

**Substance Use Service Re-Commissioning:
OUTLINE BUSINESS CASE**

Draft

Version 0.1

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Document History

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Approvals

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1. Purpose of document

This document sets out the key information relating to and justification for continued investment in an integrated substance use service for adults and young people (young people defined as up to the age of 25yrs).

2. Project aims and objectives

2.1. Aim

The overall aim of the service continues to be to reduce the harm to individuals, their families and their communities caused by the misuse of drugs and alcohol. This service has strong links to Herefordshire Council's county plan, specifically assisting with its aims to;

- Protect and improve the lives of vulnerable people
- Ensure all children are safe, healthy and inspired to achieve
- Support communities to help each other through a network of community hubs
- Enhance digital connectivity for communities
- Use technology to assist with daily living

2.2. Objectives (core activities/ products)

- To deliver substance use services to residents of Herefordshire that have a focus on the promotion of early intervention, resilience and self-care to improve people's health and well-being and reduce health inequalities.
- Drug and alcohol use disorder can exacerbate health inequalities leading to premature morbidity and death. To reduce this harm, the community drug and alcohol service will be recovery focused, with a clear remit to reduce health inequalities, supporting people to make positive choices to improve their health and well-being and that of their families.
- Services will be responsive to local needs, and will take into account the large geographical area of Herefordshire, service provision will utilise community venues and work with partners to integrate the service into the wider health and social care system. Services will build on the talk community agenda set out by Herefordshire council, delivering services from and supporting community hubs with specialist interventions where appropriate. Where possible services will be collocated with statutory and voluntary sector partners to strengthen pathways and deliver interventions that represent best value for the county.
- Safeguarding children and young people affected by parental or other significant and / or family member's problematic use will be a key focus of the service. This will require the continued establishment of strong working relationships with children and family Services to optimise treatment and family support.

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- The service will deliver a clear engagement strategy to improve access and encourage and increase the take-up of treatment for people who are currently underrepresented, for example, problematic alcohol use.
 - To reduce drug and alcohol related crime the service will continue to strengthen the pathways between criminal justice and treatment Services to offer timely support.
 - The service will deliver an assertive outreach based service for young people utilising community venues and education settings, working closely with NMiTE to develop pathways for students using drugs or alcohol
 - The service will deliver evidence based interventions tailored to individual needs taking into account age, sex and substance used. For example, this will include considering the most appropriate mode of treatment for older opiate users.

3. The service will seek to continuously develop and improve upon its delivery utilising latest research, technology and digital solutions to innovate and future proof the service. Background/ Description of identified need

Councils have, since 1 April 2013, been responsible for improving the health of their local population and for commissioning the range of public health services transferred to them from the NHS by the Health and Social Care Act 2012. This includes provision of services to reduce the impact of drug and alcohol misuse.

The 2015/16 Public Health Grant included a condition that a local authority must, in using the grant, “...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services...”. In setting their spending priorities it is important that councils are mindful of the overall objectives of the grant, as set out in the grant conditions, and the need to tackle the wider determinants of health, for example, through addressing the indicators within the Public Health Outcomes Framework, such as violent crime, the successful completion of drug treatment, smoking prevalence and child poverty.

In addition, it is a core expectation of the government’s drug strategy that rates of recovery are improved.

In practice the public health grant conditions set out that an accessible drug and alcohol treatment and recovery system should be in place in each local authority area. This should include a full range of NICE-compliant (National Institute for Health and Clinical Excellence) drug and alcohol interventions to treat both alcohol and drug dependence and to reduce harm, based on local authority prevalence, need and current outcomes.

In Herefordshire, the substance use service supports approximately 600 service users, including young people, from across the county. The majority of current service users are opiate dependent and have been in treatment services for many years. Their recovery journeys can therefore be challenging to manage and are often hampered by multiple associated health conditions, poor housing and unemployment.

The service falls within the implementation of the council’s adults and communities’ blueprint for developing self-care and building community resilience within healthier communities under a strategic preventative approach.

The recommissioned service will continue to utilise the current treatment model of recovery oriented interventions accessible for all Herefordshire residents throughout the county; the specification will be developed to ensure a more robust outreach based service delivery for Young People and for interventions to be accessible at more community venues with increased capacity. In addition the specification will be adapted to define young people as those aged up to 25yrs rather than 18yrs. This enables better alignment to social care services and also takes into account the significant differences in substance using behaviour between this cohort and the main adult cohort within the current service user group.

Most young people in Herefordshire accessing treatment services do so most commonly due to difficulties in managing use of cannabis, alcohol or novel psychoactive substances (NPS). Cannabis continues to be the most common drug of choice among young people in the county and the increased potency of this drug over the last 10-15 years can cause significant psychological symptoms and dependence. Furthermore, in Herefordshire, local data indicates that more young people under age 18 are drinking alcohol than their counterparts nationally.

In recent years data and local intelligence have suggested that young people are now presenting to services later than previously resulting in more complex needs and a requirement of multi-agency structured interventions. In addition rural counties such as Herefordshire are a target for the practice commonly known as 'County Lines,' whereby criminal drug dealing gangs recruit and coerce vulnerable local people. This serious organised crime is driven by the demand for drugs in Herefordshire. It is imperative that vulnerable young people and adults are safeguarded. The service does and will be expected to continue to work with key agencies to prevent further harm. Early identification of drug or alcohol abuse is a key focus of this new specification.

Young People

Local authorities are strongly encouraged by Public Health England to use grant funding to invest in young people's substance use provision due to the major impacts seen on health, education, families and long term chances in life. The Government's 2017 drug strategy has an emphasis on preventing the onset of substance misuse in young people by building resilience and confidence. The strategy advocates for good quality education and advice for young people as well as targeted support to prevent use and early intervention to avoid escalation of risks/harm and prevent more problematic use.

Studies¹ have shown that around 30-40% of moderate/heavy teenage alcohol and cannabis users will develop drug or alcohol problems as adults. If class A drugs have been used in youth this percentage increases to 95%. The remaining 60-70% of young people who use cannabis or alcohol will experience natural remission.

Even in instances of young people not becoming problematic drug or alcohol users in adulthood they are still statistically more likely to leave school with no qualifications and poorer employment prospect and

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf

either be employed on low wages or NEET. Evidence² suggests that effective interventions contribute to improved health and wellbeing, better educational attainment and a reduction in NEET as well as reduced risk taking behaviour and offending.

The new service design includes increased funding to enable this more robust service delivery for young people. A full specification for young people's services will be developed, seeking to empower the provider to use the best evidence of what works, to innovate and develop staff and services to deliver outcomes that are meaningful for Young People and their families and communities. In addition, patterns of substance misuse change over time and it is expected that the Service will be sensitive to the evolving nature of substance misuse and develop effective, timely responses based on evidenced need.

Public consultation results showed that most respondents (50% were social care professionals) felt the service provided for young people was of good quality but under resourced and needed to be offered on an outreach basis. Coupled with data that shows the low numbers of young people accessing services this demonstrates a significant unmet need within the county.

Data (although prevalence data for young people can be challenging to capture, this is given in more detail in appendix 6) and consultation with partners and public would suggest that there is a larger issue for young people in the county that is going unaddressed due to lack of resource. The current service has only 1 dedicated YP worker making outreach and regular attendance at multi-agency safeguarding meetings challenging. In addition statistically similar neighbouring counties have more resource for this role, Shropshire which has an almost identical demographic profile to Herefordshire³ commissions a team of approximately 4 FTE YP workers as well as a team leader.

Our vision for the future service would be to further invest in the YP service provision to incorporate prevention and early help interventions as well as advice and support for professionals in addition to the structured treatment currently offered. We will be looking for delivery models that use innovative approaches to improve access and uptake of the service, moving young people away from the main adult service provision and ensuring a community approach.

It is anticipated that the service would work in partnership with schools and colleges as well as the forthcoming university to develop appropriate prevention messages for young people across the county and ensure robust referral pathways.

An Edge of Care model is in development which will target those at risk of entering the care system and implement a whole-family response to change the path of that child. The response might involve ... The YP service provision proposed here complements, but does not duplicate, the "edge of care model". This contract would focus on young people who are using alcohol and/or drugs and would either benefit from early intervention/diversion or structured treatment – the majority of whom would not be deemed at risk of care.

The new edge of care/Home (ECHO) service model will be part of a long-term approach to reducing Herefordshire's LAC population over the next five-ten years. Initially, this will be a distinct service to establish the approach, but there may be some benefit to integrating a range of functions in future. The

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf

³ <https://understanding.herefordshire.gov.uk/media/1151/population-of-herefordshire-2018-v10.pdf>

new service will provide evidence based intensive family support through two main approaches; prevention and reunification. Many children that are either on the edge of coming into care or have the potential to return home will have experienced the 'toxic trio' of domestic abuse, substance misuse and mental health issues. At the end of September 2019, there were over 1500 open child records on Mosaic where a toxic trio risk had been identified for the child's parent/s. Within this cohort, there were 983 family groups. We will be asking the successful provider within the specification that the service offer be developed to include outreach for young people, and potentially providers could flex the model to include more generic outreach with this additional resource. Key elements of the YP service will also be working with partners in a co-ordinated approach to reduce the risk of CSE and CCE, similar to the model within Shropshire.

Over the last 2 years we have seen a significant decrease in the ability of the service to provide adequate coverage for young people and outreach as a direct result to funding reduction. If we do not invest in this we will continue to have inadequate service provision.

Currently, the YP worker could only take a caseload of 20. Prevalence data is challenging to obtain but a recent survey of high school pupils shows a continuation in the trend for alcohol and drug use to become more common in those aged 14yrs >. We anticipate obtaining more information about local trends from the children & young people survey (July 2020), but we do know from partnership networks that there are more young people than 20 in the county who would benefit from substance misuse treatment. In addition as outlined above the new specification will change the YP age range to include those up to 25 in line with other services in the region and this will again increase numbers for this cohort.

Public Health England provide commissioning data packs for substance use services including those for Young People, a summary of this data as well as a cost-benefit analysis summary and findings from the smoking, drinking and drug use amongst young people biannual survey can be found in appendix 6.

Older Drug and Alcohol Users

A major issue of concern for substance use services nationally is the aging profile of service users. Over 70% of primary drug users are over 35yrs in Herefordshire. Whilst this is the age profile as documented in data reports we know that locally the age profile of our service users is significantly older than this. Most of these service users particularly those who primarily use opiate and/or alcohol have been in treatment for decades. Supporting these individuals, now with complex physical and mental health comorbidities, into recovery is an ongoing and significant challenge. Services will be required to adapt and develop interventions that serve this cohort best accounting for their now multiple and complex physical and mental health needs. Recommendations made by the Advisory Council for the Misuse of Drugs (ACMD) can be found in Appendix 5.

Many service users with complexities and lengthy treatment episodes mentioned above are in unsuitable, unstable housing or are homeless creating additional challenges to effective treatment. The service will continue to be required to work alongside statutory and voluntary sector organisations to address the specific needs of the Herefordshire's homeless, the new specification will detail more clearly how this should be achieved using outreach and health intervention based approaches.

People who drink alcohol accessing specialist treatment services have been declining nationally over the last 10 years. There is ongoing research being conducted by Public Health England to understand this problem. Increasingly high numbers of alcohol related admissions and alcohol harms have led to national

initiatives to address alcohol use across all ages. The NHS Long Term Plan⁴ has set an ambition to ensure alcohol care teams are established in hospitals with the highest rates of alcohol-dependence related admissions, these will be funded from CCG's. Hospital trusts and CCG will need to work in partnership with local authorities and commissioned drug and alcohol community services to establish care pathways following discharge and to ensure that inpatient treatment and community treatment complement one another and maximise opportunities for people to recover.

Recruitment and retention Issues

The current service has for the last 5 years had ongoing recruitment and retention issues for recovery workers employed on the current provider's entrance salary. In the last 12 months, December 2018 to December 2019, nine members of staff have left the current service, of which six were Recovery Workers. Feedback from those leaving the service has indicated that salary has been a major factor in employee's decision making. In Herefordshire, the salary at entry level is £19,125 PA for recovery workers. This is 15% lower than the £22,500 per annum (PA) average across the West Midlands at entry level. £19,000 is commensurate with an AfC Band 3 role within the NHS system, this incorporates roles such as Health Care Assistants or administrative/clerk/receptionist. Furthermore, many recovery workers in Herefordshire have larger commuting expenses than neighbouring counties as most recruits are from outside of Herefordshire. Recovery workers typically carry a caseload of 50-60 service users with complex needs, making the role highly demanding and requiring a significant level of responsibility.

In order to attract experienced recovery workers and establish consistency in staffing, as well as a reduction in time and expense spent on recruitment, a more competitive salary offering is required. Most national providers in this sector have wide salary bandings for the role of recovery worker and determine the entry point offered according to the service budget for the area.

Investing in the service in order to align recovery workers' salaries has potential benefits of attracting more candidates, including candidates with relevant experience and retaining those recruits once in post. It would also reduce the expense accrued from persistent advertising and recruitment costs. The service has carried on average 2 vacancies for recovery workers at any one time over the last 5 years, at the end of Q1 19/20 this rose to 4 and remained at 2 at the end of Q2 19/20. The existing provider has been successfully innovative in recruitment strategies, but this has not been sufficient in itself to address the recruitment and retention challenge.

Contract

The existing contract is due to expire 30/11/2020. The recommendations being made take account of the evidence base, lessons learnt over the current contract period and feedback from service users, staff and partner agencies.

⁴ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

4. Options considered

We have looked at a number of options which are outlined below:

- 1) Allow the contract to expire at the end of the contract period. This option is not recommended due to the detrimental impact this would have on current and future service users, and the wider impact on primary and secondary care providers who would become responsible for supporting in the region of 600 service users requiring physiological, pharmacological support or both.
- 2) Recommission the service on a like for like basis using the current model and financial envelope.
- 3) Re-commission the service with additional funding of £50,000 to support an outreach based young people's service. And a further investment of £43,000 to support the alignment of recovery workers' salaries to address some of the recruitment and retention challenges the current service has faced.

Option 1 – Do nothing

This option is not recommended due to the detrimental impact this would have on current and future service users, and the wider impact on primary and secondary care providers who would become responsible for supporting in the region of 600 service users requiring physiological, pharmacological support or both.

Option 2 – Recommission the service on a like for like basis

Option 2 is to continue to commission a substance use service using the current model and financial envelope. Whilst the current treatment model is fit for purpose and does produce tangible outcomes for service users there is a lack of capacity in resourcing to address unmet need for young people in the county (see appendix 2) or to effectively manage recruitment and retention issues.

Current young people's service provision is minimal with only 1 dedicated recovery worker for this cohort, outreach is extremely limited as is prevention based activities. Stakeholder feedback has suggested that this service provision is of good quality but is under resourced, data showing the current number of young people accessing treatment is detailed in appendix 2. Prevalence data is not currently available for young people who use drugs or alcohol however locally, this information would be gathered through the CYP survey going forward.

Recruitment and retention challenges are felt across the health and social care system in Herefordshire and it is acknowledged that this is not purely a monetary problem.

SWOT Analysis

Strengths	Opportunities
<ul style="list-style-type: none"> • Deliverable using current financial envelope council resources • Current treatment model is effective 	<ul style="list-style-type: none"> • Service continues to deliver on current treatment model with minimal re-launch and mobilisation • Successful bidder may be able to flex roles within the current model to meet needs of different cohorts

<p>Weaknesses</p> <ul style="list-style-type: none"> • Improvement in outreach provision for young people will be unachievable • Option does not address all of the identified needs of the service. • No change to recovery worker salaries – ongoing recruitment and retention issues 	<p>Threats</p> <ul style="list-style-type: none"> • Lack of engagement from the market due to low budget/high expectations
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Option 3 – Recommission the service with additional funding to support an outreach focussed young people’s service and mitigate recruitment and retention challenges for recovery workers

Option 3 is to recommission the service using the current evidence based model but with additional funding of £93,000 PA to support identified gaps in provision for young people and in order to mitigate some of the recruitment and retention challenges which the service has faced over the last 5 years.

Analysis of feedback from those leaving the service has indicated that salary has been a major factor in employee’s decision making, in addition many recovery workers in Herefordshire have larger commuting expenses than neighbouring counties as most recruits are from outside of Herefordshire. In order to attract experienced recovery workers and establish consistency in staffing as well as a reduction in time and expense spent on recruitment a more competitive salary offering is required.

Young people’s services work best when they are carried out in partnership with partner agencies, other voluntary sector organisations and education settings. The current service model and resource does not adequately support an outreach based recovery service for young people. Feedback from public engagement has suggested that the current service delivery for young people is of good quality but under resourced, it also highlighted a significant need for young people’s services to be delivered from community venues.

SWOT Analysis

<p>Strengths</p> <ul style="list-style-type: none"> • Young people’s outreach service could be developed and implemented ensuring wider reach to those young people in need of support and structured treatment • Prevention activities with partner organisations and education sector could be developed • Recruitment of experienced staff may be more achievable • Greater retention of staff due to increased entry point salary 	<p>Opportunities</p> <ul style="list-style-type: none"> • Development of prevention activities and harm reduction campaigns specifically for young people • Strengthened partnership working through joint and community based support
<p>Weaknesses</p> <ul style="list-style-type: none"> • Increase in financial envelope required • Recruitment and retention of recovery workers is not purely a monetary factor, effective change in this area is also reliant on the providers employment offer to candidates 	<p>Threats</p> <ul style="list-style-type: none"> • Continued recruitment and retention challenges

5. Recommendation

It is recommended that funding is sought for Option 3.

6. High Level Metrics

The service will be required to provide detailed performance data in relation to recovery from problematic drug or alcohol use, blood borne viruses, harm reduction, housing, employment and education.

The main high level metrics for the service will continue to be outcome focussed and based on the public health outcomes framework, detailed below⁵

PHOF 2.15	Successful completion of drug treatment.
PHOF 2.16	People entering prison with substance dependence issues who are previously not known to community treatment.
PHOF 2.18	Alcohol-related admission to hospital (all ages).
PHOF 4.3	Mortality rate from causes considered preventable – Drug Use disorders (including alcohol)
PHOF 4.6	Under-75 mortality rate from liver disease (NHSOF 1.3)

7. Scope

The service will be available to all residents of Herefordshire including young people (young people defined as up to age 25yrs).

8. Stakeholders

Key stakeholders include:

- Primary Care
- Secondary Care
- Mental Health Services
- CCG
- Probation

⁵

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf

-
- Police
 - Voluntary sector organisations e.g. Vennture, Women's aid
 - Homeless services
 - Children and young people's services

9. Constraints and dependencies

9.1. Initiatives related to service delivery:

The service falls within the implementation of the council's adults and communities' blueprint for developing self-care and building community resilience within healthier communities under a strategic preventative approach and the Talk Community model.

9.2. This project depends on:

- Successful engagement with the market
- A multi-agency steering group (led by Herefordshire Council) to shape the content of the service specification

10. Estimated costs and procurement

- The current budget for the service is £1,467,757
- The proposed uplifts are; £50,000 per year uplift for young people's services and £43,000 per year uplift for increased recovery workers salary
- Taking into account the proposed uplifts to the budget a 5 year contract for Substance Use Services would total £7,802,875 (£1,560,757 per year)
- Competitive procurement for a single provider contract will be undertaken.

11. Benefits

The anticipated benefits of the proposed project are listed below:

11.1. Cashable benefits

The consequences of drug and alcohol dependency are significant. These affect not only the individuals concerned, but also their children, families and wider community. Effective prevention, treatment and recovery can help substantially reduce the social and economic costs of drug-related harm. It is estimated that for every £1 spent on drug and alcohol services in 2016/17 in Herefordshire there will be £23.40 worth of benefit over 10 years i.e. positive Social Return on Investment. This includes substantial savings to the local authority in mitigated adult and children's social care costs (nearly £1.2 million) and housing costs. See Appendix 3 for further detail on, and estimates of, the social return on investment.

11.2. Non-cashable benefits

Recommissioning the service will ensure the continued provision of effective treatment for drug and alcohol use disorder and the provision of ongoing recovery support. This service reduces demand on

primary care, secondary care services and A&E as well as reducing hospital admissions. The service will continue to work alongside police and probation partners to reduce the risk and impact of crime on communities within Herefordshire.

Young people within the county will benefit from an accessible and timely service provision to address their needs in collaboration with other agencies or organisations that may be working from them. The service will enable the reduction of harm from drug or alcohol use and assist in managing risks associated with child criminal and sexual exploitation.

12. High level timeline

No.	Milestone	Activity/anticipated deliverable	Time frame
1	Commissioning Programme Board	Decision on proposal	12 th December 2019
2	DLT	Decision on proposal	4 th February 2020
3	Cabinet Lead Decision report	Decision on proposal	February 2020
4	Instruct Legal Dept.	Prepare contract	February 2020 - completed
5	Issue contract		June 2020
10	Service Commences		1 December 2020

13. Risks

13.1. The key risks of not doing the initiative/ project are:

The key risk of not re-commissioning the substance use service is an ending to service provision resulting in a heavily increased demand on primary and secondary care services. The ending of the service would remove vital harm reduction facilities such as needle exchange and leave a significant number of individuals at risk of premature mortality or overdose if the continuation of prescribed medicines was mishandled.

13.2. The key initiative/ project risks are:

<u>Risk</u>	<u>Mitigation</u>
High risk – There is a significant risk of challenge should the council choose not to invest further resource in young person's	If there is no increased resource for young people's service, provision will continue to be included within the service specification and the provider will be required to work with

services following feedback from partner agencies and members of the public.	partner agencies across the county to ensure that need is met where possible.
Low risk - There are low financial risks associated with increasing the financial envelope, the revised total budget remains lower than the contract value 5 years ago representing a continued saving of £157,000 per year.	All risks will be managed within the directorate risk register. Risks will be identified by the public health commissioning lead for these services through regular contract monitoring meetings.
Medium risk - There is a risk that despite raising the budget to allow for more competitive salaries for the lowest paid recovery workers that recruitment and retention remains problematic.	Recruitment and retention for the new service will be formally monitored throughout the duration of the contract including regular monitoring meetings, continued poor performance or lack of improvement in this area will be reported through the Commissioning programme Board.

13.3. Planned Exit Strategy

The contract period will be clearly set out, it is proposed that this is a minimum term of 5 years in line with the advisory council of misuse of drugs (ACMD) recommendations, with the option to extend by 2 further years.

14. Appendices

Appendix 1: Performance update for current service provision presented to HOSC January 2019, main report and presentation slides.

Appendix 2: Prevalence and unmet need data

Appendix 3: Social Return on Investment data

Appendix 4: Current service delivery model and proposed amended model

Appendix 5: Advisory Council for the Misuse of Drugs – Aging Drug Users Report

Appendix 6: Young Persons Prevalence data

Appendix 1 Performance update for current service provision presented to HOSC January 2019, main report and presentation slides.

1. Main report to HOSC, January 2019



Substance Misuse
Service Performance

2. Presentation for HOSC, January 2019



Addaction HOSC
Jan 2019.pptx

Appendix 2:

Overview of drug and alcohol dependency prevalence and unmet need

Data are taken from Herefordshire Alcohol Needs Assessment 2019 and Public Health England Commissioning Packs 2019: i) Adults - alcohol commissioning support pack 2020-21, ii) Adults - drugs commissioning support pack 2020-21 and iii) Young people - substance misuse commissioning support pack 2020-21

1. Alcohol

- There are an **estimated 1,716 adults with an alcohol dependency, of which 1 in 5 are in treatment.**
- **80% unmet need:** There are therefore an estimated ~1,300 (80%, 95% CI 72%-86%) who are dependent on alcohol and not accessing treatment. This is similar to the national average of 82% (95% CI 77%-87%)
- In 2018/19, 278 people received alcohol only treatment from Addaction. The majority (78%) of these clients self-referred into treatment.
- 75% of alcohol only service users are aged 30-59 year olds
- For the population as a whole, trends in alcohol consumption differ by age-band: in 2017 fewer 16 to 24 year olds and 25 to 44 year olds drank alcohol compared to 2005, whilst more over 65 year olds drank⁶
- In Herefordshire significantly more 15 year olds have tried alcohol than England and the West Midlands⁷.

2. Substance use

It is estimated that there are over 700 users of opiates and crack cocaine, over 650 users of opiates and 450 of crack cocaine in Herefordshire, many of whom are not in treatment. The table below outlines the estimated number and percentage not in treatment i.e. unmet need.

2.1 Prevalence of unmet substance use need

Drug Group	Estimated number of substance users in Herefordshire (95% CI)	Local Unmet Need (percentage of users who are not in treatment)	National Unmet Need
Opiates and Crack Cocaine	719 (95% CI 632-871)	37%	54%
Opiates	671 (95% CI 586-894)	38%	47%
Crack	462 (95% CI 243-1001)	68%	60%

⁶ Opinions and Lifestyle Survey and General Household Survey: Office for National Statistics, 2017

⁷ The What About YOUth? Survey, 2014

3. Young People:

A breakdown and summary of available prevalence data and cost-benefit analysis for young people's substance use treatment can be found in appendix 6.

There were only 23 young people engaged with services in 2018/19. As shown below these young people were more likely than national figures to be <18y than 18-24y. This might reflect current population trends in Herefordshire with young people moving out of the county for further education.

The profile of these young people compared to national profiles are given below.

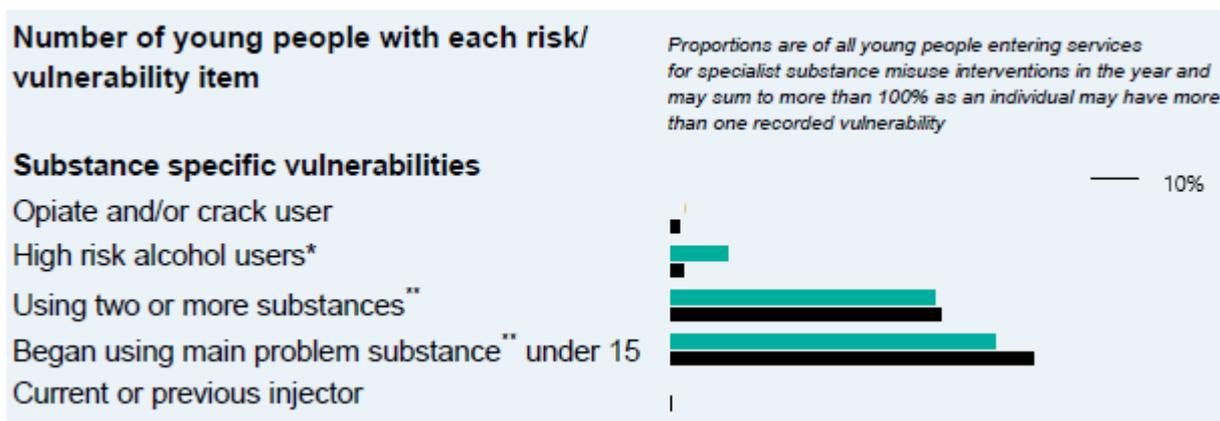
Age profile of young people using services

Age band	Local*	National
<=13y	0%	7%
14-15y	30-40%	36%
16-17y	60-70%	38%
18-24y	0-10%	19%

*Figures presented as 10% band to protect anonymity arising from small numbers of service users

3.1 Profile of Young people using services

Generally similar patterns of substance use are seen locally as nationally, although potentially higher rates of high risk alcohol users. There are no safe drinking levels for under 15s and young people aged 16-17 should drink infrequently on no more than one day a week (CMO, 2009). This measure captures young people drinking on an almost daily basis (27-28 days of the month) and those drinking above eight units per day (males) or six units per day (females), on 13 or more days a month. Although these figures should be interpreted with caution due to the relatively small number of service users locally, it aligns with local data indicating higher rates of alcohol use in young people in Herefordshire than nationally (a survey of Children and Young People will be undertaken this year to obtain up to date data).



3.2 Wider vulnerabilities of Young people using services

Locally, significant vulnerabilities of young people accessing services included being looked after children (30% of service users compared to 10% nationally), affected by domestic abuse (38% compared to 21% nationally), involved in self harm (38% compared to 17% nationally), subject to a child protection plan (44% compared to 8% nationally) and involved in offending/antisocial behaviour (69% compared to 30% nationally).

Appendix 3: Social return on investment

The tool to estimate social return on investment for drug and alcohol services, provides a value of 4.6 for in treatment and 23.4 for recovery i.e. for every £1 spent there is £4.60 return during the period in treatment and £23.40 return to society, including recover benefits. Costs to the local authority averted by treatment include social care and housing costs are approximately £1.3million in Herefordshire, mostly through avoided social care costs.

Social Return on Investment Results for 2016/17 (latest available)

People in treatment in 2016-17	In treatment benefit	In treatment and recovery benefits		
		By Yr 3	By Yr 5	By Yr 10
NHS and LA gross benefits	£834,590	£1,241,675	£1,487,936	£2,027,181
Crime economic gross benefits	£3,540,751	£4,293,811	£4,749,068	£5,818,828
Crime social (QALY) gross benefits	£502,583	£627,793	£707,173	£897,945
QALY gross benefits to the individual	£1,842,925	£7,626,820	£12,039,585	£25,542,035
2016-17 gross benefit per person	£8,694			
Long-term gross benefit per person	£44,354			
Cumulative gross social and economic return	£6,720,848	£13,790,099	£18,983,762	£34,285,989

Breakdown of local authority and NHS benefits	Gross benefits in treatment and Y1-10 recovery			
	Opiate users	Non-opiate users	Alcohol	Total
The NHS savings (GP, hospital admissions etc.) for people receiving treatment	£60,294	£44,288	£845,588	£950,170
The NHS savings applied to opiate users in recovery as a result of improvements in the health of their family/ carers aged 18+	£13,972			£13,972
The LA savings from having fewer opiate users using needle and syringe programme	£3,436			£3,436
The LA savings from improved housing conditions among drug users	£72,985	£48,275		£121,260
LA children's social care benefits for drug users in treatment, adult social care benefits for people receiving treatment for their alcohol dependency	£704,476	£436,124	£37,500	£1,178,100
Total (no discounting)	£855,164	£528,687	£883,088	£2,266,939
Total (with discounting)	£832,167	£449,365	£745,649	£2,027,181

Appendix 4:**Service Model**

Current	New
Needle Exchange	Needle Exchange
Psychosocial Interventions: Group based and 1 to 1	Psychosocial Interventions: Group based and 1 to 1
Pharmacological Interventions	Pharmacological Interventions
Recovery oriented peer support groups (generally promoted for those who have completed structured interventions)	Recovery oriented peer support groups
Bases: Hereford, Leominster, Ross, Ledbury	Bases: Hereford, Leominster, Ross, Ledbury
	Service delivery at community venues including for example primary care, Talk Community Hubs for both structured and non-structured interventions and peer support
Young People's Service	Outreach based Young People's service

Appendix 5: Advisory Council for the Misuse of Drugs – Aging Drug Users Report



ACMD Aging Drug
Users.pdf

Appendix 6: Young Person's Prevalence data

A department of education cost benefit analysis⁸ showed that for every £1 invested in young people's treatment services £1.93 is saved within 2 years in reductions to economic and social costs increasing to £8.38 savings in the longer term.

In order to calculate this the analysis looked at both immediate and long term costs associated with substance misuse in young people;

Immediate Costs	Long term Costs – associated with Young People becoming adults with problematic drug or alcohol use
Crime/Offending	Crime/Offending
NHS/Healthcare	NHS/Healthcare
Premature Death	Premature Death
	High unemployment rates

Even in instances of young people not becoming problematic drug or alcohol users in adulthood they are still statistically more likely to leave school with no qualifications and poorer employment prospect and wither be employed on low wages or NEET.

The cost to crime associated with those young people using drugs or alcohol and not in treatment are estimated to be £4000 per year and around a £179 per year cost associated to healthcare. Costs associated with children's services are detailed earlier in this report.

Around 30-40% of moderate/heavy teenage alcohol and cannabis users will develop drug or alcohol problems as adults. If class A drugs have been used in youth this percentage increases to 95%. The remaining 60-70% of young people who use cannabis or alcohol will experience natural remission.

The associated cost of adults problematically using drugs on crime, poor health, premature death and lost output due to unemployment or high absenteeism are in the region of £550,388-£958,848 per year.

This extremely large increase in associated costs backs up the ambition within the Government's 2017 drug strategy to prevent the onset of substance misuse and provide early intervention for those young people who have already started using drugs or alcohol.

The immediate benefits of treatment include;

- A reduction in offending by 55-65%
- A reduction in premature deaths by 40%

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf

The cost benefit analysis conducted by the department of education recognised that using concrete evidence about young people's long term outcomes is challenging and so used a scenario based approach, however this still found that the benefits of treatment offset the costs of the treatment itself.

Locally we know that many of our older adult service users who have been entrenched in drug use for up to 2 decades began their drug using career during their teenage years.

Data from the Biennial Smoking, drinking and drug use in Young People Survey 2018 (11-15yrs)⁹

National Headline Data

- 16% of pupils had ever smoked
- 10% of pupils said they had drunk alcohol in the last week
- 24% of pupils said they had taken drugs (9% in the last month): this increased by age group with 38% of 15 year olds saying they had taken drugs
- 40% of recent smokers reported low life satisfaction compared to 18% for all pupils.

West Midlands Headline Data

- 38% of boys had ever drunk alcohol
- 49% of girls had ever drunk alcohol
- 7% of boys had drunk alcohol in the last week
- 13% girls drank alcohol in the last week
- 21% boys had ever taken drugs
- 21% of girls had ever taken drugs
- 7% of boys had taken drugs in the last month
- 7% of girls had taken drugs in the last month

The survey shows that most Young people taking drugs obtain these from a similarly aged friends and purchase them in the street or park/outside area.

22% of young people obtain alcohol from their parents and 64% report drinking with their parents.

This particular measure reinforces the need for services that provide education and information to both young people and those who care for them as well as professionals in education and healthcare settings.

Local Context

The caseload in Herefordshire for 2018/19 was very small, this is reflective perhaps of the available resourcing within the service and also the gaps in available outreach to educational and other community settings. Below is a summary of the in treatment caseload for the financial year:

⁹ <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018>

- Most young people that entered specialist treatment did so through self-referral from the youth justice system.
- Most had begun using substances before age 15yrs (similar to national trend)
- Over half of young people were using 2 or more substances (similar to national trend)
- 69% were involved in offending
- 38% affected by domestic abuse
- 7% were on a child protection plan
- 25% were identified as having a mental health treatment need
- 13% were affected by sexual exploitation
- 31% were a looked after child
- 38% were affected by others substance misuse
- 83% were using cannabis problematically
- 48% were using alcohol problematically
- 59% smoked tobacco
- Most of those in treatment were young males 86%
- Most young people received psychosocial treatment lasting between 13-26 weeks
- Those leaving treatment successfully 74% did not represent to services within 6 months