

Swindon Substance Misuse Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 15th March 2017

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Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 Swindon Borough Council is responsible for reducing the harm caused by substance misuse. As such it is important to review the needs of drug and alcohol users and assess the impact their substance misuse is having on themselves, their families and their communities. This information is used to inform the strategy and commissioning of a range of services that aim to impact on substance misuse.
- 1.2 The purpose of the Joint Strategic Needs Assessment (JSNA) for substance misuse is to:
 - Review national and local policy and best practice.
 - Assess current demand and provision of substance misuse service in Swindon.
 - Assess the impact of substance misuse in Swindon including the impact on health and other inequalities.
 - Review the impact of licencing policy.
 - Make recommendations about the best use of reducing resources with regard to future substance misuse commissioning, partnership working and strategic direction in Swindon.
- 1.3 The JSNA will lead to the development of a substance misuse strategy, which will outline how key partners in Swindon will work together to reduce the number of people who misuse substances, reduce the harm caused by substance misuse, and support those recovering from substance misuse thereby addressing health inequalities.
- 1.4 The JSNA and the strategy will inform our commissioning intentions as we go forward during 2017/18 to recommission Swindon's substance misuse services.
- 1.5 Swindon has an estimated 1147 opiate and/or crack users. This equates to approximately 8 of every thousand young people and adults (15 – 64 years) in Swindon using opiates/crack. Of these about 525 are estimated to be injecting drug users. This is a slightly higher rate than the South West but lower than the

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national average. Whilst the proportion of Swindon residents using drugs is relatively small the impact can be extensive.

- 1.6 According to the North West Public Health Observatory alcohol profiles and the Department of Health's Alcohol Learning Centre, Swindon has an estimated 31,000 hazardous drinkers, 7500 harmful drinkers, 4046 dependent drinkers and 25,000 binge drinkers.
- 1.7 The health and social care services in Swindon are already under pressure and substance misuse not only impacts upon health outcomes but has a significant financial cost to Swindon. Our priority is to reduce substance misuse overall and reduce the harm and health inequalities caused by ensuring our more vulnerable groups: pregnant women, minority ethnic groups, children and young people, older people and people with dual diagnosis either mental health or LD and substance misuse are able to access services.
- 1.8 The needs assessment and the developing strategy recognise the benefits that well managed alcohol consumption brings to Swindon in regards to the vibrant night time economy. At the same time it recognises the high cost of the negative impact that poorly managed alcohol consumption has on health, Council and police resources.
- 1.9 The JSNA Bulletin is attached at Appendix 1 to the report. A full version of the JSNA is available at: <http://swindonjsna.co.uk/dna/Substance-misuse-needs-assessment>.

2. Recommendations

The Board is recommended to:

- 2.1 Note the findings of the Substance Misuse Joint Strategic Needs Assessment as set out in the Bulletin attached at Appendix 1 to the report.
- 2.2 Endorse its use in the commissioning of substance misuse services in Swindon.
- 2.3 Endorse the development of the Substance Misuse Strategy 2017 – 2022 based on the recommendations of the Joint Strategic Needs Assessment.

3. Detail

Swindon Substance Misuse JSNA

- 3.1 Swindon Substance Misuse JSNA reviews the national and regional guidance on drugs and alcohol, it reviews current treatment and intervention service provision and performance against national guidance and makes some key recommendations for how substance misuse services and interventions can improve.

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- 3.2 Our aim is to deliver a more integrated, cost effective and efficient model of service that will deliver a high quality, evidence based service to our identified vulnerable groups whilst making best use of resources.

3.2.1 Priority 1: Early intervention with young people and their families

Our recommendations are to:

1. Conduct a further review of the increase in hospital admissions for 15-24 year olds and monitor the numbers being admitted for alcohol related conditions.
2. Develop a plan to widen the strategic screening of vulnerable young people to enable early identification and intervention regarding substance misuse.
3. Ensure targeted campaigns based on prevention and education for young people and their families.
4. Develop effective transition policies to ensure no unplanned exits as young people move into adult services.
5. Review the current multi-agency provision for support for parents who are misusing substances.

3.2.2 Priority 2: Prevention of substance related harms

Our recommendations are to:

6. Review planned prevention campaigns to ensure an effective balance between drug and alcohol issues.
7. Conduct a review of online and digital awareness raising tools to deliver best value prevention messages.
8. Review the availability of brief interventions in partner agencies to expand the capacity of staff to have meaningful conversations and make suitable onward referrals of those with substance misuse issues. This will include working within the principles of Making Every Contact Count.
9. Conduct a review of the current availability and effectiveness of Naloxone in preventing drug related deaths with a view to a further roll out.
10. Conduct a review of changing drug profiles, New Psychoactive Substances, prescribed medications and Steroid use.

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11. Undertake a review of Opiate clients who are newly presenting to service to gain an understanding of their using history, criminal justice involvement, if moving from out of area and previous opportunities for earlier intervention.
12. Continue to support commissioned services to improve the uptake of Blood Borne Virus testing and immunisation.
13. Review the increase in demand for needle exchange services and review the content of packs against best practice advice and current resource.
14. Continue to develop and align mutual aid in Swindon ensuring service user support, peer mentoring, Smart Recovery and other support networks integrate well with commissioned substance misuse services.
15. Develop an in service stop smoking pathway for substance misuse clients.

3.2.3 Priority 3: Treatment services deliver effective harm reduction and sustained recovery

The focus will be to reduce health inequalities by working to improve health outcomes for disadvantaged and vulnerable communities.

Our recommendations are:

16. Ensure the new treatment model delivers improved outcomes regarding recovery particularly for alcohol users.
17. Continue to monitor and support the Street Drinker's project to ensure that the initial positive outcomes are maintained and consider long-term funding.
18. Develop a multi-agency review process for those identified as being at imminent risk of becoming a drug related death.
19. Review how diverse groups are engaged in treatment services with a particular focus on women (including pregnant women), those with ethnicities other than White British and both older and younger cohorts.
20. Review the increasing demand and increasing presenting complexity of those referred for consideration for inpatient admissions.

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21. Review the availability of community detox as an alternative to inpatient admissions.
22. Explore the feasibility of a substance misuse rather than alcohol only hospital based liaison service.
23. Improve links between commissioned services and Job Centre and Learn Direct. Focus on improving computer literacy and online access for job searches, applications and CV writing.
24. Review housing need for those who are currently unable to maintain abstinence, leaving residential rehab and those with dual diagnosis.
25. Continue to monitor and support the case review and training sessions to support effective working with dual diagnosis clients.

3.2.4 Priority 4: Reduce substance misuse related crime and anti-social behaviour

Our recommendations are to:

26. Review of clients recently released from prison who are accessing substance misuse services. Exploring any links to Dangerous Drug networks.
27. Work alongside Police and Community safety colleagues to contribute to an effective response to Dangerous Drug Networks/ County Lines issues.
28. Ensure a joined up multi-agency response to those adversely affected by substance misuse and domestic violence.
29. Undertake a further cost/benefit analysis of spend on substance misuse services against delivery of criminal justice services.
30. Work with SBC Licensing to explore ways to ensure a reduction in the harm caused by alcohol whilst maintaining a vibrant economy.
31. Work with multi-agency group to deliver the identified outcomes of Local Area Alcohol Agreement regarding night time economy and information.

- 3.3. The Swindon Substance Misuse Strategy will build on these recommendations setting the direction for Swindon to prioritise prevention and early intervention, focus on the needs of children and young people in conjunction with their own and the impact of their parent's substance misuse. We will focus on brief

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interventions in line with Making Every Contact Count, targeting specialist treatment on those with most need, and ensuring the needs of the most vulnerable are addressed using mutual aid in the recovery process and outreach to those in need. We will address the issues raised by dangerous drug networks and the implications these have in Swindon, working with key partners such as the police, licensing, housing, mental health services, education and training and health services to ensure the best chance of recovery for clients.

4. Alternative Options

- 4.1 The alternative option would be to reject the findings of the JSNA and the recommendations on which the strategy will be developed.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There is an option to explore the integration of the commissioning of Substance Misuse Services across Swindon and Wiltshire. The findings of the JSNA and the strategy are not dependent or influenced by this option. There are no direct financial implications arising from this report.
- 5.2 Any implications from the recommendations will be delivered within the financial boundaries that are already in place.

Legal and Human Rights Implications

- 5.3 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.4 There are positive implications on health, crime and disorder from reducing substance misuse and the harm it causes.
- 5.5 Diversity Impact Assessment
- 5.6 Addressing the recommendations of the JSNA and strategy will have a positive impact on diversity. The Needs Assessment has highlighted some key groups that currently do not access services and there are recommendations throughout the report to address these inequalities.

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Risk Management

5.7 No specific risks have been identified at this stage for this report.

6. Consultees

6.1 The Corporate Director, Resources and Transformation (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Substance Misuse Joint Strategic Needs Assessment Bulletin 2017.