

Greater Manchester Drug and Alcohol Strategy: Draft Strategy Listening Exercise 10 Jan – 10 Feb 2018

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Greater Manchester Drug and Alcohol Strategy

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Vision

Our vision is to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

A place....

where children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse

where people who drink alcohol choose to drink responsibly and safely

where individuals are empowered to live in engaged communities and are enabled to take charge of health and wellbeing and avoid using drugs and alcohol to cope with adversity and the stresses and strains of life.

where our services and communities work together to address the harms caused by drugs and alcohol

where individuals who develop drug and alcohol problems can recover and live fulfilling lives in strong resilient communities

Achievements: Alcohol

Best practice guidance/toolkit for licensing regulation & enforcement

GMCA submission to the House of Lords Select Committee post legislative-scrutiny on the Licensing Act 2003

Participation in PHE-led national pilot using public health data in local licensing decision-making

Public-facing campaign on alcohol advertising and harm to children

Univ of Manchester and Salford involved in the national, NUS-led Alcohol Impact Programme

Common standards & future ambition for treatment offers and PSR themes



Communities in Charge of Alcohol (CICA) programme to develop a network of community alcohol champions across GM

Achievements: Drugs & Alcohol

Shared vision and principles

Joint Commissioning of Treatment Systems across LA boundaries e.g. Bolton, Salford & Trafford Cluster and Oldham and Rochdale Cluster

Framework for Tier 4 Services (detoxification and residential rehab)

Drugs Early Warning System

Common offer for Working Well

Developing common offer to support liaison and diversion

Developing common standards for treatment services

Our 6 Priorities

Drugs and alcohol are everybody's business and we will work together with our communities and partners around the following key priorities;



Delivering Our Vision

We are reviewing our approach to drugs and alcohol, not only the services that we provide but also the increasingly important role that our residents and communities play. We will do this through a life course approach that focuses on supporting children, young people and adults to start well, live well and age well

We are committed to:

Start Well

Building on the principles of early intervention and prevention, to deliver integrated early intervention and prevention services for children across all localities in Greater Manchester

Live well

Maximising the opportunities to improve the health of Greater Manchester residents in mid adulthood

Age well

Supporting people to maintain good health, wellbeing and independence for as long as possible

Delivering Our Vision. We will.....

Encourage Individuals, communities, public services, the voluntary and community sector and private business to all play their part in addressing the challenges we face

Focus on targeting and intervening at the earliest possible opportunity

Create clear care pathways for pregnant women and their babies in order to reduce adverse outcomes both pre and postnatally

Develop a set of principles and common standards that will help inform the way services are delivered consistently, effectively and efficiently across Greater Manchester

Work towards ensuring that our drugs and alcohol services better integrate, both with each other and with other provision such as mental health, criminal justice, skills and work and other place based services

Better integrate community and hospital based services to promote recovery, reduce drug and alcohol related hospital admissions

Delivering Our Vision. We will.....

Maximise the opportunities that are afforded through new models of commissioning and delivery, including the emergence of integrated commissioning across Health and Social Care, and the development of integrated services across locality areas

Use the opportunities afforded by Greater Manchester devolution, and the recently agreed GMCA (Public Health) Order 2017, to explore legislative solutions, such as minimum unit pricing and public health as a fifth licensing condition to reduce alcohol related harm

Evaluate what we do, learning the lessons from Greater Manchester and elsewhere and striving for continual improvement

Prevention and Early Intervention

START WELL

Eradicate Foetal Alcohol Spectrum Disorders

Work with localities to promote best prevention practice in our schools

Apply a targeted approach to young people, adults and families most at risk of harm from drugs and alcohol

LIVE/AGE WELL

Develop drug and alcohol health campaigns & messages that are credible to our residents

Challenge social norms around alcohol amongst our communities

Adopt a place based approach that prioritises early help

Support workforce development that focuses on making drugs and alcohol everybody's business

Reducing Drug & Alcohol Related Harm

LIVE & AGE WELL

Reduce the number of deaths caused by drugs & alcohol

Address the impact of drug and alcohol use on our most vulnerable people, including those with multiple needs and co-existing drug, alcohol and mental health problems

Focus on blood borne viruses to help achieve the strategic aims of eradicating HIV and Hepatitis C

Focus on improving the physical health of people with drug and alcohol problems through screening and early identification (e.g. respiratory problems)

Encourage our public services to lead by example and develop and implement workplace policies to reduce drug and alcohol related harm for employees

Encourage public services to offer fire safety advice to people with drug and alcohol problems and make referrals for fire and rescue service home visits where concerns are identified

Develop opportunities for digital health and community based asset approaches

Building Recovery in Communities

LIVE WELL

Support the innovative approach GM takes to resilience and commitment to a collaborative partnership with our communities

Develop community-led alternatives to treatment for geographical communities and communities of interest who experience the highest levels of alcohol related harm

Ensure recovery is visible in our communities and throughout treatment journeys

Promote recovery models based in a detailed understanding of the different needs of our treatment populations

Involve those with lived experience in the design and delivery of person and community centred approaches

Clearly link treatment systems to key support services (e.g. mental health, housing, employment, education and training)

Promote wellbeing and recovery by clearly linking treatment systems with voluntary and community based organisations

Reducing Alcohol & Drug Related Crime and Disorder

START WELL

Work with Criminal Justice partners to ensure that responses to young peoples drug and alcohol related offending are appropriate to their needs

LIVE WELL

Improve public confidence through collaborative problem solving and community based multi-agency campaigns which address drug litter, open use of drugs (e.g. cannabis) and drug and alcohol related anti-social behaviour

Maximise every opportunity to address offending behaviour that is driven by the use of drugs and alcohol

Develop a set of common standards that clearly identify “what works” in reducing drug and alcohol related offending

Work with prisons to create clear resettlement pathways and reduce reoffending

Strengthen partnership responses to address the impact that drugs and alcohol play in the exploitation of vulnerable children, young people and adults (including violent crime, domestic abuse, child sexual exploitation and modern day slavery)

Managing Accessibility & Availability

LIVE WELL

Involve communities in alcohol licensing and regulation

Lobby for Minimum Unit Pricing, best practice licensing and responsible alcohol marketing

Use the opportunities afforded by Greater Manchester devolution to explore legislative solutions including, Minimum Unit Pricing and the introduction of Public Health as a 5th licensing condition

Introduce a Greater Manchester Statement of Licensing Policy

Focus on targeted geographical problem solving approaches which involve our Communities.

Support law enforcement agencies to restrict the supply and availability of illicit drugs

Ensure we have a Greater Manchester wide approach to gathering drugs intelligence

Diverse, Vibrant & Safe Night Time Economies

LIVE WELL

Share best practice and further improve our understanding of developing night time economies across Greater Manchester

Support local partnership initiatives that promote safe, vibrant and diverse night time economies

Work in partnership with those supporting homeless and rough sleepers where drugs and alcohol are an issue

Encourage a shared Greater Manchester conversation with businesses about responsible trading and social accountability

Develop a Greater Manchester approach to policy dialogue around alcohol pricing and licensing conditions

Develop a Greater Manchester approach to managing messages and campaigns aimed at the public

Focus on the use of public transport with potential campaigns on going out and getting home safely



Young People & Family Service

Vicky Maloney
Chief Executive Officer



earlybreakuk



@EarlyBreakUK



Early Break UK

**Early Break responding to the new
landscape**

What is the political landscape offering for children, young people, families and substance misuse in smaller organisations?

1. Increase in cross party parliamentary activity - collaboration on support of “Like Sugar for Adults” and a manifesto that reflects ambition we have in Manchester particularly around MUP
2. Presence in relation to Hidden Harm - investment in the phone line, dialogue and support of NACOA and Adfam
3. Opportunities for early intervention by making this a strand in Manchester ambition
4. Keeping an eye to what is working but not being afraid to lift the lid on where we are missing something - less young people in treatment and reported possible increase in use in our schools surveys? (PHE data for children NDTMS)
5. Charity Commission developing its asks for assurance on public money in the sector - good

- It starts with children! – (younger ages presenting to service so this is critical)
- Development has commitment at the highest level reflecting breadth of interest
- Priorities that are relatable to family life
- A commitment to the life course thinking of Public Health - very welcome
- Commitment set out for opportunities in a pressured and sometimes directionless system
- Considered direction within the interdependent strategies we have in Manchester (and locally)



Are they genuine opportunities or naïve optimism? – authentic opportunity for every priority of this strategy

1. Opportunities in the LCO (Local Care Organisation) models that we get maternity and HV services right for unborn babies
2. Whole family approaches strengthen the hospital and community approach for CYP – examples such as the PANDA unit
3. Work with parents in recovery and where young people have been successful develop our peer to peer models in communities
4. Recognises our young offending group is a multi vulnerable cohort. To revisit our work with the changing CJS system and develop family and prison models
5. Support County Line work in relation to modern safeguarding and engage with our policing partners
6. Support our CYP on basic first aid and safe night out options. Develop the alcohol alternative night for families with community partners and CIC (Community Interest Companies)

Proposed GM Transformation Fund Investment Areas

Dave Boulger, Head of Population Health Transformation, GM H&SCP

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Proposed GM Transformation Fund Investment Areas

- ✓ The Big Alcohol Conversation
- ✓ Community-led alternatives to treatment
- ✓ Eradicating Foetal Alcohol Spectrum Disorder (FASD) in GM

The Big Alcohol Conversation

A wide-ranging programme of engagement with people from across Greater Manchester

Challenging prevailing views and perspectives

Shaping the future ambition for Greater Manchester

Supporting behaviour change

Community-led Alternatives to Treatment

It is estimated that 55,000 dependent drinkers in GM are not in contact with treatment services. This represents 82% of all dependent drinkers and does not include binge drinkers and those who drink to harmful or hazardous levels.

The consequences of this manifest themselves in General Practice; A&E Departments, Acute in-patient services, Mental Health services, Criminal Justice and Children's Social Care.

Proposal is to test community-led alternatives to treatment that are:

- Focussed in the areas with high levels of harm
- Recovery focussed
- Based upon principles of person and community centred approaches
- Underpinned by 'positive deviance' and 'disruptive innovation'

Eradicating Foetal Alcohol Spectrum Disorder in GM

3.24%

1,195

£2,900,000

£3,465,500,000

Eradicating Foetal Alcohol Spectrum Disorder in GM

Foetal Alcohol Spectrum Disorder is an umbrella term for:

- Foetal Alcohol Syndrome
- Partial Foetal Alcohol Syndrome
- Alcohol Related Neuro-developmental Disorder
- Alcohol Related Birth Defects

Symptoms can include:

- Abnormal facial features and / or small head size
- Shorter than average height and /or low body weight
- Poor coordination
- Hyperactive behaviour and difficulty with attention
- Poor memory
- Learning disabilities
- Speech and language delays
- Poor reasoning and judgment skills
- Sleep and sucking problems as a baby
- Vision or hearing problems
- Problems with the heart, kidneys, or bones

Eradicating Foetal Alcohol Spectrum Disorder in GM

FASD is:

Entirely preventable

The most common, non-genetic cause of learning disability in the UK

NHS position is:

“The Chief Medical Officers for the UK recommend that if you're pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum”

Proposals being considered:

Awareness raising

Universal alcohol screening, advice, guidance and behaviour change interventions

Specialist support for alcohol-dependent women and high-risk cohorts

Peer support and mutual aid (during and post-pregnancy)