

Reducing Drug Related Deaths & Harm Reduction

Merseyside
&
Cheshire

Change Grow Live
Services



**Change
Grow
Live**



Strategy Highlights for Harm Reduction



- 1) Develop a quality & evidenced based harm reduction workforce development plan
- 2) Lower threshold & easier access for service users (including same day prescribing)
- 3) Reduce harms BBVs in people who access our services
- 4) Improve & standardised, high quality NSP provision and distribution
- 5) Further Increase opportunities to micro elimination of Hepatitis C
- 6) Utilise the opportunities of ICS developing improved pathways for long term conditions

National approach to Re-designing services

To be equitable, accessible & needs-based



- Services are:
- **Accessible** (to everyone who needs support)
- **Inclusive** (of everyone who needs support)
- **Trauma informed**
- **Person centred**
- **Evidence based**
- **Lived & Living experience, peer support** in service design, delivery & review
- Delivered in **partnership** with other organisations, **integrated**, meeting population health needs, reducing health inequalities (embracing the ICS Agenda)

Workforce Development



Brilliant Basics Program aimed at 4200 staff:

- ✓ **Motivational Interviewing**
- ✓ **Trauma Informed Care**
- ✓ **Managing Challenging Behaviour** (pilots September onwards)
- ✓ **Harm Reduction:** September 2022 onwards, (pilots) Harm Reduction Training for all relevant staff
- Initial aim of training all existing staff with ongoing induction loop

Three Modules covering:

- ✓ Harm Reduction Philosophy,
- ✓ History, aims and practice
- ✓ Working with PWID, safer injecting and best practice



Reducing Drug Related Deaths =



Treatment as a protective shield

Housing

Outreach

NSP

Lower threshold access

Naloxone

Addressing Stigma

Eliminating Hepatitis C

Optimised dosing

Education and awareness

Leaning into and embracing Risk

Treatment for long term conditions

Addressing poverty harms

Workforce Development

People who use illicit opioids: excess risk of death across all major causes (x 15 greater than gen pop) , population ageing is unlikely to explain the increasing number of fatal drug poisonings seen in surveillance data, but is associated with many more deaths due to non-communicable diseases

ICS: Partnerships, collaboration and population health

Backed by Strategy

- New CQC Strategy – improving quality is improving the partnerships
- Chapter 5 of the Drug Strategy
- NHS Long-term plan - WHO “biggest plan for integrated health anywhere in the world”.

People don't understand what we do

- We work with ‘complexity’ and with those who are ‘marginalised’ – trusted relationship
- Language is important. CGL being the **‘front door’ to health care** to ‘tackle health disparities/inequalities’

Think about partners ‘pains and priorities’

- Learn about the wider system and question assumptions (e.g., MH)
- Clinics/drop-ins (COPD / Wound Care)
- Co-location - new opportunities with OHID monies

Using our data to inform and plan

CRiis

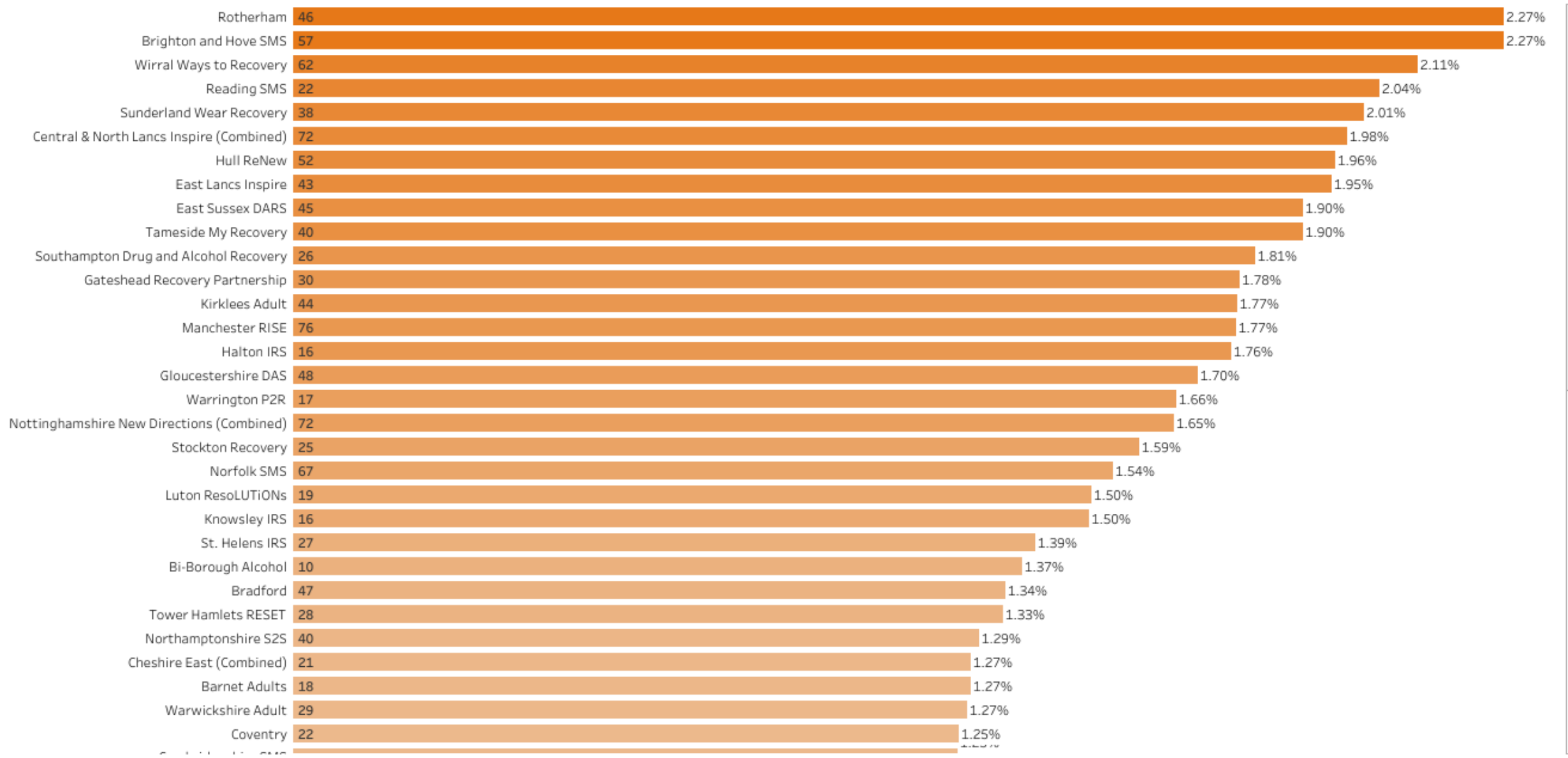


Publishing reports and visualisations for Q9018 Data and Analytics

Mortality - Service Comparison



Drug Group	Operational Director	Executive Director
All	All	All



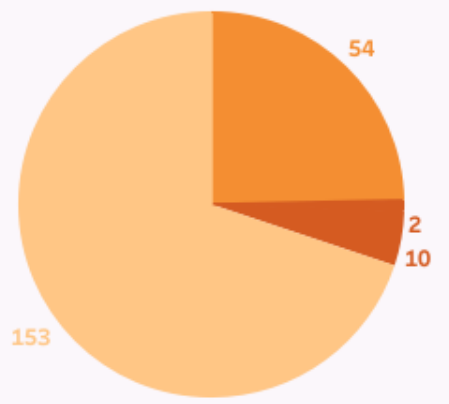
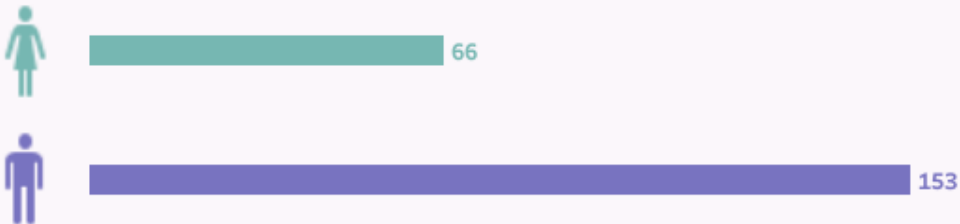
Mortality with Demographic



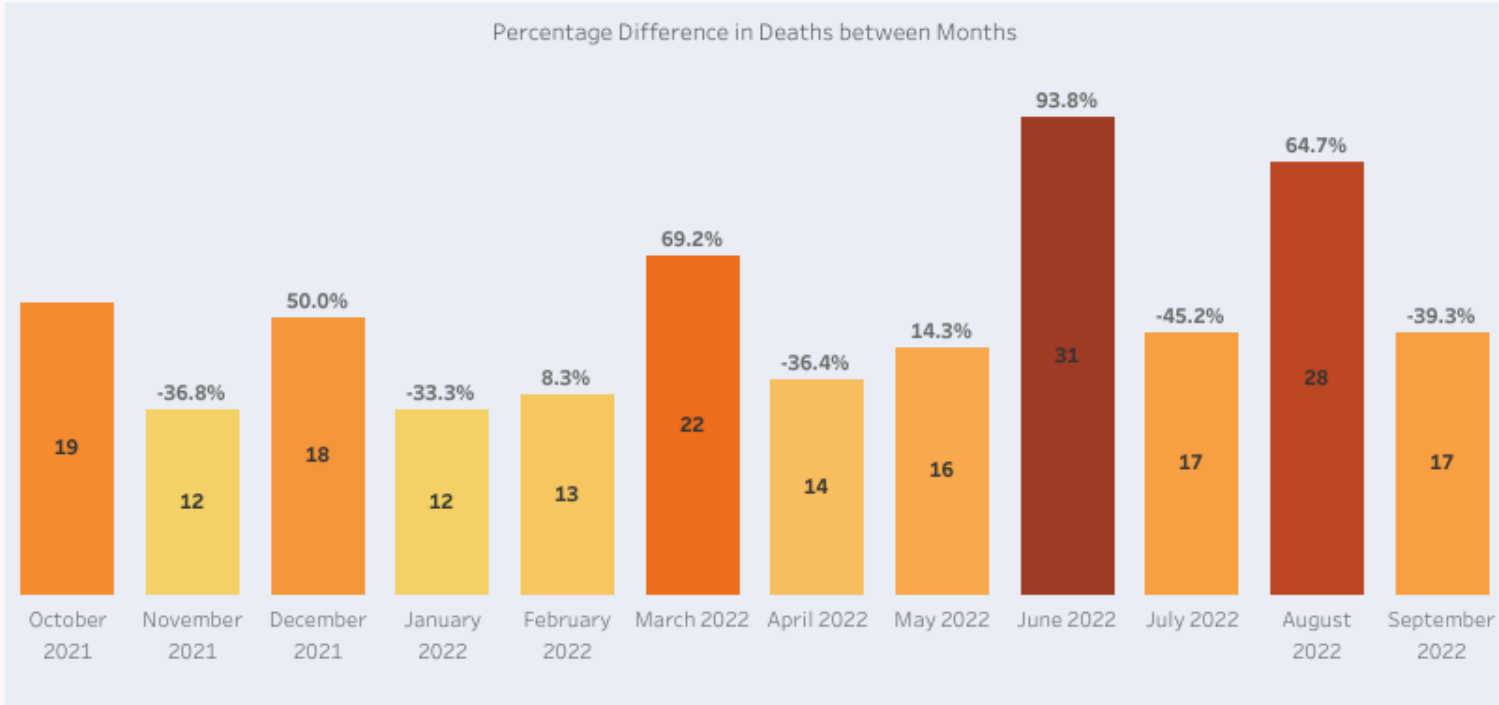
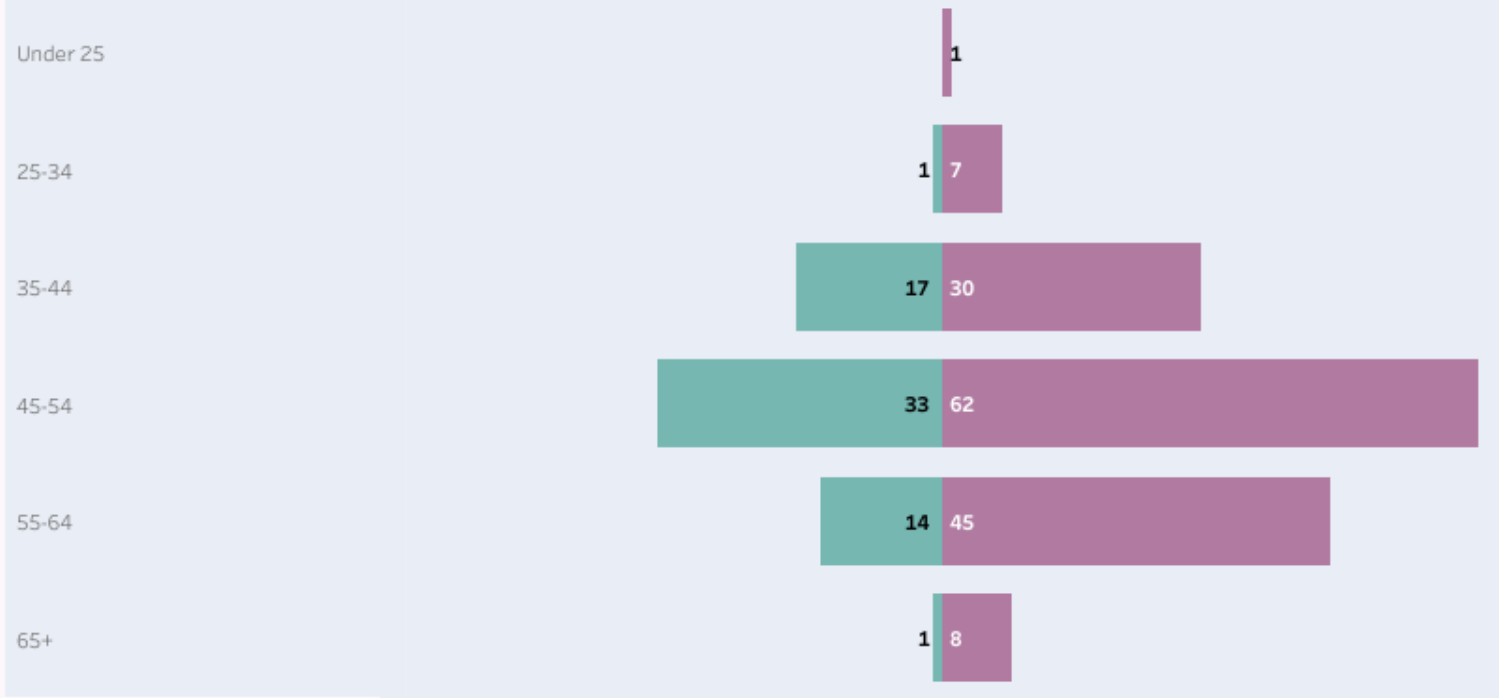
Time Period: 12 Months
 Date: All
 Drug Group: All
 Demographic: Age
 Service Level: Combined
 Service: All
 Operational Director: David Bamford
 Executive Director: All

219

Total Deaths



Alcohol, Non-Opiate, Non-Opiate/Alcohol, Opiate, Female, Male

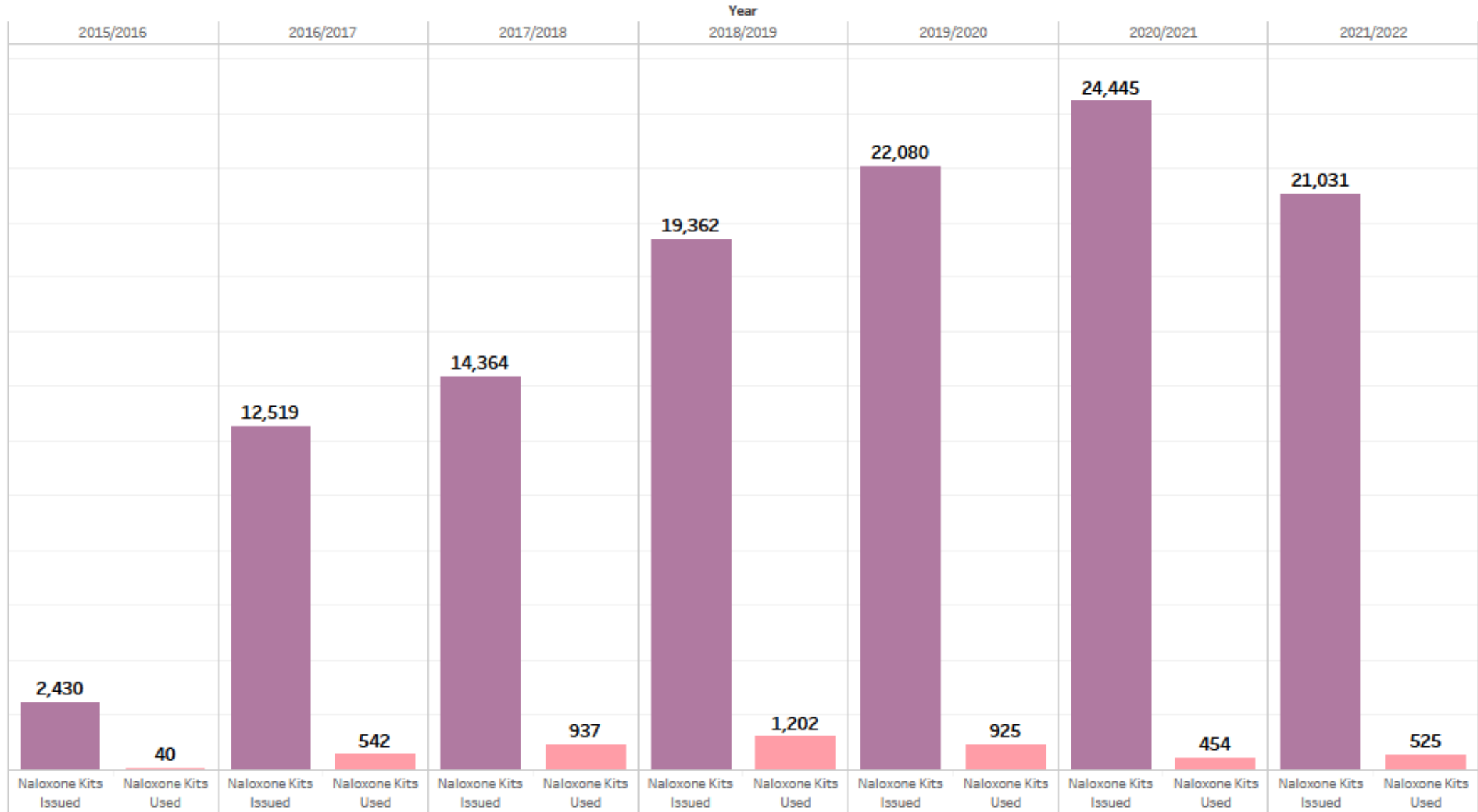


Naloxone strategy



- ✓ Naloxone champions in every service
- ✓ Toolkits for P2P, Hospital, Police, AP & Pharmacy
- ✓ Embedding naloxone strategy into our organisational strategy.
- ✓ Making our naloxone strategy a priority throughout the organisation up to board level.
- ✓ Recognising our naloxone strategy as fundamental in our harm reduction approach.
- ✓ Embracing innovations that can increase the distribution of naloxone into every community.
- ✓ Developing Pharmacy, Peer to Peer and other initiatives to provide kits to those not in treatment

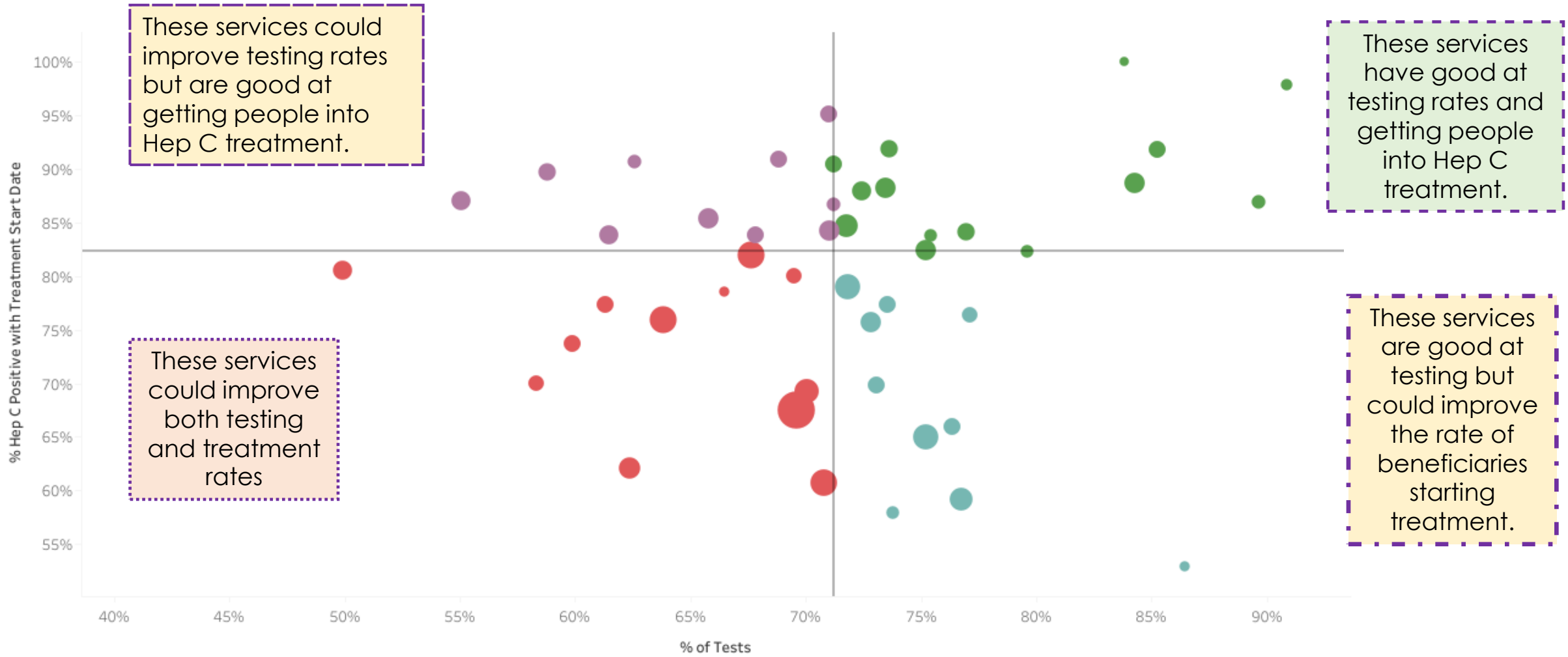
Naloxone total kits issued



Hep C Quadrants

Ever Injected (at assessment)
All

Service level
Combined



These services could improve testing rates but are good at getting people into Hep C treatment.

These services have good at testing rates and getting people into Hep C treatment.

These services could improve both testing and treatment rates

These services are good at testing but could improve the rate of beneficiaries starting treatment.

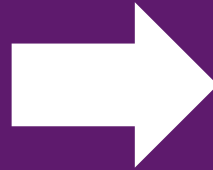
- Below CGL Median Tests & Below CGL Median Positive Starts
- Below CGL Median Tests & Above CGL Median Positive Starts
- Above CGL Median Tests & Below CGL Median Positive Starts
- Above CGL Median Tests & Above CGL Median Positive Starts

The future of Hepatitis C

Two fundamental features brought together by two common themes....



**Achieving elimination
of Hepatitis C**



**Sustaining the
elimination status**

How?

- ✓ Harm reduction & Needle and syringe provision at the front and center of what we do
- ✓ Reduce/stop reinfections
- ✓ Target PWID not in touch with treatment services
- ✓ Collaboration and partnerships!

St Helens CGL: A 'trusted' Front Door to wider-health Care

- ✓ Hep C and Liver Clinics
- ✓ ECG (electrocardiogram for Atrial Fibrillation Screening) Clinics
- ✓ GP Clinic
- ✓ Homeless health Clinic
- ✓ Diabetic Clinic (Monthly)
- ✓ Podiatry
- ✓ Wound Care



Proportion of Clients with Naloxone, without Safeguarding Concerns or with Safe Storage



Service Level: Combined
 Locality: All
 Service: **St. Helens IRS**
 Operational Director: All
 Executive Director: All
 Homeless Risk/Problem: All
 Current/Previous Overdose: All
 Safeguarding Concern: All
 Harmful/Hazardous Alchoh.: All
 Mental Health Issue: All
 Respiratory Health Issue: All
 Without Naloxone: All
 Without Safe Storage: All

■ % with Naloxone

343

Clients with Naloxone
19/03/2020

419

Clients with Naloxone
01/12/2022

435

Clients without Safeguarding
Concern
19/03/2020

446

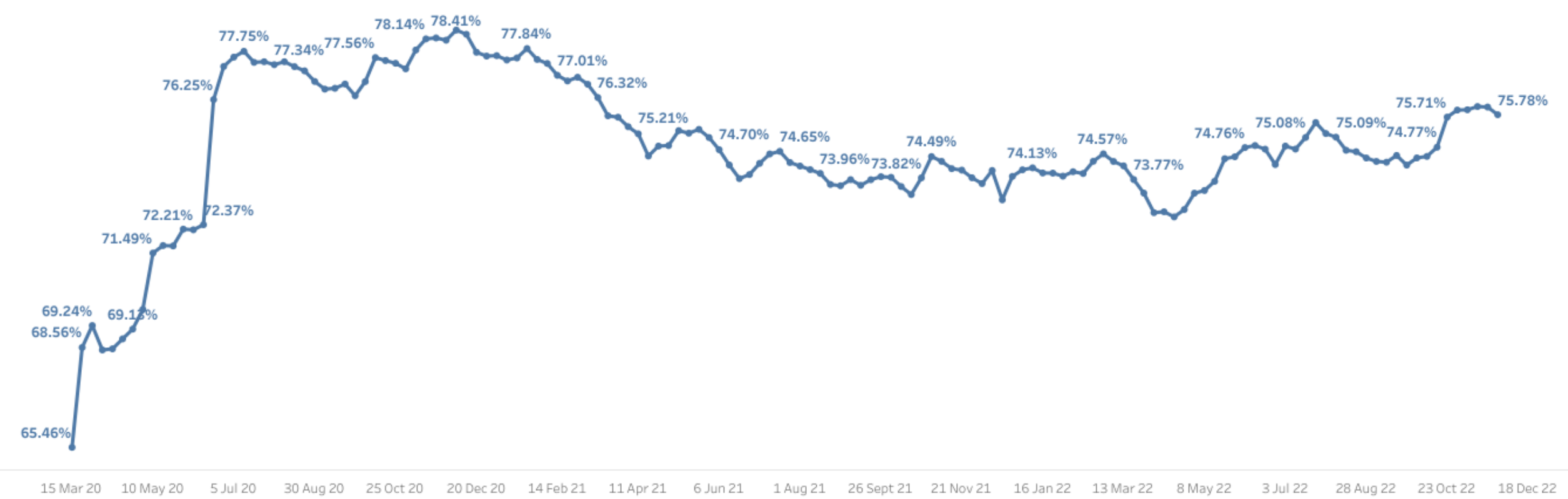
Clients without Safeguarding
Concern
01/12/2022

133

Clients with Safe Storage
19/03/2020

480

Clients with Safe Storage
01/12/2022



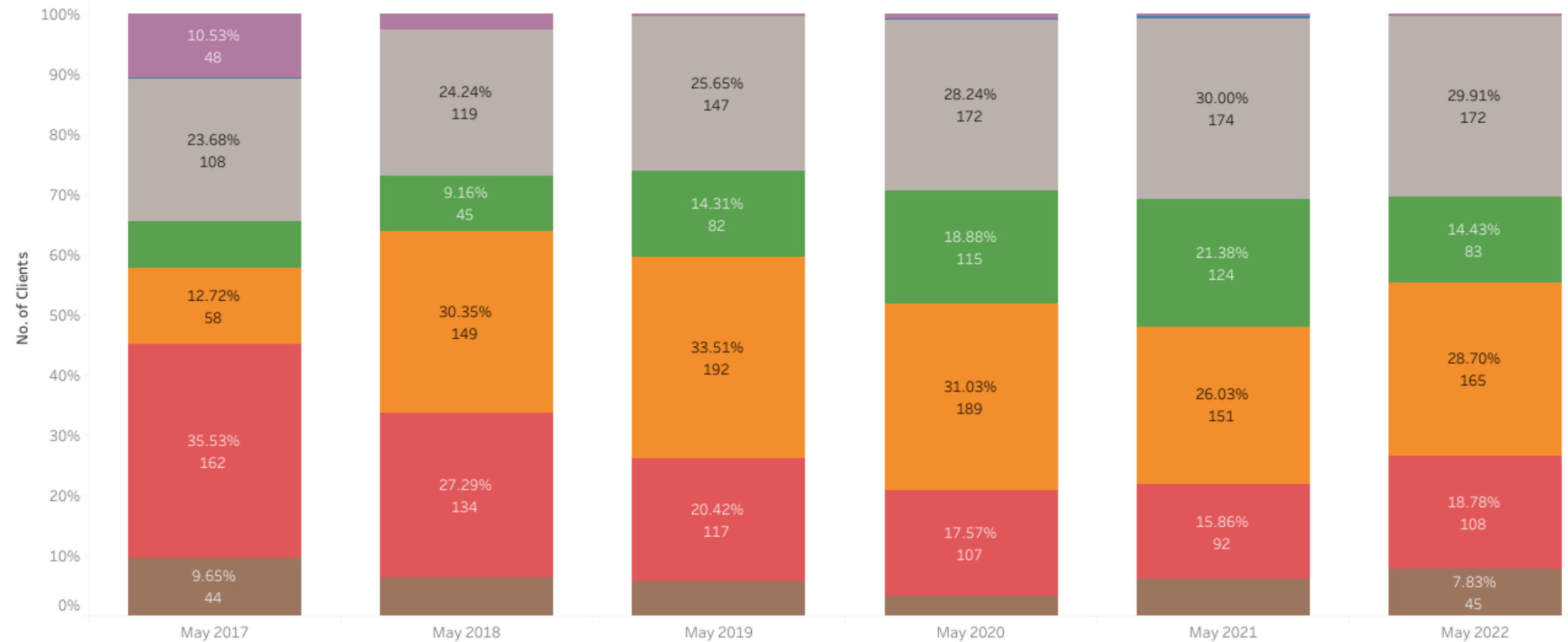
Tracker



**Change
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Services Included: Active
Stage Level: All MATs
Service Level: Combined
Locality: All
Service: St Helens IRS
Operational Director: All
Executive Director: All

Stage: MAT 1 (Brown), MAT 2 Below OG (Red), MAT 2 Above OG (Orange), MAT 3 Above OG (Green), MAT 3 Below OG (Grey), MAT 4 (Blue), Uncategorised (Purple)



Total: 456 (May 2017), 491 (May 2018), 573 (May 2019), 609 (May 2020), 580 (May 2021), 575 (May 2022)



Time Period
12 Months

Months
All

Mortality Tracker



Drug Group
All

Services included
Active

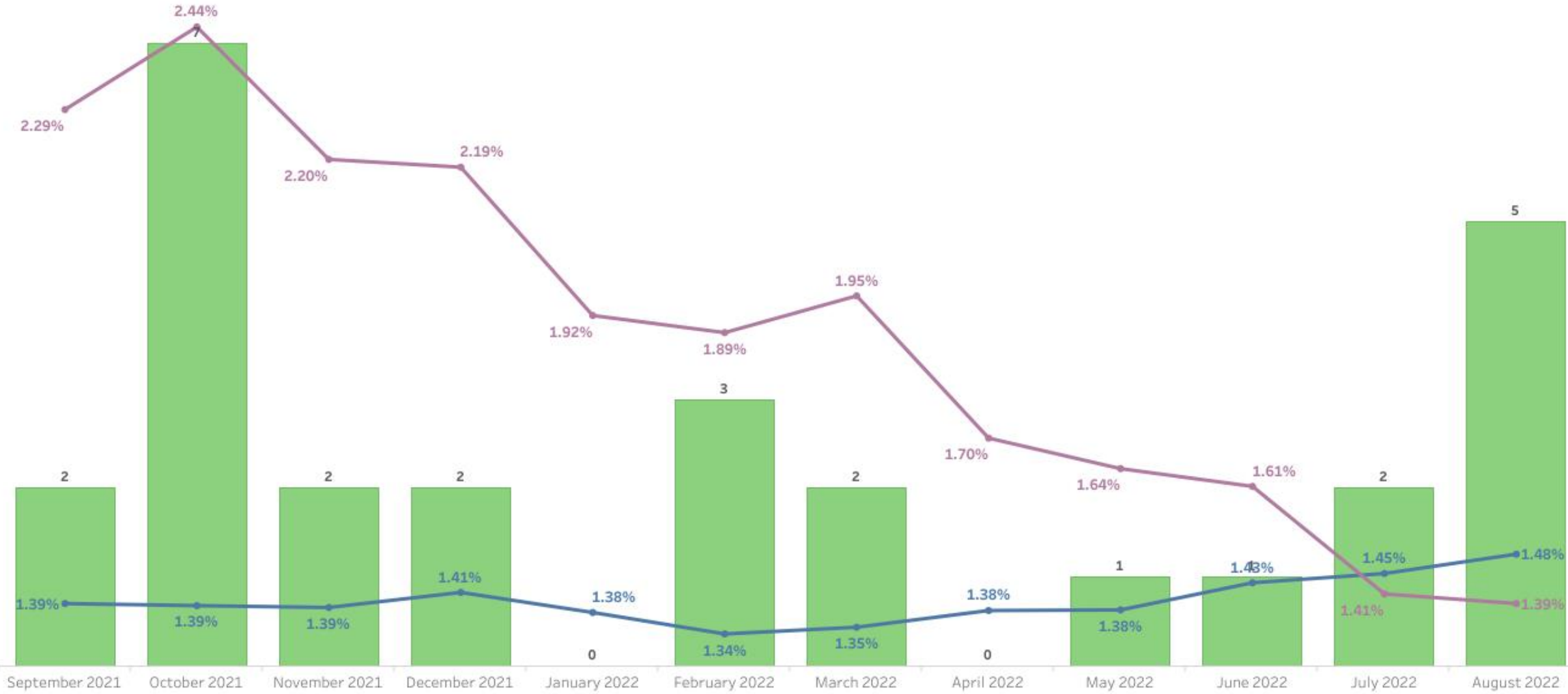
Service Level
Combined

Service
St. Helens IRS

Operational Director
All

Executive Director
All

Mortality Rate CGL Mortality Rate



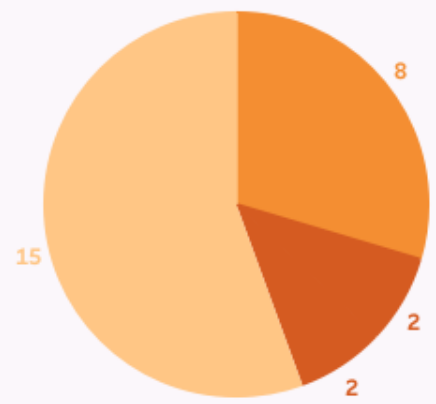
Top Tips

Mortality with Demographic

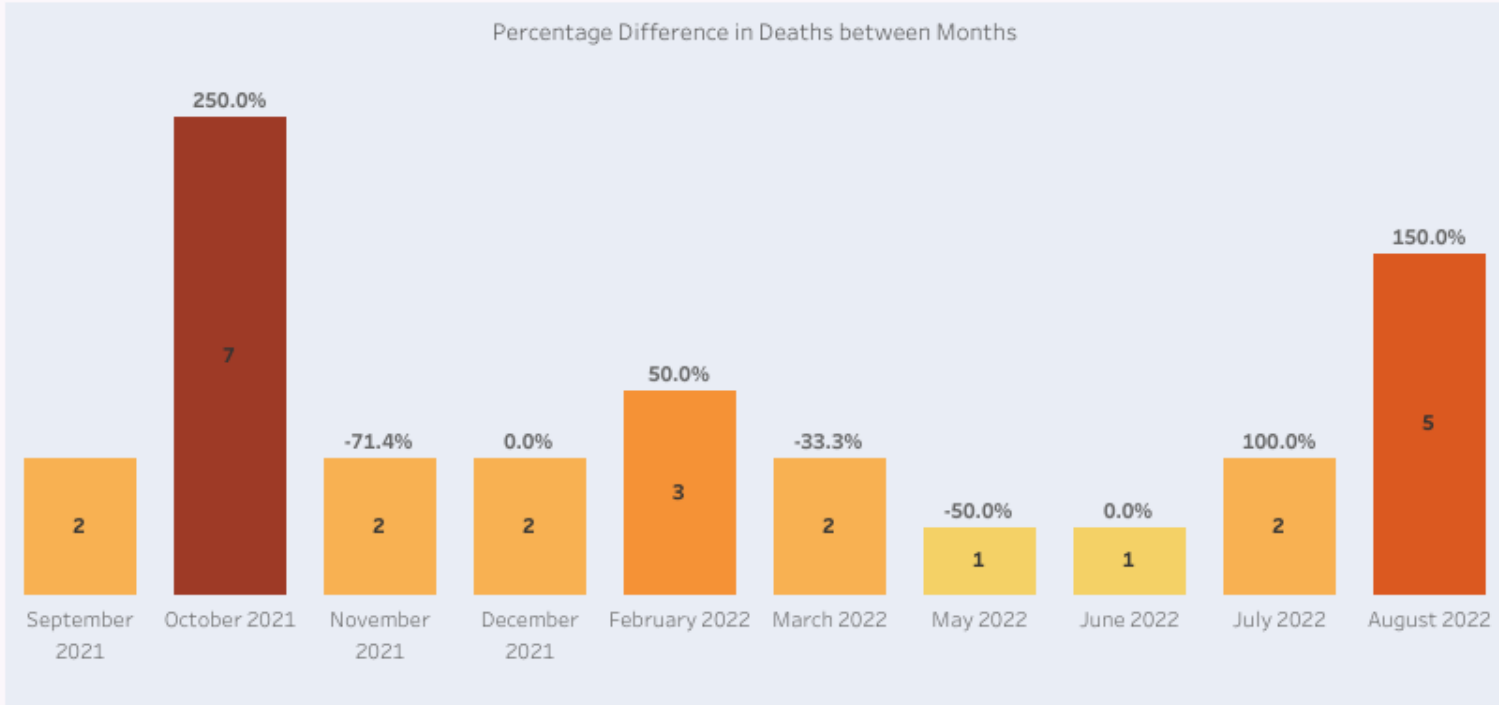
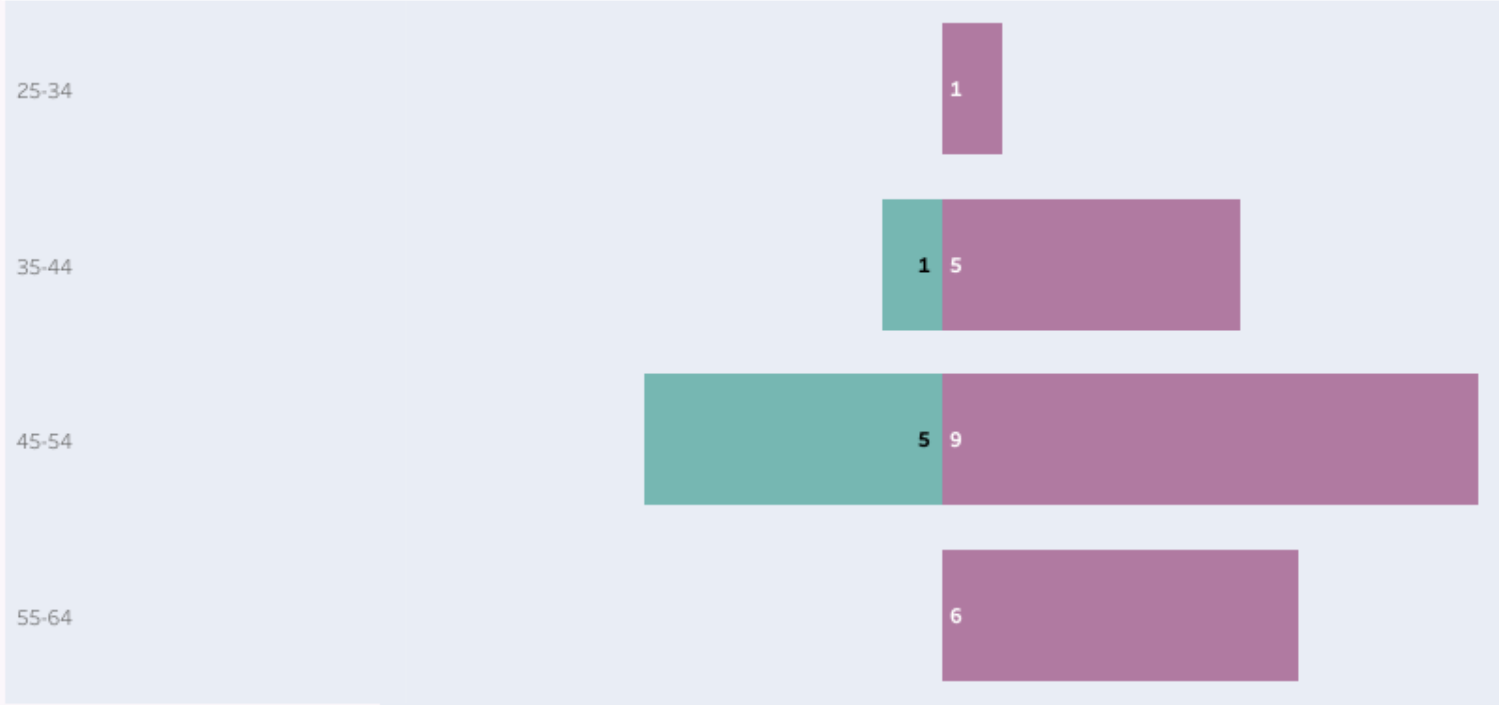


Time Period: 12 Months
 Date: All
 Drug Group: All
 Demographic: Age
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 Service: St. Helens IRS
 Operational Director: All
 Executive Director: All

27
 Total Deaths



Alcohol, Non-Opiate, Non-Opiate/Alcohol, Opiate, Female, Male



Summary

- ✓ Redesigning services to meet people where they are at
- ✓ More people in treatment and better treatment
- ✓ Embracing the ICS agenda and better partnerships/Collaboration
- ✓ Workforce Recruitment, Development and skills development
- ✓ Using the data to improve our responses to:
 - ✓ Lowering Mortality rates
 - ✓ MAT- optimal dosing and new approaches
 - ✓ Naloxone
 - ✓ Micro Elimination of Hepatitis C
 - ✓ Long term conditions and treatment pathways

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Thank You!