



## **Membership of the Corporate Overview and Scrutiny Committee**

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## **Chairs Foreword**

I am pleased to present this report, a detailed scrutiny review into the effectiveness of the measures being used by Bradford Council and its partners relating to the treatment and recovery of individuals suffering from the use of drugs and alcohol.

This report has been instigated by a meeting of the Corporate Overview and Scrutiny Committee on Thursday 16 May 2013, when the Committee considered the Bradford District Partnership report.

As part of the discussions, Members of the Committee became concerned at the areas of underperformance in the key priority area of Drugs and Alcohol.

Subsequently the Corporate Overview and Scrutiny Committee decided to undertake a detailed scrutiny review into the underperforming areas, to further explore the effectiveness of measures used by the Council and its partners relating to drugs and alcohol.

This important piece of work has also been conducted with Bradford Council's Health and Social Care Overview and Scrutiny Committee and I would like to express my gratitude for their input throughout this review.

I would like to thank all consultees who made a valuable input to this review and the members of the committee for their sustained commitment throughout this process, as well as officers who have supported the committee throughout the scrutiny review.

Moreover, I would particularly like to thank the staff and service users at the three Drugs and Alcohol Treatment and Recovery Centres, which members visited.

As is the case with all Scrutiny Review reports, this report is a snapshot in time, looking into the services in question knowing that situation changes and develops over time.

**Councillor Rizwan Malik**  
**Chair, Corporate Overview and Scrutiny Committee**

## **Executive Summary**

This report has been instigated by a meeting of the Corporate Overview and Scrutiny Committee, on Thursday 16 May 2013.

As part of the discussions, Members of the Committee became concerned at the areas of underperformance in the key priority area of Drugs and Alcohol.

Subsequently the Corporate Overview and Scrutiny Committee decided to undertake a detailed scrutiny review into the underperforming areas, to further explore the effectiveness of measures used by the Council and its partners relating to drugs and alcohol.

The consultation undertaken as part of this Scrutiny Review highlighted a number of areas of improvement. These areas included:

- Engagement and retention of all substance misusers into recovery focused treatment (drugs);
- Successful exits from recovery treatment for alcohol;
- Perceptions of drug use and drug dealing as a problem in the local area;
- Funding arrangements for treatment and recovery provider centres;
- Community engagement and involvement.

Subsequently, this Committee has made a number of recommendations for improvement which are set out below:

### **Recommendation 1**

The Committee recommends that drug treatment providers, the criminal justice sector, Public Health and West Yorkshire Police specifically target disruptive and hard to reach individuals through the treatment and enforcement routes and expect to see an increase in this group being engaged in treatment, by September 2014.

### **Recommendation 2**

This Committee recommends that officers in Public Health continue to work with commissioned services to:

- increase numbers into alcohol treatment in 2014/15 by a further 10%;
- improve successful completions as a proportion of all in treatment from the established baseline figure of 32.5% by 5%, by March 2015;
- improve re-presentation rates back into treatment from the established baseline of 12.5% to 10%, by March 2015.

### **Recommendation 3**

This Committee recommends the removal of the perception indicator and requests that a more suitable measure of perception be developed by the Bradford Community Safety Partnership Board by July 2014.

#### **Recommendation 4**

This Committee recommends that officers from Public Health and Local Authority Commissioning explore the viability, of extending contracts for treatment and recovery providers using the correct guidance and regulations, from 12 months to 3 years by September 2014.

#### **Recommendation 5**

This Committee recommends that the Safer and Stronger Communities Partnerships continue to engage with local Central and Eastern European communities to build their confidence and skills to represent themselves in different ways, this should also be an action in Ward Action Plans where appropriate.

#### **Recommendation 6**

Bradford Council's Corporate Overview and Scrutiny Committee to receive a report back in 12 months which monitors progress against all the recommendations contained within this Scrutiny Review.

## **Chapter 1 - Introduction**

### **Background**

At its meeting on Thursday 16 May 2013, the Corporate Overview and Scrutiny Committee considered the Bradford District Partnership report on 16 May 2013.

As part of the discussions, Members of the Committee became concerned at the areas of underperformance in the key priority area of Drugs and Alcohol.

Subsequently the Corporate Overview and Scrutiny Committee decided to undertake a detailed scrutiny review into the underperforming areas, to further explore the effectiveness of measures used by the Council and its partners relating to drugs and alcohol.

The Committee's terms of Reference are attached as appendix 1.

### **The Scrutiny Process**

Members have received and gathered a range of information from a number of different sources, including:

- Bradford Council Officers;
- West Yorkshire Police;
- Drugs and Alcohol Recovery Centres, (service users and staff).

A list of those that the Committee have engaged with is attached as appendix 2, to this report.

### **Overall Aims**

The key lines of enquiry for this scrutiny review are the:

- Engagement and retention of all substance misusers into recovery focused treatment (drugs);
- Successful exits from recovery treatment for alcohol;
- Perceptions of drug use and drug dealing as a problem in the local area.

## Chapter 2 – National and Local Context

### Setting the Scene

#### Drugs

The 1998 National Drug Strategy placed significant emphasis on increasing the numbers of problematic drug users (PDUs), into treatment and maintenance programmes, whilst simultaneously attempting to reduce associated criminal activity. By 2008, numbers entering treatment nationally had almost doubled to over 200,000 with 78% of these being retained in treatment for at least 12 weeks. This latter measure, whilst noted to be an important proxy for the delivery of strategies to engage and retain individuals in treatment, did not always translate into clients subsequently successfully completing treatment.

The more recent drug strategy *Reducing Demand, Restricting Supply and Building Recovery Supporting People to Live a Drug Free Life* (Home Office, 2010) sought to redress this:

*"We will create a recovery system that focuses not only on getting people into treatment and meeting process-driven targets, but getting them into full recovery and off drugs and alcohol for good. It is only through this permanent change that individuals will cease offending, stop harming themselves and their communities and successfully contribute to society"* (Home Office, 2010: 18)

The National Drug Strategy 2010 notes that recovery must include dealing with the wider factors that reinforce dependence, such as housing needs, employment and involvement in crime.

National strategy therefore requires treatment providers to offer services of high quality which enable people to recover from dependence with greater emphasis being placed on abstinence and achieving sustainable recovery, and as quickly as possible. This approach seeks to ensure that no service user is left to drift in long term dependence or on prescribed medication where this is not effective in securing any significant health benefits. Equally all service users who are benefiting from longer term treatment will have regular opportunity to re-consider their goals and to revise recovery plans in light of improving health and social stability.

Bradford has responded to the change in policy by opening two assessment centres offering individually tailored, intensive support in the early stages of entering the recovery system, so supporting an increased chance of individuals becoming and remaining substance misuse free or free from harm. In addition, dedicated abstinence services are in operation following system redesign. The move from maintenance to abstinence can be a challenge but it remains a national and local priority and measures relating to outcomes and quality are now the focus, linked to the broader Public Health Agenda.

The 2012-13 national measure used to describe effective treatment is a combination of a proportion of those starting treatment who are then engaged for 12 weeks and the proportion of those who are discharged as a planned exit within 12 weeks of starting treatment.



Table 1 – Bradford’s Position in comparison to the other West Yorkshire Authorities and North Yorkshire

<b>2012/13 NDTMS Tier 3 Report</b>	<b>Leeds</b>	<b>Bradford</b>	<b>Wakefield</b>	<b>Kirklees</b>	<b>North Yorks</b>	<b>Calderdale</b>
Total Numbers in Effective Treatment (OCU's).	2798	<b>2577</b>	1668	1377	1088	754
Total Numbers in Effective Treatment (All drugs).	3101	<b>3017</b>	1803	1616	1267	868
Effective engagement of new treatment journeys (OCU's).	612/677 90%	<b>556/685 81%</b>	270/307 88%	256/287 89%	254/296 86%	182/222 82%

Bradford’s performance against the 2012-13 national measure is as follows:

- Percentage of those effectively engaging in treatment (retention) was 81% for Bradford against a national figure of 84%

The most recent figures illustrate that the number of individuals accessing treatment has reduced from 2012/13. Whilst this mirrors the national trend, local initiatives are being implemented to examine changing drug use patterns and where possible develop services which encourage treatment naïve drug users to engage.

The new Public Health Outcome Framework (PHOF) indicator for drug misuse, now adopted by Bradford and reported locally, is:

Successful completions as a proportion of all in treatment for those individuals who do not re-present to treatment within 6 months of successful completion

<b>2012/13 NDTMS Tier 3 Report</b>	<b>Leeds</b>	<b>Bradford</b>	<b>Wakefield</b>	<b>Kirklees</b>	<b>North Yorks</b>	<b>Calderdale</b>
% of clients completing and not re-presenting. (OCU's)	206/2870 7.18%	<b>212/2714 7.81%</b>	91/1704 5.34%	124/1399 8.86%	85/1117 7.61%	62/791 7.84%

The percentage of clients completing and not re-presenting to treatment within 6 months of completion was 7.81% for Bradford against a national figure of 8.24%

## Alcohol

National guidance for alcohol, Alcohol Harm Reduction Strategy 2004, Safe Sensible Social 2008 and Alcohol Strategy 2012 recognise the requirement for comprehensive and integrated treatment services to improve outcomes for people experiencing problems with their alcohol use.

The Bradford District Alcohol Harm Reduction Strategy took the National Strategy as its base and broadened it to take into account local concerns. Launched in 2008, the Strategy is much broader in scope than the 2008 National Strategy and takes full consideration of local issues. Its goal being “to tackle and minimise the harms caused by the misuse of alcohol; Local priority objectives included to;

- reduce the number of people who drink alcohol above recommended limits;
- reduce alcohol related health and social harms;
- reduce alcohol-related crime, disorder, intimidation, nuisance and anti-social behaviour;
- reduce the prevalence of drinking by children and young people aged under 18;
- develop a comprehensive range of effective treatment, support, rehabilitation and reintegration services for alcohol misusers within families and relationships.

The Commissioning of new services and increased capacity in 2011-13 has provided improved access into alcohol services for advice, support and information, treatment and recovery with service users now able to access support within their GP surgery, including access to home detoxification. A dedicated abstinence and recovery service has also been developed.

The Local Strategy is in the process of being refreshed to take account of past achievements and new challenges.

### Bradford Successful Exits 2012-13

Successful exits – care planned discharge (all adults)	<b>Qtr 1 12/13</b>	<b>Qtr 12/13</b>	<b>Qtr 12/13</b>	<b>Qtr 12/13</b>
Proportion of all exits which are successful – Bradford, (Year to date)	60%	54%	56%	57%
Number of successful exits/all exits - Bradford	Data not available.	185/34 3	254/45 6	383/6 72
Proportion of all exits which are successful – National, (Year to date)	61%	59%	59%	58%

The national measure used to define successful exits from treatment for alcohol is the proportion of clients exiting structured treatment in year to date who successfully completed treatment; a successful completion is defined as alcohol free or occasional user.

Bradford's performance 2012-13 at Quarter 4 was 57% successful exits against the national measure of 58%. As can be seen from the chart above performance improved in quarters 3 and 4 following a dip in performance at quarter 2.

Table 2 – Bradford's Position in comparison to the other West Yorkshire Authorities and North Yorkshire 2013-14 year to date (YTD)

<b>2013/14 NATMS Tier 3 Report</b>	<b>Leeds</b>	<b>Wakefield</b>	<b>Bradford</b>	<b>Kirklees</b>	<b>North Yorks</b>	<b>Calderdale</b>
Number in treatment Year to Date	1870	993	<b>1232</b>	1121	821	656
New presentations.	1296 (69%)	636 (64%)	<b>966</b> <b>78%</b>	75%)	528 (64%)	516 (78%)
Discharges.	1258	696	<b>785</b>	793	512	569
Population over 16.	613992	-----	<b>400121</b>	336309	-----	-----

The above shows an increase for Bradford of numbers in treatment YTD in 2013-14 April – February (1232), in comparison to 2012-13 full year figure of 1115. This is reflective of additional capacity and service reconfiguration which was implemented throughout 2011-13 which includes two new services which have been procured and have started to deliver. These are the Primary Care Service and the Community Detoxification Service.

The indicators for alcohol going forward from 2013-14 will change to:

- Successful completions as a proportion of all in treatment;
- Representations to treatment within 6 months of successful completion.

## Chapter 3 – Key Findings

Members of the Committee held information gathering sessions with Bradford Council officers, West Yorkshire Police and Drugs and Alcohol Recovery Centres.

The transcripts from the information gathering sessions are available on request.

The findings of this scrutiny review will now be explored in detail, under the following key lines of enquiry.

### **Engagement and retention of all substance misusers into recovery focused treatment, (drugs)**

During the information gathering sessions, members learned that a key area for improvement centred on identifying people who are unwilling or unable to engage appropriately.

This was seen as partly due to some changes in the local treatment system, which has been changed to assist in improving successful exits from treatment. Part of this change in focus was the introduction of assessment hubs which deliver a comprehensive assessment package to those entering treatment which in turn requires service users to demonstrate higher levels of motivation and commitment to recover. Subsequently, these changes resulted in some service users deciding to leave the treatment programme, as they are unwilling to engage at that time and others engaging effectively and receiving individualised care towards achieving goals..

During 2014-15 commissioners will work closely with provider services to ensure that those service users who have previously been seen as disruptive, poor to engage, lacking in motivation and likely to drop out of treatment are managed and supported more effectively in order to improve their chances of complying with the various treatment options and moving positively towards recovery. Some of this work is already underway with a change in delivery model in the Airedale area, moving from the main substance misuse service being delivered in a large specialist service, to a model where service users will be able to access care through their own GP. This will help to normalise treatment delivery and make accessing care much easier as it will be delivered locally.

In addition to this, West Yorkshire Police and the wider criminal justice sector will proactively and persistently target drug using offenders to ensure that all options for reducing drug use and therefore criminal activity is exhausted.

#### **Recommendation 1**

**The Committee recommends that drug treatment providers, the criminal justice sector, Public Health and West Yorkshire Police specifically target disruptive and hard to reach individuals through the treatment and enforcement routes and expect to see an increase in this group being engaged in treatment, by September 2014.**

## **Successful exits from recovery treatment for alcohol**

As stated previously, from 2013-14 the new indicator will be the successful completions as a proportion of all those in treatment. A successful completion is defined as alcohol free or occasional user. Treatment services will be monitored on a quarterly basis against this indicator. In addition services will be monitored with regard to the re-representation rate back into treatment within 6 months of successful completion. This indicator will reflect the quality and effectiveness of the treatment and recovery services being delivered.

There will inevitably be a time lag between the increase in numbers in treatment and those who are successfully completing as a proportion of all those in treatment and the data around re-representation rates. Baseline figures have been established for these two indicators for the Bradford District, which are being monitored by the commissioners' performance monitoring framework.

### **Recommendation 2**

**This Committee recommends that officers in Public Health continue to work with commissioned services to:**

- **increase numbers into alcohol treatment in 2014/15 by a further 10%;**
- **improve successful completions as a proportion of all in treatment from the established baseline figure of 32.5% by 5%, by March 2015;**
- **improve re-representation rates back into treatment from the established baseline of 12.5% to 10%, by March 2015.**

## **Perceptions of drug use and drug dealing as a problem in the local area**

During the course of their information gathering for this scrutiny review, members were informed that there is an ongoing perception survey of drug use and drug dealing as a problem in the local area. This is being carried out by the Office of the West Yorkshire Police and Crime Commissioner (PCC) and previously by the West Yorkshire Police Authority (WYPA).

To fully understand the perception of drug use and drug dealing as a problem in local areas, members were keen to establish a picture of drug usage in the District.

Discussions with Public Health and West Yorkshire Police Officers highlighted that there are estimated to be approximately 4,600 drug users in Bradford. In addition to this, Members of the Committee also learned that there are around 3,200 people in treatment in any one year.

Continuing on, a high proportion of these people will be the same people year on year as treatment can last several years. There are also about 200 people who come through the Criminal Justice System each year, who do not enter treatment as they refuse to do so and are monitored by the Police if appropriate.

Members heard that questionnaires are mailed to households across West Yorkshire on a monthly basis to addresses which are randomly selected with letters being addressed simply to 'the householder'. Questionnaires are pre-coded with the relevant Neighbourhood Police Team (NPT) area and different people are sampled each month.

In the 12 month period to 31<sup>st</sup> March 2013, the sampling frame for households in the Bradford District was 27,501, with a return of 3,968 questionnaires, this equates to an overall response rate of 14%.

There are noted variations across NPT ward response rates however, from 24% in Wharfedale and Craven to 8% in Bradford City centre; a full breakdown of NPT areas response rate is set out below:

- 24% - Wharfedale & Craven;
- 22% - Bingley & Worth;
- 20% - Shipley;
- 18% - NPT 4 ((Queensbury, Royds and Wibsey);
- 16% - Eccleshill;
- 16% - North Bradford;
- 16% - Keighley;
- 14% - NPT 3 (Tong and Wyke);
- 11% - NPT 5 (Hortons and West Bowling);
- 11% - NPT 2 (Barkerend, Bradford Moor, Undercliffe);
- 9% - NPT 6 (Manningham, Girdlington, Toller);
- 8% - NPT 1 (City Centre, University etc).

Despite the fact that the public perception is useful in that it provides tracking over a period of time, and allows for some comparator work between the different NPT areas in Bradford and for Bradford against West Yorkshire, Members still had some serious concerns with the methodology of the perception survey itself. These concerns included:

- the question, "*in your opinion, how much of a problem in your local area is there with people using or dealing drugs?*", this question does not differentiate between drug use and drug dealing therefore the perception of 'what' is unclear;
- response rate is very low – under 1 in 7;
- the demographic breakdown is not typical of the Bradford District, notably:
  - a massive under-representation of under 34s's, especially in the under 24 age group;
  - lesser under representation of 35-44's;
  - small over representation of 35-44's;
  - large over representation of 65+ age group;
  - whites over represented and asians underrepresented. (*White 82%, Asian 15% against 67:27, all ages district profile*).

The survey results suggested very high levels of public concern in the more deprived parts of the District with dissatisfaction levels as follows:

- NPT1 -68%;
- NPT2 – 65%;
- NPT6 -62%;
- NPT5 – 54%;
- North Bradford NPT – 43%;
- NPT3 – 41%;
- Keighley NPT – 38%;
- Eccleshill NPT – 27%;
- NPT4 – 27%;
- Shipley NPT – 20%;

- Bingley & Worth NPT – 13%;
- Wharfedale & Craven NPT- 8%.

It was observed that these are also areas of higher arrest for drug dealing and for residence of those in receipt of drug treatment. Drug addiction, whilst rare is concentrated and affects in the main poorer communities.

### **Recommendation 3**

**This Committee recommends the removal of the perception indicator and requests that a more suitable measure of perception be developed by the Bradford Community Safety Partnership Board by July 2014.**

### **Additional areas of Scrutiny**

During the course of the information gathering process for this Scrutiny Review, members of the Committee also became aware of other areas for improvement that were outside the scope of original key lines of enquiry for this review.

The first of these areas centred on funding arrangements for treatment and recovery providers. Members were informed about this aspect during their visits to the three Drugs and Alcohol Treatment and Recovery centres that they had visited. These centres included:

- Project 6; a Keighley based voluntary drug and alcohol charity working to reduce the harm caused by substance misuse by reaching out to those who have decided to make a positive change in their lifestyles. Project 6 offers a wide range of services including the Integrated Family Recovery Service, Progress recovery service and a specialist needle exchange. They also host the Airedale Fresh Start assessment hub.
- Lifeline Piccadilly; Lifeline Piccadilly Project are a voluntary sector agency who provide community based services in a variety of community settings e.g. GP practice, hospital, community venue. They provide prevention and education services, advice, support, comprehensive assessment, treatment and abstinence and recovery services.
- Bridge Project; a Bradford based drug treatment charity offering a broad range of services to those with problematic drug use. The services provide care for a range of people including; women, stimulant users young people, those moving into recovery and those who require prescribing care. They also host the Bradford Fresh Start assessment hub and a specialist needle exchange
- Bradford District Care Trust. (BDCT); a statutory provider delivering a number of services offering care packages of prescribing and psychosocial interventions to people with substance misuse issues. BDCT also provide the prescribing and physical health nurse support to services delivered by voluntary sector organisations. They are also responsible for the provision of services for people who have a dual diagnosis of mental health issues and alcohol or substance misuse, and care for those with complex alcohol problems.

Members heard from staff at the treatment and recovery centres and learned that there are a number of ongoing specialist help and advice services being provided in the local communities, aimed at treatment and recovery of drugs and alcohol users.

Moreover, the Committee Members also held discussions with service users at the three treatment and recovery centres, (Project 6, Lifeline Piccadilly and Bridge), with all visits having attendance from doctors and nurses representing BDCT. The service users were full of praise for the services they had received at the centres and felt very strongly about the impact that the services had on changing their lives for the better. Specifically services users spoke about positives associated with:

- being able to access treatment very quickly once they felt motivated to change;
- having good treatment facilities helped the treatment experience and feeling worthwhile;
- the range of support received, being much more than medication;
- support received from other service users particularly those who had gone through treatment and were in recovery;
- the structure and positive use of time provided by volunteering opportunities – how this raised confidence and reduced or stopped any desire to use drugs or alcohol;
- being given hope for the future.

In addition to this, service users also spoke of other key issues which included:

- the importance of motivation to change and the drivers including family, arrest and deteriorating health;
- accessing treatment several times before the successful intervention and the understanding from service providers being critical.

Despite these centres developing their range of drugs and alcohol interventions programmes, members were concerned about the sustainability of the programmes particularly in the currently challenging and difficult financial climate.

Staff at the Centres informed members that all their staff were on yearly contracts and it was very difficult to plan ahead, especially as it would normally take approximately take six months to put a new treatment and recovery service in place.

It was noted that previous funding allocations, (prior to 1 April 2014, PCT funding), from the Department of Health was based on a formula set against performance and this meant that funding availability was inconsistent and not known until the February before the new Financial year started. Drug and Alcohol funding has now moved to the Local Authority and allocations will be made locally.

Subsequently members were of the view that this was an area for improvement and one that required further attention.

#### **Recommendation 4**

**This Committee recommends that officers from Public Health and Local Authority Commissioning explore the viability, of extending contracts for treatment and recovery providers , using the correct guidance and regulations from 12 months to 3 years by September 2014.**



The second area in need of further consideration related specifically to excessive alcohol drinking in communities.

In response to questions raised by members with regards to alcohol use amongst South Asian Communities in Bradford, it was explained by Health Officers that historically the numbers of heavy drinkers in these Communities was low. It was felt that this was partly due to the stigma associated with members of the South Asian Community and drinking alcohol.

As well as drinking amongst South Asian Communities, there was also a wide ranging discussion around the culture of heavy drinking with the significant increase in Central Eastern European Communities arriving in Bradford, with the majority being Slovaks and Roma.

There was a view amongst members of the Committee that within the Eastern European Communities there was an acceptance to drink a lot of alcohol and to also drink outside their properties. This was becoming more of a serious problem in the inner city wards of the District and was also resulting in a lot of anti-social problems. Moreover, this was also leading to disputes and resentment with other communities residing in the locality.

Members were informed by officers that the conditions from which these communities arrived from in Europe were dreadful and these communities were genuinely trying to seek a better life in this Country.

Members were of the view that there needed to be greater engagement with the communities mentioned and to integrate them into existing, established communities, as well as have better access to services.

#### **Recommendation 5**

**This Committee recommends that the Safer and Stronger Communities Partnerships continue to engage with local Central and Eastern European communities to build their confidence and skills to represent themselves in different ways, this should also be an action in Ward Action Plans where appropriate.**

## Chapter 4 – Concluding Remarks

In its deliberations, this committee has endeavoured to take a balanced approach to this Scrutiny Review and one that encompasses the views and concerns of all interested parties.

The Scrutiny Review report identifies a number of recommendations, if implemented, would further enhance the treatment and recovery of drugs and alcohol dependant users in the District.

The Committee has also sought to create more clarity over the perceptions of drug use and drug dealing as a problem in the local area and making recommendations towards the development of more accurate procedures to measure the whole area of perceptions.

Bradford Council's Corporate Overview and Scrutiny Committee, will monitor progress against the Scrutiny Review recommendations annually.

### **Recommendation 6**

**Bradford Council's Corporate Overview and Scrutiny Committee to receive a report back in 12 months which monitors progress against all the recommendations contained within this Scrutiny Review.**

## **Summary of Scrutiny Review Recommendations**

The recommendations set out below have come from the information gathering sessions from this Scrutiny Review.

### **Recommendation 1**

The Committee recommends that drug treatment providers, the criminal justice sector, Public Health and West Yorkshire Police specifically target disruptive and hard to reach individuals through the treatment and enforcement routes and expect to see an increase in this group being engaged in treatment, by September 2014.

### **Recommendation 2**

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### **Recommendation 6**

Bradford Council's Corporate Overview and Scrutiny Committee to receive a report back in 12 months which monitors progress against all the recommendations contained within this Scrutiny Review.

**City of Bradford Metropolitan District Council  
Corporate Overview and Scrutiny Committee**

**Scrutiny Review of the Drugs and Alcohol**

**Terms of Reference**

See Part 3E paragraphs 2.1 to 2.11 of the Constitution of the Council.

**Background**

At its meeting on Thursday 16 May 2013, the Corporate Overview and Scrutiny Committee considered the Bradford District Partnership report on 16 May 2013.

As part of the discussions, Members of the Committee became concerned at the areas of underperformance in the key priority area of Drugs and Alcohol.

Subsequently the Corporate Overview and Scrutiny Committee decided to undertake a detailed scrutiny review into the underperforming areas, to further explore the effectiveness of measures used by the Council and its partners relating to drugs and alcohol.

**Context**

The 1998 drug strategy placed significant emphasis on increasing the numbers of problematic drug users (PDUs) into treatment and maintenance programmes, whilst simultaneously attempting to reduce associated criminal activity. By 2008, numbers entering treatment nationally had almost doubled to over 200, 000 with 78% of these being retained in treatment for at least 12 weeks. This latter measure, whilst noted to be an important proxy for the delivery of strategies to engage and retain individuals in treatment, did not always translate into clients subsequently successfully completing treatment.

The more recent drug strategy *Reducing Demand, Restricting Supply and Building Recovery Supporting People to Live a Drug Free Life* (Home Office, 2010) sought to redress this:

*"We will create a recovery system that focuses not only on getting people into treatment and meeting process-driven targets, but getting them into full recovery and off drugs and alcohol for good. It is only through this permanent change that individuals will cease offending, stop harming themselves and their communities and successfully contribute to society"* (Home Office, 2010: 18)

This stance is supported by the National Alcohol Strategy (2012) where it is noted that recovery must include dealing with the wider factors that reinforce dependence, such as housing needs, employment and involvement in crime.

National strategy therefore requires treatment providers to offer services of high quality which enable people to recover from dependence with greater emphasis being placed on abstinence and achieving sustainable recovery, and as quickly as possible. This approach seeks to ensure that no service user is left to drift in long term dependence or on prescribed medication where this is not effective in securing any significant health benefits. Equally all service users who are benefiting from longer term treatment will have regular opportunity to re-consider their goals and to revise recovery plans in light of improving health and social stability.

Bradford has responded to the change in policy by opening assessment centres offering individually tailored, intensive support in the early stages of entering the recovery system, so

supporting an increased chance of individuals becoming and remaining substance misuse free or free from harm. In addition, dedicated abstinence services are in operation following system redesign. The move from maintenance to abstinence can be a challenge but it remains a national and local priority and measures relating to outcomes and quality are now the focus, linked to the broader Public Health Agenda.

The Council and its partners have committed to reduce the supply of drugs through an operational local enforcement approach, which will involve the Police, Health Service, Council, Service users, Carers and local communities and increase public confidence in the Community Safety Partnership and partners; this work is in its early stage and will be developed through 13/4 and 14/15.

## Key Lines of Enquiry

The key lines of enquiry for this scrutiny review are the:

- Engagement and retention of all substance misusers into recovery focused treatment (drugs);
- Successful exits from recovery treatment for alcohol;
- Perceptions of drug use and drug dealing as a problem in the local area.

## Methodology

The committee will receive and consider a variety of evidence/information provided by a range of interested parties. The Committee may adopt one or more of the following methods to collect evidence/information:

- Relevant documents such as National Drug Strategy (2010), National Alcohol Strategy (2012)
- relevant data such as local provider performance both statistical and narrative; non-restricted benchmarking data for other area family groups; Office of Police and Crime Commissioner (OPCC) data for perceptions of drug use and drug dealing
- written submissions from, or meetings with interested parties;
- undertake relevant visits.

As part of this scrutiny review, members of the Health and Social Care Overview and Scrutiny Committee will also be invited to participate in the information gathering sessions, due to the linkages of this review with the remit of their Committee.

## Indicative list of interested parties

An indicative list of interested parties is provided below. This is not definitive or exclusive and can be developed as the scrutiny progresses.

Organisation / Department	Contact
Bradford Council Portfolio Holder for Health and Social Care.	Cllr Amir Hussain.
Chair of Bradford Councils Health Overview and Scrutiny Committee.	Cllr Mike Gibbons.
Bradford District Community Safety Partnership – Drugs and Alcohol.	Liz Barry.
Director of Public Health.	Anita Parkin.

Organisation / Department	Contact
West Yorkshire Police.	Superintendent Vince Firth
Bradford District Community Safety Partnership (Communities)	Steve Hartley
Individuals in recovery (from Bradford Service User Representative Forum)	Hilary McMullen (to facilitate)
Consultant in Public Health (Lead for alcohol)	Dr Andrew O'Shaughnessy
Clinical Commissioning Groups (CCGs) Clinical Lead for Substance Misuse.	Dr Graham Sanderson
Senior Policy Officer (Substance Misuse)	Nina Smith
Treatment/recovery provider services.	Bradford District Care Trust; Lifeline Piccadilly; Bridge; Project 6, Arch Initiatives
Bradford Council.	Other related Overview and Scrutiny Committees, (Health & Social Care Overview and Scrutiny Committee).

### Indicative Timetable

Date	Milestone
Thursday 11 July 2014, 5.00pm, Committee room 1, City Hall.	Scoping session for the Scrutiny Review.
Wednesday 25 September 2013, 5.00pm, Committee room 1, City Hall.	DRAFT Terms of Reference to be presented to the Corporate Overview and Scrutiny Committee – for discussion and approval.
Thursday 31 October 2013, 5.00pm, Committee room 1, City Hall.	Information gathering session – setting the scene with the Substance misuse team, presentation.
Thursday 16 January 2014, 5.00pm, Committee room 1, City Hall.	Information gathering session – with West Yorkshire Police, Public Health and Safer and Stronger Communities.
Wednesday 22 January 2014, 10.00am to 3.00pm.	Visits to Drugs and Alcohol recovery centres: <ul style="list-style-type: none"> <li>• Project 6 – Keighley;</li> <li>• Lifeline Piccadilly – Bradford;</li> <li>• Bridge – Bradford.</li> </ul>
Thursday 8 May 2014, 5.00pm, Committee room 1, City Hall.	Final report – to be presented to the Corporate Overview and Scrutiny Committee.

### Information Gathering Sessions

**Session 1** – Thursday 31 October 2013, 5.00pm, Committee room 1, City Hall. – Information gathering session – setting the scene with the Substance misuse team, presentation.

Cllr Sarah Ferriby.	Deputy Chair – Corporate Overview and Scrutiny Committee.
Cllr Carol Thirkhill.	Corporate Overview and Scrutiny Committee.
Cllr Abid Hussain.	Corporate Overview and Scrutiny Committee.
Cllr Alex Ross-Shaw.	Corporate Overview and Scrutiny Committee.
Cllr Simon Cooke.	Corporate Overview and Scrutiny Committee.
Cllr Howard Middleton.	Corporate Overview and Scrutiny Committee.
Cllr Alyas Karmani.	Corporate Overview and Scrutiny Committee.
Cllr Mike Gibbons.	Chair – Health and Social Care Overview and Scrutiny Committee.
Liz Barry.	Joint Commissioning Manager.
Nina Smith.	Programme Lead, Alcohol and Drugs, Bradford Council.
Mustansir Butt.	Overview and Scrutiny Lead, Bradford Council.

**Session 2** – Thursday 16 January 2014, 5.00pm, Committee room 1, City Hall. – Information gathering session – with West Yorkshire Police, Public Health and Safer and Stronger Communities.

Cllr Rizwan Malik.	Chair – Corporate Overview and Scrutiny Committee.
Cllr Sarah Ferriby.	Deputy Chair – Corporate Overview and Scrutiny Committee.
Cllr Malcolm Sykes.	Corporate Overview and Scrutiny Committee.
Cllr Simon Cooke.	Corporate Overview and Scrutiny Committee.
Cllr Martin Smith.	Corporate Overview and Scrutiny Committee.
Cllr Mike Gibbons.	Chair – Health and Social Care Overview and Scrutiny Committee.
Liz Barry.	Joint Commissioning Manager.
Steve Hartley.	Interim Strategic Director, Environment and Sport, Bradford Council.
Rebecca Trueman.	Safer Communities Delivery Co-ordinator, Bradford Council.
Vince Firth.	Superintendent West Yorkshire Police.
Mustansir Butt.	Overview and Scrutiny Lead, Bradford Council.

**Session 3** - Wednesday 22 January 2014, 10.00am to 3.00pm - Visits to Drugs and Alcohol recovery centres; Project 6 – Keighley, Lifeline Piccadilly – Bradford and Bridge – Bradford.

Cllr Rizwan Malik.	Chair – Corporate Overview and Scrutiny Committee.
Cllr Sarah Ferriby.	Deputy Chair – Corporate Overview and Scrutiny Committee.
Cllr Malcolm Sykes.	Corporate Overview and Scrutiny Committee.
Cllr Simon Cooke.	Corporate Overview and Scrutiny Committee.
Cllr Martin Smith.	Corporate Overview and Scrutiny Committee.
Cllr Carol Thirkhill.	Corporate Overview and Scrutiny Committee.
Cllr David Warburton.	Corporate Overview and Scrutiny Committee.
Cllr Mike Gibbons.	Chair – Health and Social Care Overview and Scrutiny Committee.
Cllr Debbie Davies.	Bradford Council.
Liz Barry.	Joint Commissioning Manager.
Mustansir Butt.	Overview and Scrutiny Lead, Bradford Council.