Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 10 January 2024

Subject: Support For People With Complex Needs And The Role Of Social Workers & Tackling Alcohol Harm in Manchester

Report of: Executive Director of Adult Social Services
Director of Public Health

Summary

The Health Scrutiny Committee receive an annual update on the delivery of drug and alcohol services in Manchester. This report is in two parts. The first part of the report provides the Committee with a full description of the services provided by the Manchester social work teams, who support adults with complex needs. This includes the work the team do with other partners such as the criminal justice system and provides a forward view of key developments for 2024/25. The second part of the report focuses on efforts to tackle alcohol harm in Manchester and Greater Manchester and the next steps for this important work.

Recommendations

The Committee is recommended to consider and comment on the information in 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	Providers of alcohol services contribute to zero-carbon targets in the city. Commissioned providers are required to pledge their zero-carbon targets as part of their contract with the Council.
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	Providers of alcohol services aim to actively reduced health inequalities in Manchester and the focus of their work is on health inclusion.

Manchester Strategy outcomes	**Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy**

A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Tackling alcohol related harm will support the city's economy which includes the creation of economic value, jobs, volunteering, and health innovation.
A highly skilled city: world class and home grown talent sustaining the city's economic success	The provision of services to help people recover from addiction with additional support for skills development is integral to economic success.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Making Manchester Fairer (MMF) work in the city and these programmes contribute to MMF.
A liveable and low carbon city: a destination of choice to live, visit, work	Health partners including commissioned providers have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership.
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health care and alcohol related support for Manchester residents.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None

Financial Consequences – Capital

None

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Background documents (available for public inspection):

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

Alcohol, Drugs, and Community Stop Smoking and Tobacco Treatment Services in Manchester, Health Scrutiny Committee Report, 8 February 2023

Part One: Support For People With Complex Needs And The Role Of Social Workers

1.0 Introduction

1.1. Alcohol and other drug use is embedded in many of our social customs and cultures. The majority of people who use such substances will do so without harm to themselves or others. Unfortunately, a minority of people will develop problems which can negatively affect their own health and wellbeing and also that of their families, friends and community. It is likely that all social workers whether working with children, young people or adults will come across people who drink alcohol or take drugs, and it is important that social workers are able to decipher when this tips from recreational use to problematic substance misuse, whereby it leads to significant social and/or health related problems, and be able to sign post individual to the right support at the right time.

1.2. It is also important for all front-line social workers to understand the complexities of the lives and presentations of people who harmfully use substances, and the importance of not just tacking the substance misuse but also understanding any other underlying needs which may be affecting their opportunity for recovery and when they would benefit from the support of our specialist services.

1.3. In Manchester we are fortunate to have a specialist substance misuse social work team, who work to support people into recovery and to sustain recovery, and a newly developed social work team who work, in partnership with the homelessness team, with citizens who are entrenched rough sleepers. This report will focus on the work of these two specialist teams but will set out the work we intend to do with wider social work teams across Childrens and Adult Services, to ensure that we provide the best, most person-centred support to those who harmfully use substances, and also the work we want to take forward around prevention.

2.0 The Substance Misuse Team

2.1. The Substance Misuse Service is divided into two teams, north and south and is made up of 2 Team Managers, (Grade 9) 2 Senior Practitioners, (grade 8) 14 Substance Misuse Social workers, (Grade 7) 1 Social Work Apprentice (Grade 6) and 1 support worker (grade 4). The funding for these posts comes from Adult Social Care, Public Health and a number of short-term grants. Although the teams are based over two sites, the team now manage a joint duty service.

2.2. The team ordinarily work with individuals who are physically dependent on alcohol or drugs but may on occasion work with individuals drinking at high risk levels where there is an identified social care need. Generally, it is expected that the person will have a primary alcohol and/or drug problem and are seeking support to address this; including seeking support to reduce the harm alcohol or drugs are causing them. Although we work using a harm reduction model, recovery and rehabilitation are never off the table, and all work is to support people to move from precontemplation/ contemplation to preparation, action and maintenance.

2.3. Once a person has been accepted by the team, we will complete a specialist social care assessment, which combines the outcome stars for drug and alcohol with the Care Act Assessment. The Social worker, with the person, family and team around the person will design interventions seeking to address barriers that prevent the person accessing mainstream alcohol and/or drug treatment services. Our role includes support to stabilise or improve elements of a person's life such as self-neglect, abuse or other areas of social functioning which is impacting on their well-being.

2.4. The teams will also work within the Safeguarding Statutory Framework, set out in the Care Act 2014, and Care and Support Statutory Guidance (2018) with individuals experiencing harm directly related to their alcohol and/or drug use. For example, individuals who require social care support to prevent homelessness, to reduce risk of anti-social behaviour or to reduce victimisation or exploitation and requests for social work intervention where identified difficulties are directly related to alcohol or drug use. Where Citizens primary need is not the substance misuse, but where their substance misuse impacts on the success of intervention, the Substance Misuse Social Worker will form part of the team around the adult but will not be the lead agency.

2.5. The team also provide support to families and carers of individuals who are affected by substance misuse, regardless of whether the substance user is accessing services. We offer a Carer's Assessment which is the best way to identify the sorts of support which would be most beneficial and allows carers to explain how caring impacts on their health and wellbeing and helps then consider what would happen if they were unable to care for the person whatever reason, including developing a Carer's Emergency Plan.

2.6. Throughout 2023, we have invested a significant amount of time into reviewing the structure of the Social Work Substance Misuse team and are supporting managers and social workers to develop lead areas, below set out an overview of the main bodies of work we have been completing.

3.0 Key Areas of Work

Recovery/ Rehabilitation

3.1. The Social Work Substance Misuse Service's core work continues to be around supporting citizens onto a road to recovery, which includes supporting citizens through the cycle of change to prepare for recovery and rehabilitation. Using the social worker as a resource and embedding a number of practices and theories such as Prochaska and DiClemente Stages of Change, Drug and Alcohol Outcome Star, and Alcohol Concern Blue Light Thinking, the team, working with the person and commissioned substance misuse services develop specialist assessments and support plans for people. The team are also exploring the impact of a person sustained trauma, attachment, life experiences and neurodiversity on their executive functioning and how this can impact on their access to recovery services, maintenance of recovery and ability to manage day to day, from this a comprehensive support plan will be developed.

3.2. This holistic person-centred approach to supporting people in services in the community or Tier 4 services has enabled over 45 to access residential rehab with an 80% success rate of people completing and achieving long term abstinence. If they all complete and remain free of drugs and alcohol this represents savings of approximately £30 million for the city over a lifetime. This is based on government statistics and takes into account things like hospital admissions, medication costs, criminality, homelessness.

3.3. An exciting area of work around residential rehabilitation has been the support we have provided to, two families to access Family Centred rehabilitation. This has allowed parents to recover from addiction and keep their children with them. This has prevented 2 Children being taken into care and a young woman not having her child removed at birth. Although both families have a long way to go, this is a promising area of work, and area we intend to develop in the next 3-5 years. The team will also be making better links with children's teams to ensure parents have better access to recovery services and specialist social work teams to support with this, embracing Manchester's philosophy around team around the family.

Criminal Justice Social Work

3.4. Using funding from the Office for Health Improvements and Disparity (OHID), The Substance Misuse Social Work team have developed two dedicated Criminal Justice Social Workers, who work in partnership with Probation Services and Change Grow Live (CGL) and the Criminal Justice Services, to explore rehabilitation options both in the community and on release from prison.

3.5. The role of this service is to break the cycle of re-offending and provide support for the person to make positive change. This development of this service began in the summer of 2022 and an evaluation from the Criminal Justice Social Worker was completed in March 2023. This enabled a review of the program and has supported the development of good working relationships with Probation Officers, Change Grow, Live and their citizens.

3.6. The aim next year will be to imbed the workers within Her Majesties Prisons where they will develop assessments and support plans for those Manchester residents ready for release. The team will also be developing a comprehensive team plan and data to track progress and identify barriers.

Enhanced Risk Models of Working

3.7. Citizens who harmfully use substances, often have chaotic and high-risk lifestyles, where a certain level of risk becomes the norm. This can desensitise those who work with them to the level of risk and can also make it difficult to assess when a person risk level has increased/ decreased. It is important that as a Service, the substance misuse team, whilst working in the framework of Safeguarding, understand the level of risk being carried, and ensure a clear way of stepping up and stepping down interventions.

3.8. To do this the team are developing an enhanced risk model of working. The initial step was to ensure that staff felt supported when working with complex cases,

where they felt they had run out of idea on how to support the person or what to do next. To do his with have set up regular 'Solution Circle Session'. Solution circles are a peer supported person-centred model of looking differently at a problem. Here the worker will come and set out the current situation, issue and or problem, the team will then look at the situation, through an innovative 'bluesky' lens, provide ideas for action and ask clarifying questions. Together as a team the group agree what the presenting problem is and develop four next step actions. The team will also review the case a few weeks later. These sessions have been highly received from the team and have supported the team to become 'unstuck' with many of our most complex cases. In the following year we intend to invite our partner agencies to these sessions.

3.9. The second element to this model entails reviewing all high-risk cases, to agree whether the risk is high but managed (therefore being managed through enhanced risk case management) or unmanaged therefore managed through safeguarding and high-risk protocols. To do this all cases have been reviewed and RAG rated, and a high-risk register has been developed, which gives management oversight of the risk the team is carrying. This register will be reviewed by the management team weekly, with monthly sessions where the management team meet with the team to discuss the risks and the risk management plans.

3.10. The final element of this model is developing the Multi Agency Enhanced Risk Management plan and meeting. All high-risk cases whether at safeguarding or not, will be managed through Multi – Agency Enhanced risk team meetings, and we are currently developing a multi-agency enhanced risk assessment and management plan. In the new year this model will be piloted and then an enhanced risk management protocol will be developed. Following this there will be a consultation with partners and the model will be rolled out to a small cohort of high-risk citizens and then evaluated. On an individual level it is expected this will enable better day to day risk management and escalation processes, strategically we hope this will identify gaps/ areas of concern that we can then build plans to address.

<u>Transitional Safeguarding/ Prevention</u>

3.11. The Transition Planning Team has recently been moved under the Service Manager for Complex needs and now sits with Substance Misuse Social Work within this Complex Needs Service. This has provided a great opportunity for the two teams to work together with young people who are using drugs and have a other issues, but where their needs are not currently eligible under the Care Act 2014, but where without support they are likely to require support in the future. The team have been part of a working group looking at Transitional Safeguarding, which is looking to develop a better model of working with young people over 18 who are at risk.

3.12. The team have supported other teams to work with young people, and this has seen an increase in young people accessing rehabilitation services, support to be discharged from hospital, and the development of aftercare provisions for young people who are neuro diverse. Although early stages, the team hope to build on this work to develop better multi-agency prevention models to prevent young people needing long term social care support in the future.

Assertive Outreach

3.13. Citizens who harmfully use substances often struggle with their executive functioning and also develop social care needs where they require support, but due to their presentation it can be difficult to get commissioned services to provide support, or where they do this quickly breaks down.

3.14. The Team have had some success using the Complex Reablement service, however this is a short-term service, where the people we support often need longer term assertive outreach support, to manage risk, support stabilisation and get people recovery ready. This often ends up being the Social Workers who take on this role, which is not a great use of resources, an minimises the number of people who can be supported by the team.

3.15. To overcome this the team have developed an assertive outreach business case, to employ 2 x Grade 6, assertive outreach workers, who will implement the Support plan. Support will include support with getting to appointments, managing the home, accessing services and support, building a trusting 'key worker' relationship, support with finances. These workers will be highly skilled and use to working with people who have chaotic presentations and are actively using substances.

3.16. Through this work we aim to initially bridge the gap between assessment of need, and provision of service and from this develop a paper that identifies what Social Care Support people with significant substance misuse require as currently it is difficult to find appropriate accommodation and support for those who use substances or those in recovery who have ongoing social care need.

4.0 Entrenched Rough Sleepers Social Work Team

4.1. In 2022, The Rough Sleepers Drug and Alcohol Treatment Grant and Office for Health Improvements and Disparity Grant was used to employ 1 Senior Social Worker and 5 Social Workers to work with the Entrenched Rough Sleepers Homelessness Service to provide an in reach/outreach model of social work. This provision has grown from strength to strength and in September 2023 a decision was made for this team to become a standalone team within the Complex Needs Service. The team now comprises of; one team manager (Grade 9), one senior social worker (Grade 8) and 4 social workers.

4.2. This unique team is made up of highly skilled social workers who apply a huge breath of experience and theory to support some of Manchester's mostly severely disadvantaged, multi- excluded and traumatised people. Practitioners work with this highly complex cohort, who have been sleeping rough over an extended period of time, with a focus on undertaking Care Act assessments and implementing holistic person-centred support plans.

4.3. The team works to 'A Place Called Home' principles and coordinates a weekly Homelessness Partnership meeting (Mondays 10.00 am – 12 noon) with a wide range of partners to discuss and agree integrated multi-agency approaches. This development follows research that was undertaken by the Directorate following the Covid-19 pandemic, which revealed 'hidden' issues in a cohort of people whose

rough sleeping was considered to be entrenched. These-hidden issues included Trauma, Acquired Brain Injury (ABI) and Neurodiversity and other health related conditions."

4.4. The team carries small caseloads and work hard to engage with these hard-to-reach people. This involves relationship based social work. Through the work with this vulnerable group, Manchester's understanding of executive functioning and acquired brain injury has increased and we are looking at how we build this understanding into our assessment and support planning writing, to look at how we support this group who often have dual needs around substance misuse and mental health, and social deprivation, and therefore it is difficult for them to access and participate in recovery services as well as function on a day to day basis.

4.5. In 2024/25 the team have also been provided with monies for a specialist occupational therapist to support the assessments of how we reintegrate this group back indoors, and how we support them once they have moved from streets, as this group often still have significant needs around executive functioning and substance misuse, which increasing the chance of placement/ housing failures.

4.6. Conversations have also started with commissioners across public health, housing and adult social care about gaps in provision and how we can better work together to meet the needs of this group.

5.0 Continuous Development of Service

Research

5.1. Both the Social Work Substance Misuse Service and the Social Work Entrenched Rough Sleepers Team are committed to research and evidence-based practice. One Senior social worker has already successfully completed a research internship around Executive Functioning and hidden disabilities, we now have another Social Worker who is carrying out research around housing for women, and we are looking in the near future to complete research around recovery options and transitional safeguarding.

Care Act Assessment and Social Work with People with Substance Misuse Needs

5.2. Part 1 of this report has focused predominantly on the work of the two specialist teams with in Adult Social Care, however we are aware that most social workers will at some point be working with people where who use substances and it is important that they can identify when this use may be problematic, and also know how to signpost/ work with other agencies to support the person in a holistic way.

5.3. To support this work, the Complex Needs Service will be reviewing the current Strengths Based Care Act assessment and adding a section around substance misuse which will be completed by other teams, to support them to assess what support the person needs and whether there needs can be better met by a mainstream service, joint working or a specialist team.

5.4. Further to this work there will also be a specialist section added to the current Strength Based Assessment, so that people who have substance misuse as their primary need, but may also have Care Act eligible needs can be assessed once, this will make the process more holistic and enable us to better meet the needs of this group.

Service Offer

5.5. The team will also be reviewing are current service offer, and looking at how we can better support non specialist substance misuse team feel more confident working with people who use substances, and ensuring specialist services where necessary can commission small package of care for people who have primary needs of substance misuse. The team will be working to also develop better transfer processes, for when primary needs change and it is felt that person needs could be met by a different team.

5.6. Moving forward more work does need to be done about what the service offer is for people who use substances or are in recovery but still have a social care need, as we currently have a lot of unmet need, especially around change resistant substance misusers, where they have significant health needs, low level mental health, acquired brain injury and people who use substances and are neuro-diverse.

5.7. To tackle this, initially as stated above we are reviewing are assessment processes to ensure this highlight unmet need in these areas and how this needs affect day to day and executive functioning. Secondly, we are working to review the data we collate, so we can get better data that provide evidence to support the gaps identified and provide a cost analysis of this.

Part Two: Tackling Alcohol Harm in Manchester

1.0 Introduction: What is alcohol harm?

1.1. Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK. Harm results from both the short-term effects of alcohol, whilst people are intoxicated, and the long-term effects, due to chronic excessive consumption.

1.2. Whilst under the influence of alcohol, people are more prone to accidents, injury, and becoming a victim or perpetrator of violent crime. In addition to an increased frequency of violent crime, the Crime Survey for England and Wales reported that when injuries were sustained in alcohol-related attacks, these were typically more severe, as they were more likely to have received cuts, to have suffered concussion, or to have experienced a loss of consciousness because of the incident.

1.3. People who regularly consume above the recommended safe limits of alcohol (14 units per week with at least 2 alcohol free days) are at increased risk of developing chronic health conditions, such as liver cirrhosis, heart disease, strokes, and numerous cancers. There is a well-established association between hazardous

alcohol use and poorer mental health, with those who are dependent on alcohol at increased risk of attempting suicide or self-harm. Excessive chronic alcohol consumption during pregnancy can cause foetal alcohol spectrum disorder (FASD), a condition that arises when alcohol passes to the unborn child via the placenta. The condition results in many physical and mental problems that can vary in severity, affecting a child's movement, balance, vision, hearing, speech, concentration, ability to learn, and ability to process and manage emotions.

1.4. Alcohol related harm extends beyond the individual consuming alcohol to the families and wider community. Living with an adult who misuses or is dependent on alcohol can be harmful to the development and wellbeing of a child and as such is regarded as an 'Adverse Childhood Experience' (ACE). Research findings have also raised concerns there is an association between the increased availability and consumption of alcohol, seen for example during premier league football matches, and increased incidences of domestic violence, most recently described in a detailed report exploring the trends in the domestic abuse incidents following football matches in Greater Manchester. Witnessing domestic abuse can also have significant physical and mental health impacts on children and exposure to domestic violence has therefore been identified as an ACE.

2.0 Alcohol harm and inequalities

2.1 The impacts of alcohol consumption in a population are not felt equally across society. Increased levels of deprivation are associated with increased levels of alcohol related harm. Higher rates of deaths from alcohol and higher rates of alcohol-related hospital admissions have been reported in more deprived areas, despite similar or lower levels of alcohol consumption when compared to less deprived areas.

2.2 Alcohol misuse and dependence is more common in people who experience multiple disadvantages, such as people who are homeless or who have long term health conditions. This disadvantage is further compounded by additional barriers that people with more complex needs may experience when attempting to access support services, further worsening their health outcomes.

3.0 Alcohol harm in Manchester

3.1. There are an estimated 8,671 adults dependent on alcohol in Manchester, which translates to a rate of 20.4 per 1,000, higher than the estimated national rate for England (13.7 per 1,000). Nearly a quarter (23.4%) of adults in Manchester are estimated to drink above the recommended safe limit for alcohol, compared to 22.8% nationally.

3.2. There were 2,286 alcohol-related admissions for adults in Manchester recorded between 2021-2022, which translates to a directly standardised rate of 554 per 100,000. This is significantly higher than the national average (494 per 100,000). Manchester ranked 3rd out of the 10 local authorities that make up Greater Manchester (GM). The rate of alcohol specific hospital admissions for people under 18 in Manchester (36.6 per 100,000) was also significantly higher than the national average (29.3 per 100,000).

3.3. The rate of admission episodes for alcohol related unintentional injuries from 2021-2022 was 59 per 100,000, 16.1% higher than the national average of 50.8 per 100,000. The rate of admission episodes for mental and behavioural disorders due to use of alcohol was 628 per 100,000, 55.4% higher than the national average of 404 per 100,000.

3.4. Manchester has the highest rate of admission episodes for alcohol-related cardiovascular disease in Greater Manchester (GM) (1011 per 100,000), 33.2% higher than the national average (759 per 100,000). Manchester also has the highest incidence of alcohol-related cancers in GM, recording 47.07 new alcohol-related cancers per 100,000 population in 2021, 23.0% higher than the national average (38 per 100,000).

3.5. The age-standardised alcohol related mortality rate in Manchester for 2021 was 54.5 per 100,000. Manchester ranked 3rd highest of the 10 GM local authorities and is 10.8% higher than the GM average rate of 49.2 per 100,000. The potential years of life lost (PYLL) for female Manchester residents was 727 per 100,000 and 1635 per 100,000 for male Manchester residents. Manchester ranks 2nd out of GM local authorities, and these rates are significantly higher than national averages (500 per 100,000 for females and 1116 per 100,000 for males).

3.6. Data from the National Drug Treatment and Monitoring Services (NDTMS) has shown 228 children are living with an adult who entered treatment for alcohol misuse during 2021-2022 and are therefore being directly impacted by alcohol misuse in the home. Data from previous years estimated 13.2% (794) of children with needs assessments identified alcohol misuse by a parent or household member as an issue.

3.7. Findings from a study conducted in Greater Manchester calculated a conservative (minimum) prevalence of Foetal Alcohol Spectrum Disorder (FASD) of 1.8% and a conservative (minimum) prevalence that also included possible cases of FASD of 3.6% within the study population. This is the first FASD active case ascertainment study to be carried out in the UK, so it is not possible to draw comparisons to other regions in the country. However, these prevalence estimates, though not necessarily generalizable to other communities, are in line with a modeled population prevalence estimate for the UK of 3.2%.

4.0 Current activities to tackle alcohol harm in Manchester

Change Grow Live

4.1. Manchester City Council commissions a comprehensive drug and alcohol early intervention, treatment, and recovery service, currently provided by Change Grow Live (CGL). A person-centred approach is taken that ensures the physical and mental health needs of the individual are addressed as part of an integrated approach to reduce harm and support recovery. Details of the service are outlined in detail in the report presented to Health Scrutiny Committee on 8 February 2023. As a brief overview, their services include:

- Prevention & self-care
- Engagement and early intervention
- Structured treatment
- Recovery support

4.2. The service is available through a range of referral pathways and is provided digitally or via community hubs. As well as providing clinical treatment for drug and alcohol dependency, the service works in partnership with other services to support individuals to achieve their goals.

4.3. Findings from the homeless health needs audit survey indicated 45% of respondents self-medicate with drugs and / or alcohol. In recognition of the disproportionate number of people who are homeless that experience alcohol harm, CGL has also been in receipt of funding from the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) since 2020/21. This allows CGL to meet the needs of people experiencing rough sleeping or at imminent risk of doing so. 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.
- Structured drug & alcohol treatment – to boost structured drug & alcohol treatment services, to account for additional costs from increased access and engagement from this population.
- Commissioning and project coordination – to support 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.
- Workforce Development – to increase the skills and knowledge of keyworkers working with people sleeping rough.

4.4. 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. In addition to the support received from the RSDATG, CGL provide additional outreach activity, via other funding schemes, to support people who are street based and/or homeless. This is enabling CGL to respond to the increasing engagement needs of the homeless population and wider support services that work in partnership to deliver outreach engagement.

<u>Alcohol Care Teams</u>

4.5. Alcohol Care Teams (ACTs) are hospital based, providing specialist support to patients who are alcohol-dependent whilst they are in hospital. This includes those presenting to Emergency Departments. As part of the NHS Long Term Plan, NHS England & Improvement (NHSE&I) made a commitment to optimise ACTs across England to reduce alcohol-related harm in patients with alcohol dependence. The three major hospitals in Manchester (North Manchester General Hospital, Manchester Royal Infirmary and Wythenshawe Hospital) have established ACT services. However, the initial NHSE funding is due to end in March 2024 and discussions are currently underway to look at transitional funding arrangements so the services can be sustained in 2024/25.

Making Manchester Fairer

4.6. The implementation of the Early Help for Adults (EHA) Kickstarter is a key component of the Making Manchester Fairer Strategy and aims to provide adults experiencing multiple and complex disadvantages with early help and support to overcome barriers to their health and wellbeing. The Committee received some information on this service in October 2023.

4.7. Adults with alcohol or substance misuse problems that concurrently suffer with mental ill health and are housing insecure, but don't meet the threshold for statutory services, can fall through the gaps in the system, which may impact health outcomes as a result. It has been recognised that individuals with complex needs may have simultaneous contact with many different local services, with each service unsure of how best to advise these individuals. In bringing these services together at Multi-Agency Prevent forums (MAPS), this allows services to take a person centred approach, to discuss how each of these individuals can be better supported and signposted to the appropriate pathway. However, during an evaluation of MAPS, it became apparent that many service users are being identified for support at a point of crisis, and thus the need for earlier help is still needed.

4.8. Changing futures is a commissioned service delivered by Shelter that aims to offer early help for people with complex needs, through assigning key workers to assist people to navigate services. However, it has been identified that many people accessing the Changing Future service are experiencing more complex disadvantages than the pilot had intended for.

4.9. The EHA Kickstarter will allow the expansion of both Changing Futures and MAPS programs. MAPS, which currently only operate in 4 neighbourhoods will increase in number to 13, to enable city wide reach. Though the model for delivery of this city-wide service has yet to be determined, the core values that stipulate the right support for the right person remain. The hope is that expansion of these programs will allow these services to primarily focus on prevention to help reduce demand for more intense support services. Performance monitoring frameworks are currently in development, which will then aid the evaluation of the Kickstarter to inform future practice.

Reducing population level alcohol consumption

4.10. In addition to providing wrap around treatment and support for those that misuse or are dependent on alcohol, with additional specialist services available for the most vulnerable, Manchester City Council has also engaged in preventative work that aims to reduce alcohol consumption in the population.

4.11. The available evidence strongly supports the implementation of policies that restrict access and reduce alcohol availability, whilst addressing the upstream drivers of alcohol use. Despite this, at a national level, there continues to be an over-reliance on alcohol awareness campaigns that push the narrative of personal responsibility. In Manchester the Department of Public Health has always highlighted that it is

unethical to “blame individuals” and the emphasis should be on the wider environment and support available. Indeed, there is now a call from the Association of Directors of Public Health that the “Commercial Determinants of Health” should be a priority focus for the new Government. This brings into question the appropriate role of the tobacco alcohol, food and gambling industries in directly and indirectly influencing national policy and programmes.

Licensing

4.12. In their guidance on the prevention of alcohol use disorders, NICE recommend public health involvement in licensing decisions. Manchester City Council’s department of public health has taken an active role within the mutli-agency licence partnership to ensure that the licences granted by the council do not harm the health of the population or undermine the core principles of the city’s action plan to tackle inequalities. Representatives from the department of public health have reviewed licensing applications, submitted representations against applications that are felt to undermine the licensing objectives, developed a licensing data matrix to provide supporting evidence for representations, and engaged in wider night-time economy meetings.

4.13. Most recently, representations have been submitted by the department of public health alongside other responsible authorities against applications for 24-hour licences for off-licence shops and an alcohol vending machine. Submitted representations linked locally gathered population health data, national survey data, and peer-reviewed research findings to the licence objectives (to prevent crime and disorder, promote public safety, prevent public nuisance, and protect children from harm), and mandatory licensing conditions, clearly outlining the potential harm of granting a 24-hour licence to the local area. This has led to public health being able to negotiate conditions with applicants, to reduce proposed operating hours, and request additional safeguards to prevent sales of alcohol to children. In the instances where applications went to a hearing, the committee granted the applications, but applied the additional conditions recommended by public health, such as the restriction of hours.

5.0 Next Steps

Manchester

5.1. There is an ambition to commission a community-led alcohol program that adopts a social movement approach. In 2017, “Communities in Charge of Alcohol (CICA)” was launched in Miles Platting and Newton Heath. Local residents were recruited and trained in alcohol awareness, becoming community champions. Trained community champions asked residents about their alcohol intake in a non-judgmental manner to bring self-awareness to residents about their drinking habits. The implementation of this program was supported by a Change Grow Live employee, and the intervention was considered acceptable to the local community.

5.2. The Pandemic obviously had an impact on the delivery of this programme, however, a similar approach will now be considered in a wider area identified as being at high risk of alcohol harm. Existing organisations already embedded in

communities, such as Winning Hearts and Minds, in North Manchester will be approached to support this intervention. The organisation already works closely to encourage community members to engage with interventions to support heart health, considering Manchester's high rates of admissions for alcohol-related cardiovascular disease.

5.3. Finally, following the Notice of a Motion on FASD Awareness at Full Council in November 2023, the Director of Public Health and Strategic Director of Children and Educations Services are convening a Round Table in February 2024. The Round Table will involve clinical leads and heads of service to consider and respond to the five key elements of the motion.

Greater Manchester

5.4. To further support work in Manchester, it is important Manchester City Council work closely with neighbouring local authorities and the Greater Manchester Combined Authority (GMCA), to develop a co-ordinated strategy to tackling alcohol harm in the region. Any plan to tackle alcohol harm in Greater Manchester should be a collaborative endeavour between a range of key stakeholders including pan-GM organisations, such as NHS Greater Manchester and GMCA, organisations representing the VCFSE sector, and people with lived experience.

5.5. This plan will be informed by primary research that will be undertaken at Greater Manchester (GM) level, consisting of the following work streams:

Stream 1: Mixed-methods research to understand the factors at an individual, locality and GM wide level (including barriers and facilitators to alcohol treatment/support) that influence/impact on children and young people's alcohol use within GM.
Stream 2: Qualitative social research to understand the barriers and facilitators to positive behaviour change among adults who are identified as being at the greatest risk of alcohol-related morbidity and/or mortality in GM**.**

5.6. In addition to completing primary research, there are plans to host a GM Alcohol Harm engagement event in 2024. The findings from this research and community engagement will inform an NHS Greater Manchester Integrated Care Board Alcohol Harm Plan.

5.7. Finally, the Greater Manchester Directors of Public Health will continue to advocate for an additional "health" objective to be incorporated in the Licensing Act. At present, when submitting representations against licence applications, a responsible authority must demonstrate that the application, if granted, would undermine one of the 4 objectives: prevention of crime and disorder, public safety, prevention of a public nuisance, and the protection of children from harm. However, if evidence that the health of the local population could be harmed if an application were to be granted could also be considered, this would further strengthen representations submitted by the department of public health and improve the chances of successfully opposing harmful licence applications.