



HEALTH AND WELLBEING BOARD: 29 FEBRUARY 2024

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

JOINT STRATEGIC NEEDS ASSESSMENT – SUBSTANCE MISUSE AND ALCOHOL

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with a summary of the headlines, conclusions and recommendations from the two recent Joint Strategic Needs Assessments (JSNAs) for Substance Misuse and Alcohol.

Recommendation

2. It is recommended that the Health and Wellbeing Board:
 - a) Supports the findings and recommendations of the Substance Misuse and Alcohol JSNAs and approve them for publication.
 - b) Support strategic leads to take forward the recommendations via commissioning plans, strategies and partnership working.

Policy Framework and Previous Decision

3. The Health and Wellbeing Board considered a report on plans for the development of the new JSNA in 2022, which proposed that the JSNA would be published in subject-specific chapters throughout a three-year time period on an iterative basis, in line with Integrated Care System (ICS) and local authority commissioning cycles. This approach was supported with the JSNA outputs agreed as:
 - Subject specific narratives on assessments of the current and future health and social care needs, which includes recommendations; and
 - Accompanying tableau data summaries ordinarily provided to accompany JSNA chapters. *As key indicators for substance misuse are available on the Fingertips information system and detailed information available via the National Drugs Treatment Monitoring System (NDTMS); an additional dashboard would not add value in this case and has not been provided.*

Background

4. Leicestershire County Council (LCC) and the Integrated Care Boards have an equal and joint statutory responsibility to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.
5. JSNAs are a continuous process and are an integral part of the ICS and local authority commissioning cycles. Health and Wellbeing Boards have a responsibility to decide when to update or refresh JSNAs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time.
6. The purpose of the JSNA is to help improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.
7. The JSNA will be used to help to determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The local authority, ICS and NHS England's plans for commissioning services will be expected to be informed by the JSNA.
8. The JSNA is a process which assesses the current and future health and wellbeing needs of the population and underpins local planning for health and care services, in particular the development of the Joint Health and Wellbeing Strategy. It will also contribute towards ICS strategy development and involves working with local partners to ensure a broad approach to issues affecting health, including key social and economic determinants of health, where appropriate.
9. Following the publication of the "From Harm to Hope" a 10-year strategy in December 2021, the government requested that all Local Authorities update their JSNAs and provide their local Combating Drugs and Alcohol Partnership (CDAP) plans. Due to the time lapse since the previous versions and extensive updates, including the service recommissioning; a full review was required of the Substance Misuse JSNA and the Alcohol JSNA.

PLEASE NOTE: All data is up to date as of November 2023 when the JSNA chapters were finalised via the working groups.

JSNA Chapter - Substance Misuse

10. A copy of the full draft JSNA Chapter on substance misuse is included in the link attached <https://www.lsr-online.org/uploads/substance->

[misuse.pdf?v=1708331200](#) with a summary of the key findings, conclusions and recommendations below:

11. The misuse of drugs can have a wide-ranging, profound and negative impact on not only individuals, but also families and wider communities. These include long term health and mental health conditions, early death, reduced quality of life and economic opportunities, increased social issues, violence, exploitation and potential trauma and adverse childhood experiences (ACEs).
12. Whilst this JSNA focuses on substance misuse in relation to illicit drug use, it also recognises the links between drugs and alcohol and alcohol misuse as a comorbid condition.
13. In 2020/21 there were 1,656 adults in drug treatment in Leicestershire (excluding alcohol-only treatment) with over two thirds (68%) in treatment for opiate use. This is a slightly lower proportion when compared to national figures which sit at 71% for opiate use. However, this makes Leicestershire figures for non-opiate users in treatment slightly higher in comparison to the national average (32% v 29%).
14. Whilst opiate users have continued to make up the majority of those in treatment, increases have been seen in 2020/21 of those in treatment for non-opiate and alcohol use, and alcohol use only. The completion of this JSNA update follows an unprecedented period in our global history following the outbreak of Covid-19. During this time and following the outbreak providers had to adapt and develop new ways of working, impacting on the traditional methods for engagement, treatment and recovery. The impact of Covid-19 may also be relevant in terms of the behavioural patterns of individuals in relation to substance misuse. When 'alcohol only' treatment is included, the total number of adults in treatment for Leicestershire in 2020/21 is 2,614.

Prevalence and impact

15. Applying the modelling to the Leicestershire population age profile suggests there could be around 38,000 people over the age of 15 using drugs across the County. The prevalence of drug use is higher amongst men than women, with an almost 2:1 ratio (12% for men and 7% for women). Evidence around drug use by ethnicity is mixed; with at least twice as much recreational use in mixed ethnicity groups than in the white population and four times the rate of other ethnic groups. Research indicates a more complex picture depending on type/class of drug and cultural, social and economic determinants. On average the population of Leicestershire is relatively affluent, but this can mask pockets of deprivation and 12% of the population could experience worse than average drug-related health impacts.
16. The Crime Survey for England and Wales (CSEW) estimates that one third of adults' report to have taken drugs at some time during their lifetime (2019/20); with 1 in 11 adults aged 16-59 having used illicit drugs in the last year.

Cannabis was reported to be the most used drug in 2019/20. With the second most common being cocaine powder.

17. In 2020/21 there was a total of 1,656 Leicestershire residents in the treatment service (excluding alcohol). Of this number there was a total of 20% that successfully completed their treatment. This is above the national average which is 14%. 87% of young people in treatment completed their treatment journey (N=45), compared to 79% nationally.
18. With regards to return on investment, engaging in treatment can be the incentive in getting help and wider help for physical and mental health. Investing in treatment services to reduce drug misuse and dependency will not only help to save lives but will also substantially reduce the economic and social costs of drug-related harm. Research has shown that every £1 invested in drug treatment results in a £2.50 benefit to society. For many drug users, engaging in treatment can be the catalyst for getting the medical help they need to address their physical and mental health problems.

Treatment service

19. Treatment services include harm reduction interventions and treatment pathways. The number of individual substance users that have had identification and brief advice delivered by Turning Point was 4,595 in 2021/22.
20. Treatment pathways measure sources of referrals, including waiting times, engagement, residential rehab, in-treatment outcomes and completions of treatment which are all delivered by Turning Point. There are a number of routes into treatment, with sources of referrals of those accessing treatment coming from numerous points. The largest referral source for adults is self-referral, followed by the criminal justice services, which is a similar trend nationally.
21. In-treatment outcomes are showing that Leicestershire is slightly higher than the national average for abstinence and significant reduction in use for Opiates, with 53% locally compared to 51% nationally for abstinence, and for reductions of opiates 22% locally compared to 21% nationally. Completion of treatment overall varies depending on the drug dependency. Opiate dependents are less likely than other groups to complete treatment successfully or sustain their recovery when compared to other drugs or alcohol; with this attributable to entrenched long term use, wider ill health and those affected being less likely to have access to personal and social resources to aid recovery such as stable housing and employment. Successful completions sit at 7% locally and 5% nationally for those service users in treatment for opiate use.
22. The Integrated Substance Misuse Treatment Service is jointly commissioned by Leicestershire County Council and Rutland County Council, with additional funding contributions by the National Probation Service and Office of the Police and Crime Commissioner. The service provides community-based drug misuse treatment services for adults and young people who wish to achieve freedom of

dependency on drugs and/or alcohol as well as harm reduction and support to sustain recovery. There is a single point of access that enables one team to triage and allocate referrals. The offer includes a number of services such as community prescribing, psychosocial interventions, liaison with primary and secondary healthcare, harm reduction, as well as links with criminal justice services, specific work with vulnerable groups, detox, residential rehab placements and more.

Gaps and Areas of Improvement

23. A number of areas identified where there were unmet needs, gaps in service provision or where improvements were indicated. These include a number of residents with a perceived need for treatment who are not in treatment services. This is estimated to be 53% of opiate users or 1,300 individuals and 74% for alcohol. Prescription and over the counter medicine addiction is also showing an increase in need with just 9% said to be in treatment, which is lower than the national average of 14%.
24. Successful completions of treatment in Leicestershire are higher than the national average, other than for opiates. This specific cohort's treatment and recovery journey may not be linear and ongoing support may be required around reducing use or becoming abstinent; complex lifestyles are also a factor. This cohort often requires longer treatment episodes, with more intense intervention from services, including potential Opiate Substitution Treatment (OST) and specialists in Leicestershire are also more cautious around closing too early to avoid representations.

Recommendations

25. Recommendations have been identified and added below after the Alcohol JSNA summary as a collective due to the similarities and crossover of the two substance use areas.

JSNA Chapter – Alcohol

26. A copy of the full draft JSNA Chapter on alcohol is included in the link attached <https://www.lsr-online.org/uploads/alcohol-misuse.pdf?v=1708331521> with a summary of the key findings, conclusions and recommendations below:
27. Excessive alcohol consumption is a contributing factor to both individual and societal impacts. With alcohol related harms, particularly mortality, having stronger links to socio-economic deprivation and wider socio-economic inequality underpinning many of the observed regional and local alcohol related outcomes. Levels of alcohol consumption and associated harms have varying impacts across different populations which include age, sex or ethnicity, although relationships with alcohol are complex.
28. The level of alcohol harm is dose-dependent with high level of consumption linked to higher risk of adverse effects, including mortality from many related

causes, such as alcoholic liver disease. Of particular note is the recent (2019 to 2021) sharp increase in mortality caused by conditions wholly attributable to alcohol in England, resulting in a near 60% increase in rates between 2001 and 2021 (from 9 to 14 per 100,000 population).

29. When assessing the proportion of adults drinking, Leicestershire is moderate in comparison to the national average (13% and 6%), which shows that those entering treatment services may drink less units than the national average of those entering treatment services. Although, during COVID-19, alcohol consumption changed for those high-risk drinkers nationally with national figures showing an overall increase during the COVID-19 lockdown period.
30. In 2021/22 in Leicestershire there were 1,040 people in treatment for alcohol problems, including 769 new presentations. The corresponding numbers for non-opiates and alcohol were 337 and 239, respectively. While the alcohol-only group was relatively low in 2016/17 (below 500), after a peak in 2012/13, the trends for non-opiate and alcohol treatment were relatively stable over the years with some increase since 2016/17.
31. In 2021/22 the all-age rate of alcohol-specific admissions (hospital episode rate) was significantly lower than the national average (446 per 100,000 population compared to 626 in England), with rates in men 2.4 times as high as in women. There was a high degree of variation among Leicestershire statistical (CIPFA) neighbours, with Leicestershire rates in the lower end of that range for both men and women.

Prevalence and impact

32. Excessive alcohol consumption can result in immediate harm, such as head or facial injuries, fractures, alcohol poisoning and even fatal injuries. Nationally, alcohol-related unintentional injuries are seven times more prevalent in men.
33. The prevalence of alcoholic liver disease is related to the level of alcohol consumption in a population in the previous 10-30 years and, for practical purposes, is measured as a standardised population rate of hospital admissions with that diagnosis. Nationally, men have double the rate of women (62 per 100,000 compared to 30), in Leicestershire this is a 50% excess, although both for men and women the rates are significantly below the England average and relatively low when compared to CIPFA comparators.
34. Historically, admission rates have been below the national average, although there has been a general increase over the last decade – from around 32/100,000 in 2010/11 to over 45 in 2020/21 in England (a 50% rise in the standardised admission rate). Although the local rate is more variable, there seems to be an increasing trend, from around 20/100,000 in the early 2010s to around 30/100,000 in the more recent period
35. In Leicestershire, in 2021, a total of 257 deaths were estimated to be related to alcohol, almost twice as many for men as for women represents an increase on

the previous figures for 2017-19 (92 compared to the average 73 per year) and the latter also an increase from an average of 58 per year in 2017-19 to 71 in 2021. These reflect the alcohol-specific mortality rise across the country, discussed under impact of COVID-19.

36. Alcohol is a significant contributory factor in offences of violence and disorder. The Crime Survey for England and Wales (CSEW 2020) estimated that over 42% of all violent incidents were committed under the influence of alcohol, although this was below the rates recorded a decade ago. As much as 34% of domestic violence incidents were carried out by offenders perceived to be under the influence of alcohol.

Treatment service

37. In 2021/22 there were 1,040 adults in treatment (for alcohol only), with more men (57%) than women in treatment (43%). This is similar to the national average of 58% of men and 42% of women.
38. Of all those in treatment, 74% (N=769) were newly presenting in that year. This is somewhat higher than the national average of 67%.
39. Treatment pathway measures sources of referrals, including waiting times, engagement, residential rehab, in-treatment outcomes and completions of treatment which are all delivered by Turning Point. There are a number of routes into treatment, with the largest referral source for adults being self-referral, followed by the criminal justice services which is a similar trend nationally.
40. Treatment engagement is important - any unplanned exit should be reviewed on case-by-case basis. In Leicestershire, a total of 125 cases (16%) of all new presentations left treatment in an unplanned way before 12 weeks, which is slightly higher than the national average of 14%, although this translates only to 2/3 excess cases locally and is not statistically significant.
41. High-level interventions can be classified as pharmacological, psychosocial or recovery support; they are delivered most commonly in a community setting, inpatient units, primary or residential care.
42. In 2021/22 in England, the majority of patients in pharmacological interventions were in community settings (79%), followed inpatient units (21%) and residential settings (5%). In Leicestershire, in the same year, inpatient units were the most common setting (70%), followed by community (33%).
43. Psychosocial interventions and recovery support are both mostly delivered in a community setting (98%), with a small proportion in inpatient units (3 and 4% respectively). This is the same for Leicestershire, with all patients (100%) having those interventions in community settings, but some (5%) also delivered in inpatient units.

44. The average number of days drinking for those exiting treatment in Leicestershire fell from 19.8 on entry to treatment to 12.5 on exit, which is a little worse than the national average (drop from 20.5 days to 11.5 in England).

Gaps and Areas of Improvement

45. The Office of Health Inequalities and Disparities estimates that there is an unmet need of 74% of people who require alcohol support in Leicestershire that are not getting it, with this estimated to be over 4,000 people. This indicates a gap in identifying individuals with alcohol dependency and a gap in referring these individuals into treatment services.
46. Other areas of improvement identified are alcohol brief intervention and wider health and wellbeing outcomes for those completing treatment. Mortality rates from chronic liver disease (which usually indicates that an individual has been drinking heavily and persistently over decades), alcohol related mortality and alcohol-specific mortality are all significantly higher in males compared with females. Links have been made via the Drug and Alcohol Related Death Review Panel that will be built upon.

Substance Misuse and Alcohol JSNA recommendations

47. As there is one treatment service and areas linked, the recommendations within the JSNAs are either the same or very similar. Therefore, they have been linked to share the detail below:
- Improve identification and referral of individuals with substance misuse into treatment to reduce the treatment gap
 - Explore how to identify early issues of substance misuse and carry out targeted prevention and prevention information/advice for residents
 - Take action to better understand (locally) the demand placed on services by new and emerging addictions. To include addiction to prescribed or over the counter medications.
 - Review and understand the prevalence of drug and alcohol use locally by linking with the Combatting Drug and Alcohol Partnership Operations Group
 - Review and understand treatment access and success, focussing on outreach to those that have lower engagement figures such as young persons, mixed ethnicity and the Asian community
 - Ensure the recovery element of the ISMTS meets the needs of residents.
 - Explore wider recovery networks available to our residents for those that have been in treatment and those that have not
 - Continue with a partnership approach to review drug related deaths and to develop and maintain the LLR Drug and Alcohol Related Deaths Review Panel (DARDRP) already in place.
 - Consider a partnership approach that focuses on targeted interventions for the most vulnerable individuals and on those individuals placing the most demand on services e.g., frequent A&E attendances.

- Ensure that there are strong pathways with the Stop smoking cessation and the ISMTS
- Liaise with partners to understand the specialist opioid addiction issue and how partners can work collectively to make improvements for residents
- Work with partners across the LA and the NHS to maintain clinical substance misuse services as required by NHSE and OHID (ACT all service descriptor 2021)
- Work with partners to support behaviour change via fibro scanning which results in referrals of residents into treatment
- Work with partners to improve referral rates between mental and physical healthcare services and drug and alcohol treatment services to achieve the aims of the government drug strategy 'From harm to hope: a 10-year drugs plan to cut crime and save lives'

Consultation/Patient and Public Involvement

48. The JSNAs draw on a wide range of research and consultation evidence in forming their conclusions. Further details are within the links to the reports.

Resource Implications

49. The recommendations in the JSNA are aimed at informing commissioning plans, associated budgets and strategic planning for relevant stakeholders. With particular onus on partnership working to achieve some recommendations.

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Relevant Impact Assessments

Equality and Human Right Implications

50. The JSNAs give due regard to the equality and human rights of different population groups, with particular focus within the JSNAs. Sources of inequalities and recommendations are designed to alleviate issues created through identified inequalities.

Partnership Working and associated issues

51. A number of partners and stakeholders are involved in supporting the residents of Leicestershire around Substance use, these organisations have been consulted for the Substance Misuse and Alcohol JSNAs via email, one to one meetings and Task and Finish Groups where they have helped to shape the recommendations resulting from the content of the JSNAs and calling upon their expertise.
52. Health inequalities affects all aspects of support and outreach. The recommendations of the JSNAs have been developed as an action plan as part of the Combatting Drugs and Alcohol Partnership.