

# Innovation and collaboration:

## Blackpool's approach to addressing drug-related deaths

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## About Delphi

Delphi are a lead provider of Blackpool's Horizon Alcohol, Drugs and Sexual Health Support service.

The Horizon service is funded by Blackpool Council to provide a wide range of support for all Blackpool residents. The Horizon service offers information, health screening, treatment and counselling – all confidential and free. Using a dependence to freedom model, the service supports the reduction of dependence on alcohol and drugs and supports clients at all stages of their journey to recovery.

## About Camurus

Camurus is a biotechnology company committed to improving outcomes in opioid dependence treatment. Camurus is proud to partner with drug treatment services across the UK to support healthy communities.

## Foreword

Drug treatment services are not often talked about in the corridors of power or on the front pages of national newspapers. But they form a critical part of our local community support networks and can act as an important first step to getting lives back on track.

Every day, those tasked with supporting local people living with drug addiction see the complex challenges faced by individuals, the council, NHS, community, and often criminal justice services they pass between.

As Director of Public Health in Blackpool, I spend much of my time working with passionate people to find new ways to tackle long term challenges. None of these challenges are easy to solve, particularly if they are looked at in isolation rather than as a whole. Like colleagues working in public health around the country, I know that when budgets are tight and local need is growing, we're never going to achieve results if we stick with what has gone before. Instead, local providers, commissioners and partners across the council and policing must be bold – finding solutions through working together, breaking down silos and challenging the status quo.

The story told in this report is one of partnership, problem-solving and adaptability. It's about Blackpool's attempt to see our drug treatment service users as whole people who face multiple challenges and interact with our services in many different ways. It's about trying to learn from what goes wrong and understand how improvements can be made to cut drug deaths and improve life chances. It's about determination.

For those of us working together locally, this report provides a timely opportunity to reflect on Blackpool's experience of the past two years. I hope that it will support other areas that are looking to change their approach or drive more collaboration.

Of course, there is always more that can be done, and we are continually ambitious for our services and the people they support. I know we share this drive with so many public health teams across the country and I look forward to building on our shared learning together.



**Dr Arif Rajpura**  
**Director of Public Health**  
**Blackpool Council**

## How this report was developed

This report has been informed by detailed interviews with members of the Drug-Related Death and Non-Fatal Overdose (DRDNFO) Review Panel and partners across Blackpool, held between May and June 2020.

We would like to thank Jonathan Clegg, Ruth Collinge, Emily Davis, Briony McKeown, Lorraine Moffat, Alison Sayer, and Lynda Watson for their participation and invaluable insight.

## Executive Summary

Blackpool's long-standing problems associated with drug use and its related harms affect almost every facet of local society. With the highest rate of drug-related deaths in England and Wales, a position the town has held for over a decade, partners from across the spectrum of public services in Blackpool have come together to create positive change.

The approach taken in Blackpool to prevent drug-related deaths is characterised by partnership working, proactivity and innovation, despite significant challenges. The various partners across the system have been able to deliver notable examples of good practice which have ultimately led to better support and outcomes for some of the most vulnerable people in society.

This report focuses on three key areas of activity in Blackpool relating to services for people at risk of harm from drug use:

- › The Drug-Related Death and Non-Fatal Overdose (DRDNFO) Review Panel, which brings together organisations including the police, drug and alcohol services, ambulance services, healthcare providers and social services to provide targeted support and interventions to people at high risk of drug-related death;
- › Efforts to offer a full range of evidence-based treatments for drug dependence through Blackpool's Horizon Drug and Alcohol Service, and
- › The successful reconfiguration of drug treatment and related services during the COVID-19 pandemic.

Throughout these examples is a unifying focus from all partners on offering vulnerable individuals, many of whom have multiple disadvantages, the best quality support possible regardless of where in the system this is accessed. Services in Blackpool have demonstrated a commitment to sharing information, co-ordinating outreach, and finding innovative solutions when organisational boundaries may have otherwise prevented this collaboration. Individually, services have also demonstrated a shared focus on delivering high-quality support and interventions, as highlighted by the introduction of new ways of working both before and during the COVID-19 pandemic.

This report celebrates the achievements of partners across Blackpool in a relatively short space of time, demonstrating that collaboration can achieve significant results. It also shows that with continued support, both locally and at national level, even more can be achieved in the effort to prevent drug-related harm in Blackpool and across the country.

## Introduction

It is difficult to overstate the scale of Blackpool's challenges with drug-related harm. With the highest rates of drug-related death in the country – by a significant margin – and a complex underlying pattern of poverty, employment and inequality, reversing the trend in drug-related deaths is no mean feat.

Yet there is cause to be hopeful. In the face of these stark figures, partners across local services catering to the most vulnerable in our society have been galvanised to action. At the heart of the approach has been collaboration. Recognising that collectively, we are more than the sum of our parts, we have radically reformed our ways of working to help ensure that every individual in Blackpool known to be at risk of harm from drug use has an opportunity to access the vital support our services can offer, regardless of where in the system they are.



**Karon Brown**  
**Head of Nursing and**  
**Clinical Services**  
**Delphi Medical**

As the lead provider of Blackpool's Horizon Drug and Alcohol Service, Delphi are proud to have worked collaboratively with Blackpool's public health commissioners, Lancashire Constabulary and other local partners to set up Blackpool's Drug-Related Death and Non-Fatal Overdose Review Panel. This method of working has enabled access to innovative approaches that have helped meet the complex demands of Blackpool's unique make up of service users. A shared energy, objective and passion from those involved has helped to address a number of challenges, move forward with innovation and deliver tangible outcomes for service users, despite severe funding restraints.

This report captures the experiences of developing a collaborative working approach and shares examples of how, together, partners across Blackpool have been able to introduce innovation and best practice to meet the needs of people with drug dependence. It also aims to document the challenges faced and the remaining barriers that stand in the way of further development. We hope that the report provides valuable insights for future planning for every local, regional and national decision maker.

We cannot ignore the impact of the COVID-19 pandemic, which has increased the number of people accessing drug treatment services while also fundamentally reshaping the way in which each of our organisations can deliver this vital support. This report illustrates how providers across Blackpool have adapted to the unprecedented challenge and ensured the continuation of support and regular contact with service users. It also examines how the pandemic could represent a catalyst for change and steer the direction of national drugs policy.

We hope that this report will be of use to other towns and cities across the UK who are no doubt facing similar challenges, as well as to national policymakers as they look for practical examples of where positive change has been achieved.

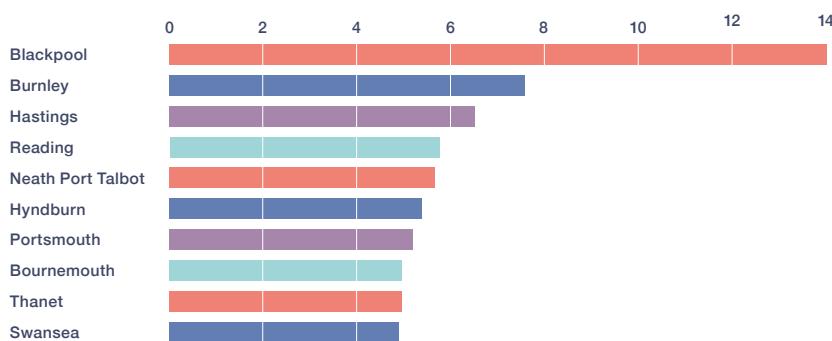


## Blackpool's drugs crisis

Blackpool has significant and ongoing issues with drug-related harm.

It has had the highest rate of deaths related to drug misuse from any local authority in England and Wales since 2009.<sup>1</sup> Its rate of 14 heroin or morphine deaths per 100,000 people in 2016 is almost double that of the next highest area (Burnley) and is significantly higher than the England average of 1.9.<sup>2</sup> In 2018 alone there were 38 drug-related deaths in Blackpool, an increase from 26 deaths the previous year and part of an overall 59% increase in the number of drug deaths across the North West since 2007.<sup>3</sup>

**Local authorities with the top 10 highest heroin or morphine deaths per 100,000 in England and Wales**

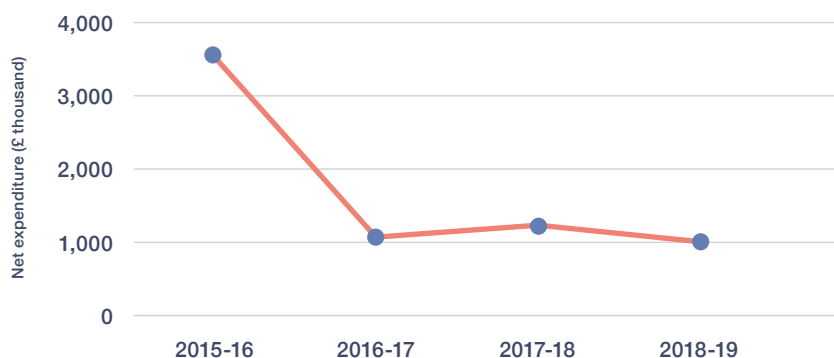


Source: Graph developed from the Office for National Statistics data, *Rate of heroin and morphine deaths by misuse, 2014 to 2016, England and Wales*<sup>2</sup>

The relative number of people who use opiates and/or crack cocaine in Blackpool is also much higher than the national average, at 23.5 people per 1,000 of the population aged 15-64 compared to 8.9 in England as whole.<sup>4</sup>

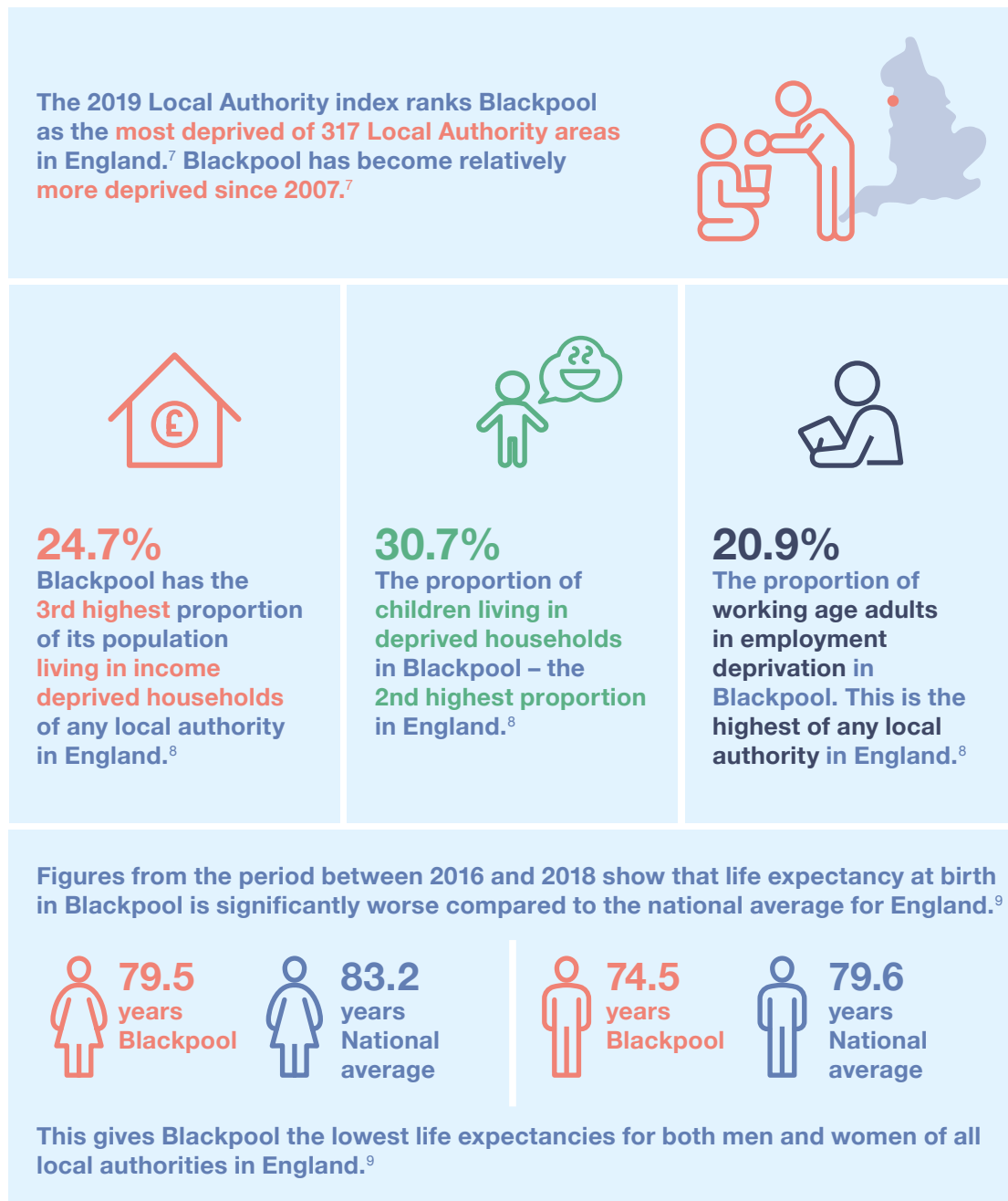
Despite this, the drug misuse treatment budget for adults in Blackpool fell by 72 per cent between 2015-16 and 2018/19, which is more than two times higher than the average fall across England in that period.<sup>5,6</sup> Overall, across England local authority expenditure on drug misuse treatment for adults shows that council spend fell by 27 per cent from 2015/16 to 2018/19 (adjusted for inflation).<sup>5</sup> This has far outpaced the general reduction in the public health grant to local authorities (out of which drug treatment services are funded), which fell by 1 per cent in the same period.<sup>5</sup>

**Figure 1: Net expenditure on adult drug misuse treatment services in Blackpool, 2015-19**



Source: Graph developed using data from Ministry of Housing, Communities and Local Government, *Local Authority Revenue Expenditure and Financing Dataset for England, individual local authority datasets*<sup>6</sup>

The factors behind the high levels of harm from drugs in Blackpool are complex and linked closely with the town's broader social and economic challenges. Blackpool consistently ranks poorly across measures of deprivation, health and wellbeing:



While there are some features of Blackpool that may exacerbate its challenges with drug-related harms, many communities across the country will experience similar challenges, which, like Blackpool, will only be exacerbated by COVID-19. This makes the findings from this report vital for other regions.

## The impact of drug-related harm across Blackpool's services

The human toll of drugs use in Blackpool is felt far and wide across the various services that provide health, welfare and policing services.

While the most direct and devastating impact is the loss of life, drug use also manifests across individuals and society in many other ways.

Individuals with problematic drugs use in Blackpool are likely to have a wide range of both physical and mental health needs, requiring intensive support and resource.<sup>10</sup> Blackpool has the second highest rate of hospital admissions in England and Wales where drug-related mental and behavioural disorders are a factor.<sup>11</sup>

People who use drugs are known to be less likely to engage with primary care services (such as a GP practice or walk-in centre), meaning that they tend to present to hospital when health issues worsen and require more acute support.<sup>12</sup> Recent health issues amongst drug users in Blackpool include sepsis (a life-threatening infection of the blood), blood-borne viral infections, circulatory disorders and major organ damage.<sup>10,12</sup> In 2019 around a quarter of individuals at high risk from drug use in Blackpool had previously attempted suicide, while a third had low mood, depression or anxiety.<sup>10</sup>

» You could speak to the police, doctors, anyone across social services – they will tell you that addiction is the most costly thing in society. «

*Colin Fearn*

*Head of Medicines Management, Delphi Medical (Lead provider of the Horizon Drug and Alcohol Service)*

The impact is also felt keenly in Lancashire Constabulary. Analysis of individuals known to be at high risk of drug-related death in Blackpool has shown that they are highly likely to have prior convictions. Over 80% of the highest-risk individuals in 2019 had previously been convicted for theft, over 60% for public order offences and assault, and 50% for damage to property.<sup>10</sup> The significant policing resource spent on criminal activity relating to drugs occurs in the context of falling policing budgets – with a reduction in core funding for Lancashire Constabulary of more than £52m (23%) since 2010/11.<sup>13</sup>

» From a crime and policing perspective there is a clear link between drug use and factors such as violence, exploitation, vulnerability and safe-guarding – underlying all of these are consistent patterns of drug-related harm. «

*DCI Jonathan Clegg*

*Lancashire Constabulary*



The complex needs of people who use drugs are also felt elsewhere in the system, not least in children's services. In 2016/17 (the latest year for which data is available) 56% of individuals entering drug treatment services lived with children, and a further 15% were parents but were not living with their children.<sup>14</sup> Many children in the care system in Blackpool have been previously exposed to parental drug use and the associated harms, this pattern of Adverse Childhood Experiences (ACEs) may in turn drive drug use later in life.<sup>15</sup> Many drug users in Blackpool are also known to have experienced trauma such as sexual or domestic abuse, which may have brought them into contact with social services and other support networks.<sup>10</sup>



## Collaboration across silos: A new approach in Blackpool

With drug-related harm at record levels and its impact being felt across the various services in Blackpool, it became increasingly clear to those services engaging people with problematic drug use that a bold new approach was needed.

» We shouldn't have to be at that stage where people are dying or nearly losing their limbs to get support in place. That has been the catalyst for people to get working together. «

*Emily Davis*  
Harm Reduction Lead, Blackpool Council

For many years services in Blackpool had been operating, independently, as efficiently as they could. However, the limitations of siloed working were becoming painfully evident. Every additional drug-related death was felt keenly by service providers and there was a growing sense of frustration at the lack of real change.

Local stakeholders, spearheaded by the local public health team and the Lancashire Constabulary, recognised that greater collaboration across organisational boundaries was urgently needed to help prevent drug-related deaths. Where commissioning structures and service pathways had previously presented obstacles to sharing information and pooling resources, organisations pledged to overcome these boundaries in order to save lives.

» Every additional death was devastating, there was a growing sense of frustration amongst Blackpool's services. Many of us felt personally responsible. We simply couldn't allow the situation to continue as it was. «

*Karon Brown*  
Head of Nursing, Delphi Medical (Lead provider of the Horizon Drug and Alcohol Service)

However as any commissioner of public services will know, implementing a joined-up approach is no simple endeavour. Even in Blackpool, which benefits from a relatively compact footprint and where individual organisations have good working relationships, putting a truly collaborative approach into practice would require considerable time, resource, and a willingness to change mindsets.

» Blackpool has many cross-cutting issues, whether that's drug-related deaths, ill-health, deprivation or unemployment. There are so many people needing help, but as individual services we don't have much resource. We saw it as vital to come together and collectively reach as many of the vulnerable people who need our services as we can. «

*Alison Sayer*  
Harm Reduction and Assertive Outreach Manager, Renaissance

The following sections of this report describe how collaboration in Blackpool has been fostered over the last two years, with an overview of the structures and processes that have been implemented in order to move beyond organisational silos. Three key features of Blackpool's approach to delivering joined-up services for people at risk of drug-related harm are described:

Implementing the  
Drug-Related Death and  
Non-Fatal Overdose  
Review Panel

Offering a full  
range of evidence-based  
treatments  
for dependence

Harnessing  
partnerships to  
respond resiliently  
to COVID-19

## Implementing the Drug-Related Death and Non-Fatal Overdose Review Panel

At the heart of Blackpool's new approach to partnership working is the Drug-Related Death and Non-Fatal Overdose (DRDNFO) Review Panel.

The Panel, which first met in March 2019, brings together stakeholders from a wide range of services whose work frequently interacts with individuals at risk of drug-related death. The Panel is chaired jointly by the Detective Chief Inspector Jonathan Clegg from Lancashire Constabulary and Emily Davis, Harm Reduction Lead at Blackpool Council.

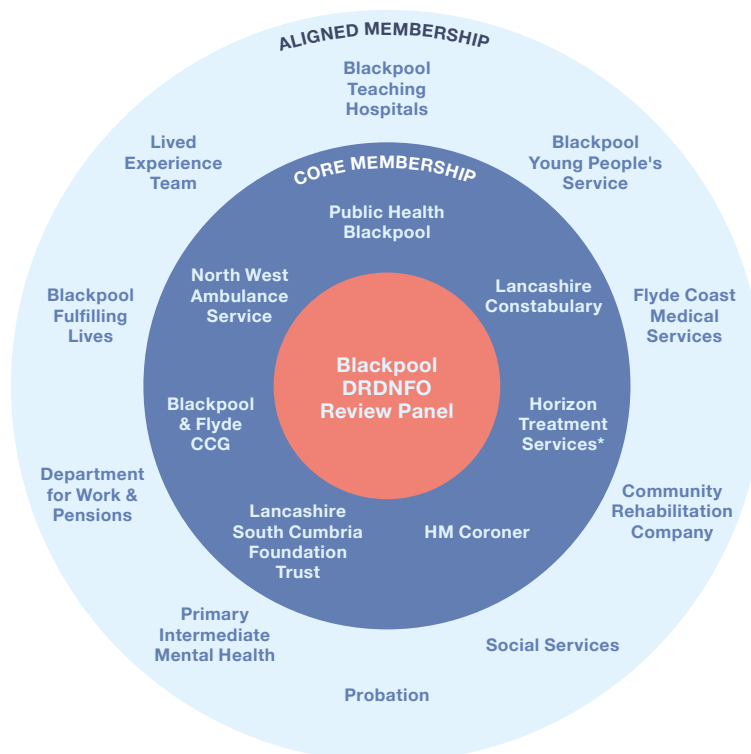
Initial short-term funding for the Panel was provided to Lancashire Constabulary by the Home Office, with further funding received via the Constabulary's Violence Reduction Unit.<sup>10</sup>

### Who attends?

The Panel consists of a core membership who attend every monthly meeting, with attendance from aligned members where appropriate.

Organisations involved include the Horizon Drug and Alcohol Service, police and ambulance services, the coroner, community mental health services, children's services, as well as representatives from local clinical settings, including A&E. All members of the Panel have recognised the cross-cutting impact of their work, and their overlap particularly in relation to supporting those with problematic drug use.

Panel members have the authority to make decisions and commit resources on behalf of their individual organisations to support interventions that prevent avoidable harm.



\*The Horizon service is commissioned by Blackpool Council to provide integrated alcohol, drugs and sexual health support. It is delivered by Delphi Medical (the lead provider), Renaissance and Acorn Recovery Projects.

## Core principles

The overarching goal for the Panel is to achieve preventable harm reduction in Blackpool, through:



Open dialogue, collaboration, and avoiding duplication of efforts.



Employing a person-centred approach in the services on offer to vulnerable people accessing support.

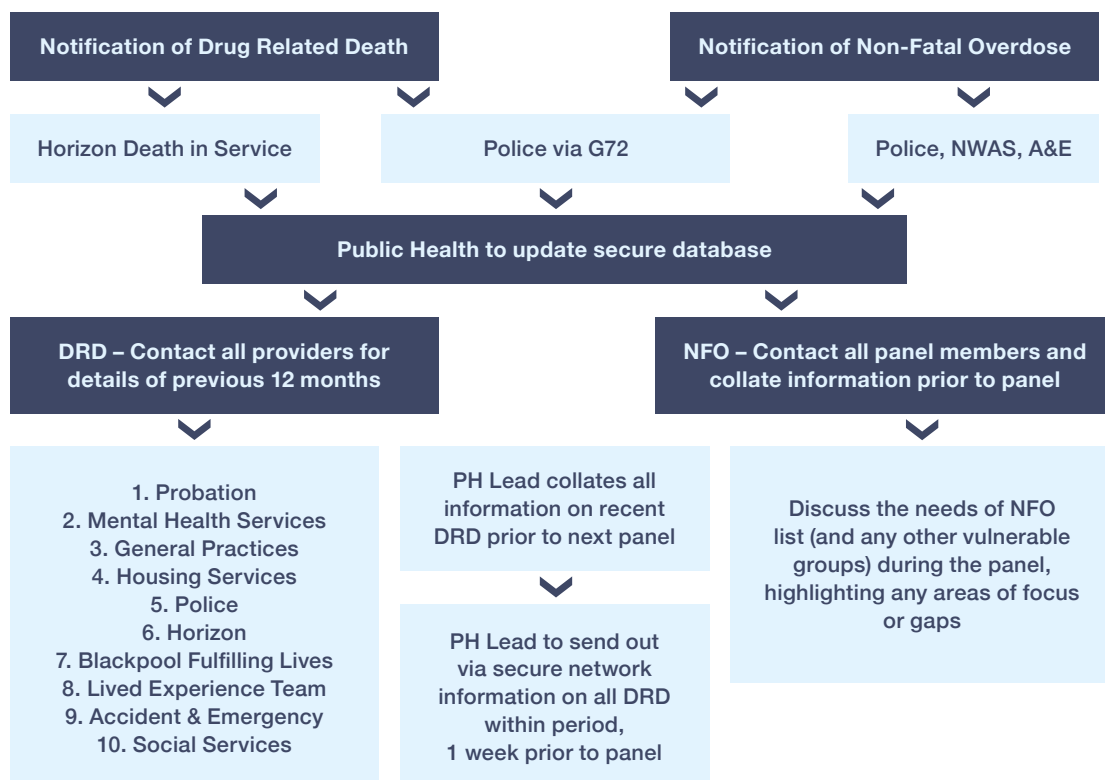
## How the Panel works

### Review of drug-related deaths and non-fatal overdoses

A core activity of the Panel is to collate information on every suspected drug-related death (DRD) or non-fatal overdose (NFO) in Blackpool and comprehensively review all aspects of the case. The purpose of this review is to identify what lessons can be learned to influence future practice, address potential gaps in service provision and prevent future deaths through a multi-agency whole-system approach.

Co-ordinated by the Public Health team, members of the Panel are asked to determine if individuals who went on to experience a suspected DRD or NFO had been in contact with their services in the last year. During the monthly Panel meetings suspected DRDs/NFOs are discussed in detail to understand the individual's case history and contact with services. This process culminates in the development of recommendations for immediate action from partners in the Panel, including identifying safeguarding opportunities for individuals who have experienced an NFO.

### DRD and NFO Panel Review Process



Flowchart reproduced with permission from University of Central Lancashire, Blackpool's Drug Related Death and Non-Fatal Overdose Review Panel: A Process Evaluation, March 2020.<sup>10</sup>

The objective of this process is to understand in depth the factors behind Blackpool's DRDs and NFOs, and to drive action where change is needed. By co-ordinating this information and action, the different organisations in Blackpool are able to see "the big picture" and plan services in a way that would have been otherwise impossible.

» It's only through doing things in a collaborative way, developing relationships with all the parts of the system that a vulnerable individual may come into contact with, that you can really start to understand the journey that they have been through and the trauma they may have endured. Every individual organisation needs to understand the role they have to play in preventing a drug-related death, and how that works as part of collaborative effort. «

*DCI Jonathan Clegg  
Lancashire Constabulary*

## Identifying the most at-risk individuals

The second key objective of the Panel is the identification of a list of the 'Top 20' clients at high risk of a DRD.

These are individuals who:<sup>10</sup>

- › Have experienced a number of NFOs
- › Are thought to be likely to engage positively and beneficially with the intervention
- › Do not currently have wraparound care provision in place

The "Top 20" individuals at highest risk are identified by key workers with "on the ground" knowledge. Panel members discuss in detail their known case history and which services they may benefit from. This process aims to ensure these individuals receive enhanced and tailored support, such as enhanced treatment plans (including residential detox where there is an acute need), additional appointments, consultations with a psychologist, and the provision of naloxone (a medicine which can help to reverse the effects of an opioid overdose).

The Panel also ensures that information sharing on these individuals across all services is prioritised and that keyworkers are informed about the high-risk nature of these particular clients.

» We try to remove as much red tape as possible to get treatments to people who need them quickly and safely. We are proactively trying to stop deaths from happening. «

*Colin Fearn  
Head of Medicines Management, Delphi Medical/Horizon Drug, Alcohol and Sexual Health Service*

## Successes to date

While the Panel is still in its infancy, there have been notable positive outcomes since its implementation.

### › Achieving risk reduction in service users

A key achievement of the Panel has been the expansion of support from all its partners to the high-risk individuals it proactively monitors, many of whom have highly complex histories and have previously been reticent to engage with services. Four individuals were recently removed from the high-risk category entirely, having experienced a significant reduction in their risk of a DRD following outreach efforts co-ordinated by the Panel.<sup>10</sup> Over the longer term, the Panel intends to evaluate its role in preventing DRDs and NFOs in Blackpool when further data are available.

## Non-fatal overdose review process case studies

### Case Study 1: Male, aged 34

Client was identified through the NFO process. He was homeless (approx. 4 years) and (originally) had no local connections. He was identified as an additional concern due to having a number of bacterial infections plus a broken radius and ulna (acquired when a drug dealer stamped on his arm): both in need of immediate treatment. The immediate needs of the person were discussed during the DRD Panel and potential support identified through a collaborative approach. Utilising the Lived Experience Team, Assertive Outreach and Horizon treatment services the person was found and admitted to hospital for immediate treatment. On discharge from hospital, a care plan was put in place and the individual is now on a methadone treatment regime and is supported by housing first and Horizon Treatment Services. His progress will be monitored, and additional support offered if required.

### Case Study 2: Female, aged 22

Client was identified through the NFO process. She was known to services with a history of substance misuse and criminal activity. Although the Young Persons service was working with the person, they were unaware of the recent NFO. With the information of a recent NFO, DRD Panel members from Young Persons service were able to make contact with the person and re-establish a therapeutic relationship.

*Case studies reproduced with permission from University of Central Lancashire, Blackpool's Drug Related Death and Non-Fatal Overdose Review Panel: A Process Evaluation, March 2020.<sup>10</sup>*

## › Enabling true collaboration

The Panel has also been highly successful in achieving its objective of bringing partners together from across the system to share information and co-ordinate action. There has also been a marked departure from the previous siloed approach to working. Through the Panel, artificial barriers between services have broken down and there is a greater sense of collaboration between all partners supporting individuals with multiple complex needs.

Members of the Panel describe how it has fostered an open culture, where working together towards a shared ambition is paramount. This has enabled them to, collectively, be more efficient and to offer a greater range of support to individuals accessing services.

There is also a sense of longevity to the Panel. Panel members feel committed to ensuring that the collaborative ethos continues over the long term, and the sense of partnership working has helped to overturn a previous sense of frustration among the members over the limited impact that their individual work could have in the face of Blackpool's enormous challenge with drug-related harm.

›› We are here to save lives, so we will find a way to get around any problems. ‹‹

*DCI Jonathan Clegg  
Lancashire Constabulary*



## Challenges

While the Panel has made significant progress since its establishment, there are some remaining challenges that it is in the process of addressing. Panel members have identified these issues as priorities to improve the Panel's efficiency and, ultimately, the effectiveness of its work.

### › Funding

There is a clear sense of passion from all members of the Panel to ensure that services can reach every individual in need in Blackpool. However while the demand for drug and alcohol services, social care, health and policing services has risen across Blackpool, funding has been cut from budgets across the board.

This means that services that were previously considered core essentials, such as detox beds, are now having to be prioritised by the Panel so only those at the most urgent level of need have access to them.

Although significant effort has been made to continue operating with limited resources, Panel members consistently cite budget cuts as having a directly negative impact on how services can operate both individually and collectively.

### › Commissioning cycles

For a number of reasons, public health services in Blackpool, like others across the country, have been commissioned for shorter guaranteed contracts.<sup>16</sup> While extensions are common, there is an inevitable impact on long term planning due to the increased uncertainty. Transforming outcomes in complex areas takes time and strong local relationships, both of which are limited if partners are restricted to two- and three-year windows. Frequent re-procurement of services means time has to be spent focusing on tendering processes and subsequent transition periods may bring a "loss of productivity", which can be costly because services are not fully focused on providing care, which could result in a negative impact on individuals.<sup>17</sup>

Interviewees recognised that Blackpool has been fortunate in the length of time many of the key players have worked together, but it was also acknowledged that it would help commissioners, providers and partners to support service users in a more consistent way if councils were able to award longer term contracts.

### › Data and information sharing

Another key challenge encountered by the Panel is the complexity of ensuring that information from numerous different sources can be pooled into a single platform accessible by all Panel members. The Panel has been working towards enabling all data to be shared on a single database and has successfully set up information-sharing agreements between all members, however technical barriers have meant that not all Panel members are able to access the system to date. As a consequence, key information such as ambulance service data from attendance at non-fatal overdoses needs to be shared in-person during each monthly Panel meeting.

The Panel's ambition is to enable all the different services to cross-check each other's patient records in real-time, rather than needing to wait until each Panel meeting, this would enable them to respond more quickly to high-risk individuals. However, implementing the necessary system requires both time and resource, at a time when there is considerable uncertainty over funding.



## Looking forward: continuing development

Members of the Panel have identified a number of priority areas to expand its impact on preventing drug-related harm.

### › Expanding take-home naloxone provision

The provision of naloxone (an opioid reversal agent which is used as emergency treatment for overdoses caused by heroin and other opioids) can be a life-saving measure for people who are at high-risk of a drug-related death. The Panel is working to increase the availability of naloxone to at-risk groups, including by working with local pharmacies in Blackpool to stock and disseminate it to people at risk of an overdose and their family members or friends. The Panel is also exploring the potential for naloxone to be placed inside public access defibrillators (PADs) in shopping centres, train stations, community centres and other public spaces, reflecting the potential for an overdose to occur anywhere in the community.

### › Developing a regular wound management clinic for people who inject drugs

People who use drugs in Blackpool are often highly vulnerable to infection and other health complications yet tend to have low levels of engagement with health services, and with primary care services in particular. Providers involved in the Panel are working to introduce innovative approaches to engaging this group, with the aim of providing care for any direct health needs and an avenue into drug treatment services. The Panel is building on the success of previous blood-borne virus (BBV) and wound management clinics set up by Blackpool's Public Health Team with an ambition to roll-out a regular mobile clinic, so that this vital service can be taken remotely to groups who require it.

### › One stop shop

Given the challenge of engaging people who use drugs with support services, Panel members are also hoping to implement a 'one stop shop' service. This would offer access from a single location to an array of services including drug treatment, employment support, housing, community mental health teams and primary care, mitigating the challenge of engaging service users with individual services. Instead, under one roof a client could access a wider range of support, enabling improved engagement. The implementation of this type of "hub" model requires support from multiple partners in Blackpool and will face the familiar challenges around funding, however Panel members hope that the successes in working across organisational silos so far will enable a concerted effort to implement this model in the future.

### › Supervised Injection Facility

The Panel is exploring the potential for a supervised injection facility (also termed a drug consumption room) to be implemented in Blackpool, which would provide a supervised, safe and clean space for drug-users to consume drugs. Although still controversial under current UK legislation, other countries in Europe have operated these facilities for many years.<sup>18</sup> They aim to prevent drug-related deaths, reduce the risks of disease transmission, and provide people who use drugs with access to treatment and support services. Despite unanimous support amongst Panel members in Blackpool, a combination of funding and regulatory hurdles (the UK Government has stated that it does not support their introduction<sup>19</sup>) mean that the implementation of such a facility is unlikely in the near future.

### › Building diverse representation

As the Panel expands its remit to engaging with high-risk individuals to prevent DRDs, it hopes to expand its membership and reach to include representatives from wider services such as housing and probation services, as well as representation from BAME groups, people with disabilities, and other service user perspectives. The intention is for these links to be built while ensuring that the core membership is still able to have the depth of discussion, and maintaining the trust and ability to have honest discussions that characterises the Panel.

## Offering a full range of evidence-based treatments for dependence

High-quality drug treatment and support services in Blackpool are fundamental to underpin the work of the Drug-Related Death and Non-Fatal Overdose Review Panel. Horizon is the drug and alcohol service commissioned by Blackpool Council, providing a range of tailored medical and psychosocial support services for people with drug dependence and leading outreach to those individuals identified as being at risk of a drug-related death by the Panel.

The Horizon service focuses on offering every person in treatment tailored support that meets their unique needs - including through expanding the range of treatment options available.

### Challenges with ensuring a full range of treatment options is available

The ambition to provide tailored support and a range of evidence-based treatment options is one that is undoubtedly shared by all commissioners and providers of services for vulnerable individuals. But with successive cuts to drug services across the country, being able to offer personalised care and support can be particularly challenging. Blackpool's experiences of successfully introducing new services for people with dependence demonstrate that it is possible to introduce new ways of working even in a highly challenging funding landscape. The key obstacles that the Horizon service and its lead provider, Delphi, have faced in expanding the range of treatment options available are outlined below.

#### › Cost

Adding to the treatment armamentarium to enable provision of a full range of options requires overcoming barriers of increased drug acquisition costs. Finding the resource to provide additional treatment options is a significant challenge.

#### › Training

Additional investment in staff training is often required to ensure that all treatment options can be prescribed and administered appropriately, this can be a significant addition to workloads as well as incurring a training cost.

#### › Logistics

Expanding the range of evidence-based treatments available can require organisational change and adaptation, for example new logistical arrangements for how medications are stored may be needed. With limited staff capacity or budget to cover administrative costs, this can pose another hurdle.

While these are not insignificant challenges, the Horizon service and its lead provider, Delphi, have displayed the same determination to introduce change that characterised the creation of the DRDNFO Review Panel. However, funding constraints continue to pose a challenge, and while the long-term ambition is for the Horizon service to offer all service users the full range of evidence-based treatment options, in the short to medium term certain treatment options are offered on a limited basis.

## Harnessing partnerships to respond resiliently to COVID-19

Managing rapid change in an area as complex as the provision of drug treatment services is a considerable challenge. The COVID-19 pandemic has required the rapid adaptation of drug services in order to continue delivering vital services safely and effectively.

Blackpool's Horizon service has been able to successfully rise to this challenge in large part thanks to its strong multi-agency collaboration, which has enabled services to take a joined-up approach to outreach during the pandemic. The approach taken in Blackpool will no doubt be of interest to commissioners and providers across the country who have been faced with the same question: how to adapt services to ensure that vulnerable individuals accessing drug treatment services continue to receive high-quality support while minimising the risks to service users and staff?

» We have learnt a lot about service user empowerment. We have shifted from “hand-holding” to giving control back to the client, and we have seen that really work in Blackpool. People are making better choices. «

*Emma Knappe  
Company Lead, Delphi Medical (Lead provider  
of the Horizon Drug and Alcohol Service)*



Key measures taken to support people accessing drug treatment services in Blackpool include:

### Maintaining contact in new ways

While face to face contact, especially with at-risk groups, has necessarily had to reduce, Horizon's outreach team has employed new ways of maintaining contact with service users including:

- › Organising virtual support group meetings.
- › Providing mobile phones to service users to enable telephone-based outreach and support to continue, including regular “check-ins” with Horizon staff.
- › Visiting service users at home where appropriate rather than requiring them to travel to treatment centres for appointments.

### Taking a risk-based approach to prescribing changes

PHE guidance during the pandemic recommended that services should provide most service users accessing OST with larger quantities of “take-home” medication to avoid them having to present to a pharmacy daily for supervised consumption.<sup>20</sup>

In Blackpool, service users were only moved from daily supervision to take-home OST after careful consideration on an individual basis of the associated risks. Medical staff at Horizon worked closely with key workers to assess the risks of diversion, misuse or theft of medication, and risk minimisation plans were implemented for all service users. Transfer from daily supervised dosing to “take-home” was staged to ensure that only service users who had already demonstrated that they were comfortable with lower levels of supervision and had the appropriate safety provisions in place (such as a safe storage box at home, provided by Horizon) were given increased quantities of OST. Prescribing protocols were also reviewed to ensure that the correct quantities of medication were prescribed to service users.

## Outcomes so far

At the start of the pandemic there was considerable uncertainty over the potential impacts of reduced supervision and increased take-home medication on vulnerable service users in Blackpool. While the full impact of the pandemic will only become evident with more time, early outcomes indicate that there are beneficial effects of the changes.

Key outcomes so far include:

### › Improved trust and service user empowerment

The relaxation of daily supervision for service users receiving OST medication has highlighted the potential benefits of independence and autonomy.

The fall in daily pharmacy visits for those in treatment has given many service users a sense of independence that they hadn't previously experienced. Feedback has highlighted how individuals accessing services have felt less of the stigma and anxiety associated with daily pharmacy visits, more empowered within the recovery process and more engaged with support services.<sup>21</sup> Individuals surveyed by the Horizon service have also reported having more time to spend with their families or in activities that benefit their recovery.<sup>21</sup> Costs associated with transport to appointments has also reduced the financial burden on service users.<sup>21</sup>

There have also been benefits to Horizon staff, who have reported having more time to connect with service users which is spent on more holistic assessment of their needs.<sup>21</sup> Staff feedback has highlighted improved engagement from service users thanks to the increased time available for phone support sessions and the more informal nature of remote appointments.<sup>21</sup>

### ›› Having fewer prescriptions takes the pressure away and the embarrassment of people thinking that I am an addict. I enjoy the phone calls – I'm more relaxed.

*Service user response to Horizon questionnaire  
June 2020*

### › Successful liaison with rough sleeping services

As part of a national effort to house rough sleepers and provide them with access to support services during the pandemic, Blackpool has seen an increase in the number of rough sleepers engaging with the Horizon service. Between March and July 2020 eight individuals referred via emergency accommodation services have accessed drug treatment services in Blackpool. The improved rate of engagement with this group has been enabled by collaborative outreach, bringing together housing, health and drug and alcohol services to provide holistic support during the pandemic.

The experiences of Blackpool's drug treatment services during the pandemic have shone a spotlight on the importance of having resilient services that can respond flexibly to changing demand and circumstances. However there are considerable uncertainties in how the additional demand and costs brought about by the pandemic will be met.

## Principles of Blackpool's broader approach to services for vulnerable individuals

The ethos embodied in the delivery of Blackpool's drug treatment service is closely aligned with the broader principles that drive the overall approach taken in Blackpool, and this shared approach is a key factor in enabling the collaboration seen across services in Blackpool. The shared principles applied across providers in Blackpool are:

- › Services such as Horizon are characterised by a broad and open-minded approach to **who** and **how** they can support. Every effort is made to ensure that anyone with need is able to access support, and that the services they receive are tailored to their unique needs. The ethos is to be as flexible as possible and staff are equipped to deliver outreach and support in all settings, including in the community, at home, as well as in outpatient settings.
- › Lived experience is valued throughout services. For example, both the drug treatment service provider and community mental health teams employ staff with lived experience to help engage individuals who might ordinarily be challenging to engage in services, and the service user voice is considered across all planning. The lottery-funded **Blackpool Fulfilling Lives (BFL)** project is emblematic of this approach. The project, which was established in 2014 and will complete in March 2021, supports people with multiple complex issues including homelessness, re-offending, problematic substance misuse, and mental ill health, to engage positively with local services. The project includes a Lived Experience Team formed of people with personal experience of multiple disadvantage and of local services, who provide first-hand insight and communicate the views of service users in Blackpool.
- › Integration with other services is pursued at every opportunity. Drug and alcohol services have developed strong working links with mental health teams, housing, social services, policing, probation and community health services, and wherever possible service users are offered combined appointments and signposted to additional services.





## What next?

The scale of the challenge in tackling Blackpool's drug crisis is not to be under-estimated. Yet it is clear that there is the determination amongst local services to do everything in their means to prevent drug-related harm. The progress achieved in a relatively short period of time, and despite the COVID-19 pandemic, has demonstrated that even with unprecedented need it is possible to take concerted action across organisational silos and introduce innovative ways of working.

The future vision for services in Blackpool that has been outlined in this report also demonstrates what might be possible with continued collaboration and, crucially, sustainable investment. The multiple complex needs of people at risk of drug-related harm in Blackpool requires co-ordinated action from drug and alcohol services, housing, homelessness, social services, policing, healthcare services and others – none of which will be possible without adequate resourcing from central government for each of these core public services. The COVID-19 pandemic has illustrated the vital importance of ensuring all services are able to adapt flexibly to crisis situations. Blackpool's drug crisis should be afforded the same sense of urgency.

At local level, there are also opportunities to continue the progress made to date. Opportunities for further collaboration through the delivery of more integrated services and the streamlining of information-sharing systems will be important to support the work of the DRDNFO Review Panel in preventing drug-related deaths. It will also be important for broader services engaging with vulnerable individuals in Blackpool to recognise the value of high-quality drug treatment services, given the cross-cutting effects of drug use, and to support their development through information-sharing, shared resource and collaborative service design.

The partners involved in the development of this report, including Delphi Medical, Blackpool Council Public Health and Lancashire Constabulary would welcome any questions or feedback on the initiatives covered in this report.

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## References

- 1 ONS, Deaths related to drug poisoning in England and Wales: 2018 registrations, 15 August 2019, <https://www.ons.gov.uk/releases/deathsrelatedtodrugpoisoninginenglandandwales2018registrations>
- 2 ONS, More than half of heroin/morphine misuse death hotspots in England and Wales are seaside locations, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/halfofheroinmorphinemisusedeathhotspotsinenglandandwalesareseasidelocations/2018-04-04>
- 3 Blackpool Council, Drug Related Deaths and Non-fatal Overdoses Blackpool Update, <https://ims.ljmu.ac.uk/PublicHealth/DRDevent2019/DRD-presentation-Blackpool-Lancs.pdf>
- 4 Lancashire County Council, Drugs, <https://www.lancashire.gov.uk/lancashire-insight/health-and-care/health/lifestyle/drugs/>
- 5 Camurus, Towards Sustainable Drug Treatment Services, July 2019, <https://static1.squarespace.com/static/580e32b38419c22267d4373c/t/5daec72a527fc12344d769af/1571735340008/White+Paper+-+Towards+Sustainable+Drug+Treatment+Services%5B8397%5D.pdf>
- 6 Ministry of Housing, Communities and Local Government, Local Authority Revenue Expenditure and Financing Dataset for England, <https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing>
- 7 Blackpool Health and Wellbeing Board, Joint Strategic Needs Assessment for Blackpool, People and Places, Wider Detriments of Health, Deprivation, March 2020, <http://www.blackpooljsna.org.uk/People-and-Places/Wider-determinants-of-health/Deprivation.aspx>
- 8 Ministry of Housing, Communities and Local Government, The English Indices of Deprivation 2019, 26 September 2019, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/835115/loD2019\\_Statistical\\_Release.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/loD2019_Statistical_Release.pdf)
- 9 Blackpool Health and Wellbeing Board, Joint Strategic Needs Assessment for Blackpool, Life Expectancy, January 2020, <http://www.blackpooljsna.org.uk/Blackpool-Profile/Life-Expectancy.aspx>
- 10 University of Central Lancashire, Blackpool's Drug Related Death and Non-Fatal Overdose Review Panel: A Process Evaluation, March 2020
- 11 NHS Digital, Hospital admissions related to drug misuse, 01 Apr 2018 to 31 Mar 2019, 28 Nov 2019, <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2019/part-1-hospital-admissions-related-to-drug-misuse#:~:text=There%20were%2096%2C705%20admissions%20with,code%20than%20they%20were%20previously>
- 12 Interview with Emily Davies, Blackpool Public Health, conducted by WA Communications on behalf of Camurus and Delphi Medical, June 2020
- 13 Lancashire Police and Crime Commissioner, Annual Report 2018/19, January 2020, <https://www.lancashire-pcc.gov.uk/wp-content/uploads/2020/01/LPCC-Annual-Report-2018-19-low-res.pdf>
- 14 Blackpool Council, Blackpool Drug Strategy 2017-2020, <https://democracy.blackpool.gov.uk/documents/s27996/Appendix%206a%20Drug%20Strategy%202017-20%20Version%206%20October%202017.pdf>
- 15 Blackpool Council, Healthy beginnings for a Healthy Future: The Health of the People of Blackpool, 2018, <http://democracy.blackpool.gov.uk/documents/s48770/Appendix%207a%20BlackpoolCouncilAnnualHealthReport2019BlackpoolCouncilAnnualHealthReportPAGES.pdf>
- 16 ACMD, Commissioning impact on drug treatment, September 2017, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/642811/Final\\_Commissioning\\_report\\_5.15\\_6th\\_Sept.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642811/Final_Commissioning_report_5.15_6th_Sept.pdf)
- 17 Volteface, The Real Cost of Re-commissioning, 2017, <https://volteface.me/feature/real-cost-re-commissioning/>
- 18 EMCDDA, Drug consumption rooms: an overview of provision and evidence (Perspectives on drugs), June 2018, <https://www.emcdda.europa.eu/publications/pods/drug-consumption-rooms>
- 19 Letter from Victoria Atkins to the ACMD, 2018, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/699825/Letter\\_from\\_Victoria\\_Atkins\\_MP\\_to\\_OBJ.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699825/Letter_from_Victoria_Atkins_MP_to_OBJ.pdf)
- 20 PHE, COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol, 29 May 2020
- 21 Delphi Medical, COVID-19 Horizon Client and Staff Feedback Report, July 2020

