

Information briefing

Report From: Adult Public Health Commissioning Team
Adult Social Care Directorate

Report To: Birmingham Health & Wellbeing Board

Date: July 2019

Title: Change, Grow, Live (CGL) – Overview of Service

1. Summary

A 'recovery' approach has been taken regarding the treatment for Birmingham citizens experiencing the harms associated with drug and alcohol misuse. This currently involves the treatment and care of approximately 7000 service users.

To support this, the Birmingham treatment and recovery single system is monitored and measured by the following key outcomes framework:

- Increased levels of employment
- Reduction in re-offending
- Improved housing
- Improved parenting
- Robust children's safeguarding
- Improvements in physical health
- Improvements in mental health
- Reduction in blood borne virus transmission
- Reduction in domestic violence
- Ensuring protection for vulnerable adults

2. Overview of the Service

2.1 The Service Delivery Model

To support the recovery focused delivery model CGL provide service users with the necessary advice and support delivered via a 5 tiered model which responds to differing levels of case complexity. The tiers include:

Tier 1: Advice & Information; including signposting to other services which include advocacy and mutual aid.

Tier 2: Non-dependent drug and alcohol use – Group / 1:1 work up to 12 weeks

Tier 3: Dependent alcohol use, opiate use, heavy crack cocaine/synthetic cannabinoids etc. – Group/1:1 work, longer term, structured support

Tier 4: In-patient specialist unit (Park House in Hockley) which delivers detoxification and stabilisation

Tier 5: Aftercare provision – Group/1:1 work

The provision of adult drug and alcohol treatment services is defined as one of the “grant conditions” as part of the Public Health Grant. Spending the grant, a local authority has to “*have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services*”.

Substance misuse treatment has been evaluated by researchers on a wide range of measures, including: drug use; abstinence from drug use; drug injecting; overdose rates; health and mortality; crime; social functioning, including employment; housing; family relations, and the perceptions of service users about their recovery status. The breadth of these measures reflects the broad range of benefits anticipated from providing effective substance misuse treatment.

The current drug and alcohol treatment and recovery provision in Birmingham is delivered by the third sector organisation ‘Change Grow Live’ (CGL). They were awarded a 5-year contract for the period 1st March 2015 – 28th February 2020 and BCC have recently exercised the option to extend the contract for a further two years from March 2020 to February 2022.

The demand on the substance misuse service continues to increase with regards to the prevalence of misuse of illicit drugs that include heroin, cocaine and novel psychoactive substances (NPS) and from alcohol. The complexity of service user presentations also continues to increase citywide.

2.2 CGL Locality Hubs

Since the contract award in February 2015, CGL have operated from Scala House in the city centre, however they are currently establishing four new locality recovery hubs across the City. The locations are in the North (Great Barr), Central & West (Newtown), East (Kitts Green) and South (Bournville). The Central & West and South Hubs are fully operational, and the North & East hubs will be operational in by mid-August 2019.

The four locality hubs provide increased accessibility for clients and welcoming spaces designed to develop the tackling substance misuse/prevention agenda within local communities. There are multi-disciplinary teams based at each of the four hubs, with a wide range of expertise that includes; Doctors, Nurses, Recovery Co-ordinators and Outreach Workers.

Each CGL hub is fully integrated with partner organisations who deliver health and social care services that link directly to delivering effective substance misuse treatment. This includes working with BCC and Third Sector Homeless services, the NHS, DWP and Criminal Justice services.

Following a joint funding bid made by Birmingham City Council and CGL, Birmingham has recently benefited from an award of £749,971 from a national £6m capital fund administered by Public Health England. This funding will enable CGL to increase access to alcohol treatments and recovery with a specific focus on helping vulnerable people who are parents and/or homeless/rough sleepers.

2.3 City Centre Service Provision including services for homeless people

CGL have a homeless team operating across the city working with complex needs homeless clients and working partnership with BCC Homeless Services as part of the Rough Sleepers Initiative. In Birmingham city centre CGL provide a mobile clinical prescriber and a team of support workers to deliver a rapid prescribing model, allowing interventions to be taken directly to clients who live in transient circumstances, i.e. either they live on the street or in temporary hostel accommodation. Two healthcare assistants support health and wellbeing signposting to partner organisations,

referral into substance misuse treatment and rapid prescription (opiate substitute) generation which enables a homeless person to be prescribed methadone within a matter of hours.

CGL offer effective city centre provision for homeless and criminal justice clients through a co-location arrangement with other partners who include: Shelter, the Salvation Army, the Probation Service, all Homeless Hostels and the Birmingham multi-agency resourced Street Intervention Team (SIT).

2.4 Delivery Partnerships

CGL working in partnership with four General Practitioners with Special Interest (GPSI's) deliver services from 70 GP surgeries citywide as part of the successful Shared Care treatment model (CGL worker based in the surgery, working closely with the service users own GP) and from other community locations such as Fire Stations and Community Centres.

The CGL service offer is well known to a wide range of key partner organisations responsible for supporting vulnerable adults, including: Criminal Justice; Health and Social Care; the city's acute hospital sites; Birmingham and Solihull Mental Health Foundation Trust; GP's and Pharmacies; the Wellbeing Service; Mutual Aid Groups (Alcoholics Anonymous, Cocaine Anonymous & Narcotics Anonymous) and Community and Voluntary Sector organisations keen to deliver social prescribing opportunities for CGL clients who are in recovery.

3. CGL Accomplishments

A key national performance measure for substance misuse service is the number of individuals who successfully complete substance misuse treatment (free of drug/drugs of dependence and who do not then re-present to treatment services again within 6 months) demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

CGL is in the top quartile nationally for the 4 service user cohorts (opiate, alcohol, non-opiate and alcohol and non-opiate) who receive and successfully complete treatment.

- For opiate clients successfully completing treatment Birmingham ranks 3rd highest of 8 Core Cities in 2017/18.
- For alcohol clients successfully completing treatment Birmingham ranks 2nd highest of 8 Core Cities in 2017/18.
- For non-opiate clients successfully completing treatment Birmingham ranks 2nd highest of 8 Core Cities in 2017/18.
- For alcohol clients successfully completing treatment Birmingham ranks 2nd highest of 8 Core Cities in 2017/18.

3.1 Increased levels of employment

In 2018/19 CGL had a target of 19.35% of opiate clients and 34% of non-opiate clients being in employment following their successful completion of treatment. CGL exceeded these targets by achieving 23.08% for opiate service users and 35.91% for non-opiate service users with 54 and 65 service users gaining employment respectively.

CGL during 2018/19 referred 809 service users to work programmes in order for them to achieve sustained employment.

3.2 Reduction in re-offending

This outcome is measured by service users successfully adhering to the treatment programme court mandated Drug Rehabilitation Requirement (DRR) or an Alcohol Treatment Requirement (ATR). In 2018/19 CGL had a target of ensuring that >55% of DRR's and ATR's were completed; this target was exceeded with figures of 83.5% of 173 issued DRR's completed and 98% of 42 issued ATR's completed.

3.3 Improved housing

Over 98% of CGL's service users had their housing status recorded during their initial assessment and of these 9.7% reported a housing problem.

In 2018/19 CGL referred 300 service users to Housing services.

In 2018/19 the CGL Homeless outreach team referred 137 homeless people into substance misuse treatment.

In 2018/19 635 service users received advice and support on housing related issues.

3.4 Improved Parenting

In 2018/19 a total of 3714 Service Users were receiving a structured Tier 3, 4 or 5 intervention from CGL. 1970 service users (53%) stated that a family member or someone in their social network had involvement in their recovery.

In 2018/19 10.4% of CGL clients had parental responsibility and completed a parenting needs assessment.

3.5 Robust Children's Safeguarding

All CGL clients have their parental status recorded at treatment commencement.

179 service users are living with a child.

22% of CGL clients have an active safeguarding case (the national average is approx. 12%).

In 2018/19 527 service users who are not parents were identified as having significant contact with children and received a risk assessment.

3.6 Improvements in Physical Health

The physical health of all service user's is measured and recorded when they enter treatment, during their treatment journey and when they leave treatment. Measurement is by a systematic and evidence based scoring scale which records the average increase in the physical health score of the service user.

3.7 Improvements in Mental Health

The mental health of all service user's is measured and recorded when they enter treatment, during their treatment journey and when they leave treatment. Measurement is by a systematic and evidence-based scoring scale which records the average increase in the mental health score of the service user.

In 2018/19 there were 596 dual diagnosis (mental health & substance misuse) clients in the recovery service and 295 dual diagnosis clients who successfully completed treatment during 2018/19.

3.8 Reduction in Blood Borne Virus (BBV) transmission

In 2018/19 338 CGL clients accepted Hepatitis B virus (HBV) treatment and completed a course of 3 HBV vaccinations.

In 2018/19 502 clients were tested for the Hepatitis C virus with 38 positive results.

3.9 Reduction in Domestic Violence

All CGL services users who report domestic violence and are referred to domestic violence services.

In 2018/19 3.6% of CGL clients reported to be victims of domestic violence.

In 2018/19 17 CGL service users were known to be perpetrators of domestic abuse.

3.10 Ensuring protection for Vulnerable Adults

22% of CGL clients have an active safeguarding case (the national average is approx. 12%).

During 2018/19 CGL worked with 153 service users who were pregnant.

3.11 CGL Financial Performance

From a financial viewpoint the performance levels of CGL compare favourably nationally in terms of value for money as based on contract spend per head of population. Birmingham ranks as the 7th lowest spend out of 8 from a Core City perspective and ranks as the 11th lowest spend out of 15 local authorities from a Chartered Institute of Public Finance & Accountancy (CIPFA) perspective.

4. Peer Mentor's Review of Citizen's journey

Evidence shows that when service users are meaningfully involved in the planning, development and (when appropriate) delivery of services, service quality and user experiences improve. This leads to sustained recovery outcomes for large numbers of those engaging in services. Service user involvement also helps to foster positive relationships between staff and volunteers that can lead to opportunities for service users/ex-service users to give back to the treatment and recovery community in Birmingham.

CGL have developed an extensive peer mentoring and volunteering network utilising a group of 45 'experts by experience' to support other service users in their recovery journey, with several individuals obtaining employment in the support worker field.

CGL are committed to ensuring that Service User Involvement is a key focus within its services. Their Service User Involvement Policy, which all CGL employees and volunteers are expected to follow, is based on two main principles:

- Service Users will be central to improving the quality of our services and will have meaningful opportunities to contribute to the development of services;
- Because of this contribution, practices, policies and other products will have a greater focus and relevance to those most affected by them.

CGL Birmingham has a designated Service User Involvement Lead who is responsible for the coordination of structured activities across the service. The Service User Involvement Group meets quarterly and comprises of Commissioners, CGL and Service User Representatives and Peer Mentors.

CGL Peer Mentors provide advice and support to service users by using and sharing the knowledge and skills they have gained during their own recoveries. They evaluate a wide range of service delivery including:

- Meeting and greeting service users
- Supporting service users who are connected to specific teams e.g. women's team, homeless team, telephone triage, criminal justice etc.
- Co-facilitating groups within CGL venues and in the community
- Promoting and encouraging access to mutual aid networks

CGL Peer Mentors act as role models to all service users and are living proof that recovery is possible. Individuals who wish to become Peer Mentors must have a good level of recovery capital and need to be abstinent from problematic/illegal substances and behaviours. Peer Mentors are supervised monthly by CGL's Peer Mentor Co-ordinator.

CGL Service User Representatives and Peer Mentors have recently completed a project focusing upon Prison Release and the three key issues faced by those recently released which are substance misuse, homelessness and mental health.

A copy of the presentation is in *Appendix 3*; this has been presented at the West Midlands Continuity of Care from Prison Steering Group meeting at Public Health England (Birmingham) and has subsequently being shared with all 100 members of the Prison Continuity of Care Group and the PHE National team in order to for the presentation and service user findings to be taken into account for the development of national policy. The Prison Release Project has also been shared with the local Criminal Justice Board and the Reducing Reoffending Group.

CGL Service User Representatives and Peer Mentors also completed a Homelessness survey in August 2017 working in partnership with the Connect 2 Recover Service User Forum. The work undertaken has been shared with the Birmingham Homelessness Round Table and can be found in *Appendix 4*.

Appendix 1 details the stories of 2 CGL Service Users who now act as Peer Mentors.

Appendix 2 details of the Positive Impact of Service User Involvement.

CGL work in partnership with Forward Thinking Birmingham (FTB) and the Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) in order for the respective Peer Mentor Groups to jointly address issues relating to the dual diagnosis of substance misuse and mental health and to ensure that those in need of support receive fit for purpose responses from both CGL and the NHS.

5. Identifying the Gaps

Leading up to and during the contract extension period extensive work will take place with key partners (Criminal Justice, Mental Health, Homeless) and wider stakeholders to identify any gaps within the current substance misuse service. BCC commissioners, Public Health and CGL will assess the most practical and affordable ways to address any gap identified.

It could be said that the City needs a multiagency Drug and Alcohol Strategy so to effectively address the associated harms caused by substance misuse. Prevention, treatment and recovery elements could usefully be the key elements to any strategy. This approach would need to include the involvement of the treatment provider as well as other stakeholders including the Police, Health

partners, the Community Safety Partnership, Housing, the Police and Crime Commissioner and others.

The reducing trajectory of the Public Health budget which funds substance misuse services will be clearly communicated to all stakeholders so that greater collaborative and joint commissioning opportunities are developed when the service function enters its retender phase for post 2022.

6. Recommendations

Birmingham Public Health and BCC Commissioners will continue to work with CGL to ascertain how the service can be further developed to maximise health, social care and criminal justice outcomes for the benefit of the City. This will be consistent with the commissioning intentions for the two year extension period (March 2020 – February 2022) which have been developed through stakeholder consultation and working in partnership with the Council's Public Health commissioning team.

These intentions are:

- A Renewed Focus upon the Recovery agenda.
- Responding to the changing patterns of drug and alcohol related harms with a specific focus on the harms caused by opiate, alcohol and Novel Psychoactive Substance misuse.
- A refocus on Comorbidity: Mental Health and Substance Misuse
- A refreshed Locality Model of Delivery
- A refreshed Child Protection Focus
- Maintaining a Drug Alert System

7. Next Steps

CGL continue to work with key partners so to continue to maintain and further develop the current treatment and recovery pathways. The pathways will also be developed during the contract extension period (2020-2022) and involve the following organisations:

- Probation Service
- West Midlands Police
- Department of Work & Pensions
- Clinical Commissioning Groups (CCG's)
- Hospitals (Acute Sector)
- Mental Health services
- Homeless services
- Street Intervention Team (SIT)
- Community Safety Partnership
- Wellbeing Service
- GP's
- Pharmacies
- Homeless services

CGL to continue providing their contribution to:

- Homelessness and Health Steering Group
- PHE Prisons Continuity of Care Group

- Community Sentence Treatment Requirement (CSTR) Steering Group led by the West Midlands Combined Authority
- West Midlands Alcohol Forum hosted by Public Health England
- PHE Hepatitis C Testing working group
- Drug and Alcohol Related Deaths Inquiry Group
- Managing the Birmingham Drug Alert System

BCC & CGL revisit and update the Social Value Plan.

The Substance Misuse Commissioning Group to be reconvened with the objective of developing the necessary commissioning approach for substance misuse prevention, treatment and recovery for the period after the current CGL contract extension ends in 2022. This may involve the development of a multiagency drug and alcohol harm reduction strategy for the City.

Appendices

- 1:** CGL Peer Mentor Stories
- 2:** Service User Involvement – It's Impact
- 3:** CGL Service User Representatives and Peer Mentors Prison Release Project Presentation
- 4:** CGL Service User Representatives and Peer Mentors Homeless Project Presentation.