

	<u>Agenda Item: 13</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	31st January 2023
TITLE:	TRIPLE ZERO DRUG AND ALCOHOL STRATEGY BUNDLE
Organisation	Birmingham Public Health
Presenting Officer	Chris Baggott

Report Type:	Information and Approval
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1. Purpose:

- 1.1. To present the contents of the Triple Zero Drug and Alcohol Strategy document pack and seek approval for continuation through the governance process to Cabinet before publication.

2. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	x
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	x
	Theme 3: Active at Every Age and Ability	
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	x
	Getting the Best Start in Life	
	Living, Working and Learning Well	
	Ageing and Dying Well	
Joint Strategic Needs Assessment		x

3. Recommendation

- 3.1. To note the documents contained in the bundle as outlined in section 4.
- 3.2. To agree to HWB responsibility for oversight of delivery of actions supporting the strategy (health and treatment activity)
- 3.3. To approve continuation through the governance process and request to Cabinet for publication

4. Report Body

4.1 Background

The first draft of the Triple Zero Drug and Alcohol Strategy was produced in early 2020 but public consultation was delayed due to the Covid-19 pandemic. The public consultation ran for 12 weeks over the summer of 2021 and received approximately 900 responses. A team of analysts worked on the qualitative and quantitative feedback and produced a summary report. Following consultation, amendments were made to the strategy and these are presented in a 'You SaidWe Did' document which makes it clear to citizens, how we have responded to their views. In addition, a substance use needs assessment was carried out in the Autumn of 2021 to support the development of the final strategy.

There are 5 documents which form the Triple Zero Drug and Alcohol Strategy pack. They are:

- Triple Zero Strategy (**Appendix 1**)
- Needs Assessment Executive Summary (**Appendix 2**)
- Full Needs Assessment (**Appendix 3**)
- Consultation Analysis (**Appendix 4**)
- 'You said...we did' summary of findings and actions taken (**Appendix 5**)

4.2 Purpose of the Triple Zero Strategy

The strategy provides our high-level vision, aims and direction for tackling drug and alcohol addiction. This strategy isn't a detailed action plan, nor a list of performance measures and targets. As we progress through the strategy period detailed action plans will be developed to support and deliver our ambitions and themes.

4.3 Key Points in the Strategy

We have three ambitions for Birmingham:

- Zero deaths due to drug or alcohol addiction
- Zero overdoses due to drug or alcohol addiction
- Zero people unable to receive support for their addiction when they need it

One of the main criticisms from the public was that these 'targets' are impossible to achieve. However, in this draft we have made it clear that these are our ambitions and state that 'they represent what we should be aiming for. Aiming for anything less would be a disservice to our citizens, families, friends, and communities affected by addiction'.

There are 5 themes in the strategy with example actions:

- a. Prevention and Early Intervention
- b. Treatment Support and Recovery
- c. Children and Young People
- d. Additional Challenges and Complex Needs

e. Data and Evidence

The themes are underpinned by 5 principles:

- a. Citizen First
- b. Regulation and Enforcement
- c. Diversity and Inclusion
- d. Quality and Quantity
- e. Learning and Listening

In recent months the Government has published 'From Harm to Hope: A 10-year drugs plan to cut crime and save lives'. Local work to plan for the delivery of the targets in the plan is ongoing and this Birmingham Strategy will sit alongside that at an important time as we deliver a world-class drug and alcohol treatment system in Birmingham.

4.4 Triple Zero Strategy Governance

Monitoring Progress

A Triple Zero Action Plan will be developed and implemented to facilitate the delivery of the Strategy.

A multi-agency partnership Birmingham Combatting Drugs and Alcohol Partnership group (BCDAP) will be established and will be chaired by an Independent Chair. The BCDAP will monitor progress towards the Strategy ambitions and progress against the Triple Zero Action Plan. The Birmingham City Council Public Health Division will facilitate the action plan, commissioning of treatment services, monitoring of delivery, and report into the BCDAP

Strategic oversight

Birmingham Health and Wellbeing Board (HWB) and Birmingham Community Safety Partnership (CSP) will be jointly responsible for, and committed to, ensuring that Birmingham's vision for substance use (alcohol and drugs) is delivered.

Strategic assurance

The Birmingham Combatting Drugs and Alcohol Partnership, with its Independent Chair will provide assurance (through the respective governance structures of the partnership members) on the implementation of the TZ Action Plan to the West Midlands Combatting Drugs and Alcohol Partnership (Chaired by WM Police and Crime Commissioner)

The Birmingham partnership will bring together relevant local statutory and voluntary and community sector organisations with a role or interest in the implementation of the Triple Zero Strategy.

4.5 Key findings from the Needs Assessment

- Capturing true prevalence of drug and alcohol misuse in the population is challenging and is likely to be much higher than is currently captured.

- Evidence around the impact of the pandemic on substance use is still emerging and the longer-term impact on health and service demand is yet to be realised, however it is an important consideration in planning for future service and resource planning
- 1,140 individuals are in treatment at specialist alcohol misuse services in Birmingham (2019/20), which is almost a 42% reduction since 2016/17
- There are 10,525 problem drug users of opiate and/or crack cocaine (OCU) in Birmingham, of which 8,799 are opiate users and 6,817 are crack cocaine users. The rate of OCU was 14.2 per 1000 people which is significantly higher than the England (8.9) and the West Midlands (9.6) rates
- White men aged 30-49 years made up the highest proportion of CGL clients in treatment for opiate, non-opiate and alcohol problems
- In Birmingham there are an estimated 13,442 dependent drinkers, which represents 1.58% of the adult population (2019/20). This is higher than the England average (1.37%)
- The number of individuals not in contact with drug treatment services for an opiate problem in Birmingham (n = 4,114) has increased by 42.8% since its lowest number in 2012/13. This represents an unmet need of 46.9%, which is comparable to the national figure (46.3%)
- The number of individuals not in contact with drug treatment services for an OCU problem in Birmingham (n = 5,728) has increased by 53.6% since its lowest number in 2012/13. The unmet need (54.4%) is comparable to the national figure (53.4%)
- The number of individuals not in contact with drug treatment services for a crack cocaine problem in Birmingham (n = 3,887) has increased by 14.3% since its lowest number in 2012/13. The unmet need (57.0%) is lower than the national figure (61.3%)
- The number of individuals not in contact with treatment services for an alcohol problem in Birmingham (n = 11,830) has increased by 10.1% since its lowest number in 2014/15. This represent a large unmet need of 88.0%, which is higher than the national figure (83.0%)
- There are several inequalities that predispose marginalised groups to substance misuse. Therefore, there is a need to acknowledge intersectionality in the context of substance misuse to better understand diverse and complex treatment needs.
- Social return on investment is very high in terms of monetary value and reduction in crime
- For every £1 spent on drug and alcohol treatment services in Birmingham, there was an estimated social return on investment of £5.60 for individuals in treatment and £27.10 for individuals in treatment and recovery. The gross benefit per person was £9,640 (in treatment) and £46,761 for long-term gross benefit per person

- Substance misuse treatment is estimated to have prevented about 149,000 (a reduction of 29%) crimes committed by drug users and about 2,700 (a reduction of 45%) crimes by alcohol users

5. Compliance Issues

5.1. HWBB Forum Responsibility and Board Update

Birmingham Health and Wellbeing Board (HWB) and Birmingham Community Safety Partnership (CSP) will be jointly responsible for, and committed to, ensuring that Birmingham's vision for substance use (alcohol and drugs) is delivered. HWB will oversee health and treatment activity and the CSP will oversee crime and justice activity.

Birmingham Public Health/Commissioning will report on the action plan and progress.

5.2. Management Responsibility

Mary Orhewere – Assistant Director of Public Health

Chris Baggott – Service Lead Public Health

Karl Beese – Commissioning Manager Public Health

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
If the Strategy and supporting information isn't published there may be a failure to deliver progress against the 2032 ambitions and measurable improvements to health inequalities and outcomes for citizens	Low	High	The Strategy and supporting information have been consulted on, and has been approved by Public Health SMT, Council Leadership Team and the Cabinet Member so it is expected to be suitable for publication. Work will continue to delivery against all relevant national and local targets. The Health and Wellbeing Board will oversee the delivery of health and treatment activity against the ambitions set out in the strategy, supported by a multi-level regional and local governance process and to guide and enable us to deliver a world-class drug and alcohol treatment system in Birmingham.

Appendices

- **Appendix 1** - Triple Zero Strategy
- **Appendix 2** - Needs Assessment Executive Summary
- **Appendix 3** - Full Needs Assessment
- **Appendix 4** - Consultation Analysis
- **Appendix 5** - 'You said...we did' summary of findings and actions taken

The following people have been involved in the preparation of this board paper:

Chris Baggott – Service Lead, Birmingham Public Health

Jenny Riley – Senior Officer, Birmingham Public Health