Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 28 January 2016

Subject: Alcohol and Drug Services in Manchester

Report of: Director of Public Health

Summary

This report provides an overview of the redesign of alcohol and drugs services in Manchester, following the Council's budget options consultation process, which concluded in March 2015. The provider of the new integrated service will present plans to the Committee on how they will manage the transition from the current arrangements and ensure that the new service is fully implemented from 1 April 2016.

Recommendations

The Committee is asked to note the report.

Wards Affected: All

Contact Officers:

Name: David Regan
Position: Director of Public Health
Telephone: 0161 234 3981
E-mail: d.regan@manchester.gov.uk

Name: Marie Earle
Position: Commissioning Manager-Public Health
Telephone: 0161219 6926
E-mail: m.earle@manchester.gov.uk

Name: Lydia Fleuty
Position: Programme Lead, Public Health
Telephone: 0161 219 6931
E-mail: l.fleuty@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Reform of Public Health– report to Manchester Health Scrutiny Committee, 29 October 2015

1. Introduction

1.1 The savings and investment programme for public health for 2015-2017 included proposals for the redesign of drugs and alcohol services in Manchester. The public consultation supported the preferred service model of an integrated community-based alcohol and drug services for adults. Following an open tender process, Crime Reduction Initiatives (CRI) were awarded the contract on 30 December 2015 and will be the lead provider for the new service from 1 April 2016. CRI currently provide the adult drug treatment service in Manchester, so the focus over the next two months will be on the transfer of the alcohol prevention, treatment and support services. However it is important to note that whilst there will be distinct elements of provision to meet the different needs of people with alcohol and drug related problems, the redesign will also ensure a more integrated approach and a rebalance of provision towards alcohol treatment and support.

1.2 CRI will also ensure that there is early dialogue and engagement with service users and associated groups and networks over the next two months. It is envisaged that initial meetings with groups and networks (e.g. Friends of Brian Hore Unit, current users of the RISE drug treatment service) will take place the first week of February.

2. Manchester Context

2.1 There are an estimated 4,709 opiate (heroin) and/or crack cocaine users aged 15-64 in Manchester, a rate of 12.97 per 1,000 population (1.3%). This is higher than the estimated rate for England, which is 8.40 per 1,000 population. According to national surveys, 4.7% of adults aged 16-59 reported using an illegal drug in the last month. Cannabis is the most commonly used drug among this group, followed by powder cocaine and ecstasy. 0.9% of adults aged 16-59 reported using a new psychoactive substance (‘legal high’) in the last year.

2.2 The Public Health Outcomes Framework (PHOF) includes indicators relating to drug treatment outcomes, defined as the proportion of those individuals in treatment who successfully complete their treatment and do not re-present to treatment services in the following 6 months.

2.3 The latest performance report is dated November 2015 (covering the period November 2014 – November 2015.). For opiates, overall 194 successfully completed out of a total of 2345 in treatment (a proportion of 8.3 %. Nationally, performance is at 7.03 %. For non-opiates, 109 individuals successfully completed out of a total of 308 in treatment which reflects a slight improvement compared to previous performance.

2.4 Data on successful completions of alcohol treatment is also collected through the National Drug Treatment Monitoring System, although this is not currently reported within the PHOF. For the period November 2014 to November 2015, 323 individuals successfully completed alcohol treatment, from a total of 1205 in treatment – a successful completion rate of 39.12 %.

2.6 According to national surveys, 22.5% of adults aged 16+ drink at increasing risk levels, and 8.8% drink at higher risk levels. It is estimated that 5.7% of adults are dependent on alcohol – this would equate to 22,670 adults in Manchester.

2.7 Rates of alcohol and drug misuse among young people are falling nationally. In 2013, 6% of young people reported taking an illegal drug in the last month, with cannabis being the most commonly used drug. 9% reported drinking alcohol in the last week, compared to 25% in 2003. In 2014-15, 216 young received specialist treatment for substance misuse (alcohol and/or drugs) in Manchester.

2.8 The latest provisional data available from the Local Alcohol Profiles shows there were 3,145 hospital admission episodes for alcohol-related conditions in Manchester the 12 month period up to the end of Quarter 2 2015/16 – a directly standardised rate of 774.0 per 100,000 population. This represents a reduction in the rate of 11.6% compared with the 12 months ending Quarter 2 2014/15 (875.1 per 100,000 population). This measure reflects the 'narrow' definition of alcohol related hospital admissions, which captures admissions where alcohol is most visible as an underlying cause (i.e. it is a primary diagnosis). This may underestimate the total volume of alcohol related hospital admissions, in particular where individuals may have been admitted as a result of someone else's alcohol misuse e.g. being a victim of assault or other violent crime.

3. Budget Context

3.1 Savings of £430,000 have been released through the procurement process. However as a result of the nationally imposed cuts to the public health grant, further savings will need to be found in 2016/17 from other areas of public health spend including investments in drugs and alcohol services that are outside the scope of this part of the service redesign.

4. The specification for the integrated alcohol and drug early intervention and treatment service for adults

4.1 The service will include a number of key components summarised below and an extract from the specification is provided as appendix 1:

4.1.1 **Prevention and self care (including training on alcohol and drugs for other providers).** A comprehensive programme of alcohol and drug awareness and early intervention training, including use of evidence-based screening tools as part of wider assessments of individuals' and families' needs; this will increase the skills of a wide range of mainstream services to identify and respond to alcohol and drug misuse resulting in increased capacity for prevention of alcohol and drug-related harm.

4.1.2 **Engagement and early intervention (including harm reduction).** A single referral, triage and assessment process for all alcohol and drug interventions; this will facilitate rapid access to appropriate treatment interventions and support the appropriate sequencing of interventions. An increased focus on

targeting alcohol and drug services so that they are accessible to the groups and services that are disproportionately affected, this will include ensuring that alcohol and drug services are delivered from a range of community-based settings including early help hubs (see 4.3-4.5) and criminal justice settings (see 4.6).

4.1.3 **Structured treatment.** A comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions that will address multiple/more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone. Structured treatment will be based on a thorough assessment of need, and will be delivered according to a recovery care plan, regularly reviewed with the client. The plan will have clear goals which include changes to substance use, and addressing other client needs.

4.1.4 **Recovery support**. An increased focus on recovery from alcohol and drug dependence so that more individuals successfully complete their treatment and are able to access education, training and employment opportunities and reintegrate into the community. In order to fully recover from alcohol and drug dependence and live confident and achieving lives as members of the wider community, ex-alcohol and drug misusers need to be able to access the accommodation, training, education and employment opportunities available to the wider population. For some, previous lifestyles can present barriers to achieving this – again, the support of a range of partners is required to address and reduce this.

4.2 The service will be available city wide in a range of community-based settings, and will provide a single access, assessment, and care coordination process for all alcohol and drug misusers. The service will be accessible through a range of referral pathways, with particular focus on those individuals and groups who pose a high risk of harm to themselves and others. The service will be expected to work with users/misusers of a range of substances - including alcohol, illegal drugs, new psychoactive substances (see section 6) and misusers of prescription/over the counter medication – with a particular focus on increasing the availability of treatment for alcohol misuse. As well as providing clinical treatment for alcohol and drug dependency, the service will be expected to work in partnership with other services to support individuals to achieve a range of recovery goals.

Integration with Early Help Hubs

4.3 Close involvement with Early Help Hubs is a core requirement within the specification. The provider will be expected to develop robust links with Early Help Hubs in the city to share information about children and families; and will also attend any other multi-agency/partnership meetings convened to discuss cases, share information, manage risks and agree appropriate responses to identified needs and safeguarding concerns.

4.4 Support for individuals within the early help/complex dependency cohorts is through a key worker approach via the Early Help Hubs. The provider will

therefore work closely with the Early Help Hubs and key workers to develop referral pathways to facilitate and support access to services for individuals in contact with Early Help services.

4.5 The provider will offer an alcohol and drug liaison service for Early Help Hubs and for children and families social care services. This will include:

- Bespoke training for early help teams to enable them to screen for alcohol and drug misuse, carry out brief interventions where appropriate, refer effectively where clients require additional support, and understand appropriate interventions for alcohol and drug misusers
- Providing access to alcohol and drug early interventions and treatment for individuals with identified alcohol and/or drug misuse issues, these may be delivered from a range of settings and will aim to explore the impact of alcohol and drug misuse on individuals and families, address lifestyle behaviours and choices, and support effective engagement with community-based treatment services
- Working with early help teams to develop shared pathways for the identification and management of individuals and families with alcohol and/or drug misuse problems, including referral pathways, arrangements for sequencing alcohol and drug interventions with other interventions delivered as part of individuals' overall care plans, and approaches to support engagement with community-based treatment services
- Raising awareness among early help staff and managers of the issues relating to alcohol and drug misuse, and the benefits of improving detection rates and responding appropriately to the findings of assessments
- Involvement in multi-agency arrangements for discussing cases, sharing information, agreeing appropriate responses to identified needs and sequencing responses

Effective work with the Criminal Justice System

4.6 The service will be expected to work closely with a range of criminal justice agencies in order to maximise opportunities for identifying alcohol and drug misuse in offenders, and supporting access to appropriate interventions. The provider will ensure that:

- The full range of services described in the service specification is available to criminal justice clients; this may include services specifically targeted at criminal justice clients (e.g. group work interventions)
- Opportunities to identify and access alcohol and drug early interventions and treatment services are included across the criminal justice system, supported by pathways to link offenders into community services
- Effective working arrangements are in place with criminal justice agencies including Greater Manchester Police (GMP), the court system, the National Probation Service (NPS), the Community Rehabilitation Company (CRC), and prisons (specifically prison health care and alcohol and drug treatment services in prisons, to provide access to ongoing treatment at point of release from custody where required)
- All staff are effectively trained to address the needs of offenders, in particular that they can address the links between alcohol and/or drug misuse and offending/re-offending

5. Outcomes

5.1 Delivery of the integrated alcohol and drug early intervention and treatment service will support outcomes at a range of levels. This will include:

- Recovery from alcohol and drug dependence (including drinking within recommended safe levels)
- Improved physical and mental health and wellbeing
- Reduction in alcohol and drug-related offending and re-offending
- Improvements in ability to obtain and sustain suitable accommodation
- Improvements in ability to obtain and sustain suitable education, training and employment
- Improved relationships and social functioning
- Improvements in parenting capacity (for service users with parental responsibility)
- Increased resilience and independence

5.2 Broader system wide outcomes include:

- Reduced prevalence of illicit and other harmful drug misuse and/or alcohol misuse above recommended safe levels
- Reduction in alcohol and drug-related deaths, blood borne virus transmission and alcohol-related liver disease
- Reduction in alcohol-related hospital admissions

6. New Psychoactive Substances (”Legal Highs”)

6.1 The Manchester Public Health team has been involved in multi-agency work to address the sale of new psychoactive substances in licensed premises (e.g. off licenses). This has included communications to licensed premises to clarify responsibilities in relation to the sale of NPS and the Licensing Act and participation in multi-agency visits to licensed premises.

6.2 A piece of research work will shortly be undertaken by Manchester Metropolitan University (MMU) to assess the impact and scale of New Psychoactive Substance (NPS) use in Manchester. This will include both a focus on those individuals in contact with services and those not currently accessing services. The research will obviously inform the provision of services described above and CRI have indicated their willingness to ensure that the findings from the research are built into their service plans.

6.3 Other developments include

- the Manchester Public Health team worked with Public Health England to support the development of GMP’s 'Legal Highs' awareness leaflet for use across GM
- the young people’s substance misuse service (Eclypse) has developed awareness information aimed at young people on nitrous oxide (sometimes referred to as 'laughing gas').

6.4 Further information is provided in Appendix 2.

Appendix 1: Extract from the Specification

Service description

1. Introduction

This specification has been developed to set out Manchester City Council's requirements for a single integrated alcohol and drug early intervention, treatment and recovery service, which will be commissioned to deliver the outcomes outlined in section 5 of this report. The provider will establish and deliver the service in line with the requirements outlined in this specification and the associated contract. The specification has been written in accordance with the principles and expectations outlined in national strategy and guidance.

Wherever the term 'substance misuse' is used in this document, it refers to both alcohol and drug misuse.

The purpose of the specification is to define the range of alcohol and drug early interventions and treatment interventions that are required to ensure that individuals with alcohol and drug misuse problems are identified early and able to recover in a sustainable way. Recovery will underpin delivery of all services and interventions, supporting the principles of wellbeing, citizenship and freedom from dependence. In particular, the new service will:

- Ensure that alcohol and drug misuse is identified early to prevent problems developing
- Reduce alcohol and drug-related harm to users and those around them
- Increase the number of individuals accessing and engaging with services, with particular focus on increasing the availability of alcohol early interventions and treatment
- Work in a more holistic way to reduce alcohol and drug-related harms to others, in particular children and families
- Increase the number of individuals who recover from alcohol and drug dependence, in particular those with complex needs
- Work to ensure that individuals are able to access the range of health, housing and employment opportunities that will support their recovery

The service will be expected to deliver a balance of provision for alcohol and drug users and misusers on evidence of need but also focusing on those with the highest risk to themselves, others, or the wider community.

The integrated alcohol and drug early intervention and treatment service will be expected to deliver a range of core functions and also to work closely with other agencies and partners to ensure that there are clear and easily navigable pathways into the service and to support recovery and reintegration.

The specification outlines all the service components the provider will be required to deliver, but does not reflect a prescribed pathway through the service or sequence of interventions. The provider will need to ensure that all individuals accessing the service have a bespoke package of interventions and treatment that meets their assessed needs and recovery goals and is reviewed regularly, that interventions are

sequenced and combined to ensure maximum effectiveness, and that at all times momentum towards achieving recovery goals is maintained.

This specification does not outline the configuration or geographical location of service delivery arrangements. These will need to be agreed between the provider and commissioner during the implementation period between contract award and 'go live' date, and will be based on the following principles:

- The majority of services will be delivered from a range of community-based settings using opportunities for co-location with other agencies wherever possible and appropriate, in order to facilitate service users' access to and engagement with services
- Appropriate locations will need to be identified for the delivery of some service elements e.g. clinical treatment and needle exchange
- The provider will need to ensure that service delivery arrangements are sensitive to the needs of particular cohorts within the treatment population e.g. ensuring that recovery support for abstinent alcohol users is delivered in 'dry' environments

The provider will be expected to prioritise access for people with complex needs and/or whose alcohol or drug misuse presents a high risk of harm to themselves or others. Section 2.8 of the service specification includes identification of priority areas where the provider is expected to focus on developing partnership delivery arrangements to support this.

2. Prevention, information and training

The purpose of this service function is to:

- increase population-wide awareness about alcohol and drugs, the services that are available, and how to access help and support
- increase other services' understanding of alcohol and drug misuse and its impact, and develop their skills in identifying and working with alcohol and drug users and affected others
- provide information and support to prevent individuals from developing alcohol or drug misuse problems and related harms, and to support general health and wellbeing
- Ensure that all public-facing information is developed and delivered in line with the current evidence base and is approved by commissioners, and that information is appropriate to particular cohorts within the target audience.

3. Harm reduction

Harm reduction is defined as actions that work to reduce the health, social and economic harms to individuals, families, communities and society that are associated with the use of alcohol and/or drugs.

The provider will work proactively and flexibly to reduce the harm caused by all types/levels of alcohol and drug misuse – including harms to individuals, families and communities. Timely and high quality harm reduction information and advice covering a range of substances will be provided. Harm reduction services and interventions must be available at all stages in the treatment journey via all treatment

pathways. Harm reduction should not be seen as a stand alone service, but rather as a range of interventions to be delivered as required, in conjunction with other treatment interventions where appropriate.

The purpose of this service function is to:

- Reduce the physical health harms from alcohol and drug use, including the specific physical health risks arising from intravenous drug use (including but not limited to relapse prevention and safer injecting) and alcohol dependency
- Reduce the risks of alcohol and/or drug-related deaths
- Ensure that service users have access to information, advice and other services to support the reduction of harm and risk in other areas e.g. smoking, sexual health
- Reduce alcohol-related harm by promoting safer drinking and supporting responsible alcohol retailing work
- Reduce the risks and harms to families/carers and communities arising from individuals' alcohol or drug misuse and associated behaviour

Delivery of this function will include:

a) Needle and syringe exchange

The provider will deliver needle and syringe exchange in line with NICE guidelines in appropriate settings and at appropriate times, and coordinate and manage all activity in relation to providing the service.

The provider will ensure that needle exchange provision reflects local need and works towards full coverage of the adult injecting population. Locations for fixed-site needle exchange provision must be agreed with commissioners prior to implementation. Needle exchange provision and coverage will be reviewed periodically with commissioners based on national and local data and intelligence.

b) Blood Borne Virus (BBV) interventions

Blood born viruses can cause poor health and lead to serious disease and premature death. Rates of infection from blood borne viruses are higher than average among drug misusers, specifically those who inject drugs. The provider will deliver a range of evidence-based interventions in line with locally agreed protocols, aimed at preventing the transmission of blood borne viruses (BBV), including testing for hepatitis B and C and HIV. BBV testing should be offered at a range of access points within the service, including in needle exchange provision.

BBV interventions carried out by the provider should be delivered in line with current NICE and NHS guidance.

c) Other healthcare interventions

As part of the requirement to carry out comprehensive assessments, the provider will be expected to assess and respond to wider healthcare and harm reduction needs of individuals.

In order to ensure that service users' general healthcare needs and wider community public health requirements are met, the provider will review existing referral pathways with partner agencies and will develop robust written pathways where gaps exist.

Alcohol

All individuals accessing the service (regardless of presenting substance) will be screened for alcohol misuse using a locally agreed screening tool (unless referred for primary alcohol use with appropriate screening already completed as part of the referral), and will receive brief/extended interventions as appropriate to the outcome of this screening. For service users who are not receiving treatment for primary alcohol use, screening should be repeated periodically throughout time in treatment, to identify if alcohol use is increasing as the service user completes treatment for other types of drug use.

Overdose prevention and management

The provider will ensure that information is available from a range of sources for a range of audiences (including service users, families/carers, and individuals not currently engaged with services) on reducing and/or managing the risks of overdose, and preventing alcohol and drug-related deaths. This will include signposting to appropriate information available elsewhere e.g. FRANK website.

d) Harm reduction information for families, carers and others

The provider will be required to communicate regularly and effectively with families/parents/carers, including providing written harm reduction information.

e) Reducing alcohol and drug-related harm to others

The provider will work proactively to reduce the impact of alcohol and drug misuse on others, including families and the wider community.

i) Targeted action to reduce harm to children and vulnerable adults

In addition to the reduction of health harms to the individual and families/carers, the provider will be expected to play a role in reducing the harm to others as a result of an individual's alcohol and/or drug misuse. the provider will be expected to actively work to safeguard children, young people and vulnerable adults. This will include developing and implementing integrated approaches to safeguarding in accordance with relevant national legislation, policy and guidance, and local policy and practice guidelines issued by Manchester Safeguarding Children Board (MSCB) and Manchester Safeguarding Adults Board.

ii) Reducing alcohol and drug-related harm in communities and the night time economy

The provider will be expected to work in partnership with other agencies including neighbourhood delivery teams and licensing enforcement teams to:

- improve awareness and understanding of alcohol and drug misuse and its impact on individuals and the wider community
- provide advice, input and support to partnership work to promote and support responsible alcohol retailing and address other emerging issues e.g. new psychoactive substances
- work with partner agencies to maximise opportunities to link enforcement activity with referrals to early intervention and treatment services
- work with partners to ensure that agencies working within the night time economy are supported with appropriate training and information on service availability and harm reduction

4 Access, engagement, assessment and early interventions

It is essential that the provider works effectively and pro-actively in partnership with others to ensure that alcohol and drug misuse issues are identified early and that individuals are able to access appropriate interventions before their alcohol or drug misuse escalates and causes increased harm to the individual or those around them. Similarly, assertive approaches are needed to ensure that those individuals with longer alcohol or drug misusing histories are engaged in appropriate treatment, and that this is delivered alongside the other interventions required to address individuals' wider needs.

a) Access, triage and assessment

The service will be required to carry out triage and initial assessments on all individuals referred to the service, in order to assess immediate needs and risks and ensure service users are quickly directed to the most appropriate interventions and teams within the service, and to support the development of recovery-focused care plans for all service users.

Referrals will be taken from a range of services including (but not limited to):
- Complex dependency/early help
- Acute, primary and mental healthcare
- Criminal justice
- Social care
- Housing and homelessness
- Voluntary and community sector providers
- Self-referrals and referrals from families/carers/friends

b) Lower intensity interventions

The service will be required to deliver a range of low intensity alcohol and drug behaviour change interventions for individuals who are not assessed as needing structured/clinical treatment interventions, and/or who need support to engage with more structured treatment interventions.

For example, this will include one to one and group-based interventions aimed at:
- Providing advice and information and raising awareness of the risks, harms and wider impact of different substances (legal and illegal)

- Brief interventions and extended brief interventions for increasing and higher risk drinkers, including use of motivational interviewing techniques where appropriate
- Brief interventions and extended brief interventions for users of illegal drugs, new/existing psychoactive substances, and/or misuse of POM/OTC medication not requiring clinical interventions

Lower intensity interventions will be delivered in a range of settings that are accessible to and appropriate for individuals who do not require structured alcohol and drug treatment services.

c) Outreach, in-reach and engagement

The service will work flexibly to maximise engagement with individuals requiring any level of early intervention or treatment. The provider will implement programmes of work to proactively seek out those in need of substance misuse services and will not be reliant on self and other agency referrals.

Priority groups for outreach/in-reach work will be agreed with commissioners and reviewed periodically.

d) Other targeted activity

The provider will work proactively with other agencies to identify and engage those individuals considered to be at a higher risk of harming themselves, or causing harm to their families or communities, as a result of their alcohol or drug misuse. This will also include those individuals who may be vulnerable to serious harm from others.

The provider will carry out street outreach and work in partnership with other agencies to engage homeless populations.

The provider will work in partnership with the main sexual health service provider to deliver a weekly clinic that is targeted at men who have sex with men (MSM) and who are engaging in risky behaviour that includes injecting drug use.

The provider will develop other targeted activity in response to identified need or requests from commissioners.

5 Structured treatment

Structured treatment is defined as “a comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions. It addresses multiple/more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone. Structured treatment requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client. The plan sets out clear goals which include changes to substance use, and addressing other client needs in one or more of the following domains: physical and psychological health; criminal involvement and offending; and social functioning.

All interventions must be delivered by appropriately trained and competent staff, within supervision and clinical governance structures. Structured drug and alcohol treatment provides integrated access to specialist medical assessment and intervention, and works jointly with mental & physical health services and safeguarding & family support services according to need.

The provider will be required to pro-actively encourage service users to engage with structured interventions. Services will be accessible, inclusive and relevant to priority and under-represented groups. Deliverables include:

a) Psychosocial interventions

The provider will offer all service users a range of formal psychosocial interventions at the start of their treatment journey and at each care plan review, and will actively encourage and support take-up of these. This will include both 1:1 sessions and group work, and access to other interventions to support recovery and reintegration. All interventions will be delivered in line with current evidence bases and guidance (including NICE guidance), and will actively contribute towards achieving the goals in each service user's care plan. The purpose of psychosocial interventions will be to develop and increase recovery capital and to support the development of service user self knowledge, self-efficacy and independence.

b) Pharmacological interventions

The provider will deliver a specialist community prescribing service; this will actively work towards recovery and reducing the use of long term maintenance prescribing wherever possible and clinically safe. Substitute prescribing will be offered where required, but should not be seen as the main element of treatment and should not be delivered in isolation but as part of a broader recovery focused treatment package.

All prescribing interventions must:
- follow national guidance
- comply with local clinical governance arrangements
- respond to the needs and choice of the service user
- be preceded by a clinical assessment that builds on the service user's existing comprehensive assessment and includes a risk assessment

The individual prescribing regime will contribute towards achieving the goals in each service user's care plan.

c) Substance misuse clinical leadership
The service will provide a leadership role around the delivery of specialist clinical treatment for alcohol and drug misusers in the city. This will include:
- Providing Consultant and Specialist-General level prescribing expertise, taking account of current Public Health England guidance and ensuring that there is an adequate level of this provision to respond to local need
- Providing clinical leadership and expertise to the treatment system including but not limited to expert input around co-existing mental health and alcohol/drug misuse problems and alcohol-related brain disorders

d) Delivery in primary care settings

The provider will work closely with primary care providers and commissioners to ensure that alcohol and drug treatment interventions are available in primary care settings. This will include two key components:

- Primary care alcohol service
- Drug misuse shared care service

Wherever possible, the provider will deliver these two functions in an integrated way within primary care settings, whilst also ensuring that the staff delivering the functions have the appropriate skills and competencies to work with different treatment needs. The provider will be expected to develop a model for delivering alcohol and drug treatment within primary care settings that avoids duplication whilst ensuring that the service is accessible and attractive to both alcohol and drug misusing cohorts.

6 Recovery support

Support for recovery will underpin all elements of the service and its component functions, and the provider will deliver a range of recovery support interventions. These will either be integrated with structured treatment delivery, or delivered as follow-up support (for example, after an exit from structured treatment). The service will aim to enable independence and focus on the principle of asset building. It will provide a '5 ways to well-being' approach across the service and into recovery.

The provider will be required to work in close partnership with other agencies to maximise service users' access to services that support the development of recovery capital, and promote independence and reintegration. Recovery support interventions will include:

a) Psychosocial interventions to support relapse prevention

b) Peer support, mutual aid, and wider community support to facilitate reintegration

c) Help with education, training, volunteering and employment opportunities

d) Liaison with accommodation and housing support services

e) 'Early help' and family/parenting support services, and support for families and affected others

Appendix 2: New Psychoactive Substances

Introduction

Increasing numbers of new drugs are causing harm and are driving public concern. New psychoactive substances (NPS) are often misleadingly referred to as 'legal highs' and they pose a challenge for government, local authorities, healthcare services and the criminal justice system. The reported use of NPS remains much lower than more established drugs and the use of alcohol. (Public Health England, 2014)

What are NPSs?

The terms NPS, 'legal highs', 'designer drugs', and 'club drugs' are often used interchangeably and mean different things to different people. For example, some substances described as 'legal highs' may not be legal (and 'legal' can imply they are safe or regulated, when neither is true.) In 2013-14, 19 % of substances found in NPS drug samples collected by the Home Office forensic early warning system were controlled drugs. Also, some NPS may have been legally available when first introduced but are now controlled under the Misuse of Drugs Act.

The Home Office expert panel review of NPS, published in October 2014 defines NPS as "psychoactive drugs, newly available in the UK, which are not prohibited by the United Nations Drug Conventions but which may pose a public health threat comparable to that posed by substances listed in these conventions. They key features are that NPS are psychoactive. They stimulate or depress the central nervous system, or cause a state of dependence; have a comparable level of potential harm to internationally controlled drugs; and are newly available, rather than newly invented."

Prevalence

Based on the Crime Survey for England and Wales, it is estimated that 3,113 Manchester residents used NPS in the last year. The Council have commissioned Manchester Metropolitan University to undertake a piece of research to explore the prevalence and nature of NPS use in Manchester. The objectives of the research are to:

- Provide a review of current UK policy and guidance on NPS
- Gain a clearer understanding of the prevalence and nature of NPS use, harms and the needs of those already in contact with services in Manchester
- Demonstrate how the needs of such populations are being met, or not being met, by current service provision
- Identify gaps in service provision and staff training/knowledge needs
- Provide recommendations regarding the development and delivery of services, and future data collection and monitoring

The research is due to start this month, and a report is expected in the Spring 2016.

Tackling NPS supply and use

In May 2015, the government announced that "new legislation will ban the new generation of psychoactive drugs." The Psychoactive Substances Bill will apply across the UK and provisions include:

- Making it an offence to supply, order to supply, posses with intent to supply, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect. The maximum sentence will be 7 years imprisonment
- Provisions for civil sanctions – prohibition notices, premises notices, prohibition orders and premises orders (breach of the orders will be a criminal offence) to enable the police and local authorities to adopt a graded response to the supply of NPS in appropriate cases
- Providing powers to stop and search persons, vehicles and vessels, enter and search premises in accordance with a warrant, and to seize and destroy psychoactive substances

The Bill is at reporting stage and a further announcement is expected later in January 2016.

A number of retail premises in Manchester are selling NPS and drug paraphernalia. This has a detrimental impact on the quality of life of a local area. A partnership approach involving a number of local bodies including GMP is in place to tackle this. The Council is currently drafting a formal written warning to 4 retail premises in the city centre where there is evidence of them selling NPS and drug paraphernalia and there is evidence of anti social behaviour which can be linked back to the premises, . If premises choose to continue to sell, then a Community Protection Notice may be issued. A breach of this may result in a civil prosecution which may result in a fine.

Also, in January 2015, the Council wrote to all licensed premises in the city regarding the sale and use of NPS in licensed premises. Licensed premises were advised that the Council considers that the irresponsible sale and use of NPS in licensed premises will undermine one or more of the licensing objectives (which license holders have signed up to promoting.) Therefore, enforcement action will be taken as appropriate where the Council receives intelligence that NPS are being sold or used on licensed premises.

Service provider responses

Approaches that build resilience (by supporting people, giving them opportunities for alternative, healthier life-choices, improving their skills, decision making and social capital) has the best evidence for helping people avoid drugs and drug problems. Good education alongside accurate, relevant and accessible information is also an important part of any action to reduce harm and the demand for drugs, including NPS.

Current service provision includes:

- Healthy Schools Programme - providing alcohol & drugs specialist advice, including NPS advice, to schools across the city.
- Young Person's Substance Misuse Service – providing alcohol & drugs advice and support, including NPS advice and support, to children & young people across the city. This includes delivering awareness information to other agencies including schools.
- Adult Drug Treatment Service – providing a support and treatment service to adults with drug misuse problems, including NPS support and treatment. This includes delivering awareness sessions to other agencies on NPS.

The web site, FRANK, is often referred to as a source of trusted information and advice.

The new provider, CRI (Crime Reduction Initiatives), have a dedicated NPS web site www.strangemolecules.org.uk that will enable earlier intervention that will help to prevent escalation.

The number of people attending the drug treatment service due to NPS problems is small. PHE state that NPS and club drug users respond well to treatment and that successful completion of treatment is relatively high.

The drug treatment service is expected to be competent to provide harm reduction information and good quality treatment to residents with drug misuse problems, including NPS.