

	<b><u>Agenda Item: 11</u></b>
<b>Report to:</b>	<b>Birmingham Health and Wellbeing Board</b>
<b>Date:</b>	<b>27<sup>th</sup> September 2024</b>
<b>TITLE:</b>	<b>Birmingham Drug and Alcohol Partnership Update</b>
<b>Organisation</b>	<b>Birmingham Public Health Division</b>
<b>Presenting Officer</b>	<b>Jo Tonkin, Deputy Director of Public Health</b>

<b>Report Type:</b>	<b>Information / Discussion</b>
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<b>1. Purpose:</b>
<p>1.1. This report provides an update on the Birmingham Drug and Alcohol Partnership and its priorities.</p> <p>1.2. It highlights key actions to increase the numbers of individuals in drug and alcohol treatment and key risks to the population including that presented by synthetic opioids leading to drug related deaths</p>

<b>2. Implications (tick all that apply):</b>		
Creating a Boulder, 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		

<b>3. Commissioner's Review:</b>
3.1 Commissioners support the recommendations.

#### **4. Recommendation**

- 4.1. To receive the information about the Birmingham Drug and Alcohol Partnership
- 4.2. To note the proposal that it become a subgroup of the Health and Wellbeing Board and that reports to the Board will be brought four times a year going forward.

#### **5. Report Body**

##### **5.1 Background**

5.1.1 The Birmingham Drug and Alcohol Partnership (BDAP) brings together partners across the City including drug and alcohol treatment providers, Community Safety representatives, the NHS and those with lived experience to create transformative change in line with the recommendations of the Dame Carol Black Review 2022, the '10-year Drugs Strategy: From Harm to Hope'<sup>1</sup> and Birmingham's 'Triple Zero Strategy'<sup>2</sup>.

5.1.2 The Partnership's aim is to reduce the harms of drugs and alcohol to children, young people, adults, families, and communities in Birmingham. This is achieved by ensuring there is effective strategic oversight of the drug and alcohol system of primary, secondary prevention and treatment including world class treatment and a recovery orientated system of care.

5.1.3 The ambitions of BDAP are:

- 1) Ensuring an effective strategic oversight of the drug and alcohol system of primary, secondary prevention and treatment including 'world class treatment and a recovery orientated system of care
- 2) Actively involving those with lived experience in the decision making of the Partnership
- 3) Increasing numbers of children, young people, and adults including parents in effective drug and alcohol treatment, with a focus on underserved populations.
- 4) Reducing the numbers of drug and alcohol related deaths
- 5) Reducing the health harms of substances including those associated with injecting and acquisition of blood born viruses and promoting health.
- 6) Reducing drug and alcohol crime and improving safety
- 7) Intervening early with targeted groups at risk of problematic use of drugs and alcohol
- 8) Reducing supply and exposure to illegal drugs in Birmingham, including reducing the proportion of young people being exposed to illegal drugs.

5.1.4 BDAP and its plan was reviewed in early 2024. It now has a programme of quarterly meetings and a forward plan. Its co-chair is Councillor Brennen with an independent chair to be recruited. The membership has been reviewed and partners are taking a welcome role in supporting system improvements. It has a series of

subgroups including the Drug and Alcohol Related Death (DARD) Group and the Dual Diagnosis Steering Group.

5.1.5 BDAPs work relates specifically to the Health and Wellbeing Board outcomes which are listed in Appendix 1. To note: the indicators provided are publicly available and benchmarked. The drug and alcohol system has access to a comprehensive set of administrative data which is more contemporary than that provided. This is in addition to the surveillance tools referred to below.

5.1.6 As a result of the review of the Health and Wellbeing Board, it is proposed that the BDAP will formally become a subgroup of it and will reporting progress on the partnership action plan to the Board four times a year.

5.1.7 A BDAP Data Dashboard which will expand on the current indicators the Health and Wellbeing Board are sighted on (see Appendix 1 for current Drug and Alcohol Indicators, data and commentary).

## **5.2 Substance Misuse Services and Increasing the Numbers of Individuals Accessing and Benefiting from Treatment**

5.2.1 Public Health have the responsibility for commissioning Drug and Alcohol Services. In Birmingham the Adult Drug and Alcohol Treatment and Recovery Service is currently provided by Change, Live, Grow (CGL) and the Children and Young People's Drug and Alcohol Service is currently provided by Aquarius. These are recommended services paid from Public Health Ring Fenced Grant.

5.2.2 Noting Birmingham City Council's Section 114 and the need to reduce pressure on its statutory services, it is important to note that these services play a critical role in supporting some of the most vulnerable people in Birmingham and have a positive impact on citizens, on families, on communities and Birmingham City Council Services. Of significance is their impact on reducing the demand for specialist children and adult social care services. Adult Specialist Drug and Alcohol Services work to reduce the demand for Specialist Children's Services engaging parents who are problematically using substances in treatment. This reduces the risk of harm to children and young people in the family. They also work alongside Adult Social Care to provide comprehensive packages of care which reduce the risk of homelessness and reduce the harm for vulnerable adults with co-existing complex health and social issues.

5.2.3 The cost of these services have been benchmarked against those provided by Core Cities and England. Birmingham spends slightly less than the Core City average, but more than the England average on substance misuse services. It is worth noting that the treatment system makes a significant contribution to the delivery of national policy. In July 2023-June 2024, 3% (8540) of all adults in treatment in England were in treatment in Birmingham. Data which compares the outputs and outcomes of the adult and the young people's treatment service show that the services compare well to those in Core cities and England and have improved as a result of recent investment.

5.2.4 The treatment and recovery system for adults includes a network of lived experience organisations (LEROs), which together with the treatment services ensure that the Birmingham system is recovery orientated. In addition, the system of care involves pharmacies who provide substitute prescribing and GPs who offer shared care. Scaling up an effective system requires capacity at all levels and across organisational boundaries.

5.2.5 The '10-year Drugs Strategy: From Harm to Hope'<sup>1</sup> resulted in £12.5 m of supplementary grants in 2024/25 (Year 3) to scale up and innovate services with a particular focus on increasing opiate users in treatment. This supplementary funding is provided on the basis that no reductions will be made in the Public Health Grant contribution to these services. Currently there is no confirmation that the grants will be continued. Currently there is no confirmation that the grants will be continued.

5.2.6 Both Adult and Children's and Young Peoples Substance misuse services have reached the end of their contract cycles and require respecifying and re-procurement. This provides an opportunity to ensure that the model of delivery is effective: in comparison to other Core Cities; is meeting the needs of Birmingham's diverse population; and integrates learning from the delivery funded through the supplementary grants.

5.2.7. A key performance indicator for the system and linked to the '10-year Drugs Strategy: From Harm to Hope'<sup>1</sup> is to increase the numbers of individuals accessing effective treatment. There has been a significant increase in the numbers of individuals accessing treatment for opiate use since 2020/21. However there is now some stabilisation in numbers, which suggests that to reach unmet need, innovative approaches will be required.

5.2.8. Work is underway by services supported by BDAP partners to access and make improvements to the pathways to treatment. Some of these improvements are funded through the supplementary grants. This includes work to increase the pathways: for parents affected by substance misuse; for communities of ethnicity who are underserved; for those with co-existing mental health conditions; for those in secondary care; for those in contact with the criminal justice system; and for those that are homeless.

5.2.9. The change in Standard Determinate Sentences will result in the planned release of individuals from prison, some of whom will require access to treatment and substitute prescribing. Ensuring continuity of care has highlighted pressure on pharmacy capacity in the City. This has been the focus of improvement and has been escalated nationally.

### **5.3 Reducing Drug Related Deaths**

5.3.1 Birmingham (7.8 per 100,000 in 2020-22) has a higher rate of drug related death than England (5.3 per 100,000 in 2020-22). Current live data shows that on average in Birmingham there are 7 drug related deaths each month. These deaths are preventable and this existing unacceptable level of drug related death is further heightened by the increased presence of novel synthetic substances opioids such as nitazenes in drug supplies. They increase the risk of overdose and death due to their potency even in very small quantities. Deaths can be prevented by implementing robust surveillance, warning and informing users about novel or potent substances, ensuring that naloxone (an antidote to overdose) is widely available for use on individuals showing signs of overdose and by increasing individuals access to effective treatment. All of this is founded on good multiagency working.

5.3.2 To enhance surveillance of deaths, a Drug Related Deaths Process (DARD) has been developed. The DARD brings together real time surveillance and multiple agencies to interpret and respond to incidents and increase opportunities to take preventative action.

5.3.3. To enhance surveillance of substances in Birmingham, the Local Drug Information System (LDIS) is in operation. It receives and sends out drug alerts which

enable harm reduction information to be shared with drug users and those who come into contact with them. Since the refresh of the Birmingham LDIS, we have stood up three LDIS responses working with partners to review identified threats and taken appropriate actions. Incidents have involved synthetic cannabinoids as well as synthetic opioids. Relationships are effective and progress issues of concern in a timely way.

5.3.4 There has been an increased offer of naloxone training and provision. In addition, an overdose and naloxone administration surveillance tool is being developed. Increased presentations of individuals with overdose and increases in use of naloxone indicate an increase in risk which requires additional investigation.

5.3.5 The above evidence based and innovate approaches to preventing drug related death all inform a Synthetic Opioid Preparedness Plan, a live multiagency document which incorporates the learning from the increase in deaths in Birmingham in August 2023.

## **6 Compliance Issues**

### **6.1 HWBB Forum Responsibility and Board Update**

Birmingham Health and Wellbeing Board (HWBB) 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. HWBB will oversee health and treatment activity and the CSP will oversee crime and justice activity. Birmingham Public Health/Commissioning will report on the BDAP action plan and progress against its objectives.

### **6.2 Management Responsibility**

Jo Tonkin – Deputy Director of Public Health  
Candice Fairclough-Smith – Service Lead Public Health  
Karl Beese – Commissioning Manager Public Health

### **6.3 Finance Implications**

Administration of the BDAP is supported by the Addictions Team in Public Health, any costs for this activity and funding for Substance misuse contracts comes from the Public Health Ring Fenced Grant and from Supplementary Grants. Supplementary Grants for substance misuse are provided by OHID on the condition that reductions will not be made to Ring Fenced Public Health Grant contributions.

### **6.4 Legal Implications**

Management and administration of the Section 31 supplementary grants are managed by the Birmingham City Council Public Health ‘s Addictions team.

The procurement of the substance misuse services for adults and children will be undertaken under the Provider Selection Regime introduced in January 2024.

6.5 Equalities Implications (Public Sector Equality Duty)

The delivery and development of the substance misuse system is undertaken based on an assessment of the relative harms of problematic substance misuse experienced by groups with protected characteristics and their access and benefit from treatment.

**7 Risk Analysis:**

Identified Risk	Likelihood	Impact	Actions to Manage Risk
<p><b>Risks to health:</b></p> <p>Presence of novel synthetic opioids in drug supply</p>	High	Increases in drug related death	<p>Sythetic Opioid Preparedness Plan live plan in place.</p> <p>DARD</p> <p>LDIS</p> <p>Action to increase and scale up the numbers of individuals in effective treatment</p>
<p>Inability to scale up access to pharmacological interventions in line with need</p>	Medium	Increases in drug related death	<p>Reorganisation of pharmacological access points across the City</p>
<p><b>Financial risks:</b></p> <p>Supplementary Grant amount not being fully utilised in 2024/25</p>	Low	Loss of income and utility to Birmingham's citizens	<p>Robust plans based on need and deliverability agreed with providers and with OHID</p> <p>Robust monitoring and reprofiling of spend</p>
<p>Supplementary grants not being available in 2025/26 with a significant reduction in the investment in the drug and alcohol system</p>	Medium	Reduction in the capacity for the drug and alcohol system and associated harms	<p>Strategic conversations with OHID</p>
<p>Accurate quarterly financial reporting to OHID</p>	Medium	Loss of income and utility to Birmingham's citizens	<p>Quarterly meetings with OHID</p>
<p><b>Legal risks :</b></p> <p>Ensuring spend of the supplementary</p>	Medium	Loss of income and	<p>Quarterly meetings with OHID</p>

grants complies with terms and conditions		utility to Birmingham's citizens	
Ensuring compliance with the Provider Selection Regime introduced in January 2024	Medium	Challenge made to Birmingham Council with financial implications	Close working with BCC Procurement

### Appendices

Appendix 1: Substance Misuse Health and Wellbeing Board Indicators (September 2024 report)

### Background Papers

1. From Harm to Hope National Drug Strategy [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)
2. Birmingham Triple Zero Strategy [Triple Zero Strategy | Birmingham City Council](https://www.birmingham.gov.uk/info/20000/strategy/20000/triple-zero-strategy)
3. [Guidance for local areas on planning to deal with potent synthetic opioids - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/guidance-for-local-areas-on-planning-to-deal-with-potent-synthetic-opioids)

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

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