

Health and Care Scrutiny Committee

Report from the Director of Public Health

January 2018

This report provides an overview of the drug and alcohol services commissioned for young people and further detail of the use of adult drug and alcohol services by district, as requested by members of the committee.

Drug and Alcohol Services for Young People

Gloucestershire County Council commissions drug and alcohol treatment for young people under the age of 18 through its youth support contract with Prospects.

As well as being important for public health and community safety, we see substance misuse as a children's safeguarding issue. This is for two reasons:

- the (sometimes hidden) harms to children and young people caused by parental drug and alcohol misuse (where it can contribute to a toxic trio of neglect)
- the harms substance misuse can cause to young people (to themselves and others in terms of physical and psychological wellbeing, social and educational achievement, community safety and crime).

The Gloucestershire Safeguarding Children Board ([GSCB](#)) recognises that a young person's substance misuse can be a sign and symptom of other risks, and therefore hosts guidance for the children and young people's workforce, coordinates training on screening tools for hidden harm and substance misuse, and acts as a referral hub for substance misuse concerns.

Most referrals come from education, community and social work settings, where professionals have been trained in use of the [screening tool](#) covering risk factors such as: substance use, behaviour and emotional health & wellbeing. The combination of training, tool and hub facilitates access to the appropriate level of intervention.

There have been 66 young person screening tool referrals to the GSCB hub in the last 14 months: 47 male, 19 female; mainly for concerns about cannabis and alcohol; 24 from Stroud, 15 from Gloucester City, 11 from Cheltenham, 7 from Forest, with a further 6 from Cotswolds and Tewkesbury (with 3 unstated).

Referrals screened as low or medium risk are signposted to interventions delivered by community partners [Infobuzz](#) and [E-Motivate](#), who are then commissioned by schools (rather than GCC) to work with individuals or groups. A tailored workbook intervention on substance misuse issues can often lead to better school engagement overall. Schools are

responsible for monitoring outcomes from these interventions as part of their pupil wellbeing responsibilities, and they can analyse how they are doing through the Online Pupil Survey.

Referrals screened as high risk, as well as direct health or justice referrals, go to the [Young People's Substance Misuse Treatment Service](#), part of our commissioned Youth Support service, where psychosocial interventions are delivered by a multi-professional health team following NICE clinical guidance. Youth Support works with young people who are the most at risk of not making a successful transition into adulthood, including young offenders and young people arrested for drugs offences. (Youth Support as a whole currently works with a caseload of 800, with an additional 566 Children in Care aged 11-18 and Care leavers aged 16-24 in the 11+ service.)

Key performance indicators for the young people's substance misuse treatment service are mandated and monitored by Public Health England, whose data for 2016-17 show that: 106 young people received treatment (down from over 250 in 2008); 90% left treatment in a planned way; and only 2% represented (to young people's or adult services) within 6 months. Cannabis was involved in 95% of cases, with alcohol in 57%, stimulants in 36%, and other substances in 10%. Contract monitoring from Q1 this year shows that: 100% young people were assessed and began interventions within 15 days of referral; 100% young people leaving treatment had reduced their drink/drug consumption by at least 50%; 75% were engaged in education or training; and service satisfaction was over 90%.

At the same time, education and prevention work on all types of substance misuse (smoking, vaping, alcohol, prescription drugs, illegal drugs) is a key part of the Personal Health and Social Education (PHSE) curriculum for primary and secondary schools and colleges. Public Health commissions Gloucestershire Healthy Living and Learning ([GHLL](#)) to provide leading teachers and local resources for PHSE delivery in schools by teachers, health professionals, and other agencies. Ten years of Online Pupil Surveys show a consistent downward trend in rates of drinking, smoking and drug misuse among young people in Gloucestershire.

Drug and Alcohol Services for Adults

Public Health is responsible for commissioning the drug and alcohol treatment and recovery service for adults (18 and over). Since 1st January 2017, this has been provided by Change, Grow, Live (CGL), following a competitive tender process.

During the public and stakeholder consultation undertaken to inform the new service specification, we asked respondents to comment on the proposal that the service would be more flexible in its coverage and more responsive when there are identified problems and that drug and alcohol workers should get 'out and about' in the county with a visible presence where needed most. 94% of respondents agreed that the drug and alcohol service should adopt a flexible approach to delivering services based on where the need is greatest and 92% agreed that the service should be delivered from both fixed sites and a broader range of satellite/hosted premises. 94% agreed that the service should be more community-focused.

Delivery venues

In response to the service specification, CGL proposed and have now implemented a premises model that is designed to be more agile and to bring delivery to where it is needed, whilst offering the stability of Hubs in urban centres with higher populations of service users.

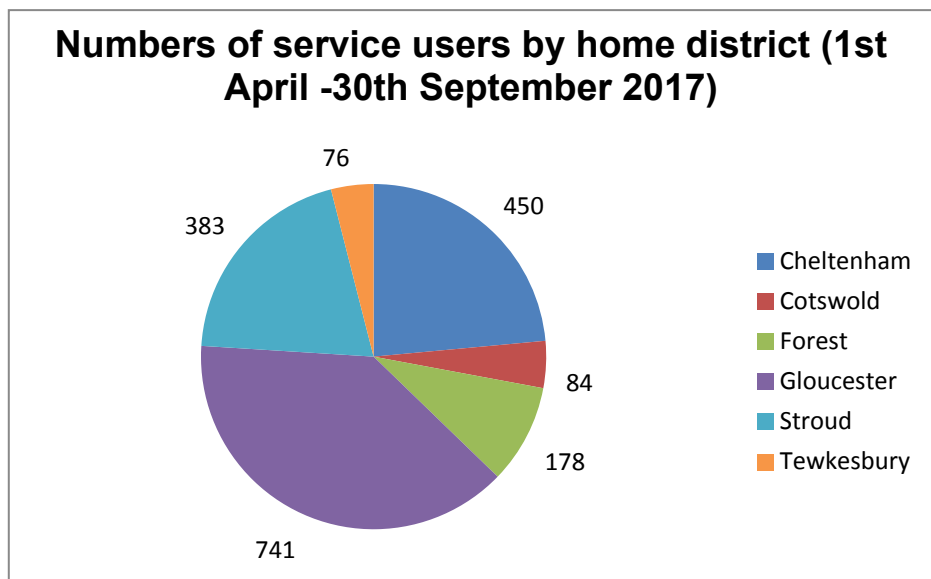
The Hubs are in Cheltenham, Gloucester and Stroud with additional locations for face-to-face and group work across the county, including Cinderford, Cirencester, Tewkesbury, Moreton, Winchcombe and Dursley (see Appendix 1 for full list of current delivery locations). Specific elements of the service, such as supervised consumption and needle exchange, are also offered throughout the county through sub-contracted arrangements with community pharmacies.

Not only is there greater flexibility of access over and above the previous fixed hub sites, the additional benefit of the variety of delivery venues is that service users can access the service in more 'anonymous' sites, reducing the perceived stigma attached to using specialist services.

CGL are currently seeking additional delivery venues, particularly in Lydney and Coleford, to increase reach across the Forest of Dean.

Use of service by home district

The chart below shows the number of CGL Gloucestershire services users between 1st April and 30th September 2017, by their home district.



The distribution of the treatment population by home district reflects what we might expect on the basis of known higher need in Gloucester, Cheltenham and Stroud. The table below shows this distribution for the same period – 1st April to 30th September 2017 – against full year data from 2014/15 and 2015/16. Caution should be exercised in comparing these because we do not yet have a full year's data for the CGL service; numbers may be affected by the fact that the new service has been mobilising during this period; and there may be some differences in the way in which providers report these data.

Drug & Alcohol treatment population distribution by home district	Cheltenham	Gloucester	Stroud	Tewkesbury	Forest	Cotswold
Drug & Alcohol users in treatment 2014-15	22.35%	35.26%	17.21%	5.81%	12.27%	7.10%
Drug & Alcohol users in treatment 2015-16	22.62%	36.01%	17.89%	5.39%	9.92%	8.18%
Drug & Alcohol users in treatment April – September 17	23.54%	38.76%	20.03%	3.97%	9.31%	4.39%

Access to the service is monitored on an ongoing basis by commissioners through contract management arrangements, when trends can be identified and addressed, where necessary. Commissioners also monitor complaints as part of the service contract management and clinical governance arrangements. To date, there have been no formal complaints made but, where concerns are raised, including those regarding access to services, these have been responded to swiftly by the provider.

Workshop and group attendance / non-attendance

CGL offer a range of workshops and groups across the county, which can vary dependant on local district need. Workshops range from alcohol and drug specific, recovery planning and goal setting to preparation for detox and rehabilitation.

Workshops are provided in all districts and attendance rates across the county can vary, with Cheltenham having the highest rate. CGL identified that Forest of Dean has had the lowest rate of workshop and group attendance to date and have paid particular attention to improving this, seeing Forest of Dean attendance rates significantly increase in the last quarter. CGL are exploring opportunities to extend their group offer in this area.

Non-attendance for all scheduled activities including medical appointments, group sessions, and one-to-one reviews, are a key indicator of service accessibility and fluctuate across the county. To date, Stroud and the Cotswolds are seeing the lowest non-attendance rates (low is good), which is positive in the context of the more rural setting.

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1. the (sometimes hidden) harms to children and young people caused by parental substance misuse (where it can contribute to a toxic trio of neglect)
2. the direct harms substance misuse causes to young people (to themselves and others in terms of physical and psychological wellbeing, social and educational achievement, community safety and crime).

For this reason the Gloucestershire Safeguarding Children Board (GSCB) hosts guidance for the children and young people's workforce, coordinates training on hidden harm and young people's substance misuse screening tools, and acts as a referral hub for substance misuse

concerns. The combination of training, tool and hub facilitates access to the appropriate service.

There have been 66 young person screening tool referrals to the GSCB hub in the last 14 months: 47 male, 19 female; more for 17 or 16 year olds than for 13-15s; mainly for concerns about cannabis and alcohol; 24 from Stroud, 15 from Gloucester City, 11 from Cheltenham, and less than 10 each from Cotswolds, Forest and Tewkesbury.

Lower level cases are signposted to interventions by community partners Infobuzz and E-Motivate, who are then commissioned by schools to work with individuals or groups. A tailored workbook intervention on substance misuse issues can often lead to better school engagement overall.

Higher level cases go to the Young People's Substance Misuse Treatment Service, part of Youth Support, where psychosocial interventions are delivered by a multi-professional health team following NICE clinical guidance. Youth Support works with young people who are the most at risk of not making a successful transition into adulthood, including young offenders and young people arrested for drugs offences. About 50 young people are on substance misuse treatment caseloads, with three out of four of those leaving treatment having both reduced their primary drug use by more than half and renewed their engagement in education or training. Service satisfaction levels are consistently over 90%.

At the same time, education and prevention work on all types of substance misuse (smoking, vaping, alcohol, prescription drugs, illegal drugs) is a key part of the Personal Health and Social Education (PHSE) curriculum for primary and secondary schools and colleges. Public Health commissions Gloucestershire Healthy Living and Learning (GHLL) to provide leading teachers and local resources for PHSE delivery in schools by teachers, health professionals, and other agencies. Ten years of Online Pupil Surveys show a consistent downward trend in rates of drinking, smoking and drug misuse among young people in Gloucestershire.

APPENDIX ONE: Adult Drug & Alcohol Service – Delivery Locations

Cheltenham, Tewkesbury, and Cotswolds Locality (this excludes Cirencester/South Cotswolds)

Location	Premises	Day	Intervention
Moreton	P3 Premises	Thursday	One-to-one & group
Moreton	North Cotswold Hospital	As required	Medical appointments
Winchcombe	Winchcombe Medical Centre	As required	Medical appointments
Tewkesbury	Baptist Church	Monday	Group
Tewkesbury	Deveraux Centre	Tuesday/Thursday	Medical and one-to-one appointments
Cheltenham	Alstone Lane Hub	Mon-Fri	Medical, one-to-one and group appointments
Cheltenham	YMCA	Thursday 12-2PM	One-to-one and assessment

Gloucester and Forest of Dean locality

Location	Premises	Day	Intervention
Gloucester	Longsmith Street Hub	Mon-Fri	Medical, one-to-one and group appointments
Gloucester	Nelson Women's Centre	Tuesday & one Weds evening per month	Group and one-to-one appointments
Gloucester	Taylor House	Tuesday AM	One-to-one & assessment
Gloucester	Stonham Homegroup	Every other Tuesday 1-3pm	Assessment & one-to-one
Gloucester	Newton House	Every other Wednesday 2-4pm	Assessment & one-to-one
Gloucester	Claremont House	Every other Wednesday 2-4pm	Assessment & one-to-one
Forest of Dean	Belle Vue Centre Cinderford	Mon, Thurs, Fri	Medical, one-to-one and groups

Stroud and Cirencester locality (this excludes North Cotswolds)

Location	Premises	Day	Intervention
Stroud	Bankfield House Hub	Mon-Fri	Medical, one-to-one and group appointments
Dursley	May Lane Surgery	Thursday PM	One-to-one appointments
Cirencester	Cirencester Hospital	Friday	Medical and one-to-one appointments
Cirencester	Ashcroft Church	Tuesday	Group, one-to-one and assessments
Cirencester	Bothy Centre	Thursday	Group