

**Manchester City Council  
Report for Resolution**

**Report to:** Health Scrutiny Committee – 30 January 2018  
**Subject:** Alcohol and Drug Services in Manchester  
**Report of:** Director of Population Health and Wellbeing

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**Summary**

The report provides the Committee with an overview of alcohol and drug Services commissioned by the Population Health and Wellbeing Team. For each service, there is a description of the service offer and current levels of investment.

The Manchester Integrated Alcohol & Drug Service for adults is provided by Change, Grow, Live (CGL) and representatives from this service will attend and present to the Committee.

**Recommendations**

The Committee is asked to note the report.

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**Wards Affected: All**

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**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.

Health Scrutiny Committee Report – 28 January 2016, Alcohol & Drug Services in Manchester, Report of Director of Public Health.

Health Scrutiny Committee Report – 29 October 2015, Reform of Public Health, Report of Director of Public Health

## **1.0 Introduction**

- 1.1 Drugs and alcohol impact on the health and wellbeing of our residents, the safety of our communities and the vibrancy and economic future of our city centre and night time economy. Manchester Health and Care Commissioning (MHCC), a partnership between the City Council and the Clinical Commissioning Group, has a key role to play as lead commissioner of services that aim to reduce the harms caused by drugs and alcohol and to prevent problems before they arise.
- 1.2 The report provides the Committee with a description of the following commissioned alcohol and drug services that work in partnership with other services to make the city safer and healthier:
- Manchester Integrated Alcohol & Drug Service for adults provided by Change, Grow, Live (CGL)
  - Young Person's Substance Misuse Service, for young people under the age of 19, also provided by CGL
  - In-patient Detoxification and Residential Rehabilitation
  - Primary Care (GP and Pharmacy contracts)
  - Dual Diagnosis Liaison Service provided by Greater Manchester Mental Health NHS Foundation Trust

## **2.0 Strategic Context (National and Local)**

- 2.1 The current National Drug Strategy (2017) has two overarching aims to:
- Reduce illicit and other harmful drug use
  - Increase the rates recovering from their dependence

And work is structured around four key themes:

- Reducing demand
  - Reducing supply
  - Building recovery
  - Global action
- 2.2 The Modern Crime Prevention Strategy (Home Office, 2016) identifies alcohol and drugs as two of the key drivers of crime and disorder. Tackling alcohol and drug related crime is one of the thematic priorities of the Manchester Community Safety Strategy.
- 2.3 The overarching purpose of the Greater Manchester Alcohol Strategy is to reduce demand on public services and address complex dependency issues through early intervention and prevention activity. It seeks to deliver three interlinked outcomes:
- Reduce alcohol related crime, anti-social behaviour and domestic abuse
  - Reduce alcohol related health harms

- Establish diverse, vibrant and safe night time economies

In recognition of the importance of joined up action on alcohol & drugs, work is underway to develop a Greater Manchester Alcohol & Drugs Strategy from 2018.

2.4 The key performance indicators (KPIs) in the national Public Health Outcomes Framework (PHOF) that are relevant to this report are:

- Successful completion of drug treatment
- Successful completion of alcohol treatment
- Deaths from drug misuse
- Hospital admission episodes for alcohol related conditions

### **3.0 Key Statistics**

- 3.1 There are an estimated 9,528 adults who are alcohol dependent in Manchester, a rate of 23.07 per 1,000 population. This is higher than the estimated national rate for England which is 13.81. It is estimated that 28% of adults in Manchester are binge drinkers, compared to 17% nationally. 32% of adults in Manchester are estimated to drink over 14 units of alcohol per week (the recommended safe limit for alcohol with at least 2 alcohol free days), compared to 26% nationally.
- 3.2 There are an estimated 4,314 adults in Manchester who are dependent on opiate (heroin) and/or crack cocaine, a rate of 11.57 per 1,000 population. This is higher than the estimated national rate for England which is 8.57. According to the Crime Survey of England and Wales (CSEW), 4.3% of adults aged 16-59 reported taking an illicit drug in the last month. Cannabis is the most commonly used drug followed by power cocaine and ecstasy for adults aged 16-59. Reported use of New Psychoactive Substances (NPS) in the last year in the CSEW 2016/17 is generally low for adults aged 16-59. Local research into the prevalence and nature of NPS amongst a number of sub populations in Manchester found high rates of prevalence and problematic use of synthetic cannabinoids or 'Spice' amongst homeless and offender populations. (Manchester Metropolitan University, 2016).
- 3.3 Rates of alcohol and drug use among young people are falling nationally. The most recent data confirms that cannabis and alcohol are the most common substances used. In the CSEW 2016/17, 9.0% of young adults aged 16-24 reported taking an illegal drug in the last month with cannabis being the most commonly used drug. In the What about YOUTH (WAY) Survey in 2014, 6 % of 15 year olds reported drinking alcohol at least once in the past week, 8% of 15 year olds reporting drinking alcohol at least once in the past fortnight, 11% of 15 year olds reported drinking alcohol at least once in the past month and 32% reported drinking alcohol at least once in the past year.
- 3.4 It is estimated that 13% of alcohol dependent individuals (aged 15-64) were in structured treatment in the period 2014/15. This compares to 1% nationally. It is estimated that 51% of opiate and/or crack cocaine dependent individuals

(aged 15-64) were in structured treatment in the period 2014/15. This compares to 50% nationally. 199 young people (aged under 19) were in structured treatment in 2016/17.

#### 4.0 Alcohol & Drug Services in Manchester

##### 4.1 Manchester Integrated Drug & Alcohol Service

Provider	Change, Grow, Live (CGL)
Service name	Manchester Integrated Drug & Alcohol Service
Contract value (annual)	£5,976,000.00
Contract dates	1 April 2016 to 31 March 2019 (with the option to extend for a further 2 years)

4.1.1 The service is for adults (aged 18 +) and provides a number of key components summarised below:

- i) **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, resulting in increased capacity for prevention of alcohol and drug-related harm.
- ii) **Engagement and early intervention, including harm reduction.** A single referral, triage and assessment process for all alcohol and drug interventions delivered from a range of community-based settings including early help hubs and homeless/rough sleeper settings.
- iii) **Structured treatment.** A comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions that will address multiple/more severe needs.
- iv) **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.

4.1.2 The service is now available city wide in a range of community-based settings in Manchester, and provides a single access, assessment, and care coordination process for all alcohol and drug misusers. The service is 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 works with users/misusers of a range of substances including alcohol, illegal drugs, new psychoactive substances (NPS) and misusers of prescription/over the counter medication. As well as providing clinical treatment for alcohol and drug dependency, the service works in partnership with other services to support individuals to achieve a range of recovery goals. These partnership arrangements are summarised below.

- i) Acorn Housing Association Ltd who deliver structured group work programmes, including RAMP (Recovery and Motivation Programme)

which aims to motivate people to consider and become abstinent from alcohol or drugs and DEAP (Dependency Emotional Attachment Programme) for people who have achieved abstinence and are motivated to achieve long term recovery.

- ii) Emerging Futures who deliver asset based community development (ABCD) across the city, engaging with people in treatment for 2 years or more.
- iii) LGBT Foundation who support people to access structured treatment, support people involved in chemsex and provide harm reduction advice to communities.
- iv) The Work Company deliver the 'Building Employability and Self Confidence' programme, finding volunteering and employment opportunities and access to mentoring schemes.

#### 4.1.3 Key Performance Indicators (KPIs)

These are provided in Appendix 1.

#### 4.1.4 A Case Study

Profile	John (pseudonym) is aged 47. John had previously been in the armed forces for 9 years. He had never accessed alcohol or drug services before.
Presenting Concerns	John was assessed in May 2016, on assessment by the alcohol nurse he reported to be drinking a bottle of vodka daily (between 28-35 units a day). He had been drinking at this level for the past 5 years following the death of his father. He had close relationships with his mum and sister. He had a diagnosis of severe epilepsy (was receiving treatment from his GP)
Support and Outcomes	It was assessed and agreed that John would require an in-patient alcohol detoxification owing to his epilepsy, referral was made to the alcohol care managers and further preparation work carried out by the alcohol nurse. Prior to admission John was admitted to an acute hospital following a seizure and his detoxification was completed whilst an inpatient. On discharge the alcohol nurse continued to see on a one to one basis for support and it was identified that John would attend DEAP (Dependency, Emotional Attachment Programme) provided by the service. Support continued to be provided by the alcohol nurse up until the end of July to ensure that he felt that DEAP was meeting his needs and to ensure that alternate plans could be put in place. John stated DEAP on the 4 <sup>th</sup> July 2016, during this 12 week programme John experienced a number of significant life

	<p>events including sadly the death of his mum. He discussed his support needs in group and his peers made plans to stay with him for the next week, met him following the funeral so that he would not feel pressured to attend the “wake”.</p> <p>John graduated from DEAP in September 2017 and then took up a volunteer position providing support within the Integrated Alcohol &amp; Drug Service.</p> <p>In December 2017 John went on to gain full time employment with Acorn Housing Association Ltd.</p>
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## 4.2 Young Person’s Substance Misuse Service

Provider	Change, Grow, Live (CGL)
Service name	Eclipse (Young Person’s Substance Misuse Service)
Contract value (annual)	£531,697.00
Contract dates	1 July 2017 to 31 March 2019 (with the option to extend for a further 2 years). Please note that the service was acquired by CGL on 1 July 2017 due to the previous provider going into administration.

4.2.1 The service is for young people under the age of 19 who are using or at increased risk of using any substance. The service employs assertive outreach and motivational techniques to work with young people and families who may be reluctant to enter treatment. A peripatetic model operates citywide where young people and their families can receive support in the community, at a location/venue most convenient and comfortable for them. This includes home visits, schools, and youth centres.

4.2.2 For those that do enter treatment, a comprehensive assessment which appraises all risk and protective factors is undertaken and actively seeks to involve parents/carers and other professionals involved with the young person (where appropriate.) Specialist treatment/interventions such as psychosocial interventions are delivered, under-pinned by a young person led care plan involving family members and professionals where appropriate. The service delivers a model that proactively reaches out to young people.

### 4.2.3 Key Performance Indicators (KPIs)

These are provided in Appendix 2.

### 4.2.4 A Case Study

Profile	Adam (pseudonym), aged 9
Presenting concerns	Adam has been involved with the Eclipse Service for a sustained period of time due to the ongoing concerns with regards to parental alcohol use and the impact that this was having on Adam’s behaviour, both in school and at home.
Support & outcomes	Adam has been attending weekly 1-2-1 sessions in school covering topics such as substance use, support networks,

	<p>emotional literacy and resilience.</p> <p>During the time Eclypse has worked with Adam, his mother successfully completed a 12-month rehabilitation programme and returned to the family home.</p> <p>Eclypse supported Adam to look at his concerns, worries and feelings with regards to his mother re-entering his life. During this time Adam was very unsettled and there was a deterioration in his behaviour, with Adam stating he was very angry. Eclypse worked with Adam to help him recognise this anger and deal with it in a more constructive way, supporting him to share his feelings and fears about his mother's health, and to open up about the impact alcohol has had on his life. Adams mother sadly passed away due to her continued use of alcohol.</p> <p>Eclypse will continue to work with Adam to support him through this difficult time, including the development of a 'storyboard' about the passing of his mother and helping Adam to look to the future more positively.</p> <p>Eclypse have also been instrumental at involving Early Help, Social Care and Child and Adolescent Mental Health Services (CAMHS) in Adams care, advocating for Adam and ensuring his voice has been heard. Eclypse have also completed sessions with both Adam and his Grandmother to look the Family Care Plan.</p>
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#### 4.3 Alcohol & Drugs In-patient Detoxification and Residential Rehabilitation

Provider	Various providers (Greater Manchester Framework Contract) 10 In-patient Detoxification providers 29 Residential Rehabilitation providers
Service name	Alcohol & Drugs In-patient Detoxification or Alcohol & Drugs Residential Rehabilitation
Budget (annual)	£1,046,176.00 (for spot purchasing)
Contract dates	1 May 2017 to 31 March 2019 (with the option to extend for a further 2 years)

##### In-patient Detoxification Service

- 4.3.1 The service provides short episodes of alcohol and/or drug specialist treatment interventions in a hospital or in-patient setting, including assessment, stabilisation and assisted withdrawal/detoxification, where it is not possible or safe to provide these interventions in the community. This normally includes 24 hour medical cover and multidisciplinary team support and relates to:



**i) Medically managed treatment characterised by:**

- Care for clients whose severe and complex medical and/or psychiatric needs require supervision in a controlled medical environment
- A planned programme of medically supervised evaluation, care and treatment of mental and substance related disorders, delivered in acute care in-patient settings by clinicians including psychiatrists with appropriate substance misuse qualifications
- 24 hour clinical cover for medically supervised evaluation and withdrawal management

**ii) Medically monitored treatment characterised by:**

- Care planned assessment, stabilisation and assisted withdrawal/detoxification delivered in non-acute residential settings under clinically approved and monitored policies, procedures and protocols
- 24 hour nursing cover for more complex cases with greater needs
- Care for clients with lower levels of dependence, without severe medical and/or psychiatric problems

Residential Rehabilitation Service

4.3.2 The service provides placements for residents who have been assessed by the Alcohol & Drugs Social Work Team as requiring this as part of their treatment and care plan. Residential rehabilitation provides accommodation, support and rehabilitation to clients with complex alcohol and/or drug issues who may have co-existing physical and/or mental health needs. These are delivered where illicit drug and/or alcohol use is not permitted. There are a range of approaches to delivering residential rehabilitation, including 12 step programmes, therapeutic communities, cognitive behavioural and social learning, personal and skills development, and faith based programmes. Some services target specific groups of clients and provide programmes tailored to particular needs, for example, pregnant women and women with children, individuals with severe and enduring mental illness.

4.3.3 Activity Data

This is provided in Appendix 3.

**4.4 Primary Care (GPs and Community Pharmacies)**

Provider	Various GP Practices and Community Pharmacies (Cost and Volume Contracts) 18 GP contracts for Drug Misuse 'Shared Care' 93 Community Pharmacy contracts for Observed supervised administration (OSA) 16 Community Pharmacy contracts for Needle Exchange
Service name	Drug misuse 'Shared Care' (GPs)

	OSA (Community Pharmacies) Needle Exchange (Community Pharmacies)
Budget (annual)	£389,589.00
Contract dates	1 April 2013 to 31 March 2019 (annual contracts that have been rolled over since 1 April 2013)

#### Drug Misuse 'Shared Care'

- 4.4.1 The service provides assessment, treatment and regular review of registered patients who are problematic drug users. Practices work with the Manchester Integrated Drug & Alcohol Service to agree treatment options for patients. GPs are required to undertake drug screening as appropriate, undertake screening for blood borne viruses and take appropriate action such as refer to treatment, prescribe substitute medication and carry out an annual health assessment. 8 practices are required to initiate prescribing, treat unregistered patients when required, and ensure that a full health assessment is undertaken with new patients.

#### Observed Supervised Administration (OSA)

- 4.4.2 The service supervises the consumption of medication prescribed for opiate substitution to clients of the Integrated Drug & Alcohol Service. The service must ensure that prescribed medication is consumed under professional supervision and that appropriate information is recorded. A confidential service must be provided and the service is required to signpost on to other services when appropriate and provide advice on safer lifestyles. Consultation/the supervision of prescribed medication must take place in a designated area/private room.

#### Community Pharmacy Needle Exchange

- 4.4.3 The service provides sterile needles and syringes, and sharps boxes for the safe return of used equipment. Associated health promotion materials are provided, for example, information on safe injecting practice and advice on reducing the transmission of infections. A user friendly, non- judgemental, client centred, and confidential service is provided. Support and advice is provided such as signposting to other professionals and referring to the Integrated Alcohol & Drug Service.

### **4.5 Dual Diagnosis Liaison Service**

Provider	Greater Manchester Mental Health NHS Foundation Trust (GMMH)
Service name	Dual Diagnosis Liaison Service
Budget (annual)	£141,159.00
Contract dates	1 April 2013 to 31 March 2019 (annual contracts that have been rolled over since 1 April 2013)

4.5.1 The service provides a liaison service across mental health and alcohol & drug services in Manchester. The key components are summarised below:

- i) **Training** – the service delivers core skills in dual diagnosis training to all practitioners from alcohol & drug and mental health services. This is to ensure that practitioners are competent in the essential skills required to work with individuals experiencing both problems. Advanced skills training is also offered to practitioners.
- ii) **Policy and procedure development** – the service develops and reviews joint working policies and procedures between alcohol & drug services and the mental health services. This includes a local policy on how both services should respond to individuals with co-existing alcohol and/or drug problems and mental health problems.
- iii) **Consultation and advice to practitioners** – the service offers consultation and advice to support practitioners with individual clients. This may involve providing advice about other services that are available and development needs.

4.6 A brief summary of other investments is provided in Appendix 4.

## 5. Summary

The commissioned services described in the report will be monitored under the MHCC arrangements. There have been some welcome improvements in performance compared to previous providers, however, it is acknowledged that there is still work to do to improve outcomes to narrow the gap between Manchester and the rest of the country.

## 6. Recommendation

The Committee is asked to note the report.

## **Appendix 1 – KPIs for the Alcohol and Drug Services**

### **1) 3 Weeks Wait – latest data up to October 2017**

- 0 % of opiate clients waited beyond 3 weeks for an intervention. This compares against 1.3 % nationally.
- 2.6 % of non-opiate clients waited beyond 3 weeks for an intervention. This compares against 2.0 % nationally.
- 0 % of alcohol clients waited beyond 3 weeks for an intervention. This compares against 2.5 % nationally.

### **2) Retained in treatment for 12 or weeks or completed treatment within 12 weeks from 01/07/16 – 30/06/17:**

- 94.9 % of opiate clients were retained in treatment for 12 or more weeks or completed treatment within 12 weeks. This compares against 94.8 % nationally.
- 79.6 % of non-opiate clients were retained in treatment for 12 or more weeks or completed treatment within 12 weeks. This compares against 86.0 % nationally.
- 76.7 % of alcohol and non-opiate clients were retained in treatment for 12 or more weeks or completed treatment within 12 weeks. This compares against 87.4 % nationally.

### **3) Average length of time in treatment - Up to 30/09/17:**

- The average length of time in treatment for opiate clients was 6.3 years. This compares to 5.0 years nationally.
- The average length of time in treatment for non-opiate clients was 4 months. This compares to 7 months nationally

#### **In 2016/17:**

- The length of a typical treatment period for alcohol clients is just under 6 months. This compares to just over 6 months nationally.

### **4) Successful Completions from 01/04/16 – 31/03/17:**

- 7.4 % of opiate clients successfully completed treatment (159 out of 2,158 clients.) This compares to the start of the top quartile range for comparator local authorities. The national average is 7.0 %.
- 30.5 % of non-opiate clients successfully completed treatment (80 out of 262 clients.) Manchester are below the top quartile range for comparator local authorities. The national average is 41.0 %.
- 31.1 % of alcohol clients successfully completed treatment (265 out of 853 clients.) This compares to a national average of 39.8 %.

### **5) Deaths in treatment from 01/04/17 – 30/09/17:**

- 0.8 % opiate clients had a treatment exit reason of death (15 out of 1,804 clients). This compares against 0.6 % nationally.
- 1.2 % of non-opiate clients had a treatment exit reason of death (2 out of 163 clients.) This compares against 0.1 % nationally.
- 0.7 % of alcohol clients had a treatment exit reason of death (4 out of 550 clients.) This compares against 0.7 % nationally.

## **Appendix 2 – KPIs for the Young Persons Substance Misuse Service**

### **1) Numbers in specialist treatment from 01/04/17 – 30/09/17:**

- 126 young people were in specialist treatment including 43 new presentations to the service.

### **2) 3 Weeks Wait from 01/04/17 – 30/09/17:**

- 100 % of young people did not wait over 3 weeks for their first intervention. This compares to 97 % nationally.

### **3) Average length of time in treatment**

Young people generally spend less time in specialist treatment than adults because substance misuse is not as entrenched. However, those with complex needs often require support for longer.

From 01/04/17 – 30/09/17 the average length of time in specialist treatment in Manchester was 27 weeks. This compares to 22 weeks nationally.

### **4) Successful completions from 01/04/17 – 30/09/17:**

- 96 % (65 young people) successfully completed treatment. This compares to 81 % nationally.

### **Appendix 3 – Activity Data Detoxification and Rehabilitation**

#### **1) Number of in-patient detoxification placements**

- In 2016/17, there were 180 placements.
- From 01/04/17 – 30/09/17, there were 108 placements

#### **2) Number of residential rehabilitation placements**

- In 2016/17, there were 38 placements.
- From 01/04/17 – 30/09/17, there were 18 placements

#### Appendix 4- Other Investments

Provider	Manchester City Council
Service name	Alcohol & Drug Social Work Team
Budget (annual)	£247,514.00
Contract dates	No contract. Payment is made via inter-departmental transfer
Summary	The budget pays for the salaries of 5 staff (including a social worker working on service user and carer involvement.) The service works in partnership with the Manchester Integrated Drug & Alcohol Service and lead on Adults Safeguarding cases.

Provider	Great Places Housing Group
Service name	Docherty House
Budget (annual)	£80,844.00
Contract dates	1 April 2016 – 31 March 2019 (annual contract that has been rolled over on an annual basis since 2013.)
Summary	The budget pays for the social care element of provision at Docherty House which is a supported housing project or 'wet' provision for individuals with alcohol problems who are still drinking. The service is monitored by the Supported Housing commissioner.

Provider	Frank Cohen Support Group
Service name	Frank Cohen Support Group
Budget (annual)	£14,007.00
Contract dates	1 April 2016 – 31 March 2019 (annual contract that has been rolled over on an annual basis since 2013.)
Summary	The budget pays for the rent for the premises in Moston for the Group. The Group is a peer led support group for local residents with alcohol & drug problems in north Manchester. The Group is attended mainly by individuals with alcohol problems but, is open to individuals with problems with any substance.