

The Commissioning of Birmingham Substance Misuse Services

Consultation Document: August 28th to September 26th 2013

What are we trying to achieve?

Substance misuse (relating to drugs or alcohol) has negative consequences to the individual, and affects their friends, family and the wider community. All substance misuse has the potential to cause ill-health, and may have social and criminal consequences.

National policy, and information gained from service providers, service users and other stakeholders tells us that the nature of drug and alcohol misuse has changed in Birmingham. In response, our approach should change. The 2010 Drug Strategy provides the direction for this change by the introduction of the 'recovery' agenda for the service user which has three overarching principles– wellbeing, citizenship, and freedom from dependence.

Our new focus is on both the prevention of substance misuse related harms and the implementation of the recovery agenda with an approach that creates a clearer 'system' for the benefit of the service user. This will contribute to improving delivery on the following recovery outcomes for service users of the recovery system as well as the people of Birmingham:

- Reduction in Re-Offending
- Improved Housing
- Improved Parenting
- Increased Levels of Employment
- Robust Children's Safeguarding
- Improvements in Physical Health
- Improvements in Mental Health
- Reduction in Sexual Health Problems and Blood Borne Virus Transmission
- Reduction in Domestic Violence
- Ensuring Protection for Vulnerable Adults

We are asking for, and welcome, views on this approach as part of our consultation process, which runs from 28 August 2013 to 26 September 2013.

Why do we need a Substance Misuse commissioning strategy for Birmingham?

We need a commissioning strategy for substance misuse to ensure that we have a clear overarching plan and a statement of commitment about the way in which, and the reasons why, Birmingham City Council intend to purchase better quality services in the future.

Birmingham is a large and diverse city with a population of 1.1 million people. The inequalities in health and deprivation are stark across the city, with over 20 per cent of the city's population living within the 5 per cent most deprived areas in the country. Deprivation, its associated factors, and substance misuse are entwined so it should be of no surprise that Birmingham has significant drug and alcohol misuse issues.

Drug and alcohol services have evolved over the past two decades, so much so that the city currently commissions £25 million of services for drug and alcohol treatment / harm prevention, with approximately 5,700 individuals in structured drug treatment and 8,000 harmful and dependent drinkers receiving some form of psychosocial support. This treatment and support is spread across 28 separate organisations in the city.

There is a general acknowledgement that the current Birmingham substance misuse treatment system is becoming increasingly outdated with respect to achieving the desired recovery outcomes, and this may well start to affect future overall performance. Therefore, it is considered necessary that the current configuration of treatment services is fundamentally reviewed and developed into a coherent system which meets the needs of the population. It is proposed that this will include the involvement of just a few organisations rather than the 28 currently commissioned with possibly just one lead provider. It is intended that the service user benefits from this new approach as access into and through the recovery system will be simpler.

What has influenced our commissioning strategy for Substance Misuse?

Our approach is fundamentally influenced by the shift in commissioning responsibility for tackling Substance Misuse from the NHS to the Local Authority following the Health and Social Care Act 2012, and the opportunities that this shift brings.

It takes into account a number of complementary plans, such as the *Birmingham Drug Strategy 2013* and the *Birmingham Alcohol Strategy 2012-16*, and other Birmingham City Council plans. It also incorporates national strategies such as the *National Drug Strategy 2010: Supporting people to live a drug-free life* and *National Alcohol Strategy 2012*.

Through the transfer of responsibility from the NHS to Local Authorities, a number of new policy drivers need to be incorporated into how the new recovery system is commissioned; these include The Localism Act 2010, Every Child Matters, Change for Children (2004), the Care and Support Bill (July 2012), the Public Services (Social Value) Act 2012 as well as the local service plans relating to Think Family, Criminal Justice, the Birmingham Homelessness strategy and Birmingham City Council's Development Directorate.

The transfer also provides the opportunity to integrate commissioning approaches within the Adults and Communities Directorate (e.g. Supporting People and 3rd Sector Commissioning) as well as other directorates within the council.

Future Need for Services in Birmingham

In the last few years, national developments in substance misuse policy have placed an emphasis on a 'recovery'-orientated treatment system, with a more explicit focus on achieving successful, substance-free lives for service users, improving the lives of their families as well as the wider community. We intend to focus on this approach in Birmingham.

Birmingham is an increasingly diverse city; emerging population groups seem to be under-represented in the substance misuse system, particularly in relation to black and minority ethnic (BME) communities, the lesbian, gay, bisexual and transgender communities (LGBT) and women.

Key findings regarding who is accessing the current services suggest that although the numbers of drugs users from BME communities continues to increase, treatment services still have proportionally higher numbers of white drug users in treatment and most people in treatment are unemployed.

The need to ensure families and children are protected from harm is of paramount importance to the city and the future substance misuse system. Also, evidence suggests around a third of domestic violence incidents (3,600) are linked to alcohol misuse and the new recovery system needs to respond to such a high prevalence rate. The new treatment system will also include a clear family focussed approach.

Also of note are the rapidly changing patterns of drug and alcohol misuse and related harms at a national and local level and the need for both flexible and appropriate responses to these challenges. Any future response to alcohol and drug related harms need to take further steps to improving associated employment, housing, health and other recovery outcomes. This is in contrast to the current medical model characterised by the use of substitute medication to treat such issues.

In terms of alcohol misuse, data suggests that 25 per cent of men and 17 per cent of women in the city are drinking above safe limits which is of concern and will be robustly addressed in the new system.

What have service users told us about Birmingham services?

As part of our on-going stakeholder engagement plan, 323 users of the current treatment system have been consulted to ascertain what they wanted in terms of service delivery. The issues listed will now be addressed in the new system.

These questions were set within the context of the most frequently mentioned and central issues which include Prevention, Engagement, Treatment and Recovery.

In terms of prevention, many staff, managers and service users felt that prevention should also be part of mainstream services which should incorporate new technologies and media. In terms of secondary prevention, it was generally felt that access for family members coping with problematic drug or alcohol use should be improved.

For engagement, most people, whether workers, volunteers or service users felt that the system in Birmingham needed to be simplified and made more accessible. The system needs to engage with the diverse population of Birmingham (in terms of access to services for BME, LGBT and women especially).

For treatment, most people stressed that there are currently a large number of treatment providers in Birmingham and that pathways and referral processes need to be improved.

With regard to 'Recovery', many service users, and former service users, expressed a strong view about the vital importance of tailored recovery support, after care and peer support networks. This consensus view was highlighted in an engagement exercise completed by the organisation Oxford Brookes in May 2013. The summary report is available upon request.

What is our approach to commissioning the substance misuse system?

We have a responsibility to secure the highest quality service outcomes at the best possible price with quality being measured not only from the defined outcomes or standards, but also by using feedback from citizens and service users about the services they receive. The approach will also incorporate broader national policy (e.g. Social Value Act) and local drivers (e.g. The Birmingham Business Charter for Social Responsibility and the living wage). Equally, any commissioning decisions made will be supported by an evidence base with a clear rationale as to why a certain course of action is taken.

An open and competitive process will be undertaken in both financial and quality terms to ensure transparency of decision making and value for money.

What are we intending to commission to tackle substance misuse and how?

The proposal is to commission a broad range of services for the benefit of any presenting individual, contained in one effective drug and alcohol treatment system. These include:

- Early Intervention services supported by appropriate universal prevention services
- Detoxification services
- Access to recovery services such as to housing, employment, and mental and physical wellbeing
- Family focussed interventions
- Psychosocial treatment
- After care
- Peer support

- Community support
- Criminal justice interventions

There is a clear ambition to ensure that a greater emphasis will be placed on prevention and an increased emphasis on recovery for substance misusers. It is proposed that the current array of services be remodelled into a city-wide prevention, treatment and support system. This will ensure that service users receive the right type of support, dependent upon their need. This system will deliver greater integration between Birmingham City Council Adults and Communities services (e.g. the Supporting People and Third Sector Commissioning teams) which is intended to realise improvements in quality as well as cost efficiencies. The new system will focus on the achievement of a range of recovery outcomes for the benefit of the service user, as listed on page one.

The remodelling of services also provides an opportunity to better address the needs of the 18 to 25 age group, women, BME and the LGBT communities as these are population groups who have differing needs that should be reflected in service provision.

The new approach to the treatment system will be procured in 2014/15 with an intention to include three or four area-based treatment systems across the City provided through a smaller number of providers, potentially with a single prime contractor. It is anticipated that this approach will improve the service user experience by ensuring clear entry and exit points, effective care coordination and will include the necessary complement of service provision to deliver on the desired outcomes. Outcomes will be monitored and measured in line with national and local reporting requirements.

The new substance misuse recovery system for Birmingham

The following section provides a more detailed outline of the proposed new substance misuse recovery system.

1. The plans for the future

Alcohol and drug misuse is a complex issue. The number of people with a serious drugs dependency is relatively small, there are more people who are dependent on alcohol or who are drinking at risky levels. Whatever the substance, a person's misuse and dependency affects everybody around them, including their families, friends, communities and society. People are more likely to complete their recovery if they have wider support to help them to rebuild their lives. This support includes a stable home and employment prospects.

Birmingham City Council is soon to make major changes in substance misuse services (drug and alcohol). The Council is setting out a fundamentally different approach to preventing drug use in our community and in supporting the recovery from drug and alcohol problems and dependence.

The new approach has recovery at its core, which involves the three overarching principles – wellbeing, citizenship, and freedom from dependence. It puts more responsibility on individuals to seek help and overcome dependency and:

- places emphasis on providing a more holistic approach, by addressing other issues in addition to treatment in order to support people dependent on drugs or alcohol, such as offending, employment, mental or physical health and housing
- aims to reduce the demand
- takes an uncompromising approach to crack down on those involved in the drug supply
- puts power and accountability in the hands of local communities to tackle drugs and the harms they cause
- seeks to support families and reduce harm to children

Birmingham is a large and very diverse city with a population of 1.1million people. There are approximately 5,700 individuals in drug treatment and 8,000 harmful and dependent drinkers receiving psychosocial support. The harms which substance misuse (drugs and alcohol) can inflict upon the individual, their immediate family / friends and the wider community are potentially complex and far-reaching.

2. The target groups

Our primary target group is all citizens who are wishing or are required to address their issues of substance misuse, whether this is detoxification and abstinence, or reducing the harm.

The new service will also put an increased focus on substance misusers who create the highest levels of risk to themselves, their immediate families, friends and the wider community.

The new service will be available free of charge to all adults over 18 living in Birmingham or who are registered with a Birmingham General Practitioner.

3. Focus on Recovery

The principle of recovery will underpin the whole system. Birmingham City Council wants to maximise help for all alcohol and drug misusers to achieve and sustain recovery from addictions. Those who enter the recovery service should expect to see improvements in their overall health and ability to work, be encouraged to participate in training and to support their families. Recovery needs to include the following:

- Housing and employment improvement
- Mental and physical health improvement
- Link with Think family services
- Continuity of care from prisons, police and courts
- Mutual aid facilitation or other self-help groups

The Council wants to support its citizens build a lifestyle that promotes health and wellbeing, social and personal capital as well as tackling alcohol and drug addiction.

4. Achieving real recovery outcomes and improvements

The new substance misuse service will be expected to deliver for the benefit of service users on a set of recovery outcomes agreed by the council but also agreed by people affected by drug and alcohol problems. The new service will have a detailed specification which will include the following critical recovery outcomes:

- Reduction in Re-Offending
- Improved Housing
- Improved Parenting
- Increased Levels of Employment
- Robust Children's Safeguarding
- Improvements in Physical Health
- Improvements in Mental Health
- Reduction in Sexual Health Problems and Blood Borne Virus Transmission
- Reduction in Domestic Violence
- Ensuring Protection for Vulnerable Adults

5. Components of the proposed recovery system

The three key components that will be delivered are:

- I. Early Intervention
- II. Engagement
- III. Treatment

5.1 Early Intervention

It is common sense to try to prevent people developing problems in the first place. The new substance misuse service will need to work with a wide range of other services to prevent people developing problems, or to help those who are currently misusing drugs and/or alcohol to prevent them from developing more complex problems. Prevention can include:

- Information for families coping with problematic drug and alcohol use
- Needle Exchange
- Sexual health promotion
- Blood Borne Virus transmission prevention
- Co-ordinated actions on domestic violence
- Working with Children's and Adults Safeguarding teams to identify those at risk
- Working with GPs and health centres to support prevention

5.2 Engagement

The new substance misuse service will be dynamic and responsive to an individual's needs. It will encourage and enable access to other support services and interventions as appropriate. The motivation to change addictive behaviours is variable and the new service will be available at the right time and the right place to respond quickly to requests for help and support. The new service will build the individual's motivation to change. Engagement will need to take place in a wide range of general services which can include: criminal justice settings, women only services, BME and faith groups, general hospitals and health centres, young adults and older people's services.

5.3 Treatment

Once the individual who misuses drugs or alcohol makes the decision to change their behaviour, then the full range of substance misuse treatment services will be available. Treatment can describe a very wide range of interventions, some of which are detailed below:

- Shared care, GP services, based in local health centres
- Structured psychosocial interventions
- Prescribing services including detoxification and medically assisted withdrawal
- Residential detoxification and rehabilitation

The new service will bring together drug and alcohol treatment and will be delivered from a wide range of community and neighbourhood venues. There will be multiple bases across the city.

If you have any comments or views on the new recovery system please contact:

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