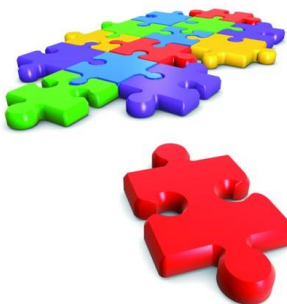


FIGURE 8
CONSULTANCY SERVICES LTD

2014

WEST SUSSEX ALCOHOL AND DRUG NEEDS ASSESSMENT
Executive Summary prepared for West Sussex County Council



EVIDENCE INTO PRACTICE

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EXECUTIVE SUMMARY

Introduction and background

Figure 8 Consultancy Services Ltd. was commissioned by West Sussex County Council (Public Health) in August 2013 to carry out a comprehensive alcohol and substance misuse health needs assessment project; and field work took place between September 2013 and December 2013.

Drug Action Teams were established by the Government in 1995 to ensure the strategic co-ordination of local action on drug misuse. In 2012, the West Sussex Drug & Alcohol Action Team (WSDAAT) was incorporated into Public Health England (PHE) with a view to transfer to the management of West Sussex County Council in April 2013. This Needs Assessment is a report that presents an evaluation to alcohol and substance misuse stakeholders across West Sussex and forms an important and independent component in the service commissioning process.

The document takes cognisance of the Drug Strategy 2010¹ which “sets out the Government’s approach to tackling drugs and addressing alcohol dependence, both of which are key causes of societal harm, including crime, family breakdown and poverty”. There are three main themes to this strategy: reducing demand, restricting supply and building recovery in communities. The Government’s Alcohol Strategy² is also reflected with the requirements for alcohol-related issues to be tackled locally and individuals are challenged to “change their behaviour” by receiving information and support. The West Sussex Joint Health and Wellbeing Strategy³ is also considered. This sets out key priorities that will deliver better health and wellbeing for residents of West Sussex, especially children and vulnerable adults, to live long lives. It also sets out a series of principles against which it will judge and challenge commissioning plans. This report has been compiled with these principles in mind:

- Based on the Joint Strategic Needs Assessment.
- Demonstrating engagement with patients and customers in the design of services.
- Identifying not only financial and resource constraints but also assets.
- Clear on improved outcomes.
- Demonstrating improved collaboration and integration (between health and social care commissioning).
- Identifying contributions to reduced health inequalities, increased patient access, choice and control and more seamless patient pathways.
- Being transformational and innovative where necessary.

¹ HM Government Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery.

² The Government’s Alcohol Strategy – March 2012.

³ West Sussex Joint Health and Wellbeing Strategy 2013-2015. Accessed at: <http://www2.westsussex.gov.uk/ds/cttee/hwb/hwbstrategyaddendum.pdf> [10th January 2014].

- Removing barriers to change that would have an early impact.
- Shifting the focus towards all aspects of early intervention and prevention.
- Identifying the potential interaction with other services such as housing, transport and education.

The Needs Assessment is informed by various data sources including:

- the National Drug Treatment Monitoring System (NDTMS);
- Public Health England;
- the National Treatment Agency for Substance Misuse;
- the Crime Survey for England and Wales;
- West Sussex Partnership Reports / submissions;
- West Sussex Public Health & Wellbeing Directorate;
- Sussex Police;
- other locally gathered information and lifestyle surveys etc.

The Needs Assessment has been designed to reflect proposals to restructure the current adult treatment model – to streamline pathways into a more person-centric treatment and support provision across specific geographical areas throughout West Sussex. It focuses on the diverse needs of West Sussex communities and considers the changing trends and market forces related to alcohol and substance misuse.

Scope of the Project

This document presents findings of the Needs Assessment and reports on the future requirements for services for people with alcohol and/or substance misuse problems across West Sussex. Evidence from the Needs Assessment will assist:

- In providing evidence on the extent to which current services are meeting demand;
- In the commissioning of new services;
- In identifying gaps in existing service provision;
- In identifying areas of over provision;
- In providing evidence on the extent to which services are accessible and in the right location;
- In suggesting ways as to how West Sussex County Council and its partners could extend / adapt services to meet need; and
- In providing objective comment on the re-structuring of relationships between specialist alcohol and substance misuse services, wider health and social care services, communities, families and individuals to promote and maintain a recovery-oriented system of care across the county.

Objectives

The specific objectives of this project, as indicated by the project brief, are as follows:

- To describe the epidemiology of drug and alcohol use in West Sussex including prevalence, risk factors, drivers and impact.
- To assess current and estimate future health and social care needs of adults and children and young people with Opiate & Crack Use (OCU), non – OCU and Alcohol use.
- To assess the health and social care needs of adults and young people with dual diagnosis.
- To assess the needs of children and young people whose parent or guardian is at risk of drug and or alcohol misuse.
- To summarise existing treatment provision and resources for adults, children and young people presenting with drug and alcohol misuse and other preventative services and activities.
- To understand where local services are working well and where improvements are needed.
- understand how substance misuse treatment services are working with other health and social care services (including VCS services), in particular links with mental illness treatment for adults and children and links with prevention and treatment for infectious diseases such as HIV and Hepatitis.
- To understand the issues which are important to service users, their families and the wider population.

Summary of study methods

The study was conducted in eight stages. Each stage was tailored to the needs of the study, requiring a mix of methods of data collection including questionnaires, online surveys, one-to-one interviews and focus groups. Sample populations included: service users, families, carers, GPs, Pharmacists, drug and alcohol service managers and staff, as well as a range of wider stakeholders from health, social care, police and criminal justice settings. All questionnaires and interview schedules were approved by commissioners prior to use. Copies of these are available on request.

Additional Evidence

This report is augmented by Supplementary Reports 1 – 3, which provide further attitudinal data gathered from specialist alcohol and substance misuse staff, non-specialist service staff, and the general population of West Sussex. These reports are available upon request.

Context

The publication of the Government's 2010 Drug Strategy *Reducing Demand, Restricting Supply, Building Recovery*⁴ signalled a fundamental shift in the way we think of problem drug use and in the approach to the types of interventions that are appropriate to address it. In particular, the switch to a recovery model represented the recognition that the resolution of addiction problems involves not only the substance user, but also their family and their community. It also recognises that recovery is a complex process likely to endure over a number of years after the point of stabilisation or abstinence, one that is likely to involve fundamental changes in an individual's social functioning and personal wellbeing, as well as in their place in their community and society. This shift in emphasis is also acknowledged in relation to alcohol treatment in the Government's 2012 Alcohol Strategy.⁵

There are a number of different definitions of recovery within policy, strategy, academic and clinical writings; however these can be distilled into three key common aspects:

- remission of the substance use disorder;
- enhancement in global health (physical, emotional, relational, occupational and spiritual); and
- positive community inclusion.⁶

The impact of this approach is the need to consider not just whether there is sufficient capacity within alcohol and substance misuse services to meet demand (and therefore avoid lengthy waiting times) but also to consider how these services work together to the benefit of the individual, how they engage with and support families and how the care and support of people with alcohol and drug problems is interlinked with a wide range of health and social care providers.

This report identifies the extent to which these elements are in place across West Sussex and makes comment on the appropriateness and effectiveness of current resources and the systems within which these are deployed.

The conclusions and recommendations set out below are drawn from the evidence of current practice with regard to the range and capacity of alcohol and drug service provision across West Sussex, compared to the research and guidance referred to throughout the full Needs Assessment report. These are presented for the consideration of West Sussex County Council and its partner organisations.

Conclusions

Evidence from the Gap Analysis exercise suggests that West Sussex is currently well provided for in terms of alcohol services - the ratio of need for alcohol services in

⁴ HM Government (2010), op.cit.

⁵ HM Government (2012), op.cit.

⁶ White, W (2007) 'Addiction Recovery: Its Definition and Conceptual Boundaries', *Journal of Substance Abuse Treatment*, Vol. 33, No. 3, pp229-241.

relation to the provision of services is 1:12.6, which is significantly better than the English average of 1:18. There is also a wide variety of other services that play a legitimate role in responding to the needs of people who get into problems with alcohol, although links between specialist services, non-specialist services and community assets/groups/resources have significant room for improvement.

In relation to the current service provision for those with drug problems, evidence from the Gap Analysis exercise suggests that West Sussex may have an over-provision of specialist service capacity. However, there is concern over the accuracy of prevalence data pertaining to injecting in West Sussex which does not seem to correlate with the number of needles and syringes issued across the county, nor with the numbers presenting at specialist services. The Gap Analysis should therefore be seen as an indication rather than hard evidence upon which commissioning decisions can be made.

There is a paucity of data in relation to current service provision for those with co-occurring disorders (or dual diagnosis). The anecdotal evidence gathered as part of this review suggests that dual diagnosis service provision needs significant development. However, the data provided by services is mainly estimated, with no certainty provided as to the consistency of assessments available across West Sussex around dual diagnosis.

One of the major challenges in conducting this Needs Assessment has been the lack of service engagement in seeking the views of service users and carers. Insufficient service user and carer questionnaires were returned to give any credible voice to these important groups. Because of this, the findings of this report are poorer and less robust than they would otherwise have been. The poor engagement of services in this regard may be a sign of anxiety (within services) as to the relative importance placed upon service user views in commissioning processes.

Evidence gathered throughout this review indicates that mutual-aid and self-help groups are not well publicised/engaged with across West Sussex.

Little appears to be understood about the concept of recovery to support and sustain change for those who want to end their dependency upon alcohol and/or drugs. Recovery is not simply about providing person-centred care – it places users of services as experts in their own recovery. Services do not appear to have grasped this shift in emphasis.

Recommendations

The following set of recommendations are structured around the key objectives of the study.

To describe the epidemiology of drug and alcohol use in West Sussex including prevalence, risk factors, drivers and impact.

1. We are aware of moves to improve data collection systems and we would particularly encourage collection of more longitudinal data to track changes over time. This will enable trends to become more visible, especially in mapping against wider changes, such as improvements in HCV testing rates.
2. We would further suggest that local analysis to interpret and comment on data collected would be a useful tool for planners, managers, services and those who use services. Narrative summaries will help the universal application of data to assess gaps, map trends and highlight improvements for all concerned. An annual summary of data and accompanying narrative for wide distribution is suggested.
3. West Sussex is becoming more ethnically diverse (11% ethnic minority in 2011 Census; 6.5% in 2001 Census), although there is significant local variation across the county. We therefore suggest close monitoring of ethnic diversity is maintained, with attention to those who may be underrepresented in presentations to local services e.g. seasonal or migrant workers.
4. West Sussex is a large county with a variety of large towns and many smaller, scattered villages. In 2011, the population of rural wards on West Sussex accounted for 24% of the county total. Residents of rural West Sussex generally have to travel further to access services than in rural areas across the country. Whilst there is no strong evidence this prevents people accessing services, we suggest a 'watching brief' is maintained on rural and remote access to services. There may be options for utilising pharmacy and other resources to increase access to some local support services in future.

To assess current and estimate future health and social care needs of adults and children and young people with Opiate & Crack Use (OCU), non-OCU and Alcohol use.

5. West Sussex Commissioners and Services should continue to ensure that alcohol and drug treatment and recovery services are identifying their clients' employment related aspirations and needs as well as looking at strengthening the links between education, training, volunteering and employment services and treatment/recovery services.
6. There appears to be limited integration with mental health services and work with people with dual diagnosis. Current services and their responses appear fragmented and/or limited. Consideration should be given to ensuring that all staff and volunteers working with those who have alcohol and/or drug problems have access to regular training in mental health issues and receive specialist advice and training from the Community Mental Health Service.
7. Consideration should be given to mapping the existing provision (and gaps in provision) of self help services such as AA/NA/SMART Recovery and the local EXACT service; and to identify ways to support the development of mutual aid

and self help; to ensure that it is an integrated part of the treatment and recovery system.

8. Consideration should be given as to how best to promote the evidence base for recovery which demonstrates that recovery is possible. This can be achieved via staff training and workforce development opportunities.

To understand the issues which are important to service users, their families and the wider population.

9. The evolution, planning and development of recovery assets, services, and commissioning processes should be built around the ambitions of service users and their families within a recovery-orientated system of care. Developing services in this way will provide benefits to people who use the service but will also help develop community based mutual aid and peer support networks, thereby enhancing the ability for people to move on from services. Consequently consideration should be given to developing a clear framework for how service users and their families should be involved in the delivery, development and commissioning of drug/alcohol services. The first step should be to develop a meaningful county-wide consultation system which would enable service users and families to work in collaboration with commissioners and services to develop a long-term inclusion and involvement strategy, and would be consistent with the principles of Recovery Oriented Systems of Care.
10. In order to address this objective fully in the longer term, we suggest that a 'Recovery Resource Centre' is established in West Sussex, staffed and run by service user-educators and linked to the delivery of the local recovery strategy. The centre would train and support people with lived experience of drug and alcohol problems to tell their stories and to promote awareness of recovery principles among staff and other service users. It would also begin to train people as 'peer professionals' to provide direct care within the services. It would need to work with local education providers to ensure that the training is of a consistently high standard and begin to offer accredited courses. A beneficial offshoot of this development would be the general promotion of an 'educational', rather than a 'therapeutic', model within the services, which would place an emphasis on learning from one another and assist in promoting self-determination and self-management.

To assess the health and social care needs of adults and young people with dual diagnosis.

11. Annual Partnership returns suggest that in 2012/13, 14% of new clients accessing specialist drug misuse services in West Sussex had a dual diagnosis. This is significantly lower than rates suggested by research and indications provided in the Management Survey conducted as part of this study. Therefore, given the apparent discrepancy between perceptions of prevalence,

consideration should be given to evaluating and developing staff skills and confidence in identifying mental health issues and recording details.

12. Co-occurring mental health problems and substance misuse problems are typically managed in a way which addresses the primary problem, followed by the secondary problem; regardless of equity of condition – co-occurring problems are not effectively managed simultaneously. This requires further detailed analysis.
13. Our findings highlight the absence of a specific dual diagnosis service is regarded as a significant gap by key stakeholders in West Sussex. Joined up working between specialist mental health services and specialist alcohol and drug services for adults also appears sporadic. These merit further detailed analysis, including exploring options to strengthen and improve delivery, particularly treatment pathways and better inter-agency working.

To assess the needs of children and young people whose parent or guardian is at risk of drug and or alcohol misuse.

14. Specialist services which support young people affected by parental alcohol and drug misuse, including their own alcohol or drug misuse, should support whole family interventions to ensure a holistic approach is maintained in West Sussex.
15. Prevention/education services and the specialist young people substance misuse service should seek ways to include those affected by parental alcohol and drug misuse.
16. The training needs of those who work with children and young people affected by parental alcohol and drug misuse should be ascertained to ensure evidence based and effective approaches are being applied, consistent with the rapidly changing trends in drug use by young people.
17. Treatment and interventions for young people with alcohol and drug misuse problems, including those affected by parental alcohol and drug misuse, need to be not only well targeted, responsive, flexible and individually tailored; but also linked to prevention/education and earlier support interventions.
18. Expanding targeted training on specific drug types such as NPS should be considered as part of a future West Sussex training strategy.
19. Similarly, expanding Alcohol Identification and Brief Advice Interventions for both young people and adults should be explored and considered alongside a range of other low level early interventions.
20. Our findings highlight a paucity of data on the number of children and young people in West Sussex who are affected by parental/guardian substance misuse. Given national estimates, there are potentially a large number of children and young people so affected who are currently unknown to services, and who may therefore have unmet needs. Consideration should be given to identifying the prevalence of children affected by parental substance misuse

across the county in order to mitigate both current and future issues this group might encounter.

To summarise existing treatment provision and resources for adults, children and young people presenting with drug and alcohol misuse and other preventative services and activities.

21. Although it is acknowledged that the specialist substance misuse service for young people is accessible and effective, there appears to be limited low level early interventions for children and young people at the earliest stages of problematic substance misuse. A multi-agency response to coordinate low threshold early interventions should be considered, especially involving education, police, and children and family services.
22. Improved coordination of school education work is necessary to respond to deliver consistent key messages in schools and encourage multi-agency low level intervention options. Lessons learned from the now ceased 'Healthy Schools Team' approach should be part of a suggested review of school education work, particularly leadership and coordination. The Healthy Schools Team was a major strength in coordinating and leading schools work and Sussex Police (for example) are calling for its return.
23. Our qualitative findings suggest further exploration of rural and home based provision (except alcohol detoxification) is required to establish the efficacy of current provision and identify gaps, especially in those who are unable to travel or engage in hub based services. The role of pharmacy services as an access point and resource in rural locations should be included in this exercise.
24. The profile and advertising of services and other community based assets and groups should be improved and targeted to different stakeholders, in order to increase understanding of the role each has as part of a network of helping services. This should include mutual aid and emerging recovery communities.
25. Consideration should be given to providing assertive outreach services as part of future mainstream provision, especially for those who rarely or never engage with services.
26. Consideration of the evaluation findings and dialogue with those Pharmacy Managers involved in the West Sussex pharmacist prescribing pilot should be undertaken to establish if this model is viable for further roll out across the County.
27. West Sussex should further investigate the reasons for the apparent under use of local residential Tier 4 detoxification and rehabilitation service for people with alcohol or drug dependency and take steps to improve its use as a local (and probably more cost effective) resource.

To understand where local services are working well and where improvements are needed.

28. The Structured Day Service (Ravenscourt) is clearly under-utilised across West Sussex. We suggest the reasons for this are further explored in order to maximise the effective and efficient use of this service.
29. West Sussex should also investigate the reasons for the apparent under-use of the local residential Tier 4 detoxification and rehabilitation service (Ravenscourt), and take steps to improve its use as a local (and possibly more cost effective) resource.
30. Future contract arrangements should monitor and address attrition rates among staff in specialist alcohol and drug treatment service providers. This has caused work pressure as well as disquiet among several stakeholders and can be open to inaccurate interpretation.
31. Many of the buildings currently operated throughout West Sussex by specialist alcohol and drug service providers, as well as primary homelessness service providers (which also provide residential/supported housing recovery services for people with alcohol and drug problems) are unwelcoming, substandard and un-inspiring. Significant investment to upgrade and possibly relocate may be required for some services whose building is not fit for purpose.
32. The Tier 4 panel which assesses individuals for potential entry to Tier 4 services does so in the absence of the individual at the centre and lacking the involvement of significant others in the process. Furthermore, referrals for panels appear to be of sporadic quality. A review of the Tier 4 assessment panel's process and quality should be undertaken, ensuring that individuals and significant others are fully involved in this process.
33. Tier 4 services should be considered more as a feasible treatment option at the start of a treatment journey, rather than as a last resort. We suggest the criteria for Tier 4 be examined to ensure that access to Tier 4 services remains an option at any stage of an individual's recovery journey.

To understand how substance misuse treatment services are working with other health and social care services (including VCS services), in particular links with mental illness treatment for adults and children and links with prevention and treatment for infectious diseases such as HIV and Hepatitis.

34. We are aware of the efforts that are underway to improve rates of HBV vaccinations and HCV tests across West Sussex, and we would encourage these efforts to continue.
35. West Sussex should draw upon the considerable experience of its specialist staff in its move towards establishing recovery orientated systems of care. For example, the impact of recovery could be made more visible by drawing upon the knowledge of existing specialist staff with personal experience.

36. Good links to homeless, pharmacy and probation services are evident in West Sussex. Further efforts to draw upon the assets of many other agencies should include mutual aid groups. The apparent lack of linkages with maternity services, specialist alcohol and drug inpatient services, and some adult social work services should be urgently explored.
37. Whilst staff are largely positive about team spirit, support and communication, the apparent low morale is concerning. Strengthening management and peer support systems should be encouraged to mitigate against the impact of wider changes. Attention to staff wellbeing, sickness and stress levels is suggested.
38. Additionally, further attention should be considered to bolster informal and formal supervision structures to support staff in their work with alcohol and drug issues.

In summary

In summary, this study has a number of limitations in common with other health needs assessments. However, the assumptions and limitations have been clearly described in the body of the report, and due caution should be exercised in interpreting the findings. It will be for future research to address the limitations of the current study. In particular, there is concern over the accuracy of prevalence data pertaining to injecting in West Sussex which does not seem to correlate with the number of needles and syringes issued across the county, nor with the numbers presenting at specialist services. However, the work done for this assessment has highlighted a number of areas that could benefit from further consideration.

