

<b>ITEM [9]</b>							
<b>Report Name:</b>	<b>Title: Substance Misuse Services Review and Needs Assessment Refresh 2019</b>						
<b>Meeting:</b>	<b>Barnet Safer Communities Partnership Board (SCPB)</b>						
<b>Meeting Date:</b>	26 <sup>th</sup> July 2019						
<b>Enclosures:</b>	Appendix [1] – Adults Substance Misuse Service Review and Needs Assessment Refresh 2019 Executive Summary  Appendix [2] – Young People’s Substance Misuse Service Review and Needs Assessment Refresh 2019 Executive Summary.						
<b>Report Author:</b>	Luke Kwamya, Head of Public Health Commissioning  Linda Somerville, Public Health Strategist						
<b>Outcome Required:</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Information Only:</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Decision Required:</td> <td></td> </tr> <tr> <td>Feedback/comments required: <b>X</b></td> <td></td> </tr> </table>	Information Only:	<input type="checkbox"/>	Decision Required:		Feedback/comments required: <b>X</b>	
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<b>Restricted</b>	No						

## **Substance Misuse Services Review and Needs Assessment Refresh 2019**

Community Safety Partnership Board  
26<sup>th</sup> July, 2019

Luke Kwamya, Head of Public Health Commissioning  
Linda Somerville, Public Health Strategist

### **Substance Misuse Services: Vision**

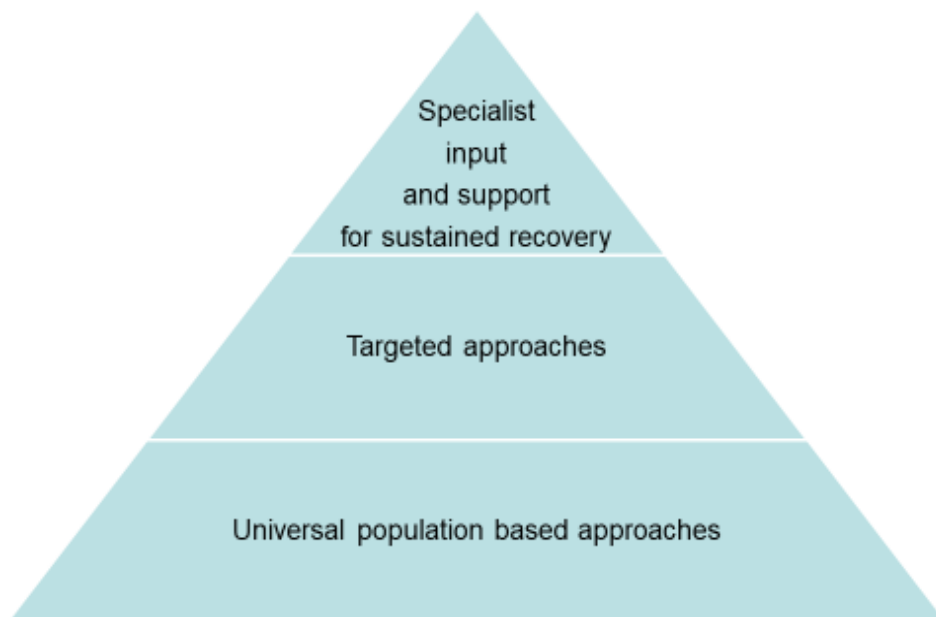
To provide a borough wide integrated substance misuse services for young people and adult's focusing on:

- The prevention of the initiation of substance misuse and
- Effective treatment and recovery for individuals experiencing issues with substance misuse

## Substance Misuse Services: Objectives

1. Increase prevention activities to discourage initiation of substance misuse.
2. Reduce the numbers suffering substance misuse related harm by providing effective treatment.
3. Increase the provision of community based treatment services.
4. Increase the number of people sustaining recovery from substance misuse.
5. Reduce harm to wider society as a result of substance misuse.

## How do we achieve this?



# Joint Strategic Needs Assessment (JSNA): Demographics

## Resident population

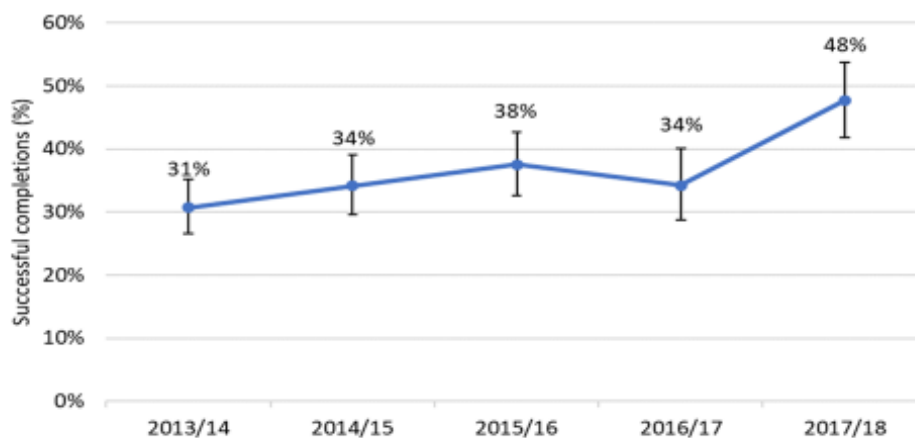
- The population of Barnet is estimated to be 400,600 (2019), which is the largest London borough.
- Overall population is projected to increase by around 5% between 2019-2030, taking resident numbers to approximately 419,200.
- Children and young people (0 to 19) will increase by 19% between 2011-2023, from 64,344 to 107,653.

## Ethnic Group

In 2011's census:

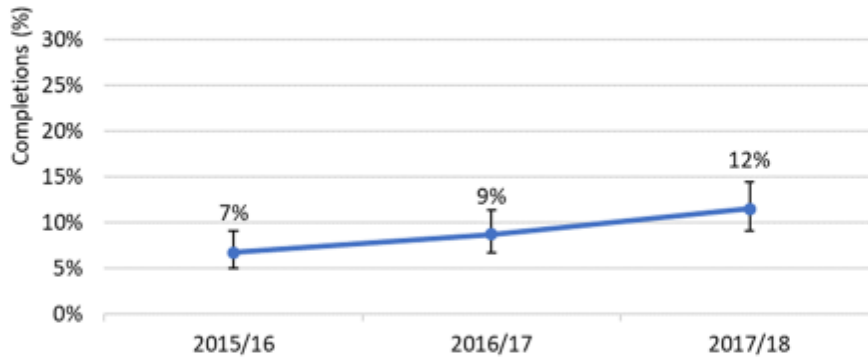
- 64% of the Barnet population identified with a white ethnic background, 18% Asian, 8% Black/African/Caribbean.
- Over the next 10 years, the ethnic mix of the population will change with Black Asian and Minority Ethnic (BAME) groups making up 42% of the population by 2023

## Successful completions as a % of all in treatment for alcohol



Source: Public Health England (Local Area Trend Report 2017-18 Barnet)

## Successful completions as a % of all clients in treatment for Opiates



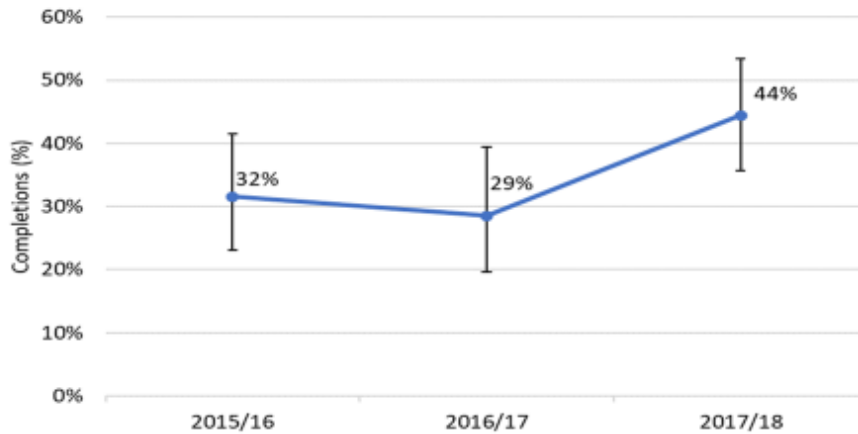
Source: Public Health England (Local Area Trend Report 2017-18 Barnet)

## Public Health Outcomes Framework (PHOF) Indicator 2.15i: Successful completion of drug treatment for Opiates

	2015/16	2016/17	2017/18
Proportion of all in treatment (completing & not representing)	6.1%	8.3%	9.7%
Lower Confidence Interval	4.4%	6.4%	7.5%
Upper Confidence Interval	8.3%	10.9%	12.5%
Numbers completing and not representing – Barnet	37/608	48/575	53/547
England performance	6.7%	6.7%	6.5%

Source: Public Health England (Public Health Outcomes Framework)

## Successful Completions as a % of all in treatment for non-opiates



Source: Public Health England (Local Area Trend Report 2017-18 Barnet)

## Young People's Treatment Service Performance\*

	2015/16	2016/17	2017/18
<b>Number of treatment episodes</b>	147	181	208
<b>Number of treatment starts</b>	114	117	160
<b>Number of planned treatment exits</b>	98	86	104
<b>Planned exits as a % of all exits</b>	91%	61%	70%

Source: Barnet Public Health Commissioning Team  
\* This data includes Tier 2 and Tier 3 clients

## Needs Assessment Recommendations (1)

- Increase focus on prevention activity.
- Increase numbers of clients entering treatment.
- Improve performance especially with alcohol clients
- Increase Identification and Brief Advice and satellite treatment provision needed.

## Needs Assessment Recommendations (2)

- Review provision of shared care and needle exchange.
- Criminal justice pathways require improvement to increase clients in treatment.
- Improve performance with clients with trigger trio issues of Domestic Violence and Abuse, substance misuse and mental health.

## Proposed New Service (1)

1. A integrated model for treatment and prevention for adults and young people\*.
2. Increased focus on prevention activities, including mechanisms to improve substance misuse awareness in school age children.
3. Improve criminal justice pathways by improved working with partners and implementing guidance, e.g. Public Health England's Improving continuity of care between prisons and the community (2018).
4. Review and continue the provision of hospital based alcohol services such as Identification and Brief Advice (IBA), Repeat attenders and CQUIN (Commissioning for Quality and Innovation) .

\* Two separate services, one for young people under 18 yrs. and one for adults over 18 yrs. but potentially with one provider

## Proposed New Service (2)

5. Equip mainstream service providers (particularly those working with vulnerable groups) to give brief advice and information about substance misuse
6. Continue to develop a data strategy, to improve identification of problems and implement improvements at a earlier stage.
7. Develop a communications plan for SMS to clarify substance misuse pathways.
8. Develop a forum to work with partners to consider broader action on substance misuse.



**Thank you**

**Questions and Answers**



## **Appendix 1:**

Barnet Adults Drug and Alcohol treatment system review and needs assessment refresh 2019

### **Executive summary:**

The provision of drug and alcohol treatment services can lead to reductions in crime and health improvements, along with providing support for individuals and families on the road to recovery. The provision of Substance Misuse Services is also cost effective. For every £1 spent on alcohol treatment, a return on investment of £3 is achieved and for drug treatment the return on investment for each £1 spent is greater, at £4<sup>1</sup>.

This review provides action points and areas of improvement that may need attention from key commissioners, stakeholders and providers to address some of the current issues. The current treatment model has been examined and recommendations for future provision is made. The following bullet points provide a summary of the analysis of the key data and incorporate the views expressed during the consultation.

### **Performance**

- The number of people in treatment for alcohol dependence has fallen by 40% since 2013 and successful completion of alcohol treatment in Barnet was 48% compared to 61% nationally. An alcohol improvement plan is currently in place and in the future careful monitoring of this will be required to ensure improvements in the numbers entering treatment for alcohol issues.
- Using national data, it is estimated that 21% of Barnet residents are consuming alcohol at levels that places them at increasing and/or higher risk to their health. Consideration should be given to the treatment needs of this group, who may not require treatment at a specialist substance misuse service.
- It is still estimated that there are 1,583 combined Opiate and Crack Users (OCUs) in Barnet, with 1,256 Opiate Users and 1,028 Crack users. The numbers in treatment are much lower than these figures, indicating that

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<sup>1</sup> <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

consideration is required of how to increase the numbers entering treatment and how to access these people who form a hidden harm group.

- 11% of the treatment population for alcohol in 2017/18 were aged over 60 years. The number of Barnet residents aged 65 and over is predicted to increase by 33% between 2018 and 2030<sup>2</sup>. In the UK, risky drinking has been noted to be declining, except among people aged 50 years and older, plus there is a strong upward trend for episodic heavy drinking in this age group<sup>3</sup>. We therefore need to monitor the number of older people entering treatment for alcohol issues to ensure services meet their needs, especially in the context of the predicted one third increase in over 65s in Barnet by 2030.
- Drug Related Deaths (DRDs) in Barnet have increased since 2013 and between 2015-17, there were 33 DRDs in the borough. DRDs have increased nationally, with a PHE inquiry noting that the registrations of heroin-related deaths in England and Wales more than doubled between 2012 and 2015 (579 in 2012 to 1,201 in 2015)<sup>4</sup>. We need to attempt to reduce this statistic by improvements in service provision.
- The Public Health Outcomes Framework (PHOF) indicator on proportion of successful completion of treatment for Opiates and not representing is better than the England average (9.7% in Barnet, compared to 6.5% nationally).
- Non-opiate client's successful completion rate as a percentage of all in treatment was 44% in 2017/18, which is an upward trend having risen from a figure of 32% in 2015/16 and 29% in 2016/17.

## Blood borne Viruses

- PHE estimates for London are that in 2017, the estimated prevalence of HIV in People Who Inject Drugs (PWID) was 3.9%. The estimated prevalence for Hepatitis B in PWID was 34% whilst the prevalence estimate for hepatitis C for PWID was 68%. This means that there are a number of Barnet residents who inject drugs that are at risk of these conditions.
- Barnet adult's substance misuse service has consistently provided Hepatitis C testing to a greater percentage of clients than the England average, with between 87-90% of clients in Barnet being offered a test for Hepatitis C since 2013.
- Performance is less favourable however in relation to the number of individuals who start and complete Hepatitis C treatment. This is a missed opportunity and requires improvement.

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<sup>2</sup> <https://jsna.barnet.gov.uk/1-demography>

<sup>3</sup> <https://www.bmj.com/content/358/bmj.j3885>

<sup>4</sup>

<http://www.emcdda.europa.eu/system/files/attachments/3234/7.%20Plenary%202%20Martin%20White%20EMCDDA.pdf>

- The number of eligible people who complete a course of vaccinations for Hepatitis B is 21.9%, compared to 8.1% nationally.
- The number of needle exchanges in Barnet has reduced from 12 in 2014 to 7. It is recommended that a review of the provision of needle exchange facilities is undertaken to gain an understanding of the potential reasons for the reduction in the number of exchanges and to ensure that all opportunities to engage with hidden harm clients are explored.

### **Service users and carers experience**

- Service users were very complimentary about the members of staff within the current treatment service provision.
- Consultation with service users however showed concern over high levels of staff changes and feedback given included requests for greater integration of services, especially around mental health.
- Service users also requested an expansion of the groupwork programme, both in relation to the topics covered and the length of time the groups ran for and for greater involvement of family and friends in their treatment.
- Expansion of treatment into evenings and weekends was requested, along with a greater level of follow up after discharge.
- Service users also provided feedback that they would like to see improved communication within the service. Suggestions included providing a newsletter and/or placing a groupwork timetable weekly on a notice board.

### **Health based services**

- The responses received to the consultation with GP practices was very low, but the responses received asked for improved communication with treatment services, along with further clarity around treatment pathways and options for patients.
- Although it is acknowledged that some primary care practitioners may be delivering IBA as part of everyday work and/or the Making Every Contact Count (MECC) initiative, there was no data available to evidence this. Identification and Brief Advice (IBA) in health based settings and wider, represents early intervention and prevention of alcohol related harm on an individual level. As part of the proposed re-alignment of service provision towards prevention and early identification, a review of IBA provision across Barnet is recommended.
- There is an Alcohol Liaison Service (ALS) in Barnet with one nurse post attached to this and an alcohol CQUIN in operation in the borough. A review of the ALS is recommended as is a recommendation that the provider of treatment services in Barnet, formalises good links with the NHS providers of the CQUIN and ensures that the ALS works in partnership with the CQUIN.

- A further recommendation for the longer-term future, is that attention is paid to the expansion of alcohol care teams nationally as outlined in the NHS long term plan. Barnet may develop an alcohol care team.

## **Commissioning**

- It is recommended that a review is completed of the strategic approach to substance misuse across Barnet. The current Drug and Alcohol strategy will finish in 2020 and therefore this is an opportune time to review the strategic systems currently in place. This will ensure that substance misuse provision across Barnet becomes continuous and any issues identified early and rectified.
- It is recommended that a new model for adult treatment services is specified before going out to tender. This model should continue to provide a recovery service and different Tiers of treatment but greater emphasis should be placed on the prevention of substance misuse issues and in working with individuals who are consuming alcohol at levels that presents an increasing risk to their long-term health.
- Satellite provision of substance misuse treatment services in the local community should be considered, especially in relation to clients who may not wish to attend a specialist substance misuse service.
- It is recommended that a data strategy should be developed to overcome the issue of discrepancies between NDTMS and provider data. A data strategy that delivers key information about the nature and scale of issues, activity, performance and impact is required to enhance the ability of commissioners to monitor and plan service provision.
- The age range for the Young People's Service is up to the age of 24 years. The adult service starts at age 18 years. This situation appears to work well with one provider, providing services to both young people and adults. If during re-commissioning, two different providers are awarded the contract however, this could potentially lead to issues over data sharing and competition for clients.

## **Clinical Governance**

- It is recommended that a review is undertaken of the monitoring of serious incidents and drug/alcohol related deaths in order that Barnet Council can be assured that any identified learning and preventable measures have been put in place.
- A clinical governance framework that can be monitored alongside activity and performance data is recommended.

## **Workforce**

- Given that there are concerns relating to high turnover of the workforce, it is recommended that the training needs of the current workforce are analysed and training plans developed on a continual basis.
- As the focus of treatment services expands to include work around prevention, the training needs of the workforce will require analysis to understand what additional training is necessary to accommodate this change and ensure that the workforce is skilled.

## **Appendix 2:**

Barnet Young People's substance misuse service review and needs assessment refresh 2019

### **Executive Summary:**

The provision of drug and alcohol services for young people is cost-effective. A Department of Education study concluded that for every £1 invested in treatment, £1.93 is saved within 2 years and up to £8.38 is saved in the long term<sup>5</sup>. Public Health England also report that specialist services for young people engaged individuals quickly, with the majority of treatment attendees leaving in a planned way and not returning to treatment services<sup>6</sup>.

Like the national Drugs Strategy (2017) the focus in Barnet of service provision will be on the prevention of young people from initiating substance misuse in the first place. This aligns with the aims of Barnet Councils Corporate Plan 2024, which are to deliver a pleasant well-maintained borough that we protect and invest in; that our residents live happy, healthy, independent lives with the most vulnerable protected and that Barnet is filled by safe and strong communities where people get along. In addition, the provision of drug and alcohol services to young people support's the Joint Health and Well Being Strategy's 2015-2020 overarching theme of keeping well and maintaining independence. For our young people who are using substances, our aim will be to provide services to assist them to make positive changes to their lifestyle and to promote recovery.

This review of existing service provision and needs assessment refresh provides information on national strategy and prevalence estimates before outlining Barnet specific data relating to substance misuse by young people in Barnet. It suggests areas for consideration ahead of the re-commissioning of the young people's substance misuse service.

The young people's service is currently provided by Westminster Drugs Project with a small team of staff of four professionals. It is co-located with the adult substance misuse service at the Denis Scott Unit in Edgware hospital.

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<sup>5</sup> <https://www.gov.uk/government/publications/specialist-drug-and-alcohol-services-for-young-people-a-cost-benefit-analysis>

<sup>6</sup> <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators>

## Performance

- Nationally the number of young people consuming alcohol is currently reducing (Oldham et al, 2018) and the estimated number of 11-15-year olds who drank alcohol within the past week in Barnet<sup>7</sup> was 2434.
- In Barnet, the most commonly used drug reported by young people in treatment services was Cannabis (reported in 27.5% of all treatment episodes in 2017/18) followed by alcohol (reported in 15.2% of all treatment episodes in 2017/18). Much smaller numbers of young people reported the use of Crack/Cocaine/Opiates in Barnet.
- PHE local estimates of opiate and crack use in young adults aged between 15-24 years in Barnet in 2016/17, produced a figure of 129 opiate users in Barnet and 258 opiate and crack users.
- Solvents including Nitrous Oxide accounted for 2.8% of clients in treatment and Novel Psychoactive Substances (NPS) accounted for 0.7% of the drugs reportedly used. The use of NPS, although low, is a change from the last needs assessment, completed in 2014, when no use of NPS was reported. This is a trend that will require monitoring in the future.
- The number of treatments episodes in Barnet has risen from 147 in 2015/16 to 208 in 2017/18 but the actual number of clients entering the young people's treatment service has reduced over the past twelve months up to June 2019.
- Referrals from criminal justice, education and social services have reduced but this has been offset slightly by increasing referrals from health services, targeted youth support and self/relative or concerned others.
- Psychosocial interventions accounted for 99% of the interventions provided in treatment episodes to young people and psychosocial and pharmacological treatment was responsible for the remaining 1% of all treatment episodes.
- Three quarters of clients were aged between 16-20 years old, 10% were between 13-15 years and 9% were aged over 21 years.
- Two thirds of service attenders identify their ethnicity as white. Much lower number of attendees at the service identify their ethnicity as mixed, Black/Black British, Other ethnic group, Asian/Asian British and in 2% of records, this information was not recorded.
- 44% of clients in treatment were in mainstream education and 9% were in alternative education. 18% had no status recorded. Only 3% were in regular employment and 1% were on training or an apprenticeship. 16% were Not in

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<sup>7</sup> Sources: Greater London Authority (population projection tool 2016 central trend), NHS Digital (Smoking drinking and drug use among young people England: 2016)



Employment, Education or Training (NEET). In addition, in Barnet, there is a high than average number of Looked After Children (LAC) in treatment for substance misuse.

- Consultation with young people and parents/carers was positive with only a few concerns raised relating to staffing numbers in the service, lack of dual diagnosis (mental health concerns combined with substance misuse) provision, requests to expand the service and to complete more prevention work in schools.
- The young people's substance misuse service accepts referrals of young people up to the age of 24 years and the adult service sees clients from the age of 18 years. This overlap could potentially create issues relating to which service clients aged between 18-24 years attends.

### **Key findings and recommendations:**

- There is no strategic group which oversees substance misuse service provision. This can mean that areas of good practice go unrecognized and areas requiring improvement are not resolved quickly. It is therefore recommended that a strategic group is established to oversee substance misuse provision.
- There are variations between the existing service specification and the services being delivered. To resolve these issues, we should establish clear KPI's for contract monitoring including processes for under performance and not fulfilling contractual obligations.
- The overall numbers of young people entering treatment are reducing, as are referrals from certain sources. It is recommended that a review of the location of the service within Edgware hospital should be completed along with the development of an engagement plan to increase referrals from all sources.
- The focus of current provision is on specialist treatment. We would like to realign the main emphasis of services towards prevention. To achieve this a delivery plan with a focus on prevention should be developed.
- The provision of Identification and Brief Advice (IBA) is currently limited in Barnet and should be reviewed, especially in relation to provision of IBA to Young People.
- There are higher than average numbers of young people who are NEET's in the substance misuse service and only 44% of young people in treatment were in mainstream education. We need to ensure that as part of their recovery young people are supported back into education, employment or volunteering.
- There is a greater than average number of looked after children in services in Barnet, we need to work in partnership with other local authority services to ensure that young people with wider vulnerabilities receive an assessment of all needs and that these needs are met.

- In response to requests from service users for more focused sessions and increased provision around mental health, a review of the training needs of staff and a workforce development plan should be written to ensure that staff are valued and their development needs are met to improve the services offered to clients.

**Report ends**