Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 8 February 2023

Subject: Alcohol, Drugs, and Community Stop Smoking and Tobacco Treatment Services in Manchester

Report of: Deputy Director of Public Health

Summary

The report provides the Committee with an updated overview of progress and activity for addiction services commissioned by Manchester Public Health Team. This report follows an initial report to Health Scrutiny on 12th January 2022. For each programme area there is a description of the service offer, an outline of the performance and an overview of trends, positive developments and challenges.

The services discussed are the Manchester Drug and Alcohol Treatment and Support Service and Be Smoke Free (which is a community stop smoking and tobacco treatment service).* Both services are provided by Change, Grow, Live (CGL) and representatives from this service will attend the Committee.

*Reference will also be made in this report to mandated Stop Smoking/Tobacco Treatment Services, which are now NHS funded and provided. Please note that these services are beyond the scope of this report because they are not commissioned by the Public Health Team of Manchester City Council.

Recommendations

The Committee are asked to consider and comment on 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
Change, Grow, Live (CGL) Manchester consistently report, that most waste generated by their services is diverted from landfill into various products, or utilised for the generation of renewable energy. For example, the Manchester Integrated Drug & Alcohol Service produced 36.1 tonnes of waste over the last 12 months. This waste would have occupied up to 9.17 cubic metres of landfill. Through waste segregation, a combined 12 Kg of Methane and Carbon Dioxide has been avoided being emitted by reducing the bacterial anaerobic decomposing process. Dry mixed recycling waste is recycled into various products such as mugs and bottles or utilized in generating renewable energy, thereby supporting the zero-carbon target for the city.

Cigarettes are one of the main causes of micro-plastic pollution globally. Reduction in smoking prevalence in our city will not only reduce our carbon footprint in terms of production and distribution of cigarettes but will contribute to an eco-system reduction in plastic pollution.

Be Smoke Free, offer an evidence-based treatment service which includes an offer of electronic cigarettes for some clients. MCC and CGL recognise that these devices are made from plastics and whilst the models used are not single use, we are working with our supplier with a view to minimising plastics used and increasing recycling opportunities.

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

The Making Manchester Fairer Plan gives context to all of the work that the Manchester Public Health team and Change, Grow, Live do in terms of working with our most vulnerable communities and with regard to tobacco in particular, trying to address the biggest cause of preventable disease and premature mortality.

Manchester Public Health Team work with partners and commissioned providers to ensure services are inclusive, meet the needs of our diverse communities and celebrate and promote this diversity in our work. Commissioned services are required to collect protected characteristics data as per the Equality Act 2010. This is also aligned to the National Drug Treatment Monitoring System. Ward data on the numbers in treatment is also collated and dynamic Equality Impact Assessments are undertaken to ensure services are accessible in the face of change.

The national Tobacco Control Plan specifies groups who are most vulnerable to becoming addicted to smoking and other forms of tobacco. Reasons for vulnerability are linked to deprivation, poor mental health and minority stress. Trends identified at a national level are reflected (and greater) in Manchester and therefore Be Smoke Free is commissioned to deliver services for all smokers aged 12 and over, but to enhance support to people from Routine and Manual Occupations, the LGBTQ+ community, people with mental health problems, people who are homeless and some Black, Asian and Minority Ethnic groups. In doing so, we aim to narrow the health inequality gaps caused by tobacco use.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
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	Not smoking, in all cases, will improve physical and mental health and so aid engagement in work and study. There will be reduced sickness absence for employers.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	People who do not smoke will live in better physical and mental health and will have improved personal finances, thereby increasing their ability to fulfil their potential.
A liveable and low carbon city: a destination of choice to live, visit, work	Significant amounts of plastic are used in the production of cigarettes and reduction in smoking and smoking related litter will contribute to a low carbon city and reduce local ground and waterway pollution, at a visible and microscopic level.
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 defined as the use of illegal drugs and the inappropriate use of legal substances, such as alcohol and tobacco. It is a significant challenge for many residents, either directly, or as “affected others”. This could be through overuse of alcohol, tobacco, misuse of prescription medication, or use of illegal drugs. Such misuse is harmful to health and can become addictive. This is a complex subject area from a bio-psycho-social perspective, but what is clear, is that substance misuse does correlate with deprivation and health and social inequalities.

1.2 This report provides the Committee with a description of Manchester City Council (Public Health) commissioned services as follows:

- 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)
- Be Smoke Free, which is a community level Stop Smoking / Tobacco Treatment Service.

2.0 Strategic Context; National and Local

2.1 Smoking and Tobacco Use

2.1.1 Smoking is the biggest cause of preventable disease in Manchester. Up to half of all long-term smokers will die from a smoking related disease. 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, in January 2023, spending in the region of £3,650 per year for the cheapest brand of duty paid tobacco.

2.1.2 The Government’s Tobacco Control Plan (Towards a Smokefree Generation: A Tobacco Control Plan for England), published in July 2017, sets out the Government’s strategy to reduce smoking prevalence among adults and young people, and to reduce smoking during pregnancy. The current Manchester Tobacco Plan is a localised, tailored version of this plan, adopting the same methodology in terms of proportionate universalism, to support those most vulnerable to smoking related health inequalities.

2.1.3 Prevention of ill health and preventable death, is one of the eight themes of Making Manchester Fairer (the city's plan to reduce health inequality in Manchester). Reducing smoking prevalence is key to reducing preventable death and our whole system approach, working with partners and communities, is how we plan to achieve this.

2.1.4 Smoking, obesity and sedentary lifestyles are the biggest causes of preventable death in Manchester and helping people not to start smoking, or helping existing smokers to stop will, in many cases, help to address these frequent co-morbidities

2.2 Drugs & alcohol

2.2.1 'From Harm to Hope: a ten-year drugs plan to cut crime and save lives' is the new national Drug Strategy published in December 2021. 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 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 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 the challenges to local delivery. As such the strategy identified an additional £780 million to fund the initial three years of a national decade-long transformation of drug treatment and wider recovery support services. A 'place-based' approach to funding targeted the 50 areas across the country for 'enhanced funding' in Year 1 (2022/23), subsequent 50 in year 2 and remaining areas in Year 3.

2.2.4 Alongside the national strategy, guidance for local delivery has been published. The guidance identifies key principles and structures to support the formation of a new 'Combatting Drugs Partnership', a partnership to build on and work alongside existing programmes to platform and progress the priorities of the strategy. As part of this, a local needs assessment is to be undertaken and a local outcomes framework is to be introduced, to sit

alongside the national outcome framework detailed in the strategy, covering all three of the strategic priorities.

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 a Greater Manchester Drug & Alcohol Transformation Board has been established to review the strategy and identify commitments to prioritise. The Transformation Board is co-chaired by David Regan (Director of Public Health in Manchester) and Kate Green (Greater Manchester Deputy Mayor) and will function as the 'Combatting Drugs Partnership' for Greater Manchester, progressing the needs analysis and local framework (delivery plan).

2.2.6 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.

2.2.7 The Manchester Population Health Plan 2018-2027 describes the city's overarching plan for reducing health inequalities and improving health outcomes. The Making Manchester Fairer Plan 2022-2027, gives further focus to areas of health inequality, including the prevention of 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 socio-economic disadvantage, 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.

2.2.8 The Key Performance Indicators (KPIs) in the national Public Health Profiles that are relevant to this report are:

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

3.0 Epidemiology of Substance Misuse and Tobacco Use In Manchester

3.1 Smoking rates and smoking related disease

3.1.1 Smoking is the biggest cause of preventable ill health and premature mortality in Manchester (and the UK) and is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip,

mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is a modifiable behavioural risk factor and effective tobacco control measures can reduce the prevalence of smoking in the population.

3.1.2 **Current Trends in Adult Smoking Prevalence:**

- Public Health England Tobacco Profiles suggest a reduction in adult smoking prevalence in Manchester from 21.4% in 2020 to 16.8% in 2021 (95% CI 13.1% - 20.5%). This puts Manchester 4th out of the 10 local authorities in GM (see below) and 14th in the list of Counties and Unitary Authorities in England.

- Smoking prevalence rates in Manchester are still significantly higher than the rate for England as a whole (13.0%). However, the gap between Manchester and England has been halved from 7.6 percentage points in 2020 to 3.8% percentage points in 2021.

3.1.3 **Socio-economic Inequalities in Smoking Prevalence:**

- The latest update of the Local Tobacco Control Profiles contains new (2021) data on the odds of current smoking among adults aged 18-64 with a routine and manual occupation. This is a measure of the socioeconomic gap in smoking prevalence in adults and represents the likelihood of those with a routine or manual occupation smoking compared with those with another occupation. The current figure for Manchester is 3.61, which means that adults from a routine or manual occupation living in Manchester were over three times more likely to report that they were a current smoker compared with adults with another occupation. What this reinforces, is that socio-economic disadvantage is the main driver of smoking and tobacco use, and it is the reason why Be Smoke Free focus much of their outreach and community engagement work on people with Routine and Manual occupations.

Further information is provided in Appendix 1.

- The National Tobacco Plan tells us that there are other population groups who are more likely to smoke and therefore be victims of smoking related morbidity and premature mortality. For example, people from LGBT communities, people with poor mental health, homeless people and some Black, Asian and Ethnic Minority groups.

3.1.4 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.

3.1.5 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 Drug & 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. Almost a quarter (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%.

3.2.3 According to the Dame Carol Black Review, cuts to funding in treatment and other support services have led to an increase in unmet treatment need. The proportion of OCUs not in treatment (drug treatment numbers for 2020-21 have been used to calculate rate of unmet need) 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.

3.2.4 There were 194 young people (under 18's, to include any young people aged 18-24 being supported in a young person's community treatment service) in structured treatment in Manchester during 2020/21. This is a reduction when compared to 209 young people in treatment in 2019/20. The main drugs used were cannabis and alcohol.

3.2.5 The NHS Digital 2021 'Smoking Drinking & Drug Use among Young People in England 2021' report contains the latest data on the survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15), focusing on smoking, drinking and drug use. The report noted that 40% of pupils said they had ever had an alcoholic drink, with prevalence increasing with age, from 13% of 11 year olds to 65% of 15 year olds. Of those young people who did drink alcohol, 6% of all pupils said they usually drank alcohol at least once per week, the same as in 2018. The proportion increases with age, from 1% of 11 year olds to 14% of 15 year-olds. A fall in the prevalence of lifetime and recent illicit drug use was noted, with 18% of pupils reporting they had ever taken drugs (24% in 2018), 12% had taken drugs in the last year (17% in 2018), and 6% in the last month (9% in 2018). Prevalence data is not available at a local authority level.

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 is substantially higher than the England 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 Update on the work of Be Smoke Free (Community Stop Smoking and Tobacco Treatment Service) January 2022 to January 2023

Provider	CGL (Change Grow Live)
Service name	Be Smoke Free
Annual budget: 2022/2023	£633,397

4.1 Be Smoke Free was designed in line with NICE guidance for Specialist Stop Smoking Services (NG 92, March 2018.) NICE guidance was updated in November 2021. Our service remains compliant and still exceeds minimum requirements.

Be Smoke Free is commissioned according to latest available evidence, which states that smokers are most likely to give up smoking when offered a combination of pharmacotherapy, to manage very challenging physical symptoms of nicotine withdrawal, *and* personal "behavioral" support. This support aims to help clients understand why they smoke, what their "triggers" to smoke are, what stops them "quitting" and crucially, looks at personal stressors. The latter is a very skilled piece of work, which our service delivers with compassion and with an in-depth understanding of Manchester people and communities. This will often include cross-referral to other services in the city, such as Be Well.

4.2 Current Model

4.2.1 Be Smoke Free launched on 1 April 2020 and our report in January 2022 outlined how the pandemic had impacted on the way that the service was allowed to operate to be compliant with regulations under COVD-19. Lessons were learnt by Public Health as commissioners *and* Change, Grow, Live, about what elements of the modified service delivery worked best for clients. In the last twelve months, these findings have informed how the service now works. Therefore, the service currently operates a "hybrid" treatment offer, which means that clients can chose whether they wish to have "face to face" treatment, or treatment via a video call, for example. Some medication necessitates that clients must be seen face to face for blood pressure checks. For the most part however, in a bid to reduce barriers to accessing treatment and support, the choice of treatment model is guided by client preference. For those clients who chose a virtual model of treatment, medicines are delivered directly to their home by courier. There is no other area of Greater Manchester which offers a Stop Smoking Service like this.

4.2.2 Be Smoke Free offers various forms of pharmacotherapy to help clients to manage nicotine withdrawal symptoms, which can be severe and debilitating.

These are Varenicline, Bupropion and Nicotine Replacement Therapy. Unfortunately, due to national supply shortages, Varenicline and Bupropion are not currently available. Many clients have struggled because of this and thus, Public Health commissioners approved the supply of electronic cigarettes to some clients as part of a managed “step down” treatment course for nicotine addiction. This intervention has proved very successful by providing an alternative form of Nicotine Replacement Therapy and supporting táhose clients for whom electronic cigarette provides a means of dealing with habitual but harmless “hand to mouth” behaviour. Commissioners and providers are very mindful of the controversy which surrounds the use of electronic cigarettes. The parameters for their supply are carefully explained to clients, making it very clear that the service does not endorse the long-term use of electronic cigarettes.

4.3 Performance of The Be Smoke Free Service

4.3.1 Measuring the performance and effectiveness of any Stop Smoking Service is complex and should take into consideration both quantitative and qualitative data. However, NICE guidance sets a Key Performance Indicator (KPI) of a 35% “Quit Rate” at 4 weeks for any Stop Smoking Service. This measurement only captures those smokers who formally “set a quit date”. However, whilst not capturing successes of smokers who cut down on smoking, moved closer towards “quitting” and improved their overall lifestyle, the 4-week measure does provide an indication of success. Be Smoke Free have consistently exceeded a 35% 4-week Quit Rate since the start of their contract. In the three months prior to this report, the 4 week Quit Rate was 65.1%. A further *recommended* performance measure is the “12-week Quit Rate”. No 12-week KPI is set by NICE, but we can report that in January 2023, of those smokers who had been able to “quit” smoking at 4 weeks, 89.9% of those have remained smoke free.

4.3.2 Activity Levels for this service were also specified, as per NICE guidance, as a function of the number of adults smoking in Manchester. This means that Be Smoke Free are contracted to see 3650 newly referred smokers per year, all of whom are entitled to a 12-week course of pharmacotherapy and personal behavioural support.

In January 2023, with a further quarter of the financial quarter remaining, the service had accepted 4617 referrals. This compares 4586 referrals accepted for the full financial year of 2021/22. The service is consistently treating more people than it was contracted to treat, reflecting both the success of the service, but also demand, which is discussed further below.

5.0 Positive Developments and Challenges for Be Smoke Free January 2022-January 2023

5.1 Positive Developments

5.1.1 When Be Smoke Free was commissioned, the nature of the service model led us to specify that the service would need to obtain Care Quality Commission

(CQC) registration. We are pleased to report that registration was achieved in December 2022. The service received a “good” rating, which is regarded very positive for a newly registered service.

5.1.2 When Be Smoke Free was designed by the Public Health Team we chose to specify a nurse led offer, which would be firmly embedded in the communities of Manchester, employing a “one stop shop” model. The intention was to be that clients could be given their medicine by their nurse, wherever they might be seen, without having to go anywhere else. Not only does Be Smoke Free offer this level of service, but building on lessons learnt 2020-2022, the service have continued to courier medicines to the homes of those people who request that service. This offer really benefits those for whom leaving the home is difficult and those who may be out working or studying during the day.

5.1.3 The service was also specified to operate outside of usual “office hours” to increase access. For example, between September 2022 and December 2022, Be Smoke Free has offered 51 face-to-face clinics and 42 evening clinics (ending 8:30pm).

5.1.4 The ethos of Be Smoke Free is to go out into communities talking about smoking and tobacco use, doing Very Brief Interventions and helping and encouraging people stop smoking in whichever way suits them best, including using the service. Most community NHS Health Services, including General Practice and local Health and Wellbeing Services are aware of Be Smoke Free and registered for the online referral system. However, Community Engagement staff have also been reaching out to community groups, target audiences and big employers in the city. The service are constantly exploring opportunities for community engagement and partnership working; examples of places and partners engaged in the last twelve months include:

- Regular meetings with MACC to identify and link into community organisations
- Levenshulme Library Roma Community Group
- Mersey Fest (Mersey Bank Housing Estate)
- South Asian Carers Network
- Phktoon Foundation
- LGBT Foundation
- Moss Side Leisure Centre
- Stagecoach bus depot Sharston (working with employees)
- Harpurhey Market
- Joint working with the Winning Hearts and Minds Team

5.1.5 In recent months, the Be Smoke Free offer has also been rolled out to all Manchester City Council staff, irrespective of where they live. This brings parity with NHS staff in Manchester, who could already benefit from a funded NHS England stop treatment offer. We are working with Manchester City Council Human Resources Leads to ensure that this offer is particularly highlighted to those staff most likely to smoke.

5.1.6 Be Smoke Free now operate a growing “community volunteer programme” which aims to recruit local people to go out and raise awareness of the dangers of all forms of tobacco use and to help people to access our service if they would like to. They have also now recruited an apprentice, who is helping to manage referrals, data collection and administration. These initiatives support the services’ social value objectives.

5.1.7 Client feedback is monitored by the commissioner and is consistently good. Appendix 2 illustrates examples of the work of the service by case study.

5.2 Challenges

5.2.1 The Public Health Team as commissioner and CGL, have faced numerous challenges in the last twelve months. These issues are summarised below:

5.2.2 The service has seen an increase in the number of referrals. Whilst this is positive, it does mean that the service is facing the reality of waiting lists increasing beyond the specified maximum of two weeks at times. It is noteworthy that much of this increase has been due to self-referrals, which the service really welcome. We know that people who self-refer are very motivated and need a prompt response. Be Smoke Free noticed a surge in self referrals in October 2022 when the “cost of energy” crisis became an issue and smokers are often citing “cost of living” as their main reason for wanting to stop smoking, because it can cost hundreds of pounds each month.

5.2.3 Since January 2022 there have been system changes which have impacted on how and where smokers in Manchester are supported and treated. Integrated Care Systems (ICS) were established in sub regions of England from 1st July 2022. This now means that the ten Clinical Commissioning Groups in Greater Manchester (GM) no longer exist and have integrated to become the Greater Manchester Integrated Care Partnership (NHS GM). An interim operating model for how the local system will work within Manchester and between Manchester and NHS GM is in place to provide consistency whilst the ICS transition continues.

5.2.4 Furthermore, the NHS Long Term Plan has mandated the delivery of stop smoking treatment to all patients in secondary, maternity or mental health inpatient services. Therefore, the Smoking in Pregnancy Service, CURE and the Lung Health Check Service are now the responsibility of the NHS GM Integrated Care. Although this has and still does give rise to some operational difficulties, it does allow Be Smoke Free to focus more on primary prevention and treatment at a community level, as well as treating smokers with smoking related disease (secondary and tertiary prevention).

5.2.5 Since 2017, the Public Health Team used to fund a significant part of the Smoking in Pregnancy service and were integral to the design of the current Greater Manchester service. In the last twelve months, Manchester Public Health have continued to fund Nicotine Replacement Therapy and electronic cigarettes for pregnant Manchester smokers. However, we no longer play a

role in management of the service and expect full funding to be picked up by the NHS GM in due course.

5.2.6 CURE is a programme for the systematic identification and treatment of smokers in secondary care. This is funded by NHS England. CURE started at Wythenshawe hospital in 2018 and Be Smoke Free have taken referrals from CURE at Wythenshawe (as well as many other hospital teams) since they launched. However, in September 2022, CURE rolled out to North Manchester General Hospital and Manchester Royal Infirmary. The Christie is soon to follow. This roll out has had significant implications for Be Smoke Free, because in late 2020 all patients discharged from hospital were referred to Be Smoke Free for their course of treatment. As Be Smoke Free is already working at full capacity in the community, we regrettably agreed to implement a cap on the number of CURE referrals that Be Smoke Free can take. If NHS funding can be identified to support the community element of CURE, Be Smoke Free would need to scale up staffing levels, treatment space and pharmacotherapy budgets.

5.2.7 The Greater Manchester Lung Health Check Programme will also roll out to further sites in Manchester in 2023. Be Smoke Free have taken referrals from North Manchester Lung Health Check pilot sites since 2020, however, scale up of the Lung Health Check Programme presents very similar challenges to CURE, in terms of the need for funding to meet extra demand and this will be the subject of further work in 2023.

5.2.8 On 9 January 2022 NHS England commenced an Advanced Pharmacy Stop Smoking Service in Manchester. “Advanced” means that community pharmacies can choose whether or not to deliver this service. Over forty Community Pharmacies have opted in so far in Manchester. These pharmacies will be funded to provide treatment for patients discharged from CURE only. In terms of benefits to residents who are CURE patients, this increases patient choice and also alleviates some demand from Be Smoke Free. However, the interfaces between these offers will require further development.

5.2.9 The success of electronic cigarettes in helping smokers to stop using tobacco has been very significant and our service recognised that offering electronic cigarettes to some clients would be positive, when done in a managed way. However, Be Smoke Free have not been immune to some of the wider social issues associated with vaping and have been approached by a number of residents for help with their dependence on electronic cigarettes. Whilst this dependence is much less harmful than dependence on nicotine found in the form of tobacco, it is something that we are considering and the commissioner, who works closely with the National Centre for Smoking Cessation and Training (NCSCT) and the Office of Health Improvement and Disparities (OHID), is part of national discussions.

5.2.10 Be Smoke Free, as part of the Manchester Tobacco Alliance system, are also in discussion with the substance misuse service, the Healthy Schools Team and others about the impact of vaping (electronic cigarettes) on young people.

Public Health is engaged in national discussions and has joined an OHID Northwest Task and Finish Group. We have some local training planned for professionals and parents who work with/ care for young people who vape. Next steps are to be developed.

5.2.11 The Public Health team has maintained a focus on other forms of tobacco use, especially the use of Shisha. Shisha is smoked in private homes and public cafes and is extremely hazardous to health. Manchester City Council Teams enforce the Health Act in Shisha cafes to stop indoor smoking, but health promotion work is carried out too using Manchester Public Health materials. Be Smoke Free also help to raise awareness of this risk not only amongst Shisha smokers, but health professionals.

5.2.12 Recently, Change, Grow, Live has written to commissioners to outline financial pressures that Be Smoke Free faces with regard to cost-of-living increases; from energy costs in offices and treatment spaces, to staff cost of living pay rises. We will work collaboratively to manage these pressures.

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, 2022/23	£6,237,358.00 (adults) + £6579,023 (young people) Note – Core contract only.

6.1.1 CGL Manchester are the commissioned provider to deliver an integrated, holistic drug and alcohol service in Manchester, offering a single referral, triage and assessment process for all drug & alcohol interventions delivered within a community setting. The service has a number of key components:

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

- **Engagement and early intervention, including harm reduction.** In-reach/outreach services, 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. 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. The service works in partnership with Acorn Housing Association, Emerging Futures and LGBT Foundation to provide a range structured recovery and support programmes, asset-based community development and specialist engagement and harm reduction.

6.1.3 KPI information is provided in Appendix 3.

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

6.2.1 Delivered by CGL Manchester, Eclypse is a service 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 or via on-line 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.

6.2.3 Key Performance Indicators (KPIs) are provided in Appendix 4.

6.3 Drugs & alcohol In-patient Detoxification and Residential Rehabilitation

Provider	Greater Manchester Framework contract – various 25 Facilities offering residential rehabilitation 8 Facilities offering inpatient detox 3 Facilities offering both rehabilitation and inpatient detox
Service name	Tier 4 Drugs & alcohol in-patient detoxification or drugs & alcohol residential rehabilitation
Annual budget, 2022/23	Approximately £1M (for spot purchasing) Note – Core contract only.

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 as follows:

(i) Medically managed treatment:

- 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:

- 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 and Alcohol Social Work Team as requiring inpatient rehabilitation 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. 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, and individuals with severe and enduring mental illness.

6.5.2 Activity data is provided in Appendix 5.

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), 27 community pharmacies
Annual budget, 2022/23	Approx. £390K

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 screening for drugs and for blood borne viruses, as well as take appropriate action such as referral to treatment, prescribing substitute medication and carrying 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 and the supervision of prescribed medication must take place in a designated private area.

6.9 Needle & Syringe Programmes (NSP)

6.9.1 A NICE Guidance Level 2 NSP service is provided within a community pharmacy setting 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 are also provided, such as signposting to other professionals and referring to CGL Manchester. The service is accessible city-wide, with 27 pharmacies now delivering the NSP service; an increase from the 13 pharmacies delivering a basic service offer in 2021. A user friendly, non- judgmental, client-centered, and confidential service is provided.

6.10 Manchester Dual Diagnosis Liaison Service

Provider	Greater Manchester Mental Health Foundation Trust (GMMH)
Service name	Manchester Dual Diagnosis Liaison Service
Annual budget, 2022/23	£141,159.00 Note – Core contract only. additional OHID (Office of Health Improvement & Disparities) not included.

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 and 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 and 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.

6.11 Drug & Alcohol Social Work Team

Provider	Manchester City Council
Service name	Drug & Alcohol Social Work Team
Annual budget, 2022/23	£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 problems 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 Manchester Public Health Team.

7.0 Positive Developments and Challenges

7.1 Grant funded opportunities

7.1.1 Over the last 2 years, additional government funding has been made available to support drug and alcohol treatment services. The interventions are varied, to support the Covid recovery response for some of our most vulnerable groups and residents to broader initiatives to meet the priorities of the 'From Harm to Hope' strategy. These Grant funded work-streams are summarised as follows:

7.1.2 **Rough Sleeper Drug & Alcohol Treatment Grant (RSDATG)**

	2020/22 & 2021/22 grant awarded Q4 20/21	**2022/23 Confirmed**	**2023/24 Indicative**
RSDATG	£1,104,079	£945,429	£1,114,823

7.1.2 In 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 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.

7.1.3 As a MHCLG Taskforce Priority Area (area with the highest numbers of people sleeping rough moved into emergency accommodation during the pandemic), Manchester was eligible to apply for this grant funded scheme, along with 42 other local authorities across the country. This provided the opportunity to bolster the substance misuse support offer to those individuals housed in emergency accommodation, to take account of the greater complexity of need. The project is made up of the following 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, a Senior Social worker, additional Consultant Psychiatrist time within the GMMH Homeless Team and two Social Workers in the Drug & Alcohol Social Work Team based within MCC.

- 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 resourced 15 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, including a Commissioning Co-ordinator and a Data Analyst.

- Workforce Development - To increase the skills and knowledge of keyworkers working with people sleeping rough. This component has funded a training development coordinator working alongside the Manchester Homeless Partnership and a training budget to deliver courses.

7.1.4 As at the end of 2021/22, the RSDATG team were working with 129 people who were rough sleeping, 267 at risk of rough sleeping and had supported 31 people into Tier 4 inpatient provision.

7.1.5 **Supplementary Substance Misuse Treatment & Recovery Grant**

	2022/23 Confirmed	**2023/24 Indicative**	**2024/25 Indicative**
SSMRTG	£1,461,249	£2,394,242	£4,621,419

7.1.5 In April 2022, OHID announced the 3-year Supplementary Substance Misuse Treatment & Recovery Grant (SMTRG) funding scheme, to support local delivery of the From Harm to Hope drug strategy. Local authorities were invited to apply for funding to deliver a range of interventions to drive an improvement in the quality of the service for Manchester residents, ensure more people are able to access our community treatment services, and support a reduction in the number of caseloads of our practitioners and clinicians delivering substance misuse services.

7.1.6 Manchester Public Health worked closely on the development of the application for the SSMRTG, building on the continued and sustained relationships between key partner agencies and services. A focussed steering group worked to identify the strengths, opportunities, and challenges into a

strategic and operational plan to deliver against the strategy objectives. A brief summary of the interventions is outlined in Appendix 6. Additionally, the SSMRTG funding should aim to deliver:

- Improved criminal justice pathways to optimise access to treatment for individuals referred from custody suites, courts and secure estate (with 75% of prison leavers accessing treatment 3 weeks from release).

- A reduction in drug and alcohol deaths.

- Increase the number of people starting a residential rehabilitation placement (2%).

7.1.7 Successful delivery of the 'From Harm to Hope' drugs strategy and investment will rely on co-ordinated action across a range of local partners, including enforcement, treatment, recovery and prevention. Outcomes to date include:

- As of December 2022, the treatment service has increased the number of people in treatment for their substance use by 5.9% since December 2021. This has been achieved alongside a steady improvement in the rate of successful completions.

- The proportion of people in treatment in contact with the criminal justice system has increased from 8% (306) in May 2021 to 15.8% (693) in December 2022.

- Within Q1 and Q2 2022-23, the service has improved its continuity of care rate by 8.7%.

- Within Q2 and Q3 2022/23, 1082 new clients were triaged and entered structured treatment: 294 of those were opiate clients; 359 alcohol; 429 non-opiate or alcohol and non-opiate.

- Within Q2 and Q3 2022/23, the number of criminal justice clients in treatment increased by 110, with successful completion of treatment for criminal justice clients also improving by 50%.

7.1.8 As an ‘enhanced area’ Manchester was awarded additional funding in Year 1 (2022/23) however eligibility for future SSMTRG funding is dependent on maintaining existing (2020/21) investment in drug and alcohol treatment. The SSMRTG also funds the extensions of key elements of the OHID Section 31 Grant for Reducing crime, reducing harm, and reducing drug related deaths from 2021/22.

7.1.9 **In-patient Detoxification**

	2022/23 Confirmed	**2023/24 Indicative**	**2024/25 Indicative**
Inpatient Detoxification Grant	£138,535	£138,535	£138,535

7.1.10 A Greater Manchester (GM) consortium has developed to enable the 10 GM local authorities to work together as a regional integrated care system to commission additional medically managed capacity in local hospital or in-patient settings. This is additional SSMTRG funding targeted to increase the number of people accessing support for inpatient detox services.

7.1.11 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 for 2022/23 includes a small element for Capital improvements. This funding provides an additional 420 bed nights for Manchester in 2022/23.

7.2 Individual Placement Support

	2022/23 Confirmed	**2023/24 Confirmed**	**2024/25 Confirmed**
Individual Placement Support	£84,606	£162,073	£167,077

7.2.1 Manchester has been awarded a Section 31 Grant for delivery of 'Individual Placement Support' (IPS) to provide employment support within alcohol and drug treatment services. The funding is from the Department of Work & Pensions (DWP) via OHID and will support Manchester citizens engaged in treatment with CGL Manchester to secure employment or enhance their skill set in order to do so.

7.3 Housing Support Grant

7.3.1 Additional funding has also been made available over the next three years (Year 1 is 2022/23) to fund a menu of housing support options to improve the recovery outcomes for people in treatment (or in contact with the treatment system) with a range of housing support needs. The grant will be funded by the Department of Levelling up, Housing & Communities and OHID. Manchester is awaiting official confirmation of our allocation.

7.4 Developments

7.4.1 Reducing drug and alcohol related harms is critical to supporting our citizens to achieving their full potential and reducing the serious risks associated with substance use. Reducing the upward trend in drug related deaths is a key element of the 'From Harm to Hope' strategy and provides the foundation for the broader interventions in improving quality and access to treatment services. Understanding the risks and mitigating factors involved in drug related deaths is key to prevention. On behalf of GM, the GMCA have commissioned Liverpool John Moores University (LJMU) to develop and run a 'Drug Related Death Surveillance Panel'. With support of the Manchester Coroner and local treatment provider, the panel aims to develop local intelligence on drug related deaths, inform learning and share good practice. Manchester is currently working through the governance and membership of the panel.

7.4.2 Manchester are currently working with the Greater Manchester local Pharmaceutical Committee and partners to develop a community pharmacy Naloxone (a life-saving medication that can reverse an overdose from opioids) service. Naloxone is readily available to people engaged in community drug treatment services, however in acknowledgment that a significant number of drug related deaths happen outside of treatment episodes, it is hoped Naloxone would be made readily available with open access to those requiring this medication from selected pharmacies. The provisional time-line for this service is April 2023.

7.5 Alcohol Care Teams (ACTs)

7.5.1 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) made a commitment to optimise alcohol care teams across England to reduce alcohol related harm in alcohol dependent patients. All three main hospitals in Manchester (North Manchester General Hospital, Manchester Royal Infirmary and Wythenshawe Hospital) have received funding to develop ACT services.

7.5.2 Research and consultancy commissioned by Manchester Public Health (undertaken by Manchester Metropolitan University) to support the development and implementation of the North Manchester Hospital ACT identified a number of good practice recommendations to optimise the service. This included recruiting to an ACT Clinical Lead and 2 officers to support an engage patients who may be reluctant to access community-based treatment services, ensuring those who are most at risk access the support they need. The positions are now in post, working with CGL Manchester to support people into treatment and expanding networks to support place-based models of care (such as Multi Agency Planning meetings).

7.5.3 The Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) has developed the Alcohol Care Team Innovation & Optimisation Network (ACTION). This peer led approach supports ACTs within acute hospitals in sector led improvement. North Manchester General Hospital have recently participated in the ACTION peer review, with the peer team noting the achievements in the team since its implementation. Manchester Public Health will continue to support the development of the ACTs through the multi-agency steering group.

7.6 Challenges

7.6.1 Substance misuse impacts on the lives of residents, their families and communities. From Harm to Hope outlines ambitious targets to affect real change, investing in local partnerships and systems, providing opportunity to improve and advance. However, the pace of change has presented local challenges, reflected nationally:

- Recruitment & workforce development – recruiting to the number of specialist keyworkers and clinicians required to support the increase in treatment numbers is an on-going challenge. Demands and competition within the market has resulted in delays to both recruitment and retention and is the most significant challenge to delivery.
- Securing available premises to support expansion of the integrated drug and alcohol service. Manchester Public Health are working with Neighbourhood Services and Planning to support the community treatment provider
- Cost of living and inflation.
- Identifying and engaging new cohorts for treatment
- Multiple grant planning and progress reporting schedules
- Partnership development and other pressures on key partner organisations in supporting the targets
- Ambitious targets for the numbers in treatment and continuity of care
- Demonstrating sufficient progress through project initiation, to secure continued investment for next spending review

7.6.2 To help support local authorities with these challenges, OHID are reviewing the national and regional offer. This includes a number of themed working and task and finish groups covering Tier 4 inpatient detox and rehab, clinical leadership, workforce development and drug and alcohol related deaths.

8.0 Next steps and recommendations

- The committee is asked to note the breadth of work taking place in the fields of substance misuse and smoking and tobacco use.
- Both services will align with Making Manchester Fairer work, as needed in coming months.