

# SCRUTINY REPORT



**MEETING:** Ann Norleigh Noi  
**DATE:** 8<sup>th</sup> November 2015  
**SUBJECT:** One Recovery Bury  
**REPORT FROM:** Ann Norleigh Noi Strategic Development Lead  
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## 1.0 BACKGROUND

At the March 2015 Health Scrutiny Committee, I along with colleagues gave a presentation which provided an overview of Bury's drug and alcohol service, with the aim of assuring the health overview and scrutiny committee that the new service provider, One Recovery Bury, is providing a quality service. Because of the methodology used by Public Health England to capture information about drug and alcohol provision, we were unable to provide any data and agreed to return to Health Scrutiny Committee at a later date.

## 2.0 ISSUES

Evidence from a comprehensive review of the service, which included a needs assessment, large scale consultation and pathway events informed the partnerships decision to go out to tender. At the time, we also referred to the fact that it could be argued that we had medicalised social problems such as addiction, and as a result the cost to public service is prohibitive.

As a result, it was necessary to systematically transform the way drug and alcohol services were provided and that the transformation aimed to break the service users cycle of dependency. Key to this transformation was the new service model which was significantly different and based on a recovery care pathway.

There were numerous challenges during the implementation of the new model not least of all was managing staff and service users as well as other professionals throughout the process.

The new providers were also tasked with carrying out a full caseload audit during the first 6 months which included segmenting the caseload to highlight those service users who had been in service for several years. The following 6 months, the providers were tasked with carrying out recommendations arising from the audit. This meant that staff were proactively working to support some service users to the next stage of their recovery.

## 2.0 CONCLUSION

Following the full implementation of the service, One Recovery Bury, went on to establish the Substance Misuse Delivery Partnership, a group that meets quarterly and membership includes wider partners who areas cross cut substance misuse. The group are proactive in

taking forward actions that will enable Bury to achieve its key objectives set out in the drug & alcohol strategy. The following is a small example of the innovative and success so far.

**The Recovery Hub** which was scheduled to open in year two, opened April 2015 well ahead of schedule. The Hub offers a range of interventions based around aftercare and abstinence with recovery at the forefront. There was a quiet opening on April 13<sup>th</sup> 2015, followed by an official opening in September. Since then, there has been a footfall of over 1500.

Several Recovery focused groups operate from the Hub including Bridging The Gap, (education & training), The Gap, Straight Ahead aimed at supporting abstinence. Other partners are also using the Hub to deliver from, eg, Health Trainers, Calico (rough sleeper's project) as well as a variety of self-help and peer led groups, e.g. Narcotics Anonymous and BIG in Mental Health. Healthy Minds will start to deliver from the Hub in the new year.

**The Benzodiazepine workers role** - has achieved significant results. This is due to sustained efforts over the last twelve months and collaborative working with the medicines management team and some GPs. Bury prescribing rates for Benzodiazepines is the lowest in Greater Manchester. One Recovery Bury are continuing to work with several practices and aim to reduce prescribing rates further to the best quartile in England by March 2016.

**Gateways Programme** – delivers interventions to offenders on release from prison, and has an accommodation and families element. In April 2015 a delegation made up of NOMs, PHE & NHS representatives, from London met with partners involved in delivering the programmes following Bury being identified as an area of good practice in relation to its Gateways programme. The delegation explored the planning, mobilisation of resources, staffing, service user experience and examples of partnership working. Bury's Gateway programme was featured on the National Website as a result of the visited site as an area of good practice. The numbers of offenders leaving prison drug/alcohol free has increased and numbers can be seen in the additional information document which is embedded at the end of this report.

**Key Lifestyle Outcomes** – a tool used to measure progress in a service users journey. A measure is taken at the beginning, during and at the end of a journey. Service Users are showing significant improvements in reducing/abstaining from drug and alcohol use, gaining or sustaining accommodation, benefits, reduced criminality/legal issues, employment, mental and physical health, risk behaviour, safeguarding and service user satisfaction. All areas are showing a significant improvement and this continues to increase.

**STRIVE Team** – are a GMP response to low level domestic violence. In Bury, a significant number of all incidents include either drugs or alcohol. One Recovery Bury is now working closely with the STRIVE team on a daily basis. This involves responding to those who are involved in low domestic violence incidents and where substance misuse has been cited as an issue. This has resulted in an increase in referrals and assessments for people who may not otherwise sought help, and who are now engaging in treatment and recovery support.

**New Psychoactive Substances NPSs** – A task & finish group has now been established with the aim of developing a Bury response to the increasing use of NPSs (also known as legal highs). Bury are to implement a 'Local Drugs Early Warning System' and this will be rolled out following an Awareness Event on 10<sup>th</sup> December 2015.

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## List of Background Papers:- One Recovery Bury – Performance Information



One Recovery Bury -  
Scrutiny Performance

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