissions to hospital
 - Under 75 mortality rate from liver disease
 - Deaths from drug misuse.
13. The service is also expected to contribute to a wide range of strategies relating to health and wellbeing, children and families, community safety, safeguarding children and vulnerable adults, homelessness, police and crime.

Swanswell

14. Worcestershire Recovery Partnership was recommissioned in April 2015 in a competitive tendering process. Swanswell Charitable Trust (Swanswell) was successful in being awarded the contract. Initially planned as a £4.3million a year contract for three years, it has been subject to a 15% reduction over the lifetime of the contract, due to the national Public Health Ring-fenced Grant reductions. The reductions were 10% to 2016/17 (5% in 2015/16 and a further 5% in 2016/17), then a further 5% in 2017/18, giving a total of 15%, as per the reports to Cabinet (in July and November 2015) The contract is also subject to payment by results against specific targets in years two and three.
15. There is also provision for the contract to be extended for up to a further two years until 2020. The contract is commissioned by the Council's Public Health Directorate. The Office of the West Mercia Police and Crime Commissioner provides additional funding of £105,000 per year to improve performance in relation to criminal justice outcomes.
16. Historically, service performance under the previous provider was lower than expected, for which the Council's Directorate of Adult Services and Health was subject to scrutiny during 2012, by the Council's Adult Care and Well-being Overview and Scrutiny Panel.
17. Swanswell's focus is ensuring that treatment for substance misuse is available to all residents of Worcestershire via an easily accessible service. The model includes both targeted and specialist evidence based treatments to include psychological, prescribing and dispensing medication. Services are based in localities and GP surgeries, with involvement of pharmacies and primary care services in GP shared care. The model is flexible to enable service users to move rapidly through an appropriate care pathway to meet their needs. They focus on outreach and community based work in localities and schools, including floating support to access accommodation and employment, which is thought to be more appropriate for rural Worcestershire. Swanswell's service model also includes peer mentors and recovery champions who can present information about their journey to support the recovery journey for individuals in treatment and post treatment providing 1:1 and groups, in various community settings.
18. The model includes:
 - easily accessible services to meet the needs of individuals across Worcestershire
 - specialist clinics at various locations
 - shared care in GP settings, including 50% of GP practices in Worcestershire and additional locality based prescribing services in primary care. These are delivered through a patient's own GP with support from a Swanswell Substance Misuse Worker or in GP locality settings
 - Pharmacy dispensing across 62 locations and the needle syringe programme through up to 49 pharmacies and four fixed base sites
 - Criminal justice settings – services delivered with criminal justice partners in HM prisons, Police custody suites, probation settings
 - Working in partnership providing outreach services to venues including hospitals, schools, prisons, job centres, homeless centres, street patrols, mental health residential settings, children's centres and home addresses.
19. It is understood that during the commissioning process, Swanswell stood out as the best provider by far, with a new service design for Worcestershire, which offered value for

money and a focus on achieving successful outcomes with links to primary care. It was a quality service, which was evidence-based, with recovery focused treatment interventions and which utilised community assets. Swanswell is a national recovery charity, with over 46 years' experience.

20. The service model used by Swanswell Worcestershire is illustrated at Appendix 3.

Context

21. It was important for us to be aware of national strategies and changes in approach over time, since those commissioning prevention and recovery drug and alcohol misuse services are very much governed by the national lead and national public health outcomes.
22. The latest national strategies are awaited for both alcohol and drugs. Strategies have changed over time and we understand that whereas in 2007/2008 the focus was on getting people into treatment, in 2010 there was a shift away from outcomes based on maintaining people in prescribing treatment to reduce offending, to outcomes based on abstinence and recovery.
23. The 2010-2015 Strategy had clear ambitions to reshape the approach to alcohol and reduce the number of people drinking to excess. The 2010 National Drugs Strategy had two over-arching aims with regard to treatment; to reduce illicit and other harmful drug use, and to increase the numbers recovering from dependence.
24. Recovery is described as an individual, person centered journey, as opposed to an end state, and one that means different things to different people. The Strategy sets out that the individual should be placed at the heart of any recovery system, and a range of services must be commissioned at the local level to provide tailored packages of care and support.
25. Services used to be commissioned by the Council's Drug Action Team, often provided by the NHS and commissioners have explained that over time, health and care trusts could no longer afford to provide services, since a model involving psychiatrists, doctors and nurses was expensive. Additionally, service users themselves preferred to be treated in a community, primary care based setting, which was seen as important to achieving abstinence based recovery. Commissioners and the provider have highlighted to us that that specialist prescribing services are still necessary for a group of complex, vulnerable service users who may have associated physical or mental health problems.
26. From 1 April 2013, Local Authorities have been responsible for improving the health of their local population and for public health services and as such commissioning of specialist drug and alcohol services also transferred to the Council's Public Health Directorate.

Findings

What are the issues for Worcestershire?

27. We wanted to understand why historically, under the previous service provider, performance of specialist treatment for drug and alcohol misuse had been poor, especially the numbers of service users who were not reaching the recovery stage, in particular drug users. What were the issues for Worcestershire and what made the profile of users so difficult to treat?
28. We looked at headline facts from Worcestershire's Joint Strategic Needs Assessment summary for substance misuse (for the period 2014-15), therefore before Swanswell took over the service). This includes a range of statistics for alcohol, drugs and young people - some examples include the number of clients who successfully complete treatment, the number of new presentations to treatment, the proportion of clients who successfully completed treatment and who did not return in 6 months, alcohol-specific hospital admissions for those under 18 and the number of those leaving young people's services in a planned way and then re-presenting to either young people's or adults services within 6 months.
29. Data released in October 2016, for the period 2013 – 2015 (before Swanswell was awarded the contract) suggested that there was 59 drug related deaths in Worcestershire, which is similar to the national picture. In 2014-2015 numbers of alcohol related hospital admissions had dropped to 286, from 312 the previous year.
30. The scrutiny officers asked Public Health England (PHE) about examples of particularly successful drug and alcohol treatment models, and were advised that it is difficult because each area will need a different model to suit local circumstances and local needs. PHE advises areas to look at their needs assessments/Joint Strategic Needs Assessments (JSNA), to really identify what they need their services to deliver and how these services will fit into the wider landscape within each area.
31. Members of the Task Group who are also members of the Council's Overview and Scrutiny Panel which oversees Adult Care and Well-being, benefitted from earlier scrutiny discussion of historical poor service performance. Commissioners explained that Worcestershire's complexity and poor performance against some targets requiring complete abstinence from all drugs was partly due to a relatively high proportion of service users with complex dependency needs in treatment for injecting drugs particularly opiates. It was apparent that patterns of drug use had increased 15 years ago in many areas, not just Worcestershire, but treatment services here had not necessarily been able to engage users, which now made it harder for them to recover. Swanswell's work focused on engagement, rather than just continuing substitute prescription drugs
32. Worcestershire County Council's Health and Well-being Board has identified 'reducing harm from alcohol at all ages' as one of its priorities for the next five years.
33. Swanswell has found that Worcestershire has a disproportionately high number of low complexity cases, but also a disproportionately high number of very high complexity cases, which influences the effective deployment of the staff team, particularly if they are

not effectively resourced. Swanswell see more service users from North Worcestershire in drug treatment and in South Worcestershire for alcohol treatment.

34. Across the scrutiny task group, our roles as local councillors cover both urban and rural areas, and it is important to stress that problems with drugs and alcohol are not confined to urban areas, although that may be the common perception; the need for services and prevention work is just as strong in rural areas.

Effectiveness of Services to Reduce Drug and Alcohol Misuse

35. Swanswell told us that the biggest challenge for them in taking over the contract from 1 April 2015, was that the outgoing service had been an outcome driven, payment by results contract, which by its very nature drives providers to focus on areas of treatment that incentivise payments. Swanswell initially had to focus heavily on reviewing and updating existing service delivery arrangements. This included improving staff competencies and achieving quality standards and reviewing cases of all service users in treatment to ensure that all of those service users on substitute subscriptions were receiving an appropriate level of medical input, and transfer, if appropriate, to primary care.
36. Historically, the Drug and Alcohol Misuse Service in Worcestershire has been subject to scrutiny because of poor performance figures. The Task Group has had access to notes from 2012 scrutiny discussions, which formed part of the Adult Care and Well-being Overview and Scrutiny Panel's performance monitoring. These discussions took place to address performance under the previous provider from 2012 to March 2015.
37. Members of the Task Group, who are also members of the Council's Adult Care and Well-being Overview and Scrutiny Panel, benefitted from an early discussion with Swanswell, one year into the new contract, as part of the Panel's remit to monitor performance of council services. At this early point in time, the Director of Public Health spoke positively about the new provider and observed that things were definitely being done differently, with energy and enthusiasm, although time would tell whether this transferred to improved results.
38. Headline statistics supplied to us early on in our scrutiny, from the Substance Misuse Joint Strategic Needs Assessment Summary indicated that many fell below the national average, although some were improving.

Performance against Public Health Outcomes Framework Performance Indicators

39. Provision of drug and alcohol misuse services is very much driven by the National Public Health Framework.
40. Effectiveness of drug treatment is measured in various ways, including the Public Health Outcome Framework (PHOF) targets:
 - Successful completion of opiate users treatment – proportion of all in treatment who successfully completed treatment and did not represent within 6 months (opiate and non-opiate)

- Successful completion of non-opiate users in treatment who did not represent in 6 months
 - Successful completion of alcohol users in treatment who did not re-present in 6 months
 - Drug related deaths.
41. A broad range of other information is also used, reflecting the breadth of the service itself, such as National Drug Treatment Monitoring System reports, information from the service provider, external providers, service users, the Joint Strategic Needs Assessment, community safety information and return on investment tools.
42. We discussed performance data for Swanswell with the relevant Council's Public Health Commissioning Manager, at the start and end of our scrutiny work.
43. At the start of our scrutiny, we learned that prior to the Swanswell contract, successful completion rates for opiate users in Worcestershire over the period 2010-2014, ranked Worcestershire at 136 out of 149 authorities in 2014, and after peaking at 6.8% in 2012, had not done well since, although this was also the case nationally. Figures for 2014 showed 4.9% successful treatment of opiate users. This has increased to 5.1% in 2015 and the national completion rate has reduced. Although still below the national average, Swanswell is seeing more service users in treatment and completion rates in some areas are improving significantly, particularly for clients in the criminal justice system..
44. Quarterly diagnostic outcomes monitoring also look at figures for those re-presenting within 6 months of completing treatment, as well as areas such as reduced drug use, housing, employment outcomes, waiting times, early unplanned exits, time in treatment. Harm reduction and living with children.
45. We learned that monitoring performance is very complex and publically available data continues to relate to a time before Swanswell's contract began in April 2015. Bound by PHE reporting restrictions, we learned that under Swanswell every outcome has improved, and while performance has still not reached national averages, national averages are coming down as Worcestershire's performance improves. It must also be recognised that because of poor historical service performance, Swanswell is starting from a low base.
46. The Commissioning Manager pointed out to us the importance of additional support, employment and housing to the service user in achieving good outcomes.
47. A comparison tool is used to gather data on treatment outcomes, which is mapped every 12 weeks and links to the national database. Both commissioners and the provider Swanswell have stressed the fact that the national performance indicators do not necessarily capture a service user's progress and stability – they may not be categorised as having reached recovery for 6 months, but may have achieved greater stability and a greatly improved quality of life through being in treatment, which may include improved health, being able to work or to see their children.
48. During our scrutiny Swanswell Worcestershire was inspected by the Care Quality Commission (CQC) and inspection reports are available on the CQC website. The CQC does not currently rate independent standalone substance misuse services. However, both CQC reports list many areas of good practice, and refer to well- maintained

services and procedures, holistic assessments, trained staff, timely treatment and work with other agencies, although we observed that the inspections took place before the latest public health ring-fenced grant reductions, which necessitated changes by Swanswell to absorb a funding reduction of 12%.

49. In November 2016 Swanswell was working with 2560 drug and alcohol cases, of which approximately 50% were alcohol alone and approximately 30/40 provided support to family members. A caseload of 70 was common and staff diaries were carefully scheduled to accommodate this.
50. The three year contract is short, when considering the time that it takes time for a new provider to pick up provision of a complex, historically underperforming service, where service users often need to go through more than one cycle of treatment to learn what does and doesn't work for them as an individual.
51. Task Group members heard from ex-service users who attended the Adult Care and Well-being Overview and Scrutiny Panel public discussion, who spoke passionately about the service, and the use of peer mentoring, which they themselves were now involved in. Commissioners have told us that from a service user perspective, Swanswell is doing a fantastic job.
52. Drugs treatment under Swanswell appears to be an improvement and Swanswell itself believes it has a grip on drug use. However, Swanswell believes that that alcohol is a big problem for Worcestershire, which is reflected in the Health and Well-being Board Strategy.
53. Provision of drug and alcohol misuse services is very much driven by the National Public Health Framework.
54. Task group members feel that the approach to recovery could be more aspirational and aimed at encouraging greater numbers of people to abstain from drugs and alcohol and away from substitute prescriptions. We have also become more aware through our scrutiny, of the prevalence of alcohol in British society, and need for wider discussion of the role and promotion of alcohol, which is a view shared by Swanswell and the Health and Well-being Board.
55. There appears to be various ideas, but no real consensus around how people become dependent on alcohol, for example social conditioning, genetics or learned behaviour.
56. It is acknowledged that the transition to recovery has to be managed very carefully, as there are risks. It has also been pointed out to us that the recovery approach can be controversial and that some users still describe themselves as addicts even though they have not touched alcohol or drugs for 25 years, and that addiction is an illness, which may need lifelong treatment, just like many other illnesses.
57. Overall, our discussions with commissioners, partners and with service provider Swanswell itself, indicate that services for drugs and alcohol addiction are person-centered, competent, dedicated and professional. Swanswell's approach is engaged, positive and has good credentials.

Engagement and Advice to the Public

58. We have learned that drug and alcohol addiction takes the form of many patterns, for example a new problem arises from performance enhancing drugs for middle aged male cyclists. Society's attitude to alcohol is often very dismissive, compared to drugs or smoking and alcohol supply is very evident.
59. We are concerned that many members of the public may not be aware that their alcohol consumption poses a danger to their health and wellbeing.
60. We are also aware that alcohol and drugs issues may be perceived by the general public as an issue for urban areas, whereas in our role as county councilors, we are aware that in fact rural areas can hide many problems, with individual's access to services and help often being hampered by rurality?
61. Figures from Swanswell to show the breakdown about age for adults in structured treatment, set out below, indicate that the highest numbers fall into the 35-44 age group, followed by the 25-34 age group, and the 45-54 age group – the middle aged.

Age	Numbers all Drug type
18	<i>Data suppressed due to small numbers, in line with national guidelines</i>
19-24	133
25-34	736
35-44	1011
45-54	596
55-64	213
65+	56
Grand Total	2746

Information from Swanswell about age breakdown for adults in structured treatment (May 2016)

62. Prior to their involvement in this scrutiny, Task Group members did not feel they would have known where support services could be accessed, or where to signpost someone with concerns about their drug or alcohol use.
63. As mentioned earlier in the report, across the task group our individual councillor areas cover both urban and rural areas, and it is important to stress that problems with drugs and alcohol are not confined to urban areas. Indeed, problems in rural areas may be more hidden and access to services less obvious.

64. This points to a greater role for the Council's public health function in raising awareness about the dangers of everyday drinking and the potential impact on a person's health and wellbeing.

Partnership Working

65. Overall, partnership working appears to be effective, and we met with representatives from the Office of the West Mercia Police and Crime Commissioner, Worcestershire Acute Hospitals NHS Trust, the from the Council, the Director of Public Health and the Commissioning Manager. Third sector providers such as housing were co-ordinated by the Community Safety Partnership, but it was Swanswell's role to put the service user at the centre of working.

66. The latest Worcestershire monitoring outcomes data for 2016-2017, Quarter 2, shows the number of those in treatment who live with children as 27.0% for alcohol clients (252 out of 935) and 25.8% for opiate clients (341 out of 1322) – need to check if this is public.

67. As part of the Council's early help services (which aim to intervene early where parents, children and young people need support), individuals would be supported to access Swanswell services as appropriate.

68. Swanswell understood the budget pressures on councils, but worried about the impact on those involved as more services became limited and scope for educating and raising awareness was beyond the capacity of specialist services like Swanswell. However, they took a positive attitude to reducing their spend and their recovery plan was safe and showed improved practice.

69. Swanswell's work with GPs was referred to by the Commissioning Manager as 'a massive change', which has been well received. Shared care is where a Substance Misuse Worker and GP work together to share the care of a patient. This provides a more holistic and accessible approach, around the family; people can prefer to see their GP whereas visiting a fixed Swanswell base can sometimes be a barrier for those who nonetheless want to access support. The which was well received by both service users and GPs. Swanswell had been working to try and shift the resource intensive cohort of patients towards shared care with GPs, although GPs were able to refer patients back to specialist treatment if needed.

70. Swanswell works very closely with the Police, which differs again from its predecessors, for example work with highest offenders who receive very strong, specialist services, since it is known that a small percentage of drug users commit a high percentage of serious crimes.

71. The Task Group was given information on Swanswell's criminal justice work in Worcestershire, including prevention and early intervention, engagement events and work around anti-social behaviour, arrest, probation services and prisons. One example was an engagement event when West Mercia Police identified hot spots and peak times of alcohol use in Kidderminster, and organised the Outreach Awareness Event. Swanswell workers delivered brief interventions to those using substances to raise

awareness, educate, support people into further treatment if required and reduce the night time economy.

72. The Commissioning Manager for the Office of the West Mercia Police and Crime Commissioner told us that the current commissioning model was an improvement on the previous model and to date, Swanswell was working well in Worcestershire. We heard about the unseen impact on the criminal justice system from individuals who committed crimes, citing the Court Service and probation in particular and was pleased to hear about the preventative work being undertaken with individuals and families, including visits to schools. It is felt that partnership working is key to improvement across the system.
73. The Alcohol Liaison Nurses we spoke with, from Worcestershire Acute Hospitals NHS Trust, told us that persistent treatment resistant drinkers were very hard to engage, and their many years' experience suggested that alcohol addiction was a chronic relapsing condition and in the long-term, many would relapse. They referred to a campaign in Ipswich 'Reducing the Strength', where the Police, County Council and the NHS had had some success in working to persuade local traders not to sell super strength ciders and beers, alongside a worker placed in the area, to reach hardcore drinkers, who could influence others.
74. There are a lot of tools available to treat substance misuse, but something stressed to us many times is that the affected person has to want support and treatment – 'they hold the key to their recovery within themselves'.

Future Funding and Support - the bigger picture

75. We have learned that alcohol and drug use is part of, and symptomatic of a bigger picture, which often involves issues such as mental health, loneliness, physical health, domestic abuse, employment. Dr Steve Brinksman, Medical Director at Swanswell, pointed out that some people may turn to drugs and alcohol as a way of 'wrapping up their problems in cotton wool'.
76. Support services therefore need to be integrated in order to address the problem in a holistic way, which appears to be very much the view and approach of Swanswell.
77. However, the Council's Public Health function is under great pressure to optimise the use of the Public Health Ring Fenced Grant, with priorities for investment in prevention targeted at those areas which deliver most impact in terms of delivering strong services which reduce demand and ensure compliance with statutory duties.
78. The Council's commissioning approach focuses very much on outcomes and demonstrating value for money. There is understandable pressure to evidence results for a service which caters for a relatively small number of people. This makes non-mandated services such as this particularly vulnerable, as outcomes may be 'softer' and less easy to demonstrate on a spreadsheet.
79. Both the Council's commissioners and the provider emphasise the social and financial contribution of substance misuse treatment services to many other areas of society. Public Health England provided information for the Task Group's use that tries to illustrate the impact of drug and alcohol services on other services and the range of other outcomes that are affected by drug and alcohol services.

80. Swanswell, as provider, is clearly very worried about the potential impact of further budget reductions, which makes it hard to plan for the longer term. The organisation has already needed to do things differently to absorb a funding cut of 15% across the three year period. Measures taken included less 1-2-1 work and more group work, fewer staff, less buildings, and reduced opening hours. Worcester, as the biggest centre was open for scheduled and drop in visits Monday to Friday 9am-5pm, with a late opening on Tuesdays until 7pm, however the drop in service previously available at any time, from November 2016 has been available three days a week during set hours.
81. The Council's budget for specialist drug and alcohol treatment services, at £4.323million, is 2% less than the national average. Since November 2016. Swanswell has also needed to absorb a 15% funding reduction (over three years 2015/16 to 2017/18), due to unexpected government cuts announced in 2015 to the Public Health Ring-fenced Grant.
82. As a relatively small organisation, Swanswell may have less access to expertise around financial management, infrastructure and IT. Commissioners have told us this has been an area of concern at times, although is now being demonstrated and monitored.
83. Whilst acknowledging budget pressures, we are very concerned about the potential impact of any further reductions to the budget for specialist drug and alcohol services, which cater for a comparatively small group of people and deliver 'softer', less demonstrable outcomes.
84. Value for money is needed, but savings asked from specialist drugs and alcohol services will inevitably lead to greater costs elsewhere in the economy. Support for families, physical health, crime levels, and ambulance call outs are all examples of areas where costs would rise.
85. Support for families affected by parental misuse can be complex, with multiple needs and costs. Public Health England's 2016 guide to local authorities states that the government estimated the cost of a 'troubled family' is an average £75,000 per year. It also states that 'costs of addressing these can be substantial and can fall across local authority housing, education, antisocial behavior and children's services, as well as the criminal justice and health systems.'¹
86. Whilst acknowledging the increasing need for the Council to target its resources to greatest effect, the potential impact on a non-mandatory service such as this, are extremely worrying; the financial cost to the Council may not show up on a spreadsheet, but savings here will inevitably lead to greater costs elsewhere in the economy.
87. In the final meeting of this scrutiny exercise, when we discussed our emerging themes with the Cabinet Member and Director responsible for Public Health, we were informed that Swanswell had merged with another comparable organisation, Cranstoun, and as a result hope that the merger will provide some stability for the services provided.

¹ Estimating the social return on investment of treating substance-misusing parents: a guide to collecting local data – Public Health England, February 2016

Appendix 1 - Information provided to the Task Group

- The specification for provision of the Worcestershire Recovery Partnership
- Swanswell alcohol and drug recovery service - presentation
- Performance highlights from Swanswell data 2015-16
- Diagnostic outcomes monitoring executive summaries 2014-15, 2015-16, 2016-17
- Worcestershire Recovery Diagnostic Toolkit – March 2016
- Age Breakdown of Swanswell service users
- Swanswell meeting notes on criminal justice
- Worcestershire residents: Analysis of Drug and Alcohol deaths registered between 2006 and 2014
- Substance Misuse – Worcestershire Joint Strategic Needs Assessment Summaries April 2014-March 2015
- Care Quality Commission Quality Report on Swanswell Worcester and Swanswell Kidderminster (September 2016)
- National Drug Treatment Monitoring System, the national outcomes framework document for Q2 and the annual report 2015-6 for comparison
- Public Health England Local Area Trend Report 2015-16
- Minutes from the Adult care and Well-being Overview and Scrutiny Panel discussions on 16 March 2016 (Swanswell) and on 11 July and 7 March 2012 (performance monitoring of previous contract provider)
- Health and Well-being Board Strategy

National reports and work elsewhere

- Estimating the social return on investment of treating substance misusing parents; a guide to collecting local data (Public Health England, February 2016)
- Social return on investment – cost calculator for Worcestershire
- Protecting and Improving the nation's health – Drug and alcohol recovery capital grant application form 2015-16 (Public Health England)
- Quality Governance Guidance for local authority commissioners of alcohol and drug services (Public Health England 2014)
- Blue light project – working with change resistant drinkers
- Ipswich's 'Reducing the Strength Campaign' - involving Ipswich Borough Council, Police, Suffolk County Council and the NHS (Jan 2015)
- Alcohol Concern: Inquiry into the impact of alcohol on emergency services (Sept 2015)
- The contribution of substance misuse (drugs and alcohol) treatment to the Public Health Outcomes Framework, (Presentation slides from NHS National treatment Agency for Substance Misuse)

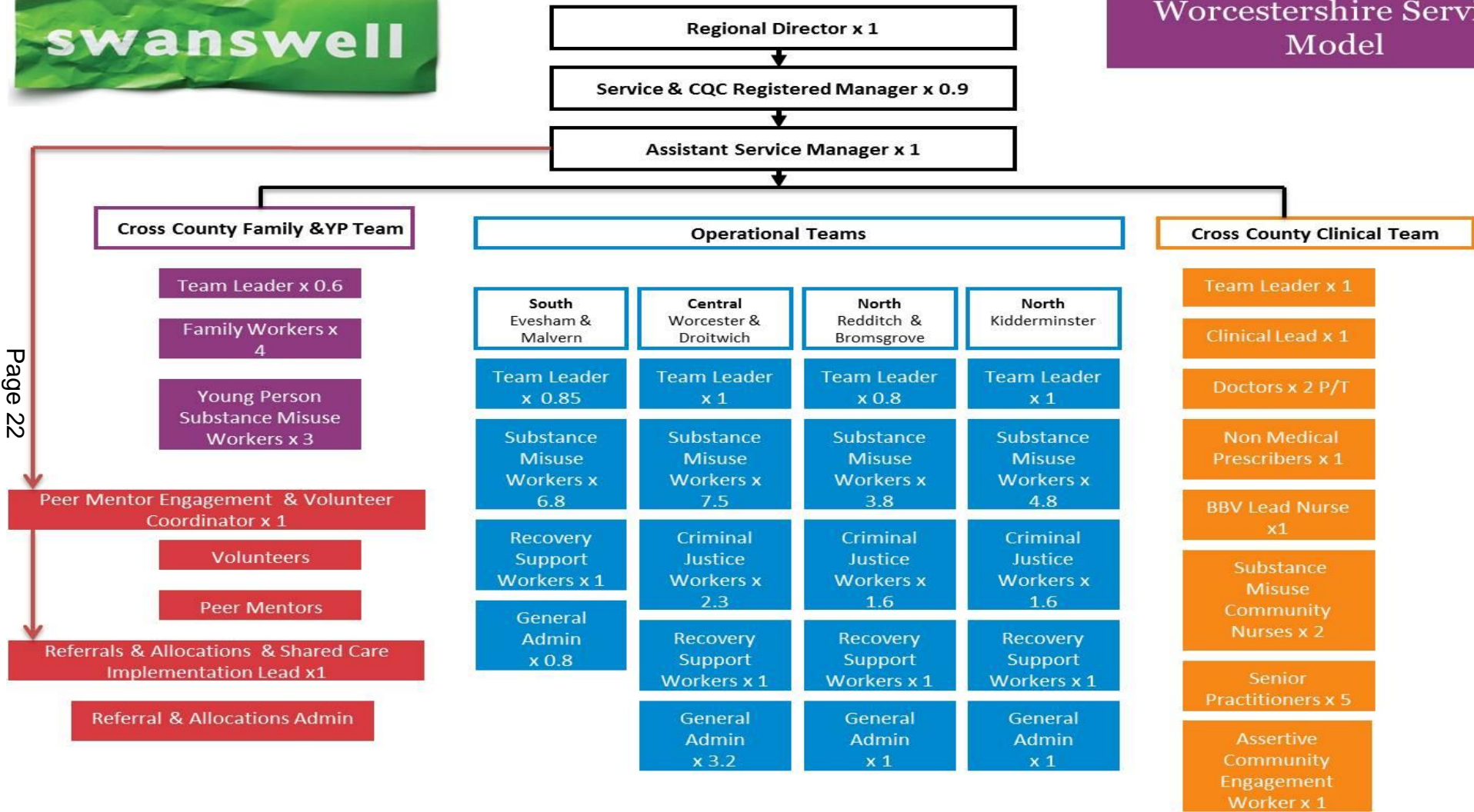
Appendix 2 - Schedule of Activity

Date	Event
26 April 2016	Scrutiny Task Group meeting with Rosie Winyard, the Council's Public Health Commissioning Manager
3 May 2016	Scrutiny Task Group meeting with Glyn Edwards, Commissioning Manager for the Office of the West Mercia Police and Crime Commissioner
16 July 2016	Scrutiny Task Group meeting with Emma Davies and Mark Vardy, Alcohol Liaison Nurses at Worcestershire Acute Hospitals NHS Trust
2 November 2016	Scrutiny Task Group meeting with Swanswell Worcestershire, a national drug and alcohol charity, and current provider of the Council's Prevention and Recovery Drug and Alcohol Misuse Service. Sian Battle-Welch, Service Manager and Matt Burke, Assistant Service Manager
17 November 2016	Scrutiny Task Group preliminary discussion of findings
5 December 2016	Scrutiny Task Group meeting with Rosie Winyard, Public Health Commissioning Manager
16 January 2017	Scrutiny Task Group Meeting with John Smith, Cabinet Member for Health and Well-being, Frances Howie, Director of Public Health and Rosie Winyard, Commissioning Manager

Appendix 3 Swanswell Worcestershire Service Model from October 2016



Worcestershire Service Model



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