



Improvement

Customer led transformation programme Case study – Birmingham Council

**Using social media to support alcohol
and drug users**

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The Customer Led Transformation Programme

Birmingham's work has been funded under the customer led transformation programme. The fund aims to embed the use of customer insight and social media tools and techniques as strategic management capabilities across the public sector family in order to support place-based working.

The customer led transformation programme is overseen by the Local Government Delivery Council (supported by the Local Government Association).

The fund was established specifically to support collaborative working between local authorities and their partners focused on using customer insight and social media tools and techniques to improve service outcomes. These approaches offer public services bodies the opportunity to engage customers and gather insight into their preferences and needs, and thereby provide the evidence and intelligence needed to redesign services to be more targeted, effective and efficient.

About Birmingham

Birmingham is the largest city outside London, with a population of over a million people. Located at the heart of the West Midlands, it is at the centre of England's road, rail and air networks. Over the last few years the City centre has been transformed into a thriving commercial and cultural centre.

Birmingham's economy has undergone a significant change over the past three decades with the service sector replacing manufacturing as the principal source of employment. Manufacturing continues to be a key element of the city's economy though, with an increasing focus on high-technology production.

The city has some of the most deprived areas in England, unemployment is high and people's health is quite poor. As a comparison, Birmingham's unemployment rate was 12.4 per cent per cent in April 2012, compared to only 5.5 per cent per cent across the United Kingdom as a whole, whilst according to the latest figures available the all-age, all cause mortality rate was approximately ten per cent higher in the city than the national average.

After years of population decrease, linked to the decline in manufacturing industries, Birmingham is growing again and the city is becoming increasingly diverse. More than a third of the population is now from black and minority ethnic communities. As well as being diverse Birmingham is also a comparatively young city – with over half of the population being under the age of 34 (Office of National Statistics, July 2011).

Background

This project builds on an earlier Customer Insight project, also funded by the Customer-Led Transformation Programme, which focused on drug and alcohol misusers in support of Birmingham City Councils Total Place programme. The project mapped the socio-demographic profiles and service needs of drug and alcohol misusers in the City, as well as their journey through the services provided for them.

Birmingham's "Drug and Alcohol Customer Insight Case Study" is available at this link: http://www.local.gov.uk/c/document_library/get_file?uuid=314831c5-d060-4550-95e8-a53286715e36&groupId=10171

The key learning's from this first project provided a better understanding of the behaviours of customers who were reliant on various services. The project found that many of the service users who were interviewed had been receiving services for ten years or more and often consumed services from a broad range of providers. This had led to a dependency on key workers.

The project proposed that creating social networks to provide dependents with mutual support could reduce the risk of dependency upon these key-workers whilst continuing to provide the support necessary for these customers.

Hence, the project documented by this case study sought to use learning generated by the original project to explore the potential of social media as a means of working with drug and alcohol users. Birmingham treatment services see and treat around 5,000 drug and alcohol dependant people per year, and make contact with around 15,000 people who use drugs and alcohol in a recreational, but problematic way.

In 2010/11 there was a 30 per cent increase in the number of addicts who became drug free (n=597). Birmingham's Drug and Alcohol Action Team (DAAT) have maintained this improved success rate, with a further 593 addicts becoming drug free in the year 2011/12.

In addition to the benefits to the individual of becoming drug free there are significant benefits to the city of Birmingham itself.

. Each addict who becomes drug free represents an £85,000 saving in health, social care and crime costs according to the National Treatment Agency. Therefore, based on 597 individuals becoming drug free in Birmingham last year, cost savings of over £50 million in health/social care and crime were made (for further information, see "Benefits").

Despite these success stories however, the number of people going to hospital with alcohol related issues continues to rise and over 1,600 addicts remain in treatment after three years. Helping people off drugs and alcohol is not a simple medical process and involves other interventions including employment and access to decent housing.

Based on the evidence that peer led and IT based initiatives are cost and clinically effective interventions (see "Reviewing Existing Evidence"), Birmingham City Council (BCC) and Birmingham Drug and Alcohol Action Team set out to explore the potential of using social media tools and techniques, to increase the range of access to this type of resource. This was to be led and developed in conjunction with service users, and was intended to both support a greater number of clients in treatment as well as helping more people leave the treatment system successfully without incurring additional costs.

Birmingham City Council in partnership with BDAAT was successful in November 2011 in securing funding for the development of a social media platform with the aim of:

- providing an alternative for those who may not want to access treatment but still want information and support via the peer support networks in place in Birmingham
- raising awareness of the potential of online treatment provision and encouraging movement through the system (from high cost face-to-face treatment to lower cost support and ultimately to abstinence)
- raising awareness of peer-led support throughout the community and promoting the various options for individuals that encourage and show recovery is possible.

The project was aimed at two groups:

1. people who use drugs and alcohol who have never accessed addiction services and who may be fearful of approaching drug and alcohol treatment organisations
2. drug and alcohol users who have been in treatment for a long time and who are unable to move any further in their treatment journey.

The project was aimed at the field of addiction, focussing on the prevention and recovery agendas. After surveying the levels of digital engagement among DAAT service users (see “Approach”), the project has developed a website – MyLife4Me.co.uk – in consultation with service users and providers which incorporates an online treatment tool “Breaking Free Online” (for further information, see “Outputs”).

Objectives

Birmingham’s Social Media project had the following objectives:

- to seek to improve outcomes for substance misusers and carers through increased support using social media as an additional option for individuals
- to encourage those who may never have accessed treatment to find further information on services
- to raise awareness of services and peer support networks to encourage the recovery message to spread far and wide
- to provide advice information and signposting to drug and alcohol users who may never approach treatment services
- to enable people to help themselves through an online recovery tool that helps promote and encourage movement towards an abstinent lifestyle.

Furthermore, from a financial perspective it was important both to see how such a project could increase self-service delivery (without any significant investment) and to understand the impact service users could have in generating their own or other’s recovery.

Approach

The project was progressed in two phases:

- **phase one** compiled an evidence base to assess feasibility and potential efficacy of using social media to support alcohol misusers.
- **phase two** implemented an online social media tool to provide peer-to-peer support to drug and/or alcohol misusers.

The project included a decision checkpoint at the conclusion of Phase 1, where the Project Board reviewed the evidence and assessed whether there was a sufficient case to progress to pursuing the social media platform as a delivery channel. Phase One was completed in summer 2011, with Phase Two completing in spring 2012.

Phase one

Surveying digital engagement

The project first had to assess service users' levels of digital engagement. BDAAT conducted research examining the attitudes towards social media among current service users of face-to-face alcohol treatment services. The research provided an understanding of service user's perceptions and experiences to assist BDAAT in assessing the level of demand for the use of social media as a support mechanism for people engaging in the alcohol treatment system.

The survey was conducted face-to-face using a paper questionnaire through the support networks and at the consultation event (see below). A range of service users engaged in treatment provided by Aquarius, Swanswell, Norman Imlah and Birmingham and Solihull Mental Health NHS Foundation Trust completed the survey.

In total, 110 completed questionnaires were received which indicated that:

- 58 (52.7 per cent) of respondents owned a PC
- 75 (68.2 per cent) of respondents had easy access to a PC
- 69 (62.7 per cent) of respondents had easy access to the internet
- Half the respondents use some kind of social media, with Facebook and YouTube by far the most used.

For a fuller outline of the results of the survey, see the "Findings" section.

Aquarius is a Birmingham charity focused on helping individuals, families and communities affected by the harms caused by alcohol, drugs and gambling. Aquarius conducts research into good practice and what works well, and well as providing treatment, family support, education and training.

Swanswell is a charitable trust and a leading provider of community-based services. Swanswell offers a wide range of services to support people, their families, carers and 'affected others' with problems related to drug and/or alcohol misuse.

Norman Imlah Day Centre for people requiring help and support with enduring alcohol problems. The centre is based in Duddeston in Birmingham and offers a range of therapeutic interventions in an alcohol free environment, with a strong focus on relapse prevention work.

Review of existing evidence

The project reviewed past surveys of drug and alcohol users in the community who do not access treatment services to understand the issues faced by these groups in relation to treatment. BDAAT undertook several pieces of work to look at why people were not accessing or entering treatment¹ and why they failed to leave treatment².

Findings from Birmingham's original Customer-Led Transformation project such as the customer journey mapping were also reviewed, (The original "Drugs and Alcohol Case Study" can be accessed at the following website <http://www.idea.gov.uk/idk/aio/29054611>).

The review of evidence identified a number of reasons why people do not access treatment services. To receive treatment, patients are typically scheduled for weekly or biweekly visits. Many factors conspire against individuals receiving a sufficient "dose" of treatment: including needing to take time off from work, arranging child care, and potentially travelling a substantial distance.

Service users are "experts by experience"³ and have good knowledge of the issues affecting drug and alcohol users. Service users also have interesting and challenging ideas on removing barriers to accessing treatment.

1 Impact of training for healthcare professionals on how to manage an opioid overdose with naloxone: effective, but dissemination is challenging. Mayet S., Manning V., Williams A. et al International Journal of Drug Policy: 2011, 22, p. 9–15.

2 Drug and Alcohol Needs Assessment 2010-11. Birmingham Drug and Alcohol Action Team. April 2012

3 Understanding the Barriers. A survey of why people don't access treatment in Birmingham. Birmingham Drug and Alcohol Action Team. June 2011.

The stigma of seeking help for drug and alcohol problems - in self-perception and in social and employment consequences - can also prevent individuals from seeking help^{4,5}. It was therefore important to look at ways in which the project could break down barriers and help people access treatment or obtain information that might help without having to attend treatment centres.

Past surveys and focus groups with people in treatment or who had never been in treatment before indicated that:

- a) they needed more information on what treatment services were available
- b) they needed more information on what treatment services offered
- c) treatment services were not recovery focussed and had a 'one size fits all' approach.

Data analysis

BDAAT also conducted a detailed analysis of the numbers of people receiving treatment. Length of stay was also analysed using data supplied by the National Drug Treatment Monitoring Service (NDTMS).

An analysis was undertaken using two years-worth of data covering 10,000 clients who had been in treatment during the period 2009-2011. The purpose of the exercise was to assess how many people were still in treatment after three years or more and see if there were any particular factors that influenced those people who having achieved abstinence, were still abstinent 12 months after leaving treatment. The analysis found 1,600 engaged in treatment for three years or more.

4 Stigma and Self-Concept Among Adolescents Receiving Mental Health Treatment. Moses T. Am J Orthopsychiatry. 2009;79:261–74

5 A decade of stigma and discrimination in mental health: plus ça change, plus c'est la même chose (the more things change, the more they stay the same). Lyons C, Hopley P, Horrocks J. J Psychiatr Ment Health Nurs 2009;16:501–7.

Following service users comments on the need for more therapeutic interventions, as well as the need for service providers to find ways to re-configure services to focus resources on those drug misusers most in need, BCC and BDAAT began to investigate the potential social media had to offer for providing a relevant and relatively low-cost means of achieving these aims..

As well as offering contact and support at times that fitted around their lifestyles, the online, anonymous nature of the service helps recipient overcome any stigma that can act as a barrier - , inhibiting them from getting help. It would also help customers to sustain recovery following successful treatment.

Phase two

Co-design of the social media platform

A key aspect of the project was the participation of both service users and service practitioners in the design and development of the social media platform. The project took the following steps to ensure that what the platform delivered was derived from a clear understanding of the needs, abilities and priorities of users of drug and alcohol services.

1. Recruiting service users to contribute to the design and development. A total of 50 services users contributed to the design and development of the site over the course of the project
2. Consulting with service users to generate ideas on the content of the site
3. Consulting with service providers on the content and functions of the site
4. Bringing the two stakeholder groups together to share ideas and comments on the layout and structure of the site as it developed

5. Reviewing the performance of the site once live, and exploring ways to market and promote the platform.

Recruiting for service user involvement

The Social Media project tapped into service user networks that have been developed by Birmingham DAAT to recruit participants in the consultation.

Since September 2010 Birmingham Drug and Alcohol Action Team have begun the task of enhancing service user involvement by developing more recovery orientated support networks.

Since then, the initiative has grown exponentially. Birmingham now has

- a service user led forum - the Birmingham Recovery Forum and
- a service user led strategic group made up of all the chairs from the various service user groups across the City - the Service User Groups About Recovery – SUGAR.

Birmingham Recovery Forum (BRF) is currently accessed by roughly 60 service users, carers and affected others each month, ranging from those who are currently engaged in treatment to those who are well into their recovery journey and who are looking to move forward with their lives. Members also bring along those who have not yet accessed treatment with a view to them engaging in the future.

The BRF supported the consultation exercises, with participants being drawn from the forum. For further background on the role BRF and SUGAR play in developing services see the Text Box.

Birmingham recovery forum

Birmingham DAAT has supported service users to become more active participants in the design and delivery of treatment services.

This cohort of informed and empowered service users have gained the experience and acumen to decide what is suitable and needed in terms of

- promotion of services
- barriers and restraints to people accessing services
- alternatives that people may need, such as brief interventions or health promotion information.

Furthermore, BRF members currently lead on a peer led outreach initiative in partnership with providers; and contribute to all aspects of treatment redesign to help ensure that all treatment decisions in Birmingham are centred on the service user (stakeholder)

Even before the project, the involvement team and the forum had been 'banging the drum' for further funding to be invested in this cutting edge technology. For example, a group of service users piloted the use of Facebook groups, and this proved successful in raising the profile of the forum and user involvement.

Figure 1. SUGAR members



SUGAR - Service User Groups About Recovery

In September 2010 the Birmingham Drug and Alcohol Action Team (BDAAT) decided to enhance service user and carer provision by bringing together a group of service users who were known to be enthusiastic and passionate about the development of greater involvement.

From a group of four service users who first met in November 2010, a steering group was created with the purpose of developing a forum for service users and carers. The steering group had support from BDAAT throughout the entire development and implementation process, and the steering group quickly grew into a team of fifteen service users and carers whose membership represents the diverse service user groups within drugs, alcohol and carers across the whole of Birmingham.

In Spring 2011, the first 'Birmingham Recovery Forum' (BRF) was attended by about 35 service users who took ownership and led on its future direction. Once the steering group was not needed, it was dissolved with a view to creating a Pan-Birmingham user and carer involvement team. This team, now called 'SUGAR' (Service User Groups About Recovery) has assisted in the continual growth and development of BRF, which now has an average attendance of 60 members.

SUGAR has set up multiple events for national days including Carers Day, International Remembrance Day, World Drugs Day etc; It has also created a new Birmingham service user magazine. All of this is only part of the ever growing 'Recovery Movement' happening in Birmingham.

SUGAR is very much 'Integrated Partnership Working' at its best. Not only does it incorporate all service user and carer groups across Birmingham, it also works in partnership with Birmingham treatment providers and generic services.

User Involvement is now integral to all BDAAT processes including the 'Service Redesign' as well as contributing to executive reports before they are received by the Joint Commissioning Group (JCG) - the stakeholders that ratify all decisions regarding treatment provision in Birmingham.

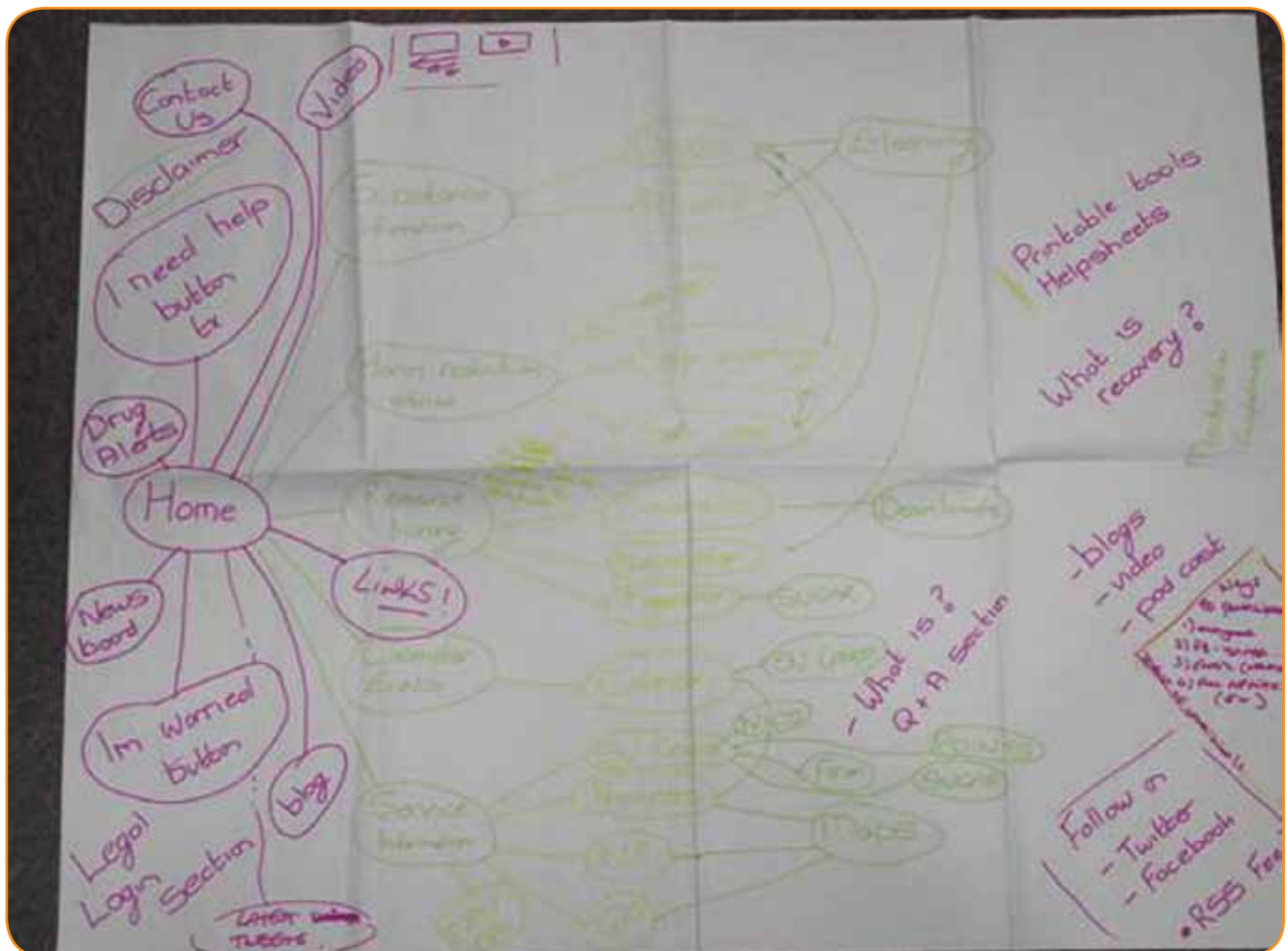
Consultation with service users

A consultation event was held in mid-January 2012 which invited 50 service users to discuss the content and materials that a social media platform would need to offer in order for it to be beneficial. This initial consultation was held separately from a parallel event with Service Providers. This ensured that service users could speak freely about the services that they were using and could offer frank feedback.

The consultation covered the following areas:

- introduction to the social media pilot and what the project entails
- users' experience of drug and alcohol services
- access to the web
- current usage of Internet and social media tools
- service and functionality that would be beneficial
- invitation to complete the digital engagement survey
- outline of next steps and invitation to participate in consulting going forward.

Figure 2. Output from service user workshop



Consultation with service providers

A second consultation event was held in late January 2012, this time focused on service providers. Over forty service providers and practitioners took part in this event, with representatives from a number of organisations. These included Aquarius, Swanswell Birmingham and Solihull Mental Health Foundation Trust, DATUS, Inspire, SUGAR, POINTS, Isore Media, Injecting Advice, Turning Point, and Inclusion. Further information on these organisations is available at <http://www.mylife4me.co.uk/>

The discussions again focused on the content and materials that the social media platform would need to offer, and followed a similar structure as the service user event.

For an outline of the ideas and insight generated by these consultation exercises, see “Findings”.

Reviewing the developing site

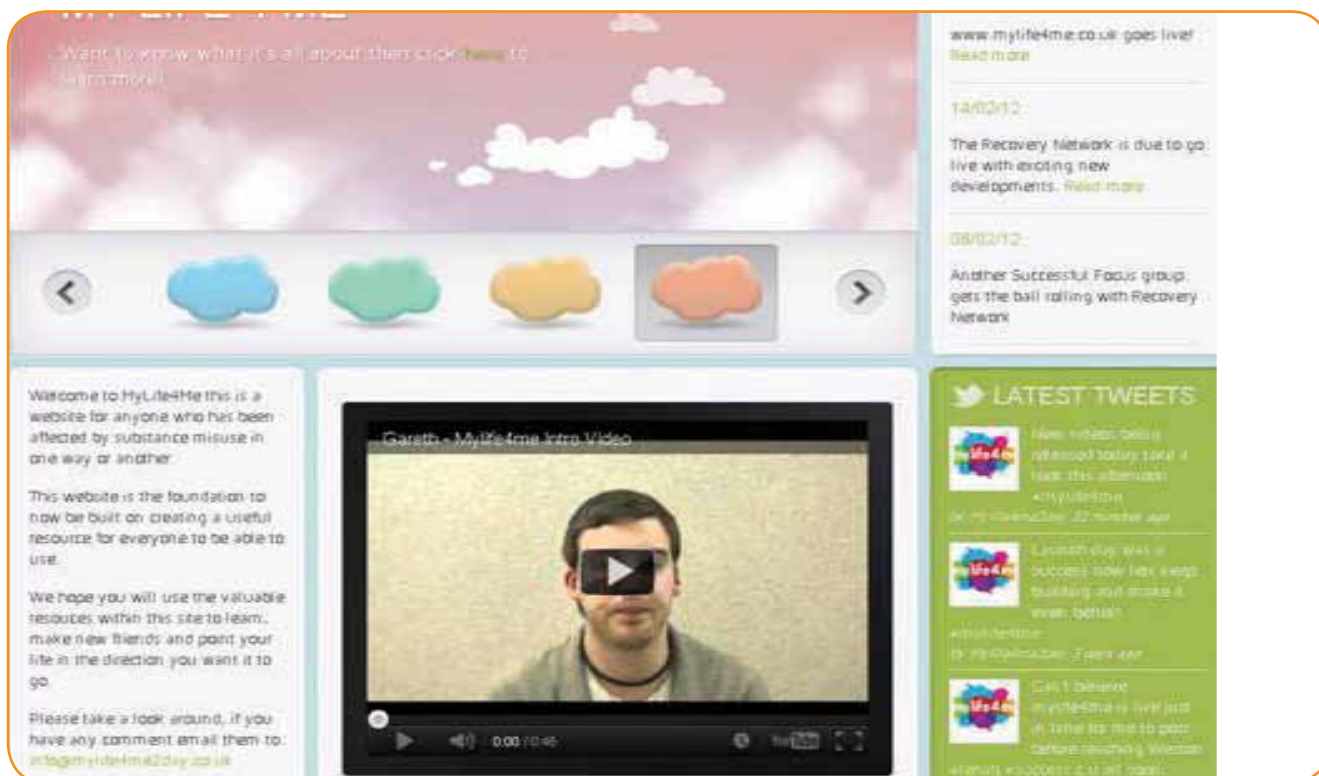
The project then brought users and providers (most of whom had participated in the earlier consultations) together in a joint consultation during February 2012 to review the website as it was being developed. Seventy people participated in the event which discussed the proposed site’s:

- layout and “look and feel”
- name and language
- structure, layers and navigation
- signposting and linkages.

The project also discussed the role and training of moderators, and began recruiting participants for these roles. Ten participants were trained, including a GP. Collectively they bring over 50 years of experience in alcohol and drug treatment.

The participants took the decision to name the new site “MyLife4Me”. This went live on 12 March. For screenshots of the site, see “Outputs”.

Figure 3. Mock-Up of the MyLife4Me website



Reviewing the MyLife4Me after “Go Live”

At the beginning of April the project convened a consultation group made up of a mix of twenty users and providers with the aim of generating ideas to:

- market and promote the site
- make the platform sustainable.

At the session, the participants:

- Analysed the statistics provided by Google Analytics, and recommended changes. It was shown for example that one section of the website was getting significantly less hits than the rest of the site. Consequently this section was reviewed and amendments were made to ensure that the section better met user requirements.
- Generated ideas for the design of a poster campaign to raise awareness, and recommended the use of Quick Response (QR) codes on the posters (An example of the poster incorporating the QR codes is given in the figure below.

- Suggested adding e-mail and text alerts to users of the website
- Suggested offering users the option of telephoning BDAAT via the site to schedule an appointment with a specialist
- Suggested adding summaries of homeless procedures to the site along with a FAQs Section and links to the BCC Homeless service.

These ideas have now been implemented on the MyLife4Me site, and the project has also added a User Discussion Forum to the site. Furthermore, the project has negotiated a licence to offer free access to any user with a Birmingham post code to an online treatment programme Breaking Free Online.

Figure 4. Poster incorporating QR code



Service users can request an access code for the Breaking Free Online website and treatment tool via the MyLife4Me website. For a screenshot of the link between MyLife4Me and Breaking Free Online, see Figure 5 below.

Figure 5. Screenshot of “Breaking Free Online”



Findings

Digital engagement survey

As a result of the original user survey BDAAT had collected 110 completed questionnaires, from which the following results have been compiled.

- 58 (52.7 per cent) of respondents owned a PC
- 75 (68.2 per cent) of respondents had easy access to a PC
- 69 (62.7 per cent) of respondents had easy access to the internet.

Half the respondents reported using some kind of social media with Facebook and YouTube by far the most used. Only 12 (10.9 per cent) indicated the use of social media specifically for support with their alcohol/ drug problems. However, the number who stated they would be interested in such use was much higher at 42 (38.2 per cent). The estimated frequency of use for these 42 respondents is as follows:

Frequency	Count
All the time	4
Quite often	17
Occasionally	10
Not very often	3
Not stated	8
Total	42

Preferred ways to interact with other service users for support.

Interaction	Count
Face to face	69
Telephone	33
Internet chat rooms	8
Internet email	12
Support groups	55
Meeting outside services	24
Meeting at services	40

The reasons stated for being interested covered the following themes:

Theme	Count
Other	8
Peer support/sociability	9
Try anything that may help	13
Information base	4
Accessibility/instant access	4
IT education	4
Total	42

Data analysis

An analysis was undertaken using two year's worth of data covering 10,000 clients who had been in treatment during the period 2009-2011. The purpose of the exercise was to ascertain how many people were still in treatment after three years or more and see if there were any particular factors that influenced people who became abstinent and who were still abstinent 12 months after leaving treatment.

The review highlighted the following:

- Clients experiencing their first treatment episode are more likely to become and remain abstinent. The more time people spend in treatment the less they are likely to exit it. Success rates for successful completions tailed off after three years.
- Clients who had numerous treatment episodes were also less likely to achieve continued abstinence. Clients exiting their first treatment journey in 2009/10, only 30 per cent returned to treatment the following year. This compares to around 60 per cent for those clients with three treatment journeys, indicating that for this client group their substance misusing behaviour is more entrenched. In order to successfully treat these clients a different approach to triggering and sustaining recovery may be required.
- There was a greater incidence of those aged in the 25-34 group returning to treatment following an exit in 2009/10 than any other of the age group. Out of all the age groups those aged over 45 appear less likely to return to treatment. There could be a number of factors that influence this group's low return rate to treatment. A greater motivation in more mature individuals to stop substance misuse being one example.
- Despite the increases in the number of people becoming abstinent, over 30 per cent of people in treatment had been so for three years or more

Focus groups – The summary of the three focus groups with providers and service users included the following:

1. Birmingham's treatment pathway is complex and confusing. This is not just the case for service users, but also for service providers. People were unsure of when and where to refer clients and for their part clients were often not aware of what services they could access.
2. Treatment services are medically focussed and work to a "one size fits all" model. This model, however, has served the City well, helping to reduce crime and reduce drug related deaths significantly.
3. Keyworkers are very enthusiastic about the recovery agenda. However high caseloads prohibit high intensity work and therapeutic interventions that service users very clearly wanted, both within this setting and in the work undertaken with people not in treatment.
4. Wraparound services such as employment and housing services are not used to their full potential and capacity. Despite service users having little work experience and/or academic qualifications, most were keen to have opportunities for the development of learning, volunteering or employment. Most people felt that in the current economic climate they had very little chance of being employed and that employers views of people with (previous) drug or alcohol problems were very negative.

5. Clients experience a range of (mental) health problems which limit their capacity to function normally. Sleep disturbances, anxiety and respiratory problems were commonly reported and were cited as barriers to treatment. Often the actual location of treatment services and the cost involved in travelling to them meant that many clients could not access the amount of treatment they needed. Treatment services do not have the capacity to conduct (regular) home visits.

Service user consultation

As the work to develop the website progressed, the project gained first-hand experience of how peer led initiatives could strengthen an individual's recovery and could also lead to others contemplating their own recovery. The enthusiasm, motivation and knowledge of service users was responsible for the success of this project and there are some cases where the experience itself has contributed to a client's progress towards recovery.

Misusers' lifestyles

One of the most significant findings from the project has been the insight the social media platform has provided into the lifestyles of drug and alcohol misusers - and the misalignment highlighted between the need for a service and what service is actually delivered. For example it was found that the peak time in terms of numbers of people accessing the site was between 2 and 3 AM, when over 80 people could be logged in. By contrast, between 9 AM and 2 PM there was no activity recorded on the site whatsoever. .

Outcomes

MyLife4Me website

These findings informed the development of the MyLife4Me site and the incorporation of Breaking Free Online. The MyLife4Me website now offers users access to the following information and functionality:

- information and advice on staying safe from substance misuse
- information and details on various different substances
- details on services, support groups and help available across Birmingham
- various opportunities that are available including courses, volunteering and mentoring
- stories from individuals at different stages in their recovery that aim to inspire people and provide motivation
- information and guidance on what to do in an overdose situation
- online community forum where users can raise queries and, discuss any issues relating to recovery, substances and more.



Figure 6. MyLife4Me



Between April 2012 and the end of August 2012, the MyLife4Me.co.uk website enjoyed the follow usage:

Performance figures	Number/percentage
Unique visitors	1027
Page views	11261 (contact us) 889 (service info) 1112 (4me section)
Average stay	6 min 14 sec
Percentage of visitors from UK	91.7%
Return rate	57.64%
Direct traffic	40.1%

Breaking Free Online

Breaking Free Online (BFO) is an online treatment and recovery programme geared towards enabling people to resolve the psychological and lifestyle issues that drive their use of alcohol or drugs, and so overcome their dependence.

Breaking Free Online gives people unlimited access to treatment for 90 days, allowing them to engage with it as much and as often as they want to during that period. Treatment can be accessed from anywhere with an internet connection twenty four hours a day, seven days a week.



The tool also enables supporters and practitioners to participating actively in the treatment process. BFO offers users 20 evidence-based interventions and a toolkit of 46 downloadable resources that will continue to support recovery beyond the three-month treatment period, thereby safeguarding any positive changes that have been made

Drug support service providers can refer drug misusers directly to this service, or misusers can “self-refer” and access Breaking Free Online via a link on MyLife4Me. As of end of August 2012, 158 service users had signed up to the treatment program delivered online. The financial value of this method, both in terms of service provision and also savings to society as a whole, are outlined in the “Benefits” section below.

Service user consultation

Out of a total of 60 service users who participated in the consultation exercises supporting the development and specification of the site, 12 service users reported having made progress following their participation.

- three participants reported moving from prescriptions to day-care
- five participants reported moving from day-care to after-care
- four participants reported coming off of prescriptions and subsequently requiring no further support

This has been a positive by-product of the consultation work. For an estimate of the financial value of these outcomes, see the “Benefits” section.

Media coverage

The launch of the new service has also attracted substantial positive media coverage. This has included pieces in the local and sector media as well as interviews on regional radio and television. The table below lists the media coverage arising from the launch. The project has calculated that the costs of buying equivalent media coverage would be in the region of £36,800.

Use of Insight by Birmingham

The project has allowed BCC to use this platform to test the methods of using Social Media to deliver services for customers.

BCC have used this insight to actively arrange for specialist staff to be trained in the use of Social Media for the use of engagement activities and to better target communications to specific customer groups.

BCC are also looking to use the insights of this project to work with other directorates where peer group support could be productively utilised to reach new audiences, ie workless support. This project will allow BCC and the BDAAT to redesign services to incorporate what has been learned and provide better services to their clients.

Benefits to service users

Although the Service User Consultation exercises were principally aimed at understanding service user's needs with regard to the development of the new online service, 12 participants on the consultation also made progress to recovery due to their increased engagement. This should be seen as a positive by-product of the consultation exercise. Savings to providers are outlined in the table below.

The New Online Media channel can add value at each stage of substance misuse treatment, specifically

- introducing misusers into effective treatment – with Breaking Free Online
- providing access to support 24/7
- providing access to a range of information, advice and guidance from a range of providers
- supporting misusers to successfully complete treatment
- offering a means to help sustain recovery rates for those who have successfully completed treatment.

At the end of August 2012, 158 drug misusers joined the online programme BreakingFreeOnline – some joining via MyLife4Me and some being referred directly by partners.

Of these, 134 were Opiate and Crack Users (OCUs), and 24 were Non-Opiate and Crack Users (Non-OCUs). [OCUs addictions and resultant chaotic lifestyle would be more harmful to themselves and to others than Non-OCUs.]

“Being part of this project has improved my confidence and also given me new skills to take into employment.

Gareth, former drug misuser and moderator

“Its great to finally get a local resource that's all about the service user, somewhere I can come and find out what's happening for me, within the city I live. Love it.”

J Brown, service user

“When I thought there was no hope I found MyLife4Me and they have helped me get my son on the right path, forever grateful.”

Parent of a service user

“Wow finally found somewhere I can understand; I can relate myself to the stories, thanks.”

Website user

“Personally I have seen some great developments from conception up to its current state. A lot of work has gone into the www.mylife4me.co.uk website and I am aware of many service users and professionals referring to it. Using Facebook and Twitter is the way forward, as we continue to see health services making use of these ‘tools’. More recently I’ve been asked to send live tweets from Birmingham Recovery Forum. ‘Breaking Free Online’ is another ‘low cost’ digital resource that has been integrated into this forward thinking project, with great results as far as I am aware.

For me, having to leave the project on the day the website went live, I’ve been able to use the resource from another perspective more recently and have found it a valuable resource. My belief is that it will continue to grow and gather momentum as ownership moves more towards those who use it (watch this space), with, of course, the guiding hand of experienced professional supporting its organic development.”

Mark, in recovery from 27 years of active addiction to drugs and alcohol, now five months abstinent

Benefits to Birmingham’s public service providers

Costs of outreach work

MyLife4Me had attracted 942 unique visitors from the UK by the end of August 2012. Of these, approximately 543 were return visitors, and since the site is targeted and marketed to Birmingham drug misusers through Birmingham’s organisation, we can assume 80 per cent of these – or 434 – visitors were residents of Birmingham.

The average cost of making a contact with a drug misuser (based on a sample of the outreach costs of nine drug mis-user support services), is £650. This is the average cost of the service per user who engages with the support service. If we consider a drug misuser who is a Birmingham resident and repeatedly visits MyLife4Me as a successful contact, then the value of the outreach function performed by MyLife4Me equates to over £280,000.

Similarly, the average cost of getting a drug mis-user to embark on treatment is almost £1,500. Thirty users have so far embarked on treatment with Breaking Free Online via their engagement with MyLife4Me, this equates to a further saving of £45,000.



Savings arising from service user consultation

Based on estimates of the differences in the costs of prescriptions, day-care and after-care services the project estimates that the improvement in these client situations would save public services over £18,000 during 2012 (see table below). Consultation activities helped to increase attendance at the Birmingham Recovery Forum from 20 to 50 over the duration of the project.

Table 1. Savings arising from the client consultation

	Clients	Savings	Sub-total
Moved from prescription to nil	4	£2,500	£10,000
Moved from daycare to aftercare	5	£750	£3,750
Moved from prescription to daycare	3	£1,500	£4,500
Total			£18,250

The NHS' National Treatment Agency has developed a tool for valuing the benefits to the state and society of addicts being in effective treatment and progressing to recovery. The tool calculates the:

- impact on society of effective treatment in terms of cutting crime, reducing the cost of health services and the
- impact on clients in terms of improving quality and quantity of life.

The table below calculates the benefits that will be achieved during the current financial year (2012-1013) based on the 158 drug users that are now using BreakingFreeOnline. These benefits comprise cashable and non-cashable savings.

Table 2. National treatment agency “value for money tool”

		158	Cashable	Non-cashable
OCUs	In effective treatment	134	£653,368	£509,340
	Impact for clients	134	£41,640	£48,188
Non-OCUs	In effective treatment	24	£24,252	£33,792
	Impact for clients	24	£8,762	£25,628

Cashable savings

These are the reductions to the costs of other public services brought about by the investment in MyLife4Me and BreakingFreeOnline. More specifically they are the savings in terms of reduced policing and healthcare costs that are the result of investment in drug treatment which reduces crime and improves health.

Table 3. Cost per drug related offences

Shoplifting	£124
Theft of a vehicle	£4,970
Theft from a vehicle	£1,034
House burglary	£3,925
Business burglary	£4,608
Violent theft (robbery, personal)	£8,810
Bag snatch (theft, not vehicle)	£763
Cheque/credit card fraud (theft, not vehicle)	£763

The cost of drug related offending consist mainly of acquisitive crimes such as theft and burglary committed by problem drug users to feed their drug habit. The Home Office found that up to half of acquisitive crime, primarily burglary, theft and similar crimes, is drug related.

If there was disinvestment in drug treatment however, this could translate into additional costs for public services such as the NHS and the CJS. For a list of the drug-related crimes the tool evaluates, see the text box.

Although these cost savings will reduce the burden on the CJS and the NHS, they may not be cash-releasing, in that other activity could replace that which has been freed up by drug treatment.

Non-cashable savings

Unlike cashable savings, non-cashable savings do not directly free up resources in other public services. However, they can help provide a better understanding of the improvement in the quality and quantity of life that comes from receiving treatment as well as the emotional costs involved in being a victim of crime. These calculations are based on a Department of Health and Home Office measurement known as Quality Adjusted Life Years (QALYs)⁶.

So, as shown above, the cashable savings arising to public services as a result of 158 users entering treatment for addiction via social media and online tools could total nearly £678,000 during the course of the year (nearly £5,000 per OCU), with £140,000 of this arising by the end of August 2012.

⁶ Duborg, R. and Hamed, J. (2005). 'Estimates of the Economic and Social Costs of Crime in England and Wales: Costs of crime against individuals and households, 2003/04' in *The Economic and Social Costs of Crime Against Individuals and Households 2003/04*. Home Office Online Report 30/05. London: Home Office.

Benefits to partnership working

Feedback from BDAAT's service delivery partners has been positive. The online tools provide partners (such as Aquarius and Swanswell and others listed under "Approach") with a single, central, accurate and up-to-date resource that everyone can both use and refer clients to for information.

Use of the tools by partners has been steadily increasing since launch, with over 100 referrals to-date to BreakingFreeOnline coming from partners. Partners have also demonstrated their commitment to the approach by investing the time required to keep information relating to them on the site up-to-date.

Over time, the aim is to prove the concept of online support and begin to work with channel providers to re-configure support services to employ social media where feasible and appropriate given customer needs. This will allow the re-direction of more expensive face to face support to higher-demand customer types.

"I think the site is a great tool for those who are unsure of how and where to get help. It's plain speaking and gets to the point which so many people in active addiction need. I am now working on the site I can see what needs are being met by the amount of hits that we have in certain areas, also I am able to see the support it gives those that are not yet in treatment by those who are currently or have been in treatment."

Emily, frontline support worker

Governance

Birmingham City Council has pursued this project in partnership with:

- Birmingham Drug and Alcohol Action Team (BDAAT)
- Birmingham Health and Well Being partnership (BHWP)
- Be Birmingham Environmental Partnership
- Birmingham and Solihull NHS Cluster.

The project reported to the Director of Policy and Performance at BCC and thereby to 'Be Birmingham' the Local Strategic Partnership. The project manager also updated BCC's Corporate Policy and Performance Team (CPPT) via monthly updates, as well as the Customer Knowledge Board, Customer First Transformational Board, and Birmingham Health and Well Being partnership (BHWP).

Councillor Sue Anderson, Cabinet Member for Adults and Communities, provided feedback on the design of the site, and was a vocal supporter and Champion of the project - promoting the tool and the role it could play in tackling alcohol and drugs misuse at Cabinet level.

Resourcing

The funding for the project from the Customer-Led Transformation Programme totalled £70,000. The table below outlines how the funds were invested:

Figure 7. Tasks and budget

Task	Est. cost
Project management and customer analysis	15,000
Survey of digital engagement	1,000
Focus group with service providers	1,500
Focus group with service users	1,500
Development of MyLife4Me site	20,000
Consultation with users and providers on the users of the site	1,500
Moderator training	2,000
Breaking free online licences	15,000
Media campaign	3,500
Ongoing development of the platform (eg adding telephone and text support)	9,000
Total	£70,000

Challenges and lessons learnt

Timescales

Momentum is the key factor in a project that is driven by user consultation and contribution. However, following the success of the initial consultation, the development of the site could not get underway until funding was secured in November 2011. Further delay was caused by the Christmas period and a harsh winter which disrupted the workshop schedule.

This caused the project to lose momentum, and extra effort was required from the Project Team to re-build impetus. The project did this by having the group focus on naming and specifying content for the website, which offered clients a sense of “ownership” of MyLife4Me and re-invigorated engagement.

The project had also found that building up activity on forums takes time, and that a lot of visitors will first surf the forums and read posts –in web parlance “lurking”, – before actually engaging. However, the number of users on the system between 12 and 4 am each night is evidence of latent demand. At peak this represents 80 users who had potentially never been in contact with BDAAT or Service Providers.

Staff anxiety

The project detected a degree of anxiety from a number of service providers that the social media platform and online treatment tool could diminish the need for their services.

BDAAT have taken steps to reassure providers that the platform could actually generate more work for front-line drug and alcohol treatment staff as it taps hidden, latent demand from residents who would not otherwise approach services due to perceived stigma. Staff are increasingly referring clients to the site, and have referred over 100 clients to the BreakingFreeOnline tool.

For further information on how the tools are supporting partnership working, and may be used to re-configure services in the long-term, see “Outcomes”.

Next steps

The objectives going forward focus on:

- Making MyLife4Me more accessible to different audiences. Specifically the project is investigating:
 - rolling-out MyLife4Me to the wider West Midlands region
 - using this tool in HMP Winson Green - to be offered to inmates prior to release as part of the preventative agenda
 - employing the tool on Birmingham’s Guns and Gangs Culture Project
- Reducing the expectation on expensive third tier service providers.
- Continuing the development of peer network communities which can regulate themselves in order to provide the services they need.
- Using the learning and knowledge gathered on this project to allow the BCC customer knowledge team to fully utilise any insight that may assist them on other projects across all directorates and services, such as worklessness support.



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