

Update on Health Checks and Smoking Cessation – Birmingham Health and Wellbeing Board.

This report summarises progress of Health Checks and Smoking Cessation, pre, during and post COVID-19. As a Health and Wellbeing board we are keen to mitigate against disproportional risk of Covid-19 who access these services.

During March 2020 the Government and PHE detailed a number of services that should continue delivery and those that should stopped. This report highlights the delivery model prior to COVID, the changes that occurred due to COVID and what actions are being taken post wave 1 of COVID.

The following have contributed to the content of this report:

- Birmingham City Council Public Health
 - Adults and Older People Service Lead
 - Assistant Director Population and Protection

NHS Health Checks

Introduction

Cardiovascular disease (CVD) affects the lives of around 7 million people in United Kingdom (UK) and is a significant cause of disability and death, affecting individuals, families and communities, with 26% of all deaths being related to CVD. It is one of the leading causes of premature death in Birmingham and accounts for approximately 24.4% of mortalities for Birmingham residents (ref: 20016 VS3 tables) and 21.2% of deaths under the age of 75 years (this compares to 27.75% nationally). The burden of CVD falls disproportionately on people living in deprived circumstances and on particular ethnic groups, such as South Asians.

Consequently, CVD accounts for the largest part of the health inequalities in our society. Therefore, prevention, early identification and management of CVD remains a key strategic priority for Birmingham City Council Public Health.

CVD conditions, namely coronary heart disease (CHD), stroke, diabetes and chronic kidney disease (CKD), share a number of common modifiable risk factors. Obesity, sedentary lifestyle, smoking, high blood pressure, high cholesterol and impaired glucose regulation all increase an individual's risk of developing CVD. The UK National Screening Committee has provided evidence demonstrating that it is possible to identify CVD risk factors and act to change them. The 'Putting Prevention First' strategy document proposes that early intervention to reduce risk will prevent, delay and in some circumstances reverse the onset of vascular disease. In April 2009, the Department of Health (DH) introduced the NHS Health Check programme, requiring Public Health to implement systematic reviews of its aged 40-74 years population (excluding those already on a CVD register, on a statin, have an actual CVD Qrisk score of 20% and above or have had a previous NHS Health Check within the last 5 years). NHS Health Checks are one of the key mandated Public Health services commissioned by the Local Authority as defined in the Birmingham City Council Public Health Outcomes Framework.

During the response to COVID, the government identified that individuals with certain underlying conditions are at high risk of suffering adverse effects of COVID if they are infected especially those who are of older age. The Health Check Programme acts as a preventative initiative to ensure the key conditions identified by the government such as CHD, Diabetes, Obesity, High Blood Pressure are reduced and caught early, promoting individual to make lifestyle choices to be able to lead a healthy life.

Local Provision and Pre COVID-Performance

The provision of Health Checks is currently delivered via a Primary Care GP model and is delivered by every GP Practice within the Birmingham Boundary. This is a 5-year programme and the national benchmark over the 5 years is to invite 20% of the 5 year eligible cohort every year for health checks and to screen at least 50% of those invited. By using this approach, it would be anticipated that over the 5 years everyone eligible would have been invited for a health check and at least 50% of those eligible over the 5 years would have been screened. The programme is available to all adults between the age of 40 and 74 who do not already have any underlying CVD condition and are not part of a disease register where they would be screened annually anyway. An eligible patient is entitled to one free health check every 5 years.

The current 5-year Health Check programme started on 1st April 2018 and the performance to date is as follows:

	2018/19	2019/20	2020/21 (Q1)	Total Programme to Date
Invite Target	54,631	53,715	13,436	121,782
Invite Actual	81,970	68,619	1,193	151,782
Over/(Under) Achievement	27,339	14,904	(12,243)	30,000
Completed Target	27,315	26,858	6,718	60,891
Completed Actual	33,408	28,286	559	62,253
Over/(Under) Achievement	6,093	1,428	(6,159)	1,362

The 2020/21 (Q1) figure shown on the table as a big underperformance relates to the period April 2020 to June 2021, when it was advised by Government and PHE that Health Checks were to stop activity, until further advised. Given this advice Birmingham Public Health did not ask GP Practices to stop activity altogether, however instead requested them to decide on their own merit if they wished to continue delivery using their own devised safe methods or whether to stop. We advised all GP practices that they would not be penalised for low performance as the programme was a 5-year programme and there will be the ability to ramp up activity post Covid to ensure benchmark targets are met by March 2023.

During Covid Delivery and Payments

Given the government advise, some GP chose to continue to deliver health checks using new socially distanced methods and where there was the ability providing blood tests at home or in specially organised clinics within their practice for their registered patients only. Hence why during quarter 1 there was some minimal activity with the delivery of health checks. Birmingham Public Health have been having conversation with some of these practices to gather information on the methods of delivery to be able to devise a good practice guide to GPs to be able to restart delivery once their doors open to patients again and also if we were to face further lockdowns due to a potential wave 2.

The Local Medical Committee who represent the GPs in Birmingham, enquired whether payment would continue under the Provider Relief Notice by Cabinet Office (PPN 02/20). The Public Health Service Lead review the situation with neighbouring Local Authorities, where the response was very mixed where some authorities were not paying their providers anything for no delivery, some were paying average performance amounts for Quarter 1 allowing providers to keep the funds and some were making payments with the provision that targets will be increased with fund being clawed back at a later date. Given all of the evidence, a fair approach was used where an average payment for Quarter 1 was agreed for all GP Practices with a clawback of 75% of the payment with effect from January 2021 over 4 quarterly period. This would allow GP practices to retain 25% of the payment as goodwill and also push them to deliver more health checks when they restart them to ensure the clawback has a minimal impact on them in the future. The relationship with GP practices has taken many years to develop and it has taken hard work to ensure targets have been over achieved each year and by allowing them to retain a small sum would mean that they would remain engaged with Birmingham Public Health and the restart would be much easier.

17 GP practices decided not to take up this offer either by not returning their variation for additional payment and clawback for qtr 1 or simply confirming they did not want the payment. A new Cabinet Office briefing for Supplier Relief was issue for Quarter 2 PPN 04/20, which indicates a similar

approach to that of PPN 02/20. Currently Birmingham Public Health are in the process of collating variation responses for quarter two where the offer is a choice for GPs to not be paid in Quarter 2 or accept payment and clawback on the same basis as quarter 1.

Post Wave 1 Delivery

The government and NHS have provided guidance to all GPs and CCG to promote the start up of prevention interventions and medical interventions as normally as possible from 1st September 2020. GPs have been requested to open their doors to patients rather than continue to operate on a closed door basis. They have also been requested to upscale Prevention type interventions as quickly as possible to avoid more people falling ill due to COVID if Wave 2 is to strike.

Birmingham Public Health has circulated this information to all GP practices and is continuing to provide restart messages on an ongoing basis. We have also worked with the CCG and CSU to ensure the data for 2020/21 is readily available for GP Practices to access to be able to start sending invites out to patients to be able to book appointments post 1st September. Birmingham Public health is also working closely with a number of GP practices to develop good practice to share wider about alternative ways that Health Checks can be delivered more pro-actively and innovatively.

It is also hoped that post COVID, that activity could be ramped up at scales via GP Practices to make up for underperformance so that overall performance for the 5 year programme is met or over achieved, along with the 50% of the cohort having a Health Check to decrease inequalities, resulting in individuals leading more healthier lives, through better food nutrition, active lifestyles, better mental health, etc.

Smoking Cessation

Introduction

Smoking remains the single greatest cause of preventable illness and premature death in the UK. One in two smokers dies prematurely from smoking-related diseases, on average losing 10 years of life. Every year over 4,500 people in Birmingham die from a smoking related disease. Smoking is directly linked with Birmingham's three biggest killers and is attributable to:

- 1 in 4 of all cancers
- 1 in 5 of all deaths from CVD
- 1 in 3 of all deaths from respiratory disease

There are approximately 120,310 adults over 16 years old who smoke in Birmingham 13.7% of the adult population. National survey data shows that the smoking rates in Birmingham are similar to the England average at 14.9%, although rates are much higher in some areas. Tobacco use is one of the most significant causes of health inequalities and there is a strong link between cigarette smoking and socio-economic groups. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes.

Stopping smoking is considered one of the single most effective methods for improving health and preventing illness. National surveys report that around 67% of smokers want to quit. Evidence-based NHS Stop Smoking Services are well established and considered both cost and clinically effective.

NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or individual one-to-one support. Such services are expected to be widely accessible within the local community and provided by trained advisors.

The National average quit rate at 4-weeks for clients accessing Stop Smoking Services is 45%, although certain population groups (e.g. under 30-year olds; routine and manual workers and pregnant smokers) have lower rates of abstinence.

The core elements of the service are the provision of behavioural support and pharmacotherapy. The service aims to maximize the number of smokers accessing the service and quitting long-term, therefore contributing to the reduction of smoking prevalence in Birmingham. To work most effectively, it will be necessary for the service to focus on specific segments of the population, increasing access from priority groups where smoking prevalence is highest (i.e., routine and manual (R/M) occupational groups, deprived communities, young people and pregnant smokers).

The objectives of the stop smoking service will be to:

- Provide equitable access to all smokers
- Offer the most effective, evidence-based treatments available
- Support people to successfully quit smoking
- Achieve high levels of client satisfaction

Local Provision and Pre COVID-Performance

The local Smoking Cessation Service is primarily provided to individual's via a primary care model via GPs and Pharmacies. There is also one Vape Shop who delivers the service who are IBVTA registered as per PHE guidance. The programme is either based on a 4 week or 12-week basis which consists of fortnightly behavioural support and the provision of Nicotine Replacement Therapy along with the offer of e-Cigarettes. The offer is available to individuals over the age of 12 and anyone who lives, works and studies in Birmingham. The service was delivered by approximately 180 providers equitably throughout Birmingham Via GP Practices and Pharmacies.

The service is not one that is mandated by government, but is a priority for NHS and Local Authority. The vision to reduce smoking prevalence national is a key message which comes out of the NHS 10 year plan and given this vision the number of providers offering smoking cessation has increased by at least 50% over the last 1.5 years.

Due to more people wanting to quit due to health messages being marketed the number of quits have been consistently going up in the pharmacy setting and below is a summary of performance comparisons from one year to another:

	2018/19	2019/20	2019/20 Q1	2020/21 (Q1)
4 wk Quit (GP)	1067	989	232	170
12 wk Quit (GP)	547	543	146	107
4 wk Quit (Pharmacy)	1094	1269	283	157
12 wk Quit (Pharmacy)	475	485	124	112

As shown in the table above the performance from 2018/19 to 2019/20 for GP was slightly less but classed as consistent and for pharmacies there was a clear increase in activity especially 4 week quits. If we look at the Qtr 1 Comparison for Qtr 1 this year when COVID Hit to last year Quarter 1, performance has decreased but not as much as was anticipated at 50%. It seems individual have continued to access smoking cessation service to attempt their quit due to the adverse effects of COVID on smokers. In addition, GPs have maintain a good proportion of their activity.

During Covid Delivery and Payments

The government advise around the delivery of Smoking Cessation during the COVID Outbreak (Wave 1) was to continue delivering the service at some level. Given that GP practices closed their doors to patient, they continued to deliver smoking cessation through a telephone consultation model with NRT provided via an electronic FP10 prescription sent to the pharmacy of their choice or a voucher provided via collection or post. There were however issues with paper vouchers as Pharmacies did not want to handle paper vouchers due to infection spread, so a resolution was sought where vouchers could be provided electronically to overcome this issue.

Pharmacies continued to deliver Smoking Cessation in a socially distanced manor or over telephone consultation however there was an impact on slightly reduced delivery due to GPs closing their doors and patients diverting their support requirements to Pharmacies, which was resource intensive and limiting time for the provision of smoking cessation services.

What supported the deliver was the governments launch of the #QuitforCovid campaign, which was pushing smokers to quit from smoking to ensure they have a positive outcome if they caught COVID,

as smokers have compromised lungs and are likely to suffer much worse effects of COVID. The foresaw a demand in the service and it was decided to implement the use of AI and the Quit with Bella app provided and commissioned via Solutions for Health was implemented to provide a service delivery model with minimal touch points and electronic delivery of NRT and eCigarettes. This has initially proved successful and at the forefront of technology and is a app which Solutions 4 Health further developed and tailormade for Birmingham and if evaluations demonstrate the success seen to date then it is likely that this would be embedded in the current service delivery model. The AI App has the benefit of supporting the brief intervention delivery 24/7 supporting pharmacies and GPs. The app has also been developed as a stand alone stop smoking service where a user can use this app solely to attempt their quit and the NRT and eCigs are sent electronically via a pharmacy system to be dispensed for the patient to pick up so again minimal touch point. This makes the smoking cessation service COVID Wave 2 ready.

In addition to this one of the GP Clinical systems is being adapted to be able to deliver electronic NRT vouchers directly to pharmacies via their dispensing system further reducing touch points and increasing infection control.

As described in the section for Health Checks and the supplier relief note PPN 02/20, it was agreed to pay Pharmacies the average quarter quit payments as a good will for continuing to deliver the service at pace during the pandemic outbreak and the basis of payment was they would either get paid the average quarters activity or actual activity, whichever is higher. It was decided not to pay anything around relief payments to GPs for smoking as they were already getting paid for Health Checks. As a result of the PPN 04/20 relief note, it was agreed through a general consensus by the Local Pharmacy Committee that pharmacies did not require any payment for Quarter 2 and Birmingham Public Health had advised that the payment for quarter 2 would be classed as a payment in advance and all funds paid for quarter 2 would be reclaimed back from future activity payments.

Post Wave 1 Delivery

It is anticipated that activity will continue to rise now that GPs will start to increase their services from 1st September 2020 and that Pharmacies have now got more capacity to continue to deliver services. #QuitforCovid will still continue to be provided and a push for service delivery will be made especially with the campaigns around Stoptober. Birmingham Public Health are also working with a wider range of partners to embed smoking cessation as part of their standard offer which will also enhance the number of individuals quitting within Birmingham.

The Quit with Bella app will be further pushed and it is hoped that this will become the first point of access for anybody through regular communications around the use of the app and promoting citizens who use to download it if they have a smart phone. It is anticipated that all NRT provision will become electronic voucher based so there is no handling of vouchers and individuals can more easily access their pharmacotherapy in the future.

If there is likely to be a Wave 2 of COVID then it is anticipated that the smoking cessation offer is COVID ready to mitigate access to services being limited and that the embedding of some of the interventions during Wave 1 will become part of mainstream delivery post COVID.

Tobacco control strategy including CLear assessment

CLear tobacco control assessment - This deep dive assessment was conducted in March 2020 and comprised of several influential stakeholders from Birmingham and Solihull CCG. The event was

evidence focused and addressed current challenges, leadership and goals whilst looking at strengths and opportunities to redress smoking related inequalities.

The key findings were:

- The stakeholders agreed that the compliance and enforcement as well as cessation was generally good, however there was scope for development
- Redressing the imbalance of inequalities amongst socio-economic groups
- Target interventions required in hot spot areas of where there's high smoking prevalence
- Review commissioning and planning of service delivery models
- Collaborative work required to achieve shared vision
- Publicity and communications required to achieve outcomes.

A Tobacco Control Alliance Group will be set up with key multi-agency partners to co-design and facilitate the tobacco control strategy and provide strategic guidance whilst focusing on three key objectives as follows:

- Reduce uptake of smoking
- More smokers quitting
- Protection for all from second-hand smoke

Whilst smoking affects the wider population, we will focus on three priority groups whereby smoking related inequalities is greatest:

- Children and young people (12 years plus)
- Pregnant women and family members who smoke
- People who are marginalised (i.e. routine and manual workers, BAME communities, low socio-economic groups, etc.)

In light of the COVID pandemic this task has been put on hold and we hope to resume in Autumn 2020 and there will need to be involvement from Environmental Health, whose resources are currently exhausted with responding to the Pandemic.

Business and Planning Act 2020: Temporary Pavement Licence

The temporary pavement licence process introduced a streamlined and a cheaper consent route allows businesses to obtain a licence to place removable furniture on the highway, such as tables and chairs outside of cafes, bars and restaurants. Fees are capped at maximum £100 with consultation, consideration and determination period of 10 working days (excluding public holidays) as opposed to the conventional method of 28 working days.

This bill came into effect on 27th July 2020 in response to social distancing measures and to reduce risks of COVID transmission whilst ensuring safe provisions are in place relating to the promotion of economic recovery and growth.

The bill sets out two conditions which apply to pavement licenses which are either granted or deemed to be granted: a no-obstruction condition and a smoke-free seating condition.

The new licence lasts for 12 months and until the 30th September 2021, at which point the new licensing scheme will end, and businesses will have to apply for an old type Part VII Highways Act

1980 licence if they wish to continue having a pavement café area. Enforcement of this is also the responsibility of Environmental Health and there could be an opportunity here to market the smoking cessation service in Birmingham.

Sexual Health

Introduction

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. Sexual health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), trans community, teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

Local Provision

Local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; and advice on preventing unplanned pregnancy

In Birmingham the Sexual Health service has been delivered by Umbrella, led by University Hospitals Birmingham NHS Foundation Trust (UHB), since August 2015. The contract has recently been extended for a further 2 years until August 2022 with a yearly contract value of £14,038,586.90.

During COVID Delivery & Payments

Throughout COVID Public Health Commissioners have been in regular contact with Public Health Service Leads and Service Providers in order to receive Business Continuity Plans and subsequent updates, Operational Updates/Positions and details of any newly identified risks. In conjunction with this, UHB's Operational Team comprising of Umbrella Senior management meet daily and any risks/issues are be communicated to Commissioners. The Public Health Contracts Board initially met weekly and now bi-weekly in order to be briefed on the operational status of all Public Health Contracts and a bi-weekly contracts update detailing these statuses is produced and circulated to Cllr Hamilton and key partners.

The Birmingham Umbrella Sexual Health service has continued to operate throughout COVID and Birmingham citizens have still been able to access the service since 24th March albeit in a different way and without major disruption.

The biggest impact of COVID was the initial need to reduce face to face interaction with patients as during the initial stages of the pandemic Umbrella were forced to cease all clinical visits. To mitigate against the issue of restrictions to the "open access" Service Umbrella were still able be contacted via telephone and were then able to triage patients, signpost and if required offer a telephone/video consultation.

The Umbrella website <https://umbrellahealth.co.uk/> is continually updated and details how and where services can be accessed as well as offering Coronavirus information for patients.

The number of telephone calls taken by Umbrella during COVID is detailed below:

Month	Total Telephone Calls	Number of Patients Signposted	No. of patients receiving a Telephone Consultation
July 2020	8,163	4,264	3,899
June 2020	6,064	3,994	2,070
May 2020	3,786	2,698	1,088
April 2020	2,416	1,567	849
Total	20,429	12,523	7,906

Since April telephone calls have increased by approx. 238%, signposting by 170% and telephone consultations undertaken by 360%. The vast increase in telephone activity and telephone consultations is encouraging and Commissioners expect to see further increases in August's figures which will be available the 18th August.

As well as offering telephone consultations, where appropriate Umbrella have also been offering video consultations and approx. 150 patients monthly have been utilising this service.

A postal medication service has also been introduced and offered during COVID and there has been a consistent increase in the dispensing of postal medications which negates the need for a face to face visit to a Clinic or Pharmacy.

SH Medications Issued	RSH	GUM
July 2020	144	130
June 2020	98	94
May 2020	82	76
April 2020	32	101
Total	356	401

RSH – Reproductive Sexual Health; Contraception

GUM - Genitourinary Medicine; predominantly sexually transmitted infections (STI's) and HIV testing

From the 4th May Umbrella re-opened their Complex Clinic at Whittall Street which continues to offer referral-based face to face appointments for complex procedures such as difficulties in removing a coil and the need for a scan/removal by a consultant.

Whittall Street Face to Face Appointments	GUM	RSH	INT	Total
July 2020	754	196	54	1,004
June 2020	507	377	264	1,148
May 2020	436	248	199	883
Total	1,697	821	517	3,035

Face to face activity saw a slight decrease in July when compared to June, this can be attributed to Whittall Street only being able to see a set number of patients per day due to social distancing guidance, therefore if patients do not attend an appointment, they are unable to see walk-in patients.

From the 11th May Umbrella re-opened their General Procedures Clinic at Boots (High Street, City Centre) in order to offer referral-based face to face appointments for uncomplicated long acting reversible contraception (LARC) and subdermal contraceptive implants (SDI's):

Boots City Centre Face to Face Appointments	GUM	RSH	INT	Total
July 2020	14	161	3	178
June 2020	1	206	0	207
May 2020	0	139	2	141
Total	15	506	5	526

Face to face activity saw a slight decrease in July when compared to June, this can be attributed to Boots only being able to see a set number of patients per day due to social distancing guidance, therefore if patients do not attend an appointment, they are unable to see walk-in patients.

The re-opening of clinics has meant that Umbrella have been able to fit long acting reversible contraception (LARC) throughout COVID:

Umbrella Clinic LARC Fitting:

Month	Coil Fittings	Coil Removals	SDI Fittings	SDI Removals
July 2020	120	82	127	140
June 2020	111	38	123	142
May 2020	61	31	51	82
Total	292	151	301	364

The increase in LARC activity during July is encouraging when compared to May and Commissioners expect to see a further increase in August's activity.

The number of LARC fittings by GP's has also been gradually increasing, following a drop off in April and May due to the Royal College of General Practice advising that the fitting of LARC was on a non-essential service. However, figures for June show a marked increase in activity (June data is the latest available as GP data is produced 2 months in arrears)

Month	Coil Fittings	SDI Fittings
June 2020	141	106
May 2020	65	29
April 2020	13	6
Total	219	141

The vast increase in GP LARC activity during June is positive and Commissioners expect to see a further increase in July's activity

Pharmacies have also played a key role in delivering elements of the Umbrella Service during lockdown in terms of providing free condoms, emergency hormonal contraception (morning after pill), chlamydia treatment, contraceptive pill, contraceptive injections, continuation of hepatitis B vaccine injections started at an Umbrella clinic and acting as a collection point for STI self-sampling kits

ordered online. Total Pharmacy activity in June was 3,276 - an increase of 62% compared to May and 96% compared to April and 33% lower when compared to June 2019. However, June's figure is a marked improvement compared to May (2,028) and April (1,676) and is expected to increase further in July. As with GP data, June data is the latest available as Pharmacy data is produced 2 months in arrears.

In terms of re-opening complex sexual health clinics within Birmingham, offering video triage/consultations and dispensing medications by post, the Umbrella service has been leading the way nationally in terms of best practice which has been recognised by the Faculty of Sexual and Reproductive Healthcare (FSRH).

The ability for all Birmingham and Solihull to request STI Home testing kits via telephone or the Umbrella website has been a feature of the Umbrella since its commencement in 2015 and throughout COVID this service has still been available.

Month	STI Kits Issued
July 2020	5,742
June 2020	4,406
May 2020	3,448
April 2020	2,818
Total	16,414

The marked increase in the number of kits issued confirms that people are aware that STI Kits can still be ordered by phone or online and the July figure of 5,742 is in line with pre-COVID figures.

To summarise, throughout COVID whilst the way in which the Umbrella Service is delivered has changed with fewer face to face appointments, Birmingham and Solihull residents have still been able to:

- Receive telephone triage and if required telephone and video consultations
- Have face to face appointments when required
- Have long acting reversible contraception fitted
- Order STI testing kits to be delivered to their home address
- Order medication over the telephone and have it delivered to their home address
- Access Pharmacies for services which includes; free condoms, emergency hormonal contraception (morning after pill), contraceptive pill and contraceptive injections

It should also be noted that throughout COVID BCC and SMBC have continued to pay Umbrella as normal with no reductions to their funding.

Post Wave 1 Delivery

As of 10th September 2020, Umbrella envisage having all Sexual Health clinics re-opened by the end of September, seeing a set number of pre-booked patients per day due to social distancing guidance.

Commissioners have also been working with Umbrella in terms of their Recovery Planning in terms of restarting practices that have been reduced due to COVID such as:

- Increasing face to face attendances and appointments clinics
- Re-instating walk-in appointments

- Extending clinic opening hours
- Working with Delivery Partners face to face
- Re-introducing face to face staff training sessions
- Training teams being able to attend partner training

Commissioners have also been working with Umbrella in terms of amplifying new practices that have worked well during COVID such as:

- Maintaining a measure of reduction in walk-in patients through other access mechanisms to the service.
- Increasing Video consultations
- Telephone consultation process for streamlining patients
- Increasing engagement with key partners
- Increasing Postal medication and prescriptions
- Increasing condoms by post
- Increasing STI kit distribution
- Increasing support for victims of domestic violence
- Integrate Independent Sexual Violence Advisors (ISVAs) presence with Umbrella clinics

Longer term impact of COVID on Re-procurement

The current Umbrella contract ends on the 9th August 2022 and Commissioners, Public Health and key partners are meeting regularly to discuss what the service model will look like as well as initiating a Needs Assessment. Initial indications show that currently COVID will not impact on the re-procurement timeline, this is due to there being capacity within the existing timeframe of 2 years to complete the constituent re-procurement tasks and the process is less complex than Substance Misuse in terms of Public Consultation.

The timeline is being monitored regularly and if this position does change due to increased COVID pressures it will be raised firstly with the Public Health Contracts Board followed by the Director of Public Health and Councillor Hamilton as the Cabinet Member for Health and Social Care

Substance Misuse

Introduction

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 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.

Local Provision

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 exercised the option to extend the contract for a further two years from March 2020 to February 2022 with a yearly contract value of £14,190,609.00

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 the recovery focused delivery model CGL provide service users with the necessary advice and support delivered via a 5-tier 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

During COVID Delivery & Payments

Throughout COVID Public Health Commissioners have been in regular contact with Public Health Service Leads and Service Providers in order to receive Business Continuity Plans and subsequent updates, Operational Updates/Positions and details of any newly identified risks. In conjunction with this, CGL hold a daily Bronze Local meeting, a Silver meeting with Regional Directors and a Gold National meeting with the CGL Executive Management Team and the Board of Directors. CGL also have a Consultant permanently on call if required.

The Public Health Contracts Board initially met weekly and now bi-weekly in order to be briefed on the operational status of all Public Health Contracts and a bi-weekly contracts update detailing these statuses is produced and circulated to Cllr Hamilton and key partners.

The CGL website <https://www.changegrowlive.org/drug-and-alcohol-service-birmingham> is continually updated and details how and where services can be accessed as well as offering Coronavirus information for service users.

CGL have developed a Service Delivery Roadmap which details the 5 COVID phases and the services/method of delivery that will be offered during each phase.



CGL Bham Road Map
Final.docx

The Birmingham CGL Substance Misuse service has continued to operate throughout COVID and Birmingham citizens have still been able to access the service since 24th March albeit in a different way and without major disruption. The biggest impact of COVID was the need to reduce face to face interaction with service users, changes to the service are detailed below.

Locality Hubs

Prior to COVID four CGL locality hubs provided accessible and welcoming spaces for service users 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.

Throughout COVID all 4 Locality Hubs (North, South, East, Central & West) have remained open 9am – 5pm with a critical staffing level of 1 Team Leader and 4 Frontline staff working at each Hub as well as a Consultant on call. Only the most vulnerable service users (both new starts and restarts) are being seen at a Locality Hub. This only applies to service users who must provide a urine test in order to receive Opioid Medication Assisted Treatment – specifically Physeptone (Methadone) and Espranor. New starts and restarts for service users who will be prescribed Buprenorphine can be done remotely without the need for the service user to visit a Locality Hub. CGL are looking at staff rotas and individual risk assessments with a view to having more and a greater variety of staff within Hubs, such as nursing staff and recovery co-ordinators.

Contact with Service Users and Utilising Technology

Throughout COVID CGL have been in regular contact with all service users via telephone, face to face in locality hubs where necessary and by utilising technology wherever possible to meet virtually. CGL have segmented their entire caseload and identified the levels of risk for each service user and Recovery Co-ordinators are contacting higher risk service users twice weekly by telephone and lower risk service users fortnightly by telephone.

CGL are holding Service User Welcome meetings via Skype, CGL Partners (DATUS, KIKIT & Intuitive Recovery) are delivering SMART Recovery Groups for Phase 2 (Non-dependent drug and alcohol) services users utilising Skype & Zoom. CGL run virtual groups for Phase 3 service users (Dependent opiate use, heavy crack cocaine/synthetic cannabinoids use and Alcohol dependant) and a day programme for Phase 5 service users (Aftercare Provision).

New Referrals to Service

Throughout COVID the CGL service has been open and accessible to all Birmingham citizens, cumulatively from 23rd March there have been 1,341 new treatment starts; 807 opiate and 534 alcohol.

Service Capacity

As CGL have started 1,341 new service users since 23rd March they are mapping the amount of new starts pre COVID-19 to starts during COVID-19 in order to map any potential impacts on service capacity. Currently there is capacity due to minimal referrals being received from GP's and Hospitals.

Medication Assisted Treatment (MAT)

During the initial lockdown phase of COVID all service users on supervised consumption were moved to unsupervised and provided with 2 weeks take home supply. This was to reduce the pressure on Pharmacies following discussions with the Local Pharmaceutical Committee (LPC) and to ensure that 2,750 service users were still able to receive Opioid Medication Assisted Treatment required to manage their medical condition. To support this approach CGL hand delivered prescriptions (to avoid postal delays) to all Pharmacies, delivered opiate substitute medication to all service users self-isolating, if a service user was self-isolating and had no appointed person to collect their MAT CGL delivered the medication to the service user directly and ensured that where needed all service users received a safe storage box for their medication as well as Naloxone.

CGL continue to case manage the prescribing arrangements of the MAT cohort of 2,750 service users on a daily basis based on levels of risks (1-4 High Risk, 5-8 Medium Risk and 8+ Low Risk) with all service users categorised 1-9. CGL monitor those who present the highest risk which predominantly is the homeless cohort.

Homeless Housing Provision at the Holiday Inn

Whilst the Holiday Inn was being used to house rough sleepers the CGL Lead Nurse & CGL Safeguarding and Quality Lead delivered training for Support Workers in the hotels/hostels which covered the use of Nasal Naloxone, the use of MAT, Alcohol Dependent & Treatment Response Plans and the new ways of working based on social distancing guidelines.

Support Workers within the Holiday Inn were given burner phones in order for service users to be able to contact CGL on a SPOC number.

Inpatient Detox at Park House (Hockley)

The CGL inpatient detox facility was closed due to COVID in mid-March 2020. Park House re-opened on 17.08.2020 to provide a 2-week in-patient detox for drugs and alcohol, the initial intake on 17.08.2020 was 6 service users (usually 18) and the reduced capacity is to enable patients to adhere to social distancing guidance. The re-opening of Park House on 17th August went smoothly and the initial intake of 6 in-patients all respected social distancing guidance. CGL are looking to gradually increase the fortnightly intake up to 8 and then 10 inpatients whilst still adhering to social distancing guidance.

Home Detox for Alcohol

During lockdown CGL have successfully completed 81 alcohol home detox's which have only been offered to service users when it is completely safe to do so. CGL's Lead Nurse is completing a paper

on the approach taken home detox by CGL with a view to adopting the same approach for home detox for opiates.

Hepatitis C Postal Testing & BBV Pathway

CGL launched their new BBV Pathway on 6th August. This includes a new self-test postal option which involves Change Grow Live staff sending out a DBST (Hep C & HIV) to the home of the individual who has agreed to complete the self-test. A range of supporting documents have been developed to support the new process including a 'How To' video, written guidance for staff and service users and step by step implementation guides.

Veterans Group

CGL have worked in partnership with BCC and the British Legion and have started a Veteran's group with the first meeting of the group taking place on Wednesday 12th August. It will initially be run by the CGL Lead Nurse and Quality Audit Governance Manager both of whom are veterans. The idea of the group is that service users will be with people who have a shared experience and will be supported to access a range of services that help those from a forces background in addition to treatment focused groups.

CGL Staying Free Telephone App

CGL have developed an App that is available to download via Google Play and the Apple App Store. This App provides mindfulness, urge surfing, getting active, activity diary and staying aware advice and is available for anyone to access. Someone currently not engaged with CGL could use the App initially and then if they feel they would like to engage with CGL can then find the service local to them and contact CGL. Details of the App have been shared extensively across the city with key partners and stakeholders through various channels.

Illegal Drug Shortages, Purity & Increased use of NPS

There has been an increase in the use of NPS by the Homeless/Rough Sleeping Community due to supply chain issues regarding the supply of heroin. Dr Prun Bijral (Medical Director at CGL) is part of a National PHE working group looking at purity & supply, therefore if there is tangible evidence a Formal Drug Alert will be sent to the Professional Information Network (PIN) immediately.

Drug Alerts & Fortnightly Coronavirus Drug Alert

CGL send out an informal Drug Alert fortnightly to the Professional Information Network (PIN) along with harm reduction advice and advising our partners that CGL are still open for business albeit in a different way. Commissioners liaise with CGL regarding including any emerging intelligence on street drug purity.

Mutual Aid Groups

Government Guidance on Mutual Aid Groups meetings has been shared with all 3 mutual aid groups (Narcotics, cocaine and Alcoholics Anonymous). They all continue to deliver online groups which are well attended and AA have advised that a few groups have gone back to 'live' meetings in full cooperation with the venue hirers – predominantly churches. At present CGL are not hosting groups within the 4 Hubs due to social distancing.

Cost Pressures

Commissioners are finalising CGL's cost pressures which are twofold; for additional costs incurred by their Community Service and for the period when Park House was closed. When these costs are confirmed they will be included in a Major Incident Decision Report which will be shared with the Public Health Contracts Board prior to briefing Cllr Hamilton and submitting to the BCC Strategic Cell.

To summarise, throughout COVID whilst the way in which the CGL Service is delivered has changed with fewer face to face appointments, Birmingham residents have still been able to be referred into CGL in order to commence treatment as well as:

- Visit Locality Hubs in order to receive Opioid Medication Assisted Treatment
- Attend welcome meetings and recovery groups via Skype
- Be in regular contact with their Recovery Co-ordinator
- Have face to face appointments when required
- Access the CGL phone App
- Receive inpatient detox (from mid-August)
- Access Medication Assisted Treatment
- Access Treatment for BBV's
- Undertake home detox

It should also be noted that throughout COVID BCC have continued to pay CGL as normal with no reductions to their funding.

Post Wave 1 Delivery

Commissioners have been working with CGL in terms of their Recovery Planning in terms of: Increasing face to face attendances at locality hubs

- Re-instating face to face Recovery Groups
- Re-opening Locality Hubs
- Re-instating face to face mutual aid groups at Locality Hubs
- Increasing the digital offer
- Working with Delivery Partners face to face
- Re-introducing face to face staff training sessions

Additional impacts of COVID on Re-procurement and Board decision required

The current CGL contract ends on the 28th February 2022 and re-procurement timelines have been impacted by COVID. There has been a delay in commencing the Public Consultation (approved by BCC Cabinet in March 2020) on the draft Triple Zero Substance Misuse Strategy for the period post February 2022. Legal advice is that any public cannot be done solely online as undertaking a consultation "virtually" carries a high risk of challenge due to not everyone having access to the internet.

This delay has directly impacted the re-procurement timeline which means that the constituent re-procurement tasks cannot be completed within the original designated timeframe for a new contract to be in place from 1st March 2022 onwards. The CGL contract has performed well since it's commencement in February 2015 in terms of achieving its outcomes and compares favourably when benchmarked against other core cities. As a result, Commissioners and the Director of Public Health are finalising the costs of extending the current CGL contract for an additional year up until the end of

February 2023 which when completed will be presented to Councillor Hamilton as the Cabinet Member for Health and Social Care before going through the required BCC governance processes.

Permission is sought from the Health & Wellbeing Board to progress a year-long extension to the contract up until February 2023 will also allow for the alignment of timelines for the reprocurement of the Young People's Substance Misuse service in order to deliver a more robust Substance Misuse service.