Substance Misuse Plan 2015/16

Part 1: Strategic summary

This strategic summary incorporating the findings of the needs assessment has been approved by the Partnership and represents our collective action plan.
Signature
Stephen Munday, **Director of Public Health, Solihull,** **Chair, Substance Misuse Joint Commissioning Group**

1. Introduction - Our Borough

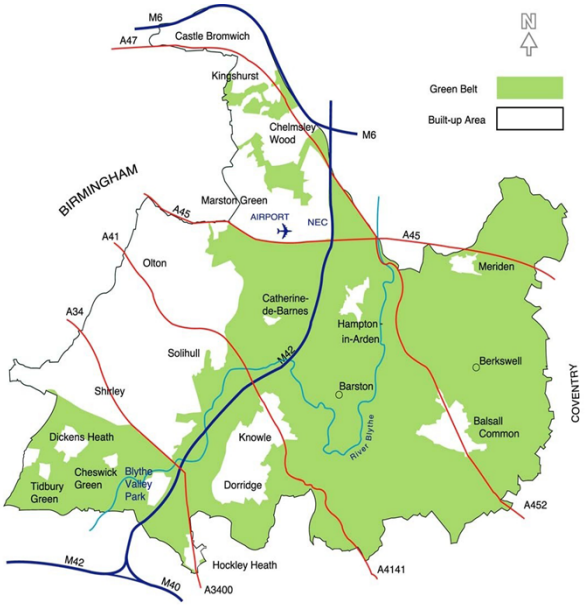
The Borough of Solihull is home to a population of around 208,900 living in over 88,000 households located mainly in the residential suburbs of Solihull, Shirley, Olton, Balsall Common and Knowle in the south and in Castle Bromwich, Smith's Wood, Chelmsley Wood, Kingshurst and Fordbridge in the north.

The most notable features of the Solihull population profile is the relatively higher proportion of older people in the Borough. Since 1981 the proportion of residents aged 65 and over has increased from 11% to 19% and there are now 12,700 more residents aged 65 to 84 years and 4,100 more aged 85 years and over. Population projections based on the 2012 population estimates indicate the relative ageing of the Solihull population will continue and by 2022 an estimated 48,700 people aged 65 and over will live in the borough (22%), with those aged 85+ numbering 8,300 (4%).

Solihull is in the midst of dynamic and rapid socio-demographic change. The Black and Asian Minority Ethnic (BAME) population has more than doubled since the 2001 Census and now represents nearly 11% of the total population. On this basis the borough is less diverse than England as a whole (and significantly less so than neighbouring Birmingham), but with BAME groups representing a relatively higher proportion of young people in Solihull (over 15% of those aged 15 and under) this representation is set to increase.

The borough has two contrasting characteristics, highly recognised economic success and general affluence in the south against high levels of deprivation in some areas of the north.

22 of our neighbourhoods [(1)] are amongst the 20% most deprived, with 15 neighbourhoods amongst the 10% most deprived overall, and 2 in the bottom 5%. A programme of regeneration is currently underway to address this imbalance and create opportunity for employment, more affordable homes and education to the north of Solihull. Solihull residents generally have a good quality of life. However, people living in the north of Solihull generally have poorer health, less suitable housing, lower educational attainment levels, child poverty and traditionally poor transport links to the south of the borough and most of the West Midlands.



The index of Multiple Deprivation (IMD) combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for individual neighbourhoods called Super Output Areas (LSOAs) in England.

2. The Solihull Partnership

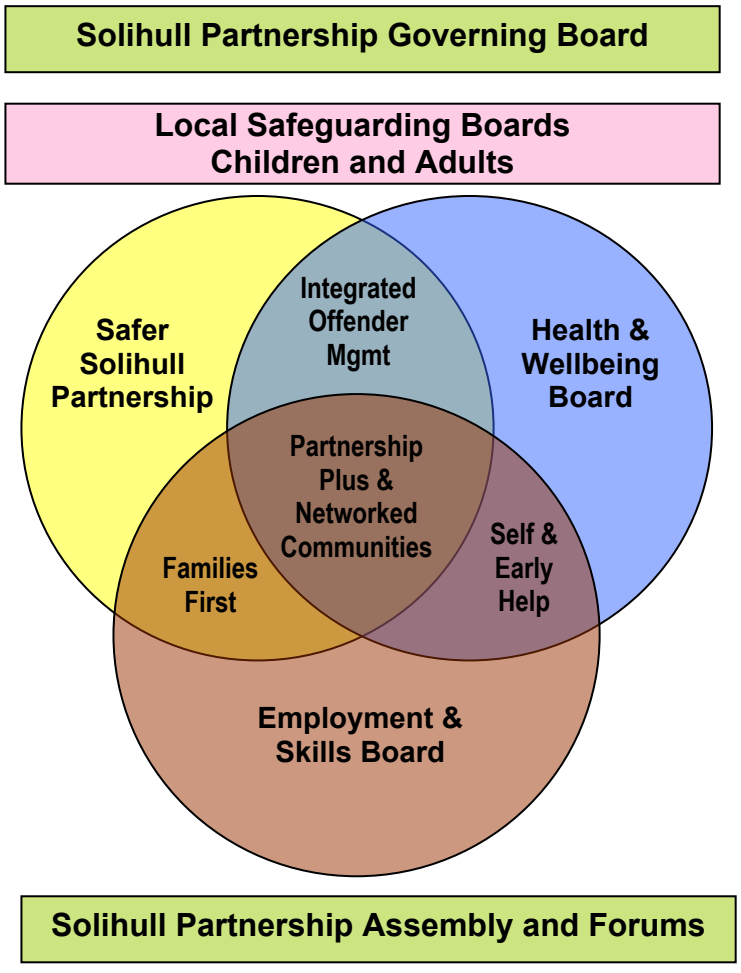
The Solihull Partnership vision:

Solihull in 2018: where everyone has an equal chance to be healthier, happier, safer, and more prosperous.

The Solihull Partnership is the strategic partnership responsible for improving outcomes for all people in Solihull. The Partnership includes local communities and their elected representatives, and public, private, voluntary and community sector organisations. It is a non-statutory body which brings together organizations and representatives voluntarily to work together to achieve the Partnership vision.

Solihull Partnership Structure:
Following a review of the Governance arrangements for the Solihull Partnership, the following structures will be in place from April 2014. The partnership comprises of the following boards and bodies:

- The **Governing Board** is a voluntary partnership board that operates as the executive body for the Partnership and has overall stewardship of the effectiveness of partnership working in Solihull.
- **Safer Solihull Partnership** is a statutory partnership board and acts as the borough's Local Police and Crime Board, which include resident participation elected from the local community.
- The statutory **Health and Wellbeing Board** is responsible for developing and contributing to the delivery of a joint health and wellbeing strategy for the Solihull area. This focuses on securing improved health outcomes for all ages, including children and young people.
- The **Employment and Skills Board** is a voluntary body of public and private sector partners focused on maximising employment opportunities for local people. It supports the local implementation of the **Birmingham and Solihull Local Enterprise Partnership** strategies to deliver economic growth and job creation across



the area.

- The statutory **Local Safeguarding Children's Board** is responsible for promoting the safeguarding and welfare of children and young people and protecting them from the risks of significant harm.
- The **Safeguarding Adult's Board** is responsible for promoting the safeguarding and welfare of vulnerable adults and protecting them from the risks of significant harm.
- The two safeguarding boards are independent in order to provide quality assurance of partnership working in respect of protecting children, young people and vulnerable adults from significant harm.

Integrated Working in Solihull

One of the main aims of the Partnership is to promote multi-agency working and secure integrated working and services. The governance structure above identifies some of the more significant areas of cooperation and integrated working within Solihull

Health and Wellbeing Board:

The strategy for substance misuse treatment services is the responsibility of the Health and Wellbeing Board under whose overall oversight the Substance Misuse Joint Commissioning Group carries out the key tasks of strategic and tactical planning, commissioning services and reviewing and monitoring effectiveness.

This group is chaired by the Director of Public Health, representing Solihull Metropolitan Borough Council, which manages the funding made available for drug and alcohol prevention, education and treatment and lets the appropriate contracts for provider services. The group also has representation from the Clinical Commissioning Group, Police, and the Probation Service. The Drug and Alcohol Action Manager and the Joint Commissioning Manager are the officers serving the group and carrying out its day to day functions. Together these arrangements constitute the local Drug and Alcohol Action Team.

Dealing effectively with the varied causes and consequences of drug and alcohol misuse requires strong strategic links to other areas of local development. Accordingly our Substance Misuse Services operate in a framework of concerted action in many arenas to improve the health and well being of our community and challenge the harms caused by crime and disorder. In particular we work to ensure that public health intervention, primary and secondary NHS services and our criminal justice services all contribute to a concerted approach to minimising and tackling the problems associated with substance misuse in our borough.

Solihull Integrated Addiction Service (SIAS)

Individuals and families require a wide range of services to help them tackle and recover from problems of drug or alcohol misuse. Medical facilities are important, but so too are specialist counselling, professional and peer support, family support, housing help, employment assistance and many other elements of care.

Each individual needs a particular package of help designed and regularly monitored in order to maximise their chances of abstinence and recovery.

Out of a recognition that no one agency can deliver all the particular elements of care required our local providers have come together, as SIAS, to give that care in a fully integrated and co-ordinated way. Organisations comprising SIAS are:

- **Birmingham and Solihull Mental Health Foundation** Trust – our lead clinical provider
- **Welcome** - a local third sector organisation offering psychosocial interventions
- **Aquarius** - a regional organisation specialising in alcohol problems
- Criminal Justice Outreach Service (previously The Drug Intervention Programme)- a specialist service providing access to treatment for offenders
- **Str8up** – our local team specialising in the treatment of young people
- **Changes UK** – a community enterprise organisation set up for and by recovered users providing accommodation based care.

SIAS provides integrated services covering the following core responsibilities:

1. **Recovery Focussed Treatment Service for Adults with drug or alcohol problems.**

2. **Outreach services - Criminal Justice agencies, Hospitals and Primary Care practices.**

3. **Young Persons Intervention Service**

4. **Family and Friends Support Service**

5. **Service User Involvement Support Service**

Following a re-tendering exercise in 2013 these services are contracted to a lead provider: Birmingham and Solihull Mental Health Foundation Trust, which works in partnership with the other SIAS providers - with whom sub-contracts are held to regulate the activity, respective responsibilities and financial obligations.

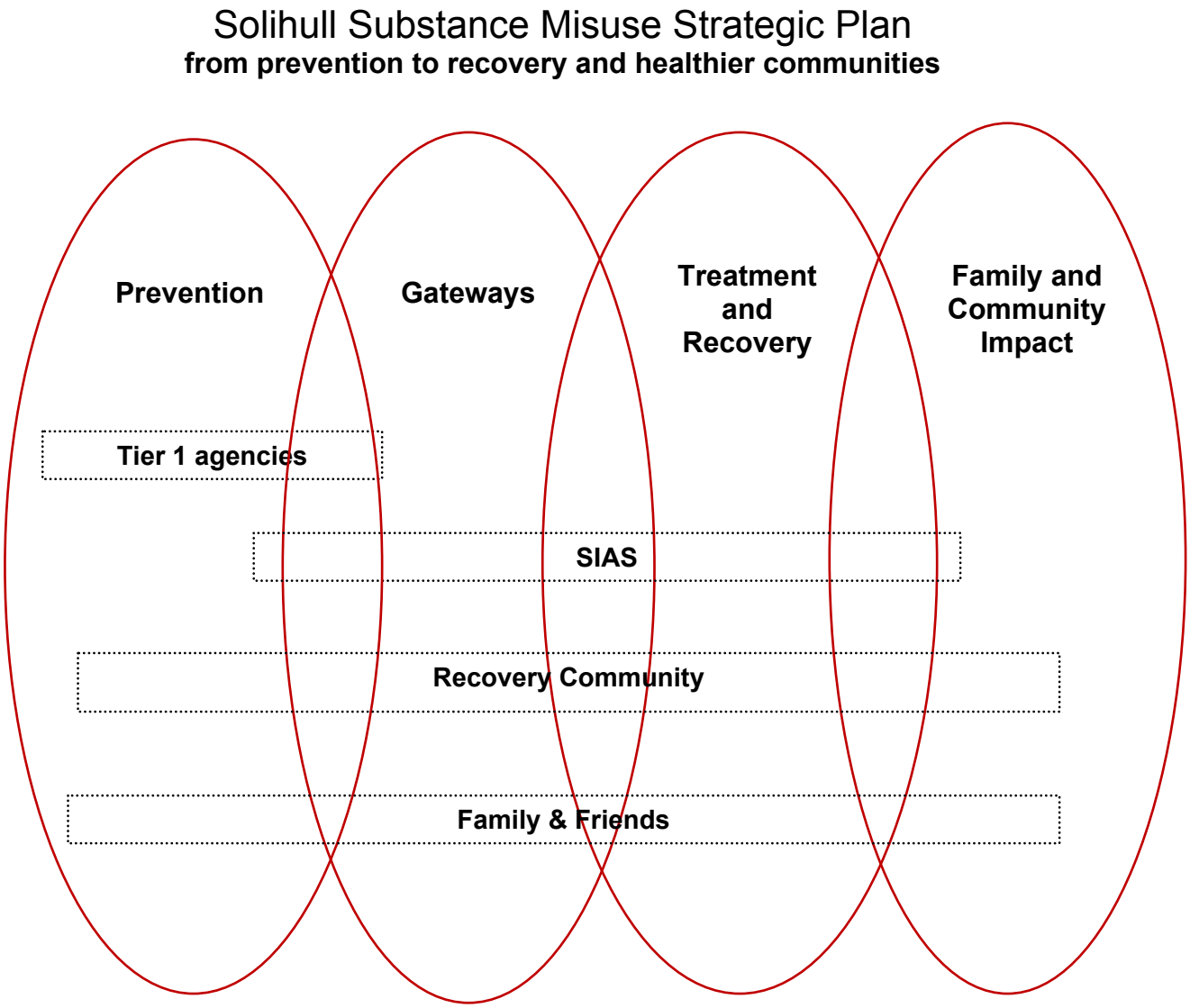
3. Overall direction and purpose of the Substance Misuse Plan

This Substance Misuse Plan has two overarching aims:

- That the prevalence and problems associated with alcohol and drug misuse are prevented where possible and ameliorated where unavoidable.

- That alcohol and drug misusers in Solihull are enabled through high quality treatment to manage and eliminate their dependence in the interests of their own health and social functioning and the health and wellbeing of the community at large.

Below is our high level strategic model bringing together our concerns for the health of our community with our desire to provide best quality interventions for individuals and families affected by substance misuse. Each area of attention overlaps with others and each community of action is concerned with more than one area:



As in previous planning years we have brought together a variety of stakeholders with differing perspectives on the issues to discuss the main features of the emerging needs assessment and where developments in the year ahead are indicated. This group included representatives of the users of services, and their family and friends, together with members of the joint commissioning group SIAS staff, and SMBC commissioners (eg Domestic Abuse Co-ordinator).

The themes chosen for these discussions reflect our central strategic concerns in the period ahead:

1. **Healthy Lifestyles, Communities and Families**

   To help our communities develop healthy attitudes and behaviours around alcohol and drug use – and ensure families get help to prevent and deal with the risks to young people and relationships.

2. **Substance Misuse & Crime**

   To make sure we recognise and respond to the crime and anti social behaviour linked to alcohol and drug use.

3. **Treatment & Recovery**

   To ensure our specialist services work together to deliver the wide range of care and support needed to maximise the chances of recovery for those who develop problems with drug and alcohol.

In the next section we will consider the headline findings of our needs assessment process under each of these headings before considering our priorities for action. The full needs assessment 2014-15, with details of information and evidence obtained, can be found at…….

4. Findings from our latest needs assessment

Theme 1 : Healthy Lifestyles, Communities and Families

Key Points :

1. Community perception : 'Place survey' results, suggest a reduction in public perception of 'using or dealing drugs', and 'drunk or rowdy behaviour' in Solihull.

2. Cannabis use : HRBQ survey responses indicate overall cannabis use is decreasing both in terms of usage and being offered the drug. But we know there is still significant use within certain groups in Solihull.

3. Alcohol consumption : Locally we know a significant proportion of Young People and adults consume alcohol at home, and indications are this level is increasing in Young People.

4. Contact with children : In Solihull, 45% of those in drug treatment have children living with them at least part of the time, 32% for those in alcohol treatment. Children of drug using parents have been found to be at risk of early onset of alcohol and tobacco use, and higher rates of adolescent drug use.

5. Families first : Currently 75% of the families the team are working with have a substance misuse issue within the family.

6. Legal Highs : We know there is use of legal highs in the borough, we don't know how extensive this is, but it could pose a threat to Young People's health in the future.

7. Health Performance : Deaths caused by drinking continue to rise in Solihull. Hospital admission rates due to alcohol were falling in 2013-14 but appear to have risen again in 2013-14 to a position near the West Midlands average.

8. Big drink debate survey key findings :

    - People's level of drinking was still of concern
    - Overall alcohol awareness was poor
    - Exposure levels of alcohol related ASB were high but reporting of it was low.

9. Living with children: a high proportion of clients in contact with treatment services in Solihull live with children. The proportion is significantly higher compared to the national rate, implying that the pathway into treatment for clients with children is not a restricted one.

Theme 2 : Substance Misuse & Crime

Key Points :

1. In Solihull the number of violent crimes are low, but the consequence of these are high. The public are aware that alcohol is linked to crime in the borough, evidence suggests that crimes linked to alcohol include domestic violence, violence and ASB linked to the nightime economy.

2. A survey completed in October 2013 to assist the new Local Police and Crime Board in deciding it's priorities for 2014/15 saw drug dealing / drug use as a key problem that communities want the police to deal with.

3. The levels of crime and disorder are low within Solihull Town Centre considering the volume of people attending the night time economy. However, within Solihull Town Centre the clustering of pubs and clubs is the reason why there is more alcohol related crimes within the St Alphege Ward than other Wards.

4. Drug related crime : Significant decrease in the number of drug related crimes recorded. Almost 40% people charged with drug related crime in Solihull lived outside borough, within Solihull 50% lived in one of the regeneration wards.

5. The Offender Rehabilitation Act 2014 will bring a number of changes and challenges which our treatment system will need to respond to:

    - Community Rehabilitation Companies will be established to manage offenders, including those with drug and alcohol needs.
    - Resettlement prisons will be established – and will require effective liaison with our treatment services, including family and friends.
    - Offenders serving custodial sentences of any length will be supported and managed through their sentence and on release.

Theme 3 : Treatment & Recovery

Key Points :

1. Opiate Prevalence : The estimated numbers of opiate users in Solihull continues to decrease.

2. Alcohol Prevalence : There are an estimated 44,905 people who drink at hazardous or harmful levels, 27,152 people who binge drink, and 6,266 people who show signs of alcohol dependence, and 1,044 people who are moderately or severely dependent on alcohol.

3. Opiate clients : Clients are performing well in terms of successful completions from treatment, and the rate at which they re-present to treatment services is low.

4. Non opiate clients : Numbers entering treatment are decreasing, completion rates have also been decreasing over recent years, especially in the early stages of treatment. Clients are currently re-presenting back into treatment at higher than expected levels.

5. Alcohol clients : Numbers entering treatment continue to rise, completion rates have dropped for those at the early stages of their treatment, and for those with more than 1 treatment journey.

6. Treatment Outcomes : Outcomes are having positive impacts on making people healthier, but opiate clients still using on top of their treatment remains an issue.

7. Financial Impacts :

    - YP drug and alcohol interventions result in £4.3m health savings and £100m crime savings per year. Drug and alcohol interventions can help YP get into education, employment and training, bringing a total lifetime benefit of up to £159m. Every £1 spent on YP drug and alcohol interventions brings a benefit of £5 - £8.
    - Alcohol interventions : Every 100 alcohol dependent people treated can prevent 18 a & e visits and 22 hospital admissions. Overall for every £1 spent on alcohol treatment, £5 is saved elsewhere.
    - Drug treatment : Prevents an estimated 4.9m crimes every year, and every £1 spent on drug treatment saves £2.50 in costs to society.
    - An SROI (Social Return on Investment) study has established that for every £1 spent on supporting Families and Friends there is a saving of £4.70 in costs to society.

8. Young People: Young people accessing specialist substance misuse treatment is decreasing nationally, this is reflected in numbers locally which have seen a similar reduction.

5. Priorities for action 2015/16

Priorities are noted and briefly explained below, grouped in the four areas for attention identified in our high level strategic model: Prevention, Gateways, Treatment and Recovery and Family and Community Impact. Priorities are identified separately for Young People and Adults.

	Adults	Young People
5.1 Prevention	1. To raise public awareness of the dangers of substance misuse, ensuring they are advised as to how to prevent harm and aware of the action they might take if they are concerned for themselves or another. 2. To ensure that public and third sector agencies concerned for the health, welfare and safety of our community are equipped to contribute to the reduction of substance misuse and are able to respond appropriately.	1. To ensure that children, young people and parents are aware of the dangers of exploratory behaviour including substance and alcohol misuse, advised as to how to prevent harm and aware of the action they might take if they are concerned for their own or others substance misuse. 2. To ensure that all children and young people's services are equipped to contribute to the reduction of substance misuse and are able to respond appropriately. 3. To ensure that school staff are empowered to deliver effective substance misuse/exploratory behaviours education in Solihull Schools, supported by effective partnership working where appropriate.
5.2 Gateways	3. To ensure that Tier 1 Agencies (including Criminal Justice Agencies, Job Centres, Work Programme providers etc.) fully use assessment procedures to identify drug and alcohol needs and refer to SIAS for intervention. 4. To ensure the SPOC for healthy lifestyle services includes response and referral in respect of alcohol use.	4. To ensure early identification and intervention for those young people at risk of substance use and other exploratory behaviours, prioritising young people known to be in vulnerable groups. 5. To ensure that any response to substance misuse by young people's services is delivered through a strategy which addresses exploratory

	5. To enable the Criminal Justice Outreach service to actively assist substance misusing offenders to engage with treatment services productively, through the multi agency integrated offender management programme. 6. To promote screening, brief intervention and referral practice in respect of all patients and their families in primary care or community healthcare settings especially in respect of alcohol use. 7. To promote alcohol screening, brief intervention and referral practice in A&E and in-patient facilities – identified within the QIPP programme. 8. Restore a healthy engagement rate with users experiencing problems with non-opiate drug use.	behaviours, including sexual health, personal safety and child sexual exploitation.
5.3 Treatment and Recovery	9. Ensure services deliver high quality provision and achieve demanding targets - especially for completions and re-presentation rates - within the top quartile by comparison with similarly profiled areas. 10. Ensure treatment commences with clear plans for successful recovery, including family engagement and mutual aid support. 11. Ensure services supporting the maintenance of recovery are available to alcohol and drug users in all parts of the borough. 12. Improving the successful discharge rate for users in treatment for over 2 years. 13. Maintain an active community detox. Service and re-establish the offer of supported accommodation within which users can undertake the first stage of recovery (often including detoxification). 14. Maintain housing support services, including the floating support service and tier 4 after care accommodation scheme, ensuring connectivity with the SMBC homelessness strategy – including	6. To increase the active involvement of children, young people and parents/carers to inform and shape future service provision. 7. To support young people's specialist services to provide high quality provision leading to improved outcomes for young people through a more cohesive partnership with services involved with meeting the needs of children, families and adult substance users. Including enhanced liaison and joint working with the Families First initiative. 8. To maintain the Hidden Harm service and develop a sustainable model for the future to ensure the needs of young people affected by others substance use can be met in the future.

	the emergency housing project development. 15. Sustain attention on the employment of users through specific SIAS intervention as well as liaison with Job Centre Plus and other related services. 16. Ensure effective services are available to assist users to achieve basic employability standards – e.g. literacy/numeracy.	
5.4 Family and Community Impact	17. Maintain community health protection measures: e.g. BBV testing/vaccination programme, needle exchange and harm reduction interventions within pharmacies. 18. Ensure that SIAS contributes fully to reducing crime and anti-social behaviour. 19. To help parents protect their children from the dangers of drug and alcohol use and support parents in coping with the problems of substance misuse in the family. 20. Undertake a local evidence study on the harms associated with cannabis use and Novel Psychoactive Substances.	9. To ensure that substance misuse services play a full role in co-operation with all other services concerned with the needs of young people and their families. 10. To raise community awareness of the risks to young people and families of substance misuse – and how they can be reduced.

5. Performance Monitoring

Continually developing our understanding of the nature, origin and extent of substance misuse problems has been, and will remain, key to our strategy in the years to come. Only with that process can we hope to accurately inform the direction services should take and contribute to the Joint Strategic Needs Assessment process, through which our overarching knowledge of the interconnected health and social care issues facing the people of Solihull are understood. To that end we will maintain a programme of research and information work - a separate section on this work is included in our Delivery Plan.

One aspect of information management is assessment of the performance of our currently commissioned services. In order to ensure that we achieve the challenging objectives we have agreed for the year ahead we recognise that we will need a set of measures by which to judge that performance. The Joint Commissioning Group, as the responsible overview body, will review the performance of our system on a monthly basis against a set of key indicators.

Two sets of performance level guidance markers will be set, by negotiated agreement with SIAS:

a) **Aspirations** – a wider set of challenging ambitions describing high performance results we are striving collectively to achieve. These will be valuable in directing and evaluating progress and will be interpreted as indicators of excellence in development rather than the acceptability of service delivery levels.

b) **Minimum standards** – a set of markers describing a performance level below which performance will be seen as unacceptable and therefore requiring urgent action by the relevant provider. This performance level will be required, therefore, within service contracts as a formal obligation.

The contract between SMBC (Public Health Dept.) and SIAS will incentivise achievement of certain aspirational standards (identified as “PBR” indicators in the list below) with additional payments, over the core contract sum, of up to 5%.

Similarly the contract will penalise any failure to achieve the minimum standards for these indicators with reductions of up to 5%.

Key Performance Indicators 2015-16

N.B. The following indicators are those agreed for 2014/15 and may be revised following consultation to reflect our strategic priorities.

	Indicator Description	Minimum performance standard 2014/15	Aspiration 2014/15	Notes
Substance Misuse & Recovery				
1 (Drugs) PBR	DAAT 01 Numbers in effective treatment - All drug users. Performance is reported on a 12 month rolling period, and 5 months in arrears.	600	640	
2 (Drugs) PBR	DAAT 01a (NI 40) Number of OCU (users of opiates and/or crack cocaine) recorded as being in effective treatment. Performance is reported on a rolling 12 month period, and is 5 months in arrears.	*400*	*440*	These figures will be amended on publication of the latest 'Glasgow' estimates to reflect a minimum 50% penetration rate and an aspiration of 55%
3 (Drugs) PBR	DAAT 56 /PHOF 2.15a The proportion of all in treatment who successfully completed treatment and did not re-present within 6 months - Opiates	8%	10.6%	
4 (Drugs) PBR	DAAT 56a/PHOF 2.15b The proportion of all in treatment who successfully completed treatment and did not re-present within 6 months – non-opiates	40%	45.4%	
5 (Drugs)	DAAT 73 TOP Opiate abstinent rate. Of those individuals using opiates at the start of treatment, the percentage of individuals who have become abstinent from opiates for the 28 days prior to the review TOP.	45%	55%	
6 (Drugs)	DAAT 74 TOP Employment, clients working 10 days or more on exit. Of those clients who have a planned exit, the proportion of clients who are working 10 days or more on exit.	35%	45%	
7 (Drugs)	DAAT 75 TOP Quality of life score. The mean scores of client's 'quality of life' at review TOP.	13.0	15.0	
8 (Alcohol) PBR	DAAT 57 The number of alcohol clients in contact with treatment in the last 12 months (rolling 12 month figure)	750	790	
9 (Alcohol) PBR	DAAT 67 The proportion of harmful drinkers achieving successful discharge from treatment in relation to the total number of clients in treatment.	30	40	

	Indicator Description	Minimum performance standard 2014/15	Aspiration 2014/15	Notes
10 (Alcohol)	DAAT 84 Percentage of Alcohol unit reduction	80%	85%	
Criminal Justice				
11 (Drugs)/ (DIP)	DAAT 51 Percentage of DIP referrals who received tier 3 drug treatment. Performance reported on a monthly snapshot basis, and 2 months in arrears to allow for clients to enter treatment (JCG)	65%	90%	Under review – may be subject to change as a result of new data management system.
12 New	Reduction in offending (TBC)			In development – expected to be reported from Q3
Young People				
13 (YP)	DAAT 77 Number of Young People in structured care planned treatment year to date.	40	45	PBR will not apply to any of these KPIs in year 1 of the contract. From year 2 onwards PBR will be applied to 2 of these measures as agreed by negotiation in contract review meetings.
14 (YP)	DAAT 78 Number of Young People accessing Hidden Harm service year to date	45	55	
15 (YP)	DAAT 78b Number of Young People accessing tier 2 services year to date	100	150	
16 (YP)	DAAT 81 Percentage of Young People leaving treatment in an agreed and planned way	80%	85%	
17 YP)	DAAT 82 Percentage of Young People leaving Hidden Harm intervention in an agreed and planned way	80%	85%	
18 (YP)	DAAT….Percentage of Young People accessing tier 2 intervention successfully.			A measure will be developed during 2014-15 between SIAS and the providers.
Families				
19 (Families) PBR	The percentage of cases in which there is a family and/or carer alcohol/drug intervention delivered by SIAS staff. Performance is based on a year to date basis - (Alcohol or Drug/Families)	30%	40%	

	Indicator Description	Minimum performance standard 2014/15	Aspiration 2014/15	Notes
20 (Families)	DAAT 60a The number of families / carers receiving a care planned service, irrespective of whether the drug/alcohol user is in treatment. Performance is on a year to date basis - (Drugs & Alcohol/Families)	50	70	
Health and Wellbeing				
21 (New) (Drugs)	Proportion of clients still in treatment for longer than six years (OCU only)	30%	18%	
22 (New) (All)	Percentage of service users receiving screening for smoking at assessment	100%	100%	
23 (New) (All)	Number of service users accessing recovery support (NDTMS Dataset J)	265	300	
24 (BBV)	DAAT 28 Percentage of new presentations year to date offered Hepatitis B vaccination	100%	100%	
25 (BBV)	DAAT 29 Percentage of new presentations YTD commencing HBV vaccinations who accepted offer	43%	50%	
26 (BBV)	DAAT 30 Percentage of individuals in treatment previously or currently injecting, who have received a Hepatitis C test	73%	80%	
27 (BBV)	DAAT 31 Percentage of new presentations year to date (current or ever injectors) offered a hepatitis C test	100%	100%	