Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 12 January 2022

Subject: Alcohol, Drugs, and Tobacco Addiction Treatment Services in Manchester

Report of: The Director of Public Health

Summary

The report provides the Committee with an overview of the Drug and Alcohol Treatment and Support and Tobacco Addiction Treatment Services commissioned by the Manchester Population Health/Public Health Team. For each service there is a description of the service offer, an outline of the performance and an overview of the successes and challenges.

The Manchester Drug and Alcohol Treatment and Support Service and Tobacco Addiction Treatment Service is provided by Change, Grow, Live (CGL) and representatives from this service will attend the Committee.

Recommendations

The Committee are asked to note the contents of the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
Creating the conditions for people to live healthier lives (for example, reduced smoking, reduced alcohol and/or drug use) will impact not only on population health but also on the wider environment (for example, improved air quality, reduction in anti-social behaviour and crime.) CGL consistently report that most waste generated by their service is diverted from landfill to recycling into various products or utilised in generating renewable energy, thereby supporting the zero-carbon target for the city. Also, 65 discarded needle litter picking sessions were delivered by CGL between 1 April 2021 – 30 September 2021.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The Our Manchester Strategy underpins the work presented in this report.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection): None

1.0 Introduction

1.1 Substance misuse is a significant challenge for many residents of Manchester. It includes the use of illegal drugs and the inappropriate use of legal substances such as alcohol and tobacco. Whether through overindulgence in alcohol, misuse of prescription medication, or use of illegal drugs, such misuse is harmful to health and can become addictive. Although these issues are sometimes seen as less serious than each other and the issues associated with them can be different, there are common themes and substance misuse takes place across a spectrum ranging from problematic to life threatening.

1.2 This report provides the Committee with a description of the following alcohol, drug and tobacco addiction services, that are commissioned by the Population Health Team and that work in partnership with other services to improve the health and wellbeing of our residents and communities: -

- Manchester Integrated Alcohol & Drug Service for adults provided by Change, Grow, Live (CGL)
- Young Person's Specialist Substance Misuse Service, also provided by CGL
- In-patient Detoxification and Residential Rehabilitation Services provided by various providers
- Primary Care Community Pharmacy Services provided by various providers
- Manchester Dual Diagnosis Liaison Service provided by Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Drug and Alcohol Social Work Team, delivered by Manchester City Council (MCC)
- Tobacco Addiction Treatment Service (Be Smoke Free) provided by CGL

1.3 Also, links are made to three other services or programmes: -

- GM Smoking in Pregnancy Service provided by Manchester University NHS Foundation Trust (MFT)
- CURE programme provided by MFT
- Alcohol Care Teams (ACTs) that are being developed by MFT

2.0 Strategic Context (National and Local)

2.1 <u>Tobacco</u>

2.1.1 The World Health Organisation (WHO) states that "the tobacco epidemic is one of the biggest public health threats that the world has ever faced" and that it kills up to half of its users. Smoking is the biggest cause of preventable disease in the UK and in Manchester. It results in the premature death of many Manchester residents each year and may negatively impact on the health of the smoker and those that they live with, including children, for many years. Smoking impacts heavily on personal and family poverty, with a smoker of 20 cigarettes a day spending in the region of £3,650 per year for the cheapest brand of duty paid tobacco

2.1.2 Smoke free Generation: the national tobacco plan sets an ambition for England to be Smoke free by 2030. Achieving this ambition is a prerequisite for its intention to increase healthy life expectancy by 5 years by 2035. This plan adopts the WHO Framework Convention on Tobacco Control which recommends a whole system multi agency approach to tobacco control. The Manchester Tobacco Plan is based on the WHO Framework and Smoke free Generation, and many of our workstreams have been co-designed and co-delivered with GM Health & Social Care Partnership.

2.2 Drugs & alcohol

2.2.1 From Harm to Hope: a ten-year drugs plan to cut crime and save lives (6 December 2021) is the new national Drug Strategy. From Harm to Hope is underpinned by a clear recognition that illegal drugs cause damage to our society, affecting both individuals and neighbourhoods. The collective ambition of the strategy is to achieve a generational shift in the country's relationship with drugs and to reduce overall drug use. To do this, From Harm to Hope has three overarching priorities: -

- Break supply chains
- Deliver a world class treatment and recovery service
- Achieve a shift in the demand for recreational drugs

2.2.2 The above priorities reflect the recommendations outlined in part 2 of the Dame Carol Black Review, an independent review commissioned by the Home Office in 2020 to explore the challenges of drug supply and demand, and recommendations for drug prevention and treatment to help more people recover from dependence. The review provided detailed analytical insights into the complexities of the illicit drug market, the scale of the challenge ahead, and also provided the government with evidence-based recommendations on how we can reduce the demand for illegal drugs, decrease drug related deaths and get more people into higher quality services, the latter of which is reflected in the above priorities.

2.2.3 From Harm to Hope recognises the need for alignment between national expectations and local delivery. A local outcomes framework will be introduced to sit alongside the national outcome framework detailed in the strategy and will cover all three of the strategic priorities. To support this work, the strategy identifies an additional £780 million that will fund the first three years of a decade-long transformation of drug treatment and wider recovery support services. This includes the extension of additional grant funding that was made available via the Office for Health Improvement and Disparities (OHID) in 2020 and a 'place based approach' to targeted funding for the 50 areas with the highest level of need in year 1, subsequent 50 in year 2 and remaining areas in year 3. This does not affect the Public Health Grant allocation.

2.2.4 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.

2.2.5 In recognition of the importance of joined up action on alcohol & drugs, Manchester works closely with the other Greater Manchester local authorities, supported by the Greater Manchester Combined Authority (GMCA). Following public consultation in 2018, the Greater Manchester Drug & Alcohol Strategy 2018-21 was developed to set out a collective approach to reducing the harm caused by substance misuse in our communities, and the pressures on public services. An Implementation Plan supports delivery of the strategy, however more recently, a Greater Manchester Drug & Alcohol Transformation Board has been established to support the extension of the strategy to 2023 and identify commitments to prioritise.

2.2.6 The Manchester Population Health Plan 2018-2027 describes the city's overarching plan for reducing health inequalities and improving health outcomes. This includes reducing preventable disease caused by smoking and reducing the harm caused to individuals and communities by problematic substance misuse. Drug, alcohol, and tobacco addiction often co-exist with deprivation, poor mental health, stressful life events such as homelessness. Ensuring that physical and mental health needs are addressed as part of an integrated approach is an important part of reducing harm and supporting recovery.

2.2.7 The key performance indicators (KPIs) in the national Public Health Profiles that are relevant to this report are -

Smoking 4 week quit rates
Smoking related deaths
Hospital admissions attributable to smoking
Successful completion of drug treatment
Successful completion of alcohol treatment
Hospital admission episodes for alcohol specific conditions
Drug related deaths

3.0 Key Statistics

3.1 <u>Smoking rates and smoking related disease</u>

3.1.1 The latest data from the Office of National Statistics (ONS) Annual Population Survey (Q2-4, 2020) suggests that smoking prevalence among adults aged 18 and over in Manchester is 20.8% (95% confidence intervals 15.4%-26.2% which is wider than normal.) This compares with 12.1% for England and 14.9% for Greater Manchester (GM.) (Note that due to the Covid-19 pandemic, the data collection methodology for this indicator has significantly changed such that the current figure is not comparable with previously published data and it isn't possible to determine whether the latest published data represents an increase or decrease on previous years.) Smoking rates are higher in more deprived areas of Manchester and some groups typically experience higher rates of smoking such as people in routine and manual occupations, people with mental health problems, homeless people, the LGBTQ community and some BAME groups. The tobacco plan recommends

a targeted approach for these groups and Be Smoke Free is specified to focus on the most deprived areas in the city and the groups mentioned above.

3.1.2 There were an estimated 4,393 hospital admissions attributable to smoking in Manchester residents in 2019/20, a rate of 2,422 admissions per 100,000. This compares with 1,398 per 100,000 for England.

3.1.3 In the 3-year period 2017-2019, there were estimated to be 1,910 deaths attributable to smoking in Manchester residents, an average of 637 per year. This equates to a rate of 388.5 deaths per 100,000 population compared with 202.2 per 100,000 in England.

3.2 Drugs & alcohol prevalence

3.2.1 There are an estimated 8,671 adults who are alcohol dependent in Manchester, a rate of 20.4 per 1,000 population. This is higher than the estimated national rate for England which is 13.7. 23.4% 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 22.8% nationally.

3.2.2 There are an estimated 4,150 adults in Manchester who are dependent on opiate (heroin) and/or crack cocaine (OCU), a rate of 10.7 per 1,000 population. This is higher than the estimated national rate for England which is 8.9. According to the Crime Survey of England and Wales (CSEW) in the year prior to March 2020, 1 in 11 adults (aged 16-59) and 1 in 5 younger adults (aged 16-24) reported past year drug use, although recent research suggests the CSEW under reports prevalence by up to 20%. Between 2013 to March 2020, the proportion reporting past year drug use increased by 15% in adults and 28% in younger adults. This rise was mainly driven by Class A drug use and the use of powder cocaine. (Manchester Metropolitan University, 2021.)

3.2.3 National statistics for pupils (mainly aged 11 to 15) show that after large increases between 2014 (14.6%) to 2016 (24.3%); lifetime prevalence of drug use in 2018 (23.7%) was similar to 2016, as was past year (17%), and past month drug use (9%). The rate of drug use increases dramatically with age; 9% of 11-year-olds reported ever having taken drugs compared to 38% of 15-year-olds (NHS Digital, 2019). Local authority-level prevalence data for school age pupils is not available.

3.2.4 According to part 1 of the Dame Carol Black Review, cuts to funding in treatment and other support services had led to an increase in unmet treatment need. The proportion of OCUs not in treatment in Manchester is 45% which is lower than the proportion for England (53%.) The proportion of dependent alcohol users not in treatment in Manchester is 85% which is higher than the proportion for England (82%.) According to a GMCA review in 2021, the gap between the estimated need for alcohol treatment and the actual numbers in treatment services is so large that even a massively

expanded treatment system would struggle to help all these people estimated to be in need.

3.2.5 There were 141 young people in treatment in Manchester during 2020/21, a reduction of 17% when compared to the previous year. The main drugs used were cannabis and alcohol.

3.2.6 There were an estimated 1,066 per 100,000 hospital admission episodes for alcohol specific conditions in Manchester in 2019/20 (this equates to 4,095 admission episodes.) This compares with a rate of 644 per 100,000 in England.

3.2.7 There were 120 drug related deaths in Manchester from 2018-20, a rate of 9 per 100,000. This compares with a rate of 5 per 100,000 in England.

4.0 Tobacco Services in Manchester

4.1 Tobacco Addiction Treatment Service

Provider	CGL (Change Grow Live)
Service name	Be Smoke Free
Annual budget, 2021/22	£656,984

4.1.1 Be Smoke Free was designed in line with NICE guidance for Specialist Stop Smoking Services (NG 92, March 2018.) Two core principles were reflected in the service design –

- Smoking (or any kind of tobacco use) causes an addiction because it contains nicotine, a highly addictive psychoactive drug. Nicotine itself is harmless physiologically to most people, but the tobacco is highly toxic and carcinogenic. Whilst behaviour is influenced by social and psychological factors, it is extremely hard to change these behaviors' whilst the brain and smokers' body are addicted to nicotine. Giving up smoking is not simply a matter of 'will power.' Smokers have an addiction which should be treated using pharmacotherapy, as are other addictions, to support withdrawal. This acceptance of smoking and tobacco use as an addiction is central to how the service was designed.

- Knowing that illness, deprivation, stress, cultural norms and easy access to cheap, illicit tobacco in some parts of Manchester, make it extremely hard for some people to stop smoking, we determined that a highly mobile nurse led service was needed which could work in the community including in peoples homes, prescribing and supporting stop smoking medications directly, in person, as part of regular stop smoking support sessions. We called this a 'one stop shop' model and the ethos is to reduce barriers to treatment by making access to medicine and support as easy as possible with as few steps as possible.

4.2 Impact of Covid-19

4.2.1 Be Smoke Free launched on 1 April 2020 (during lockdown) at a time when no face to face work could take place. In line with national guidance, a digital service was launched and Nicotine Replacement Therapy (NRT) was offered from the outset to smokers needing this. A medication called Verenicline is now also offered and supplied. In response to the easing of restrictions in August 2021, a hybrid service is now in place which includes face to face appointments and community clinics and events.

4.3 Key Performance Indicators

4.3.1 Activity levels and performance indicators have exceeded expectations. See Appendix 1.

4.4 GM Smoking in Pregnancy Service

4.4.1 The GM Health & Social Care Partnership (GMHSCP) lead and performance manage this initiative which started in 2017 (as part of the Saving Babies Lives work.) Manchester University Hospital NHS Foundation Trust (MFT) are the provider. This GM pathway means that all women booked to receive maternity services have their smoking status checked (using Carbon Monoxide Validation) and are advised of the risks to themselves and the baby during pregnancy and after delivery if they smoke. Women are offered stop smoking treatment in line with NICE guidance on an opt out basis. Women that do not 'opt in' are asked to take part in more comprehensive 'risk perception' training. Furthermore, some women qualify for inclusion in an incentive scheme which offers shopping vouchers if they remain smoke free before and after pregnancy. An in-maternity stop smoking service was designed for Manchester women and this is provided by midwives and midwifery support workers alongside the provision of NRT. The service is considered to be a great success. It was a new development for GM and has received national recognition.

4.4.2 The national tobacco control plan includes an ambition to reduce smoking in pregnancy to 6% by 2022 (this is measured at the time of giving birth.) In Manchester, the smoking at time of delivery (SATOD) rate has been falling in recent years and is 8.9%. The national average for SATOD is 9.6%.

4.5 CURE Programme

4.5.1 This initiative is led by the NHS and provided by MFT. The programme treats hospital in-patients at Wythenshawe Hospital who are referred to Be Smoke Free on discharge. Be Smoke Free and the Population Health Team have worked closely with CURE to develop pathways and information sharing. Planning is taking place for the roll out of CURE to north Manchester Hospital and the MRI.

5.0 'Be Smoke Free' Successes and Challenges

5.1 Despite the service exceeding expectations, smoking prevalence rates in Manchester remain stubbornly high. Service user feedback indicates that 86% of people are happy to recommend the service to others. The Covid-19 pandemic has brought into sharper focus the need to address underlying health inequalities caused by smoking. In 2022, it is hoped to extend the number of community venues from which the service can see smokers, and for these to be spread across the city with a focus on areas where smoking prevalence is highest. Developments will be influenced by the pandemic and, at the time of writing, new restrictions are possible due to Omicron.

5.2 Vaping (Electronic Cigarette) Pilot

5.2.1 E-cigarettes have grown in popularity in recent years and can be an effective way to stop smoking. When regulated devices are provided, they are thought to be 95% safer than smoking cigarettes. At the time of writing, they may soon be available on prescription to smokers as a licensed stop smoking medicine. E-cigarettes or vaping devices are essentially another form of NRT.

5.2.2 Be Smoke Free started to deliver the Vaping Pilot in October 2021. To date, 129 devices have been provided. The monitoring of this method of treatment is like other forms of NRT and the aim is to stop smoking and to stop smoking in due course.

5.3 Shisha and Non-Smoked Tobacco Pilot

5.3.1 In some communities in Manchester, other forms of tobacco use are very popular. The use of shisha in domestic or café settings and chewing tobacco also present serious risks to health. Be Smoke Free will be starting this pilot in January 2022 which will involve outreach to communities where shisha and chewing tobacco are used.

5.4 Very Brief Advice about Covid-19 vaccinations

5.4.1 Be Smoke Free are supporting the vaccination programme by taking a 'making every contact count' approach and having brief conversations with service users about whether they have been vaccinated and if not, encouraging them in a supportive way to do so.

5.5 Pharmacotherapy challenges

5.5.1 Be Smoke Free are required to provide combination pharmacotherapy (which means NRT, Bupropion and Varenicline.) Operating a digital service meant it wasn't possible to supply Bupropion due to the requirement to monitor blood pressure. Be Smoke Free are hoping to deliver this in 2022. Since late 2020, there has been a national supply alert for one of the most popular medications, Varenicline. This is due to manufacturing and safety issues. The shortage has continued for longer than expected but has now been resolved. Many

smokers request this medication and it is assumed that quit rates have been negatively impacted by this shortage.

6.0 Drug & Alcohol Services in Manchester

6.1 Integrated Drug & Alcohol Treatment and Support Service

Provider	CGL (Change Grow Live)
Service name	CGL Manchester
Annual budget, 2021/22	£6,237,358.00 (adults) + £646,031 (young people) Note – additional OHID (Office of Health Improvement & Disparities) Grant contribution not included in these figures. See paragraph 7.2 below.

6.1.1 The drug & alcohol treatment & support service provides the following key components –

- **Prevention & self-care including training on alcohol & drugs for other providers and services.** A comprehensive programme of drug & alcohol awareness and early intervention training, resulting in increased capacity for prevention of drug & alcohol related harm.

- **Engagement and early intervention including harm reduction.** A single referral, triage and assessment process for all drug & alcohol interventions delivered from a range of community settings including early help hubs and homeless/rough sleeper settings. The provision of Needle & Syringe Programmes (NSP) across service sites. The distribution of naloxone, a medication used to block the effects of opiates, to assist in reversing opiate overdoses and reduce drug related deaths.

- **Structured treatment**. A comprehensive package of concurrent or sequential specialist drug & alcohol focused interventions that address multiple/more severe needs.

- **Recovery support.** An increased focus on recovery from drug & alcohol dependence so that more individuals successfully complete their treatment and are able to access education, training and employment opportunities and reintegrate into the community.

6.1.2 The service is available to access citywide both digitally and in a range of community settings. The service is available through a range of referral pathways with a particular focus on those individuals and groups who pose a high risk of harm to themselves and others. The service works with users/misusers or a range of substances including alcohol, illegal drugs, prescription and over the counter medication. As well as providing clinical treatment for drug & alcohol dependency, the service works in partnership with other services to support individuals to achieve their goals. These arrangements are summarised below –

- Acorn Housing Association who deliver structured group work programmes including RAMP (Recovery and Motivation Programme) which aims to motivate people to consider and become abstinent from drugs or alcohol and DEAP (Dependency Emotional Attachment Programme) for people who have achieved abstinence and are motivated to achieve long term recovery.

- Emerging Futures who deliver asset-based community development (ABCD) across the city, engaging with people in treatment for 2 years or more.

- LGBT Foundation who support people to access structured treatment, support people involved in chemsex and provide harm reduction advice to communities.

6.1.3 KPI information is provided in Appendix 2.

6.2 Eclypse (Young Person's Specialist Substance Misuse Service)

6.2.1 The service is for young people under the age of 19 who are using or at increased risk of using any substance or those up to the age of 25 who may be best served in a young person's service (for example, due to learning needs). 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. Under normal circumstances this includes home visits, schools and youth centres, however the service is now also offering triage and assessment via online digital platforms where appropriate.

6.2.2 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.

6.2.3 Key Performance Indicators (KPIs) is provided in Appendix 3.

6.3 Drugs & alcohol In-patient Detoxification and Residential Rehabilitation

Provider	Various providers (Greater Manchester Framework contract) 10 in-patient detoxification providers 29 residential rehabilitation providers
Service name	Drugs & alcohol in-patient detoxification or drugs & alcohol residential rehabilitation

Annual budget, 2021/22	Approximately £1M (for spot purchasing) Note – additional OHID Grant not included in this figure. See paragraph 7.2 below.

6.4 In-patient detoxification service

6.4.1 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

6.5 Residential Rehabilitation Service

6.5.1 The service provides placements for residents who have been assessed by the Drug & Alcohol 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 drug and/or alcohol issues who may have co-existing physical and/or mental health needs. These are delivered where 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 needs, for example, pregnant women and women with children, individuals with severe and enduring mental illness.

6.5.2 Activity data is provided in Appendix 4.

6.6 Primary Care (Ancoats Urban Village Medical Practice and Community Pharmacies)

Provider	Ancoats Urban Village Medical Practice and various community pharmacies (cost & volume contracts)
Service name	Drug misuse 'shared care', Ancoats Urban Village Medical Practice OSA (Observed Supervised Administration), 89 community pharmacies Needle & Syringe Programmes (NSP), 29 community pharmacies
Annual budget, 2021/22	Approx. £390K Note – additional OHID Grant for NSP is not included in this figure. See paragraph 7.2 below.

6.7 Drug Misuse 'shared care'

6.7.1 Ancoats Urban Village Medical Practice (UVMP) deliver this service alongside CGL Manchester. The service provides assessment, treatment and regular review of registered patients who are problematic drug users. UVMP are required to undertake drug screening, 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.

6.8 Observed Supervised Administration (OSA)

6.8.1 The service supervises the consumption of medication prescribed for opiate substitution to service users. The service is primarily to support users new to treatment or those individuals with greater complexity or higher needs. Pharmacies 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.

6.9 Needle & Syringe Programmes (NSP)

6.9.1 The service provides a NICE Guidance Level 2 NSP service for people who inject drugs (PWID). The service provides safe and sterile injecting equipment to reduce the transmission of viruses and other infections that can be caused by the sharing of equipment or poor injecting practices. The service also provides sharps boxes for the safe return of used equipment, reducing the incidences of drug related litter. Associated health promotion materials are provided, for example, information on safe injecting practice and advice on reducing the transmission of infections. Support and advice is also provided, such as signposting to other professionals and referring to CGL Manchester. The service is accessible city-wide, with 29 pharmacies now delivering the NSP service, which has increased from 13 pharmacies who were delivering a

basic service offer in 2020, ensuring greater accessibility. A user friendly, non-judgmental, client centered, and confidential service is provided.

6.10 Dual Diagnosis Liaison Service

Provider	Greater Manchester Mental Health Foundation Trust (GMMH)
Service name	Dual Diagnosis Liaison Service
Annual budget, 2021/22	£151,677.00

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

- 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.

- 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.

- Consultation and advice to practitioners **–** the service offers consultation and advice to support practitioners with individual service users. This may involve providing advice about other services that are available and development needs.

- Naloxone pilot – see paragraph 7.4.2. The pilot will identify at risk patients in in-patient mental health settings in Manchester and supply them with naloxone and harm reduction information.

6.11 Drug & Alcohol Social Work Team

Provider	Manchester City Council
Service name	Drug & Alcohol Social Work Team
Annual budget, 2021/22	£295,090.00 contribution from the Public Health Grant

6.11.1 The team provide a social care service working with individuals misusing either, or both, alcohol and drugs. Social workers work primarily with individuals who are physically dependent on alcohol or drugs, as well at those individuals who are drinking at high risk levels where there is an identified social care need (and where an individual may be experiencing as a direct result of their substance misuse, such as homelessness or exploitation). The team works with individuals who are seeking support to address their substance misuse as well as those who may be change resistant, working with

individuals to design interventions to address barriers that prevent them accessing treatment services.

6.11.2 The team manages the budget for residential rehabilitation and form part of the panel for in-patient detoxification and residential rehabilitation along with CGL Manchester and the Population Health Team.

6.12 Impact of Covid-19 on Drug & Alcohol Services

6.12.1 Like Be Smoke Free, drug & alcohol services were affected by the need to protect staff and service users, especially in the early stages of the pandemic. Drug & alcohol services had to restrict fact to face contacts which affected the types of interventions that service users received. For example, the majority of service users whose opiate substitution prescriptions prior to the pandemic included a requirement for their consumption of this medication to be supervised were transferred to take home doses from March 2020. Fewer service users accessed in-patient detoxification. Testing and treatment for blood borne viruses were also greatly reduced. As with Be Smoke Free, CGL implemented a digital service offer, a postal NSP offer was also made available, and a hybrid service is now in place.

6.12.2 According to OHID (Office of Health Improvement & Disparities), it is likely that changes to drug treatment, reduced access to broader healthcare services, changes in lifestyle and social circumstances during lockdown as well as Covid-19 itself, will have contributed to the rise in the number of service users who died in treatment in 2020/21 (see Appendix 2.)

7.0 Drugs & Alcohol Services Successes and Challenges

7.1 'Everyone In' scheme

7.1.1 As part of the 'Everyone In' homelessness policy, CGL and the Population Health Team worked with GMCA and other GM local authorities on developing minimum standards for harm reduction which ensured a consistent approach across GM. CGL Manchester delivered drug & alcohol treatment in-reach to 'Everyone In' temporary accommodation schemes and 'A bed every night' schemes.

7.2 Additional funding initiatives

7.2.1 Over the past 12 months, Manchester has been successful at drawing down additional Government funding for drug & alcohol treatment. These Grants are summarised as follows –

Grant	Award
MHCLG (Ministry of Housing, Communities & Local Government) Drug & alcohol treatment for rough sleepers funding (via OHID)	£1,104,079.00 for Year 1 (2020 to 2021)

OHID Section 31 Grant for Reducing crime, reducing harm, and reducing drug related deaths	£737,000 for Year 1 (2020 to 2021)
OHID Section 31 Grant for Drug & Alcohol In-patient Detoxification	£111,090.00 for Year 1 (2020 to 2021)

7.3 MHCLG Drug & alcohol treatment for rough sleepers

7.3.1 In summer 2020, the MHCLG announced £16M for drug & alcohol treatment services for people who sleep rough in targeted local authorities, to provide additional support to the Covid-19 rough sleeping response. This was to be part of a wider settlement over 4 years, for drug and alcohol treatment and related provision, specifically to meet the needs of people experiencing rough sleeping or at imminent risk of doing so. The purpose of the 2020-21 funding was to –

- Ensure that the engagement that people have had with drug & alcohol treatment services whilst in emergency accommodation as part of the Covid-19 response is maintained as they move into longer term accommodation.

- Support people to access and engage in substance misuse services who have not yet done so.

- Build resilience and capacity in local drug & alcohol treatment systems for future years.

7.3.2 As a MHCLG Taskforce Priority Area (area with the highest numbers of people sleeping rough who have been moved into emergency accommodation during the pandemic), Manchester was eligible to apply for this grant funded scheme, along with 42 other LAs across the country. This provided the opportunity to bolster the community treatment support offer to those individuals housed in emergency accommodation, to take account of the greater complexity of need, and ensure capacity down the line to maintain treatment contact and engagement.

7.3.3 The grant scheme is comprised of a number of key components:

- Wrap around engagement & support – to support individuals in accessing, engaging with and sustaining engagement with drug and alcohol treatment and other relevant services. This component will resource two additional Dual Diagnosis Key Workers and additional Consultant Psychiatrist time within the GMMH Homeless Team and a Social Worker in the Drug & Alcohol Social Work Team.

- Structured drug & alcohol treatment – to boost structured drug & alcohol treatment services, to account for additional costs from increased access and engagement from this population. This component will resource 12 additional members of staff within CGL Manchester. This includes a variety of posts to deliver key worker support to individuals engaged in

treatment, non-medical prescriber resource, prison in-reach, communications and a newly formed team to deliver trauma informed psychological support.
- Commissioning and project coordination – support to existing commissioning teams to ensure services are integrated with drug and alcohol treatment as part of wider health and care support alongside homeless outreach services.

7.3.4 Funding is dependent on the activity reported in data returns from LAs.

7.4 <u>OHID Section 31 Grant for Reducing crime, reducing harm, and reducing drug related deaths</u>

7.4.1 In early 2021, the government announced £80 million of new and additional funding for drug treatment as part of a £148 million funding package for reducing crime. The funding aims to enhance the drug treatment system, focussing on reducing drug-related crime and the rise in drug related deaths. The funding was made available for 1 year as part of a grant application process, allocated by a formula developed by OHID to make sure allocations met need in the most deprived areas of the country. The funding aims to:

- offer more treatment places (including in residential services), particularly to improve pathways from the criminal justice system.
- expand provision of inpatient detoxification.
- expand needle and syringe programme (NSP), reduce blood-borne viruses, provide more naloxone and prevent overdose deaths.

7.4.2 Under this grant scheme, Manchester were successful at drawing down funds to complement existing structures, increase capacity to respond to challenges and improve pathways, and to also develop new initiatives and ways of working. It is of note that the new drug strategy Harm to Hope identifies continue funding for existing grant schemes, however exact confirmation is pending. The following bullet points provide an overview of the additionality –

- Commissioning support
- NSP – equipment and fees to community pharmacies for the new Level 2 NSP provision (mentioned in paragraph 6.9 above)
- Naloxone – additional kits for CGL and a pilot in the Mental Health in-patient settings across Manchester
- Novel long acting OST (opiate substitution treatment) – pilot the provision of Buvidal (an injection provided weekly or monthly) in CGL. This can be a useful approach for individuals who have a chaotic lifestyle or with more complexity.
- Residential rehab placements – up to 15 additional placements to be provided directly from criminal justice settings.
- Treatment capacity – 5 additional members of staff within CGL to improve the continuity of care collaboration and pathways from criminal justice settings.
- Treatment support interventions for Out of Court and Test on Arrest processes – 4 additional members of staff to support the Women's

Problem Solving Court, Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs.) This work will increase capacity to support domestic abuse work (such as input to Multi Agency Risk Assessment Conferences or MARACs.)

- Recovery communities and peer support – training and supporting peers in the use and distribution of naloxone and building visible recovery in criminal justice settings.
- Drug Related Death Surveillance Panel – to work as part of a GM collaborative. GMCA have commissioned Liverpool John Moores University (LJMU) to develop and run the panel. This initiative aims to develop local intelligence on drug related deaths and a panel is to meet quarterly to review reported deaths, share good practice and learning.

7.5 OHID Section 31 Grant for In-patient Detoxification

7.5.1 A GM consortium has developed to enable the 10 LAs to work together as a regional integrated care system to commission additional medically managed capacity in local hospital or in-patient settings. In GM, the local providers are Smithfield Detoxification Unit in Manchester (provided by Turning Point) and the Chapman Barker Unit located on the Prestwich Hospital site (provided by GMMH.) The grant includes a small element for Capital improvements. This funding provides an additional 420 bed nights for Manchester.

7.6 Alcohol Care Teams (ACTs)

7.6.1 ACTs provide specialist expertise and interventions to alcohol dependent patients in hospital settings including those presenting in Emergency Departments (ED.) Wythenshawe Hospital has provided an ACT for a number of years. As part of the NHS Long Term Plan, NHS England & Improvement (NHSE&I) have made a commitment to optimise alcohol care teams across England to reduce alcohol related harm in alcohol dependent patients. North Manchester hospital was selected for initial funding to develop and optimise system readiness, with the MRI to follow. The financial award for each hospital site is as follows –

North Manchester General Hospital	£181,200
Manchester Royal Infirmary	£223,789
Wythenshawe Hospital	£113,667

7.6.2 A steering group is in place (led by MFT) and the Population Health Team have commissioned research and consultancy from Manchester Metropolitan University (MMU) to support the development and implementation of the North Manchester General Hospital ACT and establish good practice recommendations.

8.0 Next steps and recommendations

- The services commissioned by the Population Health Team will continue to be monitored by them.
- The Committee are asked to note the contents of this report.