

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

19 January 2017

WORK PROGRAMME REPORT

1.0 Purpose of Report

- 1.1. The Committee has agreed the attached work programme (Appendix 1).
- 1.2. The report gives Members the opportunity to be updated on work programme items and review the shape of the work ahead.

2.0 Background

- 2.1. The scope of this Committee is defined as: 'The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.'

3.0 Public Health items:**North Yorkshire Horizons**

- 3.1. At its meeting last year the committee met representatives of the providers of the service "New Horizons", the specialist drug and alcohol service commissioned by public health. Shortly after this your Chairman and I attended a presentation on the evaluation conducted by Liverpool John Moores University. A copy of the summary report is attached.

Yorsexualhealth

- 3.2. From April 2013, North Yorkshire County Council became responsible to arrange for the provision of open access sexual health services for everyone present in their area. Last year, group spokespersons received a presentation at the start of the commissioned service. One year on, Georgina Wilkinson (Public Health) and Tina Ramsey from YorSexualHealth, the provider, presented an update. Recognising that this issue had not yet been aired in full committee, and mindful of the significant reach of the service, your group spokespersons have arranged for a presentation to be made at your meeting.

4.0 Emerging thoughts on Commissioning and the Continuing Dialogue with Social Care Providers

- 4.1. You have held a number of planned conversations with providers and organisations that provide social care services in partnership and/or via the council's commissioning.
- 4.2. Group spokespersons talked about their initial views and findings. For those members, what stands out is the positive and constructive relationship between

all the providers and the directorate, as commissioner.

4.3. When reporting to Council, the Chairman added his perspective on some initial reactions from these conversations:

- a) Effective action is best delivered in partnership;
- b) There is good understanding the needs of users and other communities by engaging with the third sector organisations to access their specialist knowledge;
- c) It is important to consult potential providers well in advance of commissioning new services, working with them to set priority outcomes;
- d) Contracting processes and subsequent communication with providers is transparent and fair;
- e) Contracts facilitate risk sharing, wherever appropriate, as a way of achieving efficiency and effectiveness;
- f) There is regular review of the impact that the service is having;
- g) There is a determination to seek and use feedback from service users, communities and providers so that commissioning is in tune with local needs;
- h) Contract monitoring is good, but because there is good information sharing, terms can be flexible, allowing appropriate changes to be made.
- i) The success of these contractual relationships stems in part from people's willingness to use resources imaginatively rather than protectively.

4.4. Members will remember the Framework Domiciliary Care Providers stressing the business pressures of absorbing the increase in the living wage, and the difficulty ensuring a sufficient margin to continue to invest in the business against the backcloth of what is an increasingly complex social care market, with continuing problems recruiting, training and retaining staff. You heard similar comments from others, but not, perhaps, with the same high degree of anxiety.

4.5. Admittedly we have just scratched the surface of social care commissioning complexities and the state of the social care market, but group spokespersons are keen to capture these findings.

4.6. In terms of other work, group spokespersons also want to move the issue a step forward by reviewing the linkages between strategic policies and commissioning, and the commissioning process; a focus on how service user and provider views are harnessed to ensure commissioning is in tune with local needs; and how we guarantee compliance with the very best practice standards.

4.7. In what will be the fourth of our series of conversations with providers, you turn next to Supported Employment - an in-house service for supporting people with significant disabilities to secure and retain paid employment.

5.0 **Botton Village: Yorkshire Coast and Moors Area Committee**

- 5.1. An update on Botton Village was given considered at the Yorkshire Coast and Moors Area Committee. At the conclusion of the debate, the area committee again asked the Care and Independence Overview and Scrutiny Committee to look into the situation at Botton.
- 5.2. When you were last updated on events at Botton Village, you decided not to act on a similar request from the area committee. In essence, you wanted to maintain a neutral stance. Your reasons for doing so were:
- *The relationship between the Trust and the co-workers is an internal business matter.*
 - *How the current dispute regarding that relationship is resolved is an internal operational matter for the Camphill Village Trust.*
 - *It would not be appropriate to scrutinise the preferred care arrangements of one particular provider.*
 - *The Committee's remit it exercises its responsibilities towards vulnerable adults in a strategic way in the context of policy development and review, not by reviewing the individual circumstances of service users and/or how individual providers work with and support them.*
 - *The Committee was mindful that the legal proceedings have yet to run their full course. Any scrutiny work whilst legal action was continuing would be not only premature, but also inadvisable.*
 - *The contribution that Botton makes of the wider community is essentially a local matter; it is primarily, therefore, an Area Committee concern.*
- 5.3. That said, Members acknowledged that this was a complicated issue and one in which many people believed Members could legitimately could take an interest. Recognising this, the committee agreed that the most practical approach was for group spokespersons to keep a weather eye on developments, principally through HAS Officer briefings, but have the discretion to refer the matter back to the committee should there be any significant developments.
- 5.4. On each such occasion when group spokespersons have been updated, they have decided that whilst there might have been developments - some of these being acknowledged as significant as a local level - there has been nothing in the information presented that would warrant referring the matter to full committee and/or a departure from the decision to take a neutral position.
- 5.5. **Members instructions are sought on the request from the Area Committee**

6.0 Safeguarding Training

- 6.1. An update will be given at the meeting on plans to hold a workshop/training session on adults safeguarding for members of this committee. Current thinking is to convene this on the Thursday 2 March 2017, the date of the next Mid Cycle Briefing.

7.0 Recommendations

- 7.1. This committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

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Care and Independence Overview and Scrutiny Committee

Scope

The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector

Meeting Details

Committee Meetings	Thursday 19 January 2017 at 10.30am
	Thursday 27 April 2017 at 10.30am
	Thursday 29 June 2017 at 10.30am
	Thursday 28 September 2017 at 10.30am
	Thursday 14 December 2017 at 10.30am
	Thursday 22 March 2017 at 10.30am
Mid Cycle Briefings	Thursday 2 March 2017 at 10.30am
	Thursday 11 May 2017 at 10.30am
	Thursday 24 August 2017 at 10.30am (date may be changed)
	Thursday 9 November 2017 at 10.30am
	Thursday 15 February 2017 at 10.30am

Programme

BUSINESS FOR THURSDAY 19 JANUARY 2017			
SUBJECT	AIMS/PURPOSE	COMMENTS	LEAD
Supported Employment	A dialogue with leadership and personnel from the North Yorkshire Supported Employment Service focussing on outcomes for service users and performance against National Occupational standards.	Part of the series of conversations with social care providers with whom the authority has a contractual and/or partnership relationship.	Joss Harbron (HAS)

BUSINESS FOR THURSDAY 19 JANUARY 2017

Yorsexual Health Service	Dialogue with provider one year into the commissioned service.	Update on service refereand attendance by the Service Managers	Public Health
Substance Misuse Service (New Horizons)	Group Spokespersons to report on their dialogue with provider now that the commissioned service is into its second year.	Update on service with short written briefing and attendance by the Service Managers	Public Health
Delayed Transfers of Care	Information about delayed discharges from hospital across North Yorkshire and plans to build upon the progress made to address delays jointly with NHS partners.		Michaela Pinchard
Older Peoples Champion Annual Report	County Councillor Shelagh Marshall's reports on her activities as Older Peoples Champion		Shelagh Marshall

BUSINESS FOR THURSDAY 27 APRIL 2017

SUBJECT	AIMS/PURPOSE	COMMENTS	LEAD
Dialogue with Care Quality Commission Representative	Follow up to discussion with CQC about inspection regime.		
START/ in house Domicilliary Care	A possible Q and A session with in-house providers.	To be agreed by Group Spokespersons	Dale Owens/Joss Harbron
Assessment Reablement Pathway	Update		Mike Webster
Independent Advocacy	Dialogue with Providers		Avril Hunter

Mid Cycle Briefing Items

Date	Probable Item
2 March 2017	Complaints and Commendations
	Possible NYLAF update
	NY Alcohol Strategy Update
	Assessment Reablement Pathway Update

Date	Probable Item
	Suicide Audit report
	Commissioning - linkages between strategic policies and commissioning, and the commissioning process

An Evaluation of North Yorkshire Horizons Drug and Alcohol Treatment and Recovery Service

BACKGROUND

Public health involves doing work to help people to live healthy lifestyles, prevent disease and help people live for longer. In the UK, substance misuse (the use of drugs and/or alcohol which is harmful for health) is a particular public health problem. Substance misuse is known to cause diseases and early death. In 2014, one in every nine people in their 20s and 30s who died did so because of drug misuse. In 2013/14, over one million admissions to hospital were linked to alcohol. The UK government recognise the importance of investing in services to help reduce the number of people affected by substance misuse.

In the past, services have focused on helping someone to stop using drugs and/or alcohol. More recently, there has been a focus on also encouraging these people to address the wider problems that might be caused by (or be causing) their dependence on drugs and/or alcohol. For example, helping someone to develop friendships, get a job, live in stable housing and improve any money problems can be important in helping a person to stop using drugs and/or alcohol. Support from other people can be particularly important in helping people feel comfortable to access services and in developing friendships and positive relationships with other people.

HELPING PEOPLE TO REDUCE AND STOP HARMFUL DRUG/ALCOHOL USE IN NORTH YORKSHIRE...

North Yorkshire County Council understand the importance of helping people affected by substance misuse to get as much support as possible. In October 2014, they started a service called North Yorkshire Horizons. This helps people to get the treatment they need to reduce and stop using drugs and/or alcohol and also helps them to get the wider support they need. This includes:

- Support to improve their mental health
- Meeting people in similar situations to share experiences and problems
- Support with housing and advice on debt
- Opportunities to volunteer and support to get a job

To learn if and how this service helps people, researchers from the Public Health Institute (PHI) at Liverpool John Moores University (LJMU) conducted an evaluation.

The service is delivered in two ways: a **Treatment arm**: support for people to reduce their substance misuse and a **Recovery and Mentoring arm**: supporting recovery and transition from structured treatment, helping people get the wider support they need.

WHAT DID THEY DO?

Researchers used a number of different methods to find out who had used North Yorkshire Horizons and how it had helped them. The evaluation commenced in October 2014 and finished in October 2016. Data were collected over an 18-month period. Researchers gained ethical approval from LJMU to carry out the research to make sure that all people using, delivering and managing the service would be treated open and fairly in the research, and to make sure everyone had opportunity to fully consent to taking part. Researchers looked at:

Information collected about the people that had used the service: This included information collected by the service about the types of people using the service, their history of substance misuse, service waiting times, the types of treatment they received and treatment outcomes (including information collected using a tool called the 'Sundial Outcomes Monitoring Tool' - this tool was a locally modified version of a validated outcomes tool). Researchers also used a number of different tools to look at how the service affected quality of life and mental health. The tools used were:

- The Alcohol Use Disorders Identification Test (AUDIT)
- The Generalized Anxiety Disorder (GAD-7) validated questionnaire
- The Patient Health (PHQ9) validated questionnaire
- The EuroQol five dimensions questionnaire (EQ-5D)
- The severity of alcohol dependence questionnaire (SADQ)



This information was collected by the people delivering the North Yorkshire Horizons services, and was sent to researchers at PHI in a safe and secure way.

Information about the cost of the service

Researchers carried out work to find out if the service was good value for money. Researchers used the information collected about the people who had used North Yorkshire Horizons to predict the costs and benefits of the service. The information used in this evaluation was the economic value of quality of life improvements (measured through the Treatment Outcome Profiles and the EQ-5D quality of life questionnaire). The evaluation specifically focussed on alcohol related hospital admissions, and on drug and alcohol-related crime and antisocial behaviour. The majority of the economic analysis is based only on these outcomes.

The cost effectiveness work did not include the Needle and Syringe Exchange (because there is a lot of evidence already which says they provide value for money), the Residential Detox and Rehabilitation part of the service (because only 1% of North Yorkshire Horizons clients used this service and we already know this type of service is very costly; it can take up to 12 years to see the value for money in this type of service) or the positive benefits of drug use.

Information from people who had delivered or worked with the service

To find out people's views and experiences of how the service was delivered, good and bad points, and ways it could be improved, researchers carried out 15 interviews with

- Managers and staff from North Yorkshire Horizons
- Professionals from North Yorkshire County Council who developed the service
- Staff from partner organisations (such as health, criminal justice and children's services)

All staff involved in delivering the service were invited to take part in an interview. Professionals from North Yorkshire County Council identified key people to be included in the interview.

Information from people who had used the service

To find out people's experiences of using the service and the ways in which it had affected them, researchers carried out 27 interviews with people. It was important to make sure a range of people were included in the research, so people from different locations with different experiences were invited to take part. Key workers from within the services displayed posters and information about the research and provided the research team with the contact details of anyone who wanted to take part.

WHAT DID THEY FIND?

Who used North Yorkshire Horizons?

- Across an 18-month reporting period a total of **2,582** individuals accessed structured treatment interventions provided by North Yorkshire Horizons (or based in GP practices and supported by North Yorkshire Horizons).
- **532** individuals were engaged with criminal justice interventions provided by North Yorkshire Horizons.
- **878** individuals accessed needle exchange services, this included North Yorkshire Horizons hub based services and pharmacies.
- **1064** individuals engaged with the Recovery & Mentoring Service; **889** of these were individuals who had completed structured treatment within North Yorkshire Horizons.



2,582

Number of individuals who accessed structured treatment interventions provided by North Yorkshire Horizons



1,064

Number of individual engaged with the Recovery & Mentoring Service

A substance misuse profile of services is detailed here:

Drug profile 4 groups	Opiate		Non-opiate		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	N	%	n	%	n	%
Structured	1106	42.8	252	9.8	151	5.8	1073	41.6	2582	100
Criminal Justice	161	31.0	214	41.2	72	13.8	73	14.0	532	100
Needle exchange	722	82.2	153	17.4	3	0.3	0	0	878	100
R&M	319	30.0	89	8.4	67	6.3	589	55.4	1064	100

How many people were referred to North Yorkshire Horizons?

- North Yorkshire Horizons received **4,711** referrals during the first 18 months of service. This includes all referrals that were made through the Single Point of Contact.
- Self-referrals made up **40.1%** of all referrals; this number has increased since the service was introduced (the figure was 15.1%).
- Referrals from criminal justice also increased (from 4.4% to **11.2%**).

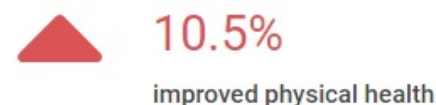
What treatment did people use?

- **2846** interventions were accessed by the **2582** individuals during the **18** month evaluation.
- For clients accessing structured treatment, most accessed psychosocial interventions (52%), pharmacological interventions (30.2%) and recovery support (17.8%).

What impact did the service have?

Using the information collected about the people using the services, **3,379** improved self-outcomes were recorded for 890 individuals whilst accessing treatment. These included:

- Improved coping skills (**19.5%**)
- Family relationships (**12.8%**)
- Life skills (**12.2%**)
- Physical health (**10.5%**)
- Mental health (**10.4%**)



Additional outcome measures showed a **reduction in substance use and injecting** between first and last assessments, and also showed an increase in quality of life and health and wellbeing scores. The SADQ tool showed a **reduction in the severity of alcohol dependence**.

The Sundial Outcomes Monitoring Tool also measured progress across six key outcomes including secure base, inclusion, supportive relationships, identity, coping strategies and goals. Additional outcomes were also monitored by the Recovery and Mentoring Service. Overall **446** positive/improved individual outcomes were reported during the evaluation period. This included **195** positive outcomes for clients engaged in education, and **251** reported as having 'no housing problem'.

Information gathered by interviewing people who used North Yorkshire Horizons talked in more depth about the positive outcomes they had experienced. Many highlighted improved relationships with family and friends.

"I've got my granddaughter back. I see her all the time. The kids come to the flat now." (Service User 10, Treatment and Recovery Mentoring Service Skipton)

Others described how their physical and mental health had improved as a result of the service, either through helping them attend medical appointments, supporting them with welfare advice, or providing various group sessions for them to attend.

“They gave me not only a reason to live but they also helped show me what the reason was and helped me to get to where I am now.” (Service User 1, Treatment Skipton)

DID THE SERVICE PROVIDE VALUE FOR MONEY?

Spend on substance misuse services is low in North Yorkshire compared to similar local authorities. Results from the cost effectiveness analysis suggest that North Yorkshire Horizons can be considered cost effective for all substance groups (e.g. opiates and alcohol), and for many substance groups would be cost saving to the public purse in the long-term.

The groups where the biggest gains are likely to be achieved are the two alcohol groups: alcohol only and non-opiate and alcohol; who on average gained the equivalent of 8 years of full health (QALYs) over their lifetime through having access to North Yorkshire Horizons, and having access to the services may produce healthcare and crime cost savings of around £50k-£60k per service user over their lifetime. The opiate user groups gained around the equivalent of 3 years of full health over their lifetime and had lifetime cost savings of around £72k.

Overall the results suggest that investment in adult drug and alcohol services in North Yorkshire is a cost effective use of resources and generates a high return on investment.

HOW EFFECTIVE IS THE MODEL OF A TREATMENT AND RECOVERY & MENTORING SERVICE?

North Yorkshire Horizons provides a cost-effective service which supports a reduction in substance use and injecting. The service also has a positive impact on wider outcomes, including mental wellbeing, physical health, relationships and life skills. Specific elements of the service that were found to be particularly important were:

- **The flexibility of having a combined treatment and recovery service which could be adapted to suit the needs of the service users:** *“The service is being commissioned to work with everything from alcohol to opiates, to cannabis, to your legal highs.” (Stakeholder 15)*
- **The referral process and Single Point of Contact allowed a wide range of pathways to people to get access to the service:** *“You can phone up at any time and there is support there straight away for you, it’s not a case of ‘oh I can’t fit you in till next week’, it’s a case of ‘well can you get down within the next half hour and we will have a chat’.” (Service User 12, Treatment and Recovery Mentoring Service Scarborough).*
- **The staff and peer support element provided a friendly and supportive atmosphere:** *“When they all merged into Horizons the difference was massive. There is more support there now. There are more activities to do, there is more group work... If somebody’s feeling down, they can just drop in whereas before if you’d have dropped in, they’d have been saying ‘you’ve not got an appointment’.” (Peer Mentor 2, Recovery Mentoring Service Scarborough)*
- **Increased visibility of people using substance misuse services within the community and overcoming stigma:** *“Visible recovery and visible recovery communities will raise the profile of people who have stopped using... I think the recovery community has helped with the stigma if they are visible.” (Stakeholder 14)*

COULD THE MODEL OF DELIVERY BE IMPROVED?

Although the evaluation showed North Yorkshire Horizons to be effective and cost-effective, the evaluation found that the numbers of service users who complete treatment and move from treatment into recovery could be improved. Addressing these recommendations may help:

Encourage service users to volunteer to become peer mentors and ensure that all those who are suitable and wish to volunteer receive appropriate support and training. Peer mentors need to be carefully managed and monitored.

Opportunities to work with new partners should be explored, to continue to enable the service to provide a wide range of support.

Continue to use community settings for meetings and continue to expand the number of locations. Providing meetings for specific groups should be explored.

The flexibility of the service was important and should be continued. Additional out of hours support and support for relatives should be considered.