

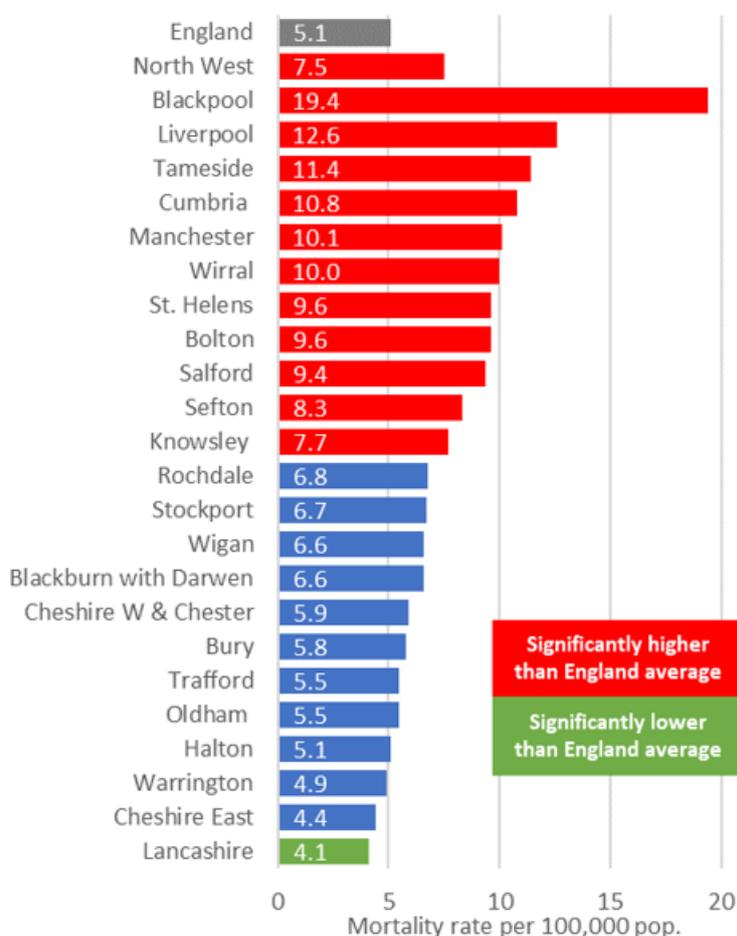
Drug Related Deaths Update on recommendations - scrutiny Report

The purpose of this report is to inform the committee on updated published Drug Related Death data and the recommendations following the Drug Related Death report presented at the last Scrutiny committee.

Drug Related Death Data

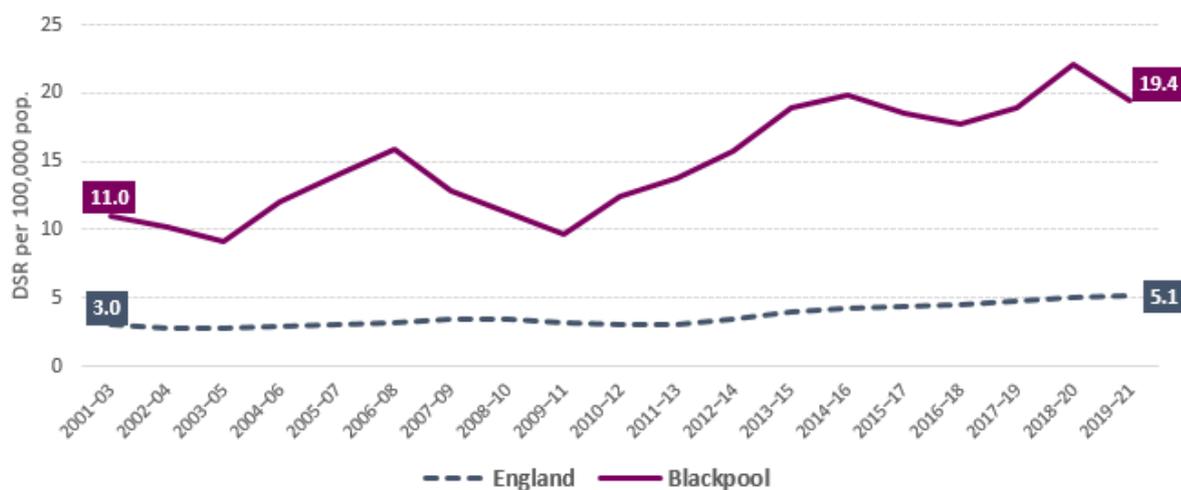
Blackpool has the highest rate of drug misuse deaths in England with a mortality rate of 19.4 per 100,000 which is almost four times higher than the England average of 5.1 per 100,000. Figure 1 shows how Blackpool compares to other areas in the North West. There were 117 drug poisoning deaths in Blackpool in 2019-21, 76 of these were categorised as drug misuse, with males accounting for over two thirds of these cases.

Figure 1: Deaths from Drug Misuse – North West Region 2019-21



Source: ONS, Deaths related to drug poisoning by local authority, 1993-2021

As seen in Figure 2 below, there has been a 102% rise in rates in Blackpool since the low of 2009-11 and the number of deaths has increased from 39 to 76 in that period. Rates did fall slightly in the 2019-21 period, mainly due to fewer deaths in 2021 in both males and females. In comparison, rates continued to rise across England.

Figure 2: Trend in deaths related to drug misuse: 2001-03 to 2019-21, England and Blackpool

Source: ONS, Deaths related to drug poisoning by local authority, 1993-2021

The committee are asked to note the updated published ONS data which shows an improved position in the data for Blackpool compared to those reported at the last meeting. Figure 1 shows an improved rate of 19.4 (2012-21) from 22.1 (2018-20) for drugs from death misuse. Figure 2 shows deaths related to drug poisoning from an upward projection of 31 (2018-20) to downward turn at the end of 2019-21 of 19.4.

The following is a summary and update of the Recommendations from the original and last scrutiny meetings:

Recommendation One:

That services, led by Emily Davis and Jon Clegg, work together to map the location of death, place of residence, and location of non-fatal overdoses and related organised crime in order to identify where to target joint resources and to share the intelligence as appropriate, reporting back to Committee in six months on progress.

Recommendation one – complete – update provided at the last meeting. The committee are asked to note the work is continuing as normal business. All services will continue to develop, improve and share intelligence.

Recommendation Two

That Public Health continue to work in order to increase messaging about Naloxone use and the importance of not being alone when using drugs and report back to Committee on the interventions put in place in approximately 6 months.

Naloxone is continually being distributed through services and the ADDER programme. In 2022 (Jan to Dec) Renaissance (inc ADDER outreach) have distributed 255 via either the needle exchange or via the assertive outreach team, a mix of nasal and injectable.

Further developments for Community Naloxone Distribution include looking at the intelligence such as areas of high prevalence of DRDs/NFOs to target those areas through outreach and mobile service interventions.

To support the message of naloxone use, a Naloxone campaign including social media posts and an overdose awareness event took place. Further developments include developing a Naloxone campaign targeting local businesses in the town centre.

The distribution, awareness and messaging around Naloxone is part of Public Health and the Harm Reduction service standing communication campaigns.

Recommendation Two – Complete – the Committee are asked to note the updates and work will continue as part of normal business going forward.

Recommendation Three

That Karon Brown and Emily Davis commence work on a comparative costing of Heroin Assisted Treatment and Overdose Prevention Centre's to share with all partners and identify what aspects could be legally introduced into services already being provided in order to make an immediate impact, reporting back to Committee in approximately 6 months.

Public health have explored costings for both safer drug consumption facilities (overdose prevention centres) and heroin assisted treatment clinics. We are continuing to have discussions with partners on potential barriers, legal repercussions and feasibility of introducing safer injecting facilities.

Heroin- assisted treatment is significantly more cost prohibitive and would require separate and recurrent funding. The Middlesbrough heroin-assisted treatment clinic has recently closed due to rising drug costs and a reduction in the number of users, which has led to loss of LA and PCC funding.

We continue to pilot the use of Buvidal – an opioid substitute administered as a prolonged release injection, targeting people at high risk of drug-related death. A Blackpool-specific evaluation of Buvidal is currently underway through a National Institute of Health and Care Research study.

Recommendation Three – Complete – Public Health continues to explore the feasibility of an overdose prevention centre.

Recommendation Four

That the Council led by the Cabinet Member for Adult Social Care and Health continues to lobby Government to change the legislation to allow the local authority to introduce a drug consumption room including the lobbying of local MPs.

The cabinet member for adult social care and health continues to work with public health to lobby for the introduction of a drug consumption room.

Recommendation Five

That the CCG's medication optimisation team work with GPs to ensure safe prescribing methods were embedded within practices with an update on progress provided in approximately 6 months.

The progress to ensure safe prescribing methods and embed with practice is as follows:

An opioids working group for the ICB has been established and have met twice to date, it is at the development stage and early discussions are to focus on agreeing a communications strategy, education

sessions, reviewing opioid resources already out there, pathways and referrals, out of hours provisions, and sharing best practice.

Partners from the NHS Lancashire and South Cumbria Integrated Care Board reported as part of the GP Enhanced Contract, that actions were included in the Medicines Optimisation work-plan regarding the audit/review of patients on high dose opioids. During the pandemic the contract was paused, however when we were able to suggest pieces of work to focus on (where practice capacity permitted), opioid reviews were recommended. Some practices were able to progress work in this area and we developed 2 performance indicators so practices could monitor their progress. Several practices were able to reduce their prescribing levels but given that this is a complex area of prescribing, the gains will take time to show a noticeable difference across prescribing data.

Post pandemic the project is continuing in the updated work-plan for 22/23 across the Fylde Coast and this will again be monitored via the dashboard indicators on a monthly basis.

Locally GPs use a prescribing support software programme called Eclipse which has a specific opioid module that practices can use to identify specific cohorts of high risk patients and manage the medication review for that patient in terms of engaging them via an initial patient questionnaire, information leaflet regarding the risks relating to opioids and template to undertake the review. All practices have had the opportunity to attend briefing sessions on the module although we have offered this again to practice pharmacists who have recently been recruited to their role.

This work has been incorporated into the work-plan for GP trainees that have a placement with the Lancashire and South Cumbria Integrated Care Board to embed good prescribing practice in our future prescribers and from the first case studies we can see the patient benefits.

The current GP trainee is going to do some training/update sessions to her peer group across the Fylde Coast and will also update the clinicians in her current GP practice.

Recommendation Five – complete – the Committee are asked to note the updates and work will continue as part of normal business going forward.

Recommendation Six

To request that the CCG and Integrated Care Partnership work collaboratively with all partners to reduce the long term negative health effects of prescribed controlled medication with an update to be provided on the interventions put in place in approximately 6 months.

This work is also being progressed across Lancashire and South Cumbria; Medicines Optimisation Leads across all areas are sharing best practice, resources and will have a consistent approach to targeting specific patient cohorts, so that we are all monitoring the same prescribing indicators and we can benchmark more effectively across the ICB to demonstrate improvements in prescribing.

There is an offer of support from the North West Coast AHSN (Academic Health Sciences Network), commissioned by NHSE which supports innovative working and they have been tasked with scoping the specific support required in Lancashire and South Cumbria. Local leads are currently undertaking this work with them.

There is a need to make interventions sustainable; the need for ongoing education and up-skilling of clinicians in undertaking reviews for patients who have complex needs is important, to improve competence & confidence in undertaking this work. Also, there needs to be an ongoing focus in contractor agreements to ensure that the work is continued among other competing priorities.

As a system there is a need to address the wider commissioning of sufficient support services for clinicians to refer to e.g. Physiotherapy, mental wellbeing, weight management, Substance misuse services to help the holistic needs of patients in managing their pain.

All this has been flagged in the support that could be included in the AHSN work.

Recommendation Six – complete – the Committee are asked to note the updates and work will continue as part of normal business going forward.

Recommendation Seven

That the Council and Blackpool Clinical Commissioning Group be requested to continue the outreach homeless provision continue post pandemic and that the Committee receive an update on the provision and impact in approximately 12 months' time.

Public Health Blackpool have recently undertaken a full evaluation of the Fylde Coast Homeless Health Hub. The report evidences the in-depth multi-agency working and describes the 'system' approach that has been developed. It includes client feedback and provides case studies from both the nursing and lived experience teams evidencing the positive impact on individuals (copy attached).

It's important to note that since the Hub model became operational during January 2021, other initiatives such as ADDER, Changing Futures, and a dedicated Homeless Mental Health Team, have gone live therefore, to enable maximum use of resource and increase the positive outcomes for our clients, a system approach to service delivery has become essential. The nurse led team are an integral part of the system delivery and although sit within the Hub model, they are now supporting clients identified through ADDER and Changing Futures, a much wider population than originally intended.

Due to the multiple homelessness/multiple disadvantage initiatives currently being funded, the necessary system development discussions are underway with all partners to re-configure, ensure continuity and future financial stability.

Brigit Chesworth, Public Health registrar has been leading on work for multi-agency support for wound infections for individuals with complex needs and has provided the following update:

A multi-agency group has been formed to explore how best to provide post-discharge care and support in the community to individuals with complex needs who have presented to hospital with a wound infection. 'Complex needs' include, but are not limited to, experience of substance misuse, homelessness, contact with the criminal justice system and domestic violence. Physical co-morbidities and Mental Health difficulties are also common within this cohort. Individuals with complex needs are at higher risk of wound infections, and may present to hospital requiring treatment for these wound infections. For notifiable wound infections (e.g. IGAS), liaison with the local or regional health protection team may be needed, to undertake contact tracing. Following hospital discharge, either planned or unplanned (e.g. self-discharge from the ED or a ward), there is currently no standardized process for coordinating support and care for the individual in the community. The aim of this work is therefore to develop a system by which individuals with complex needs who present to hospital with a wound infection are identified, following which a pathway is triggered which results in a coordinated and comprehensive package of support being provided within the community post-discharge, and a community link being provided to the health protection team if needed.

At a recent meeting, various routes were discussed regarding how to identify the target cohort, and ideas were suggested for how to coordinate the post-discharge pathway. Actions have been agreed to explore the different options, and the group will re-convene in the near future to further develop the pathway.

Recommendation Seven – complete – the Committee are asked to note the updates and work will continue as part of normal business going forward.

The following is a summary and update of 3 additional Recommendations from the last meeting:

- 1. That appropriate services work with their Communications Teams in order to identify the ways in which the successes can be communicated with members of the public and ensure that expectations were set appropriately.**

Sharing the 'success stories' of people with lived experience is part of the forward communications plan for public health and we are working with our partners on this. This will link in with our plan for a trauma – informed workforce and ultimately, becoming a trauma-informed town. We are also working with an academic partner to develop a local accreditation scheme to allow organisations to become a trauma-informed service.

The police make good use of social media to publicise the successes such as warrants or the large scale disruptions of Organised Crime Groups and County Lines. The Blackpool Police Facebook and Twitter accounts are regularly updated by the Communications team and the Neighbourhood Policing Team and there is a good following and lively debate on both. It is not appropriate to provide updates to individuals who have provided intelligence or information which may have resulted in warrants or arrests as this could put them at risk should they share this with anyone else. Staff are aware that they need to manage the expectations of the public when receiving information from them and explain that a single piece of information may not be enough to be acted upon however it would start to build the wider picture which may result in police action further down the line.

Recommendation – complete – the committee are asked to note the ways Public Health and the Police communicate success stories.

- 2. That all Councillors be invited to attend Trauma Informed training.**

Trauma Informed training for councillors has been added onto the elected member training plan and public health will facilitate access to training when required.

Recommendation – to be noted as complete as training has been incorporated in training plan.

- 3. That an update be provided to a future meeting to allow the Committee to ascertain progress.**

Update provided at January meeting. – *Recommendation complete.*

The committee are asked to note that all the work will be overseen by the new Combating Drugs and Alcohol Board going forward.