

# **North Somerset Council**

## **Report to the Health Overview and Scrutiny Panel**

**Date of Meeting: 18 March 2021**

**Subject of Report: North Somerset Specialist Adult Substance Misuse (drug and alcohol) treatment services**

**Town or Parish: Town**

**Officer/Member Presenting: Matt Lenny, Director of Public Health**

**Key Decision: No**

**Reason: To provide evidence and information about the effectiveness of We Are With You (WAWY), the North Somerset specialist adult substance misuse treatment provider. To identify areas for improvement to support successful recovery from substance misuse**

### **Recommendations:**

1. Comment on the performance of the North Somerset specialist adult substance misuse treatment service
2. Support the recommendation that North Somerset Council officers continues to work with partners to improve access to mental health assessment and treatment for people with substance misuse problems.
3. Request further scrutiny of progress of recommendation 2 at a future HOSP meeting-

### **1. Summary of Report:**

This report describes the services provided by We Are With You North Somerset. It sets out several performance metrics and outlines how the service has developed and been amended during the pandemic. Some of the key challenges facing the service are highlighted and three recommendations are proposed.

### **2. Policy**

N/A

### **3. Details**

#### **3.1. Introduction:**

*“Estimates show that the social and economic costs of alcohol-related harm amount to £21.5billion, while harm from illicit drug use costs £10.7billion*

*The combined benefits of drug and alcohol treatment amount to £2.4billion every year, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care. Quality-adjusted life years (QALYs) are measures of life expectancy and quality of life used in health economic evaluations and resource allocations.*

*Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years.*

*Drug treatment reflects a return on investment of £4 for every £1 invested, which increases to £21 over 10 years.” (Alcohol and drug prevention, treatment and recovery: why invest? PHE)*

This report describes the performance of the North Somerset adult specialist drug and alcohol treatment – provided by WAWY – during the first year of operations. In order to provide a context in which the performance data can be considered, some additional information relating to contract details; levels of local need; and service user demographics has been supplied.

#### **3.2. Contract details and service overview:**

WAWY (formerly Addaction) have been providing specialist substance misuse (drug and alcohol) treatment services in North Somerset since 2015.

The current contract, awarded following a competitive tender, commenced on 1 April 2020 and is expected to operate for 5 years (with the option to extend by a further 2 years).

The current contract value is £1,450,000 p.a. This compares to £1,873,181 in 2015. The service is fully funded from the Public Health grant.

The service employs 35 staff and has over 800 active clients at any one time.

The main service is based at 35 The Boulevard, Weston-super-Mare, and (during non-covid times) is open Monday, Tuesday and Thursday 8am to 5pm and Wednesday and Friday 8am to 8pm. WAWY provide outreach appointments across North Somerset. During the Covid pandemic much of the service has been provided on the phone and internet.

Under the current contract WAWY delivers:

- Specialist, adult, community-based drug and alcohol treatment for people who are experiencing drug and or alcohol issues, their families, friends and careers.

- The programmes provided by We Are With You include a range of evidence based interventions which seek to support recovery from substance misuse and to minimise harms:
  - psycho-social therapies, both in one-to-one and group formats
  - pharmacological treatments such as methadone substitution and community detoxification
  - facilitation of inpatient detoxification and residential treatment
  - support with physical health needs and common mental health issues
  - Naloxone training and kits to prevent harm from opiate overdose
  - specialist needle exchange service
  - Blood borne virus testing with Hepatitis C treatment provided on site by staff from UHB
  - Joint working with partner organisations such as social care; primary care; maternity health; police; prisons; and homelessness services.

### 3.3. Substance Misuse Treatment Performance

#### 3.3.1. CQC Inspections:

The CQC has not conducted a review of the WAWY service whilst operating under the current contract, however in February 2019 the CQC completed a full inspection of the (then Addaction) service, this review concluded that the service was GOOD.

On the 23<sup>rd</sup> March 2021 the CQC will be conducting a ‘desk-based review’ of the WAWY service.

#### 3.3.2. Numbers engaged in treatment:

The table below provides the number of people both newly engaging with WAWY and the total number engaged in the service for each complete financial quarter of 2020/21.

After a decrease at the beginning of the financial year the numbers entering and engaged in the service picked back up and exceeded those in the quarter before the new contract started (Q1 19/20, 160 new and 796 active; Q4 19/20, 151 new and 840 active).

It is interesting to note the increase in people accessing the ‘unstructured’ element of the service. This growth in numbers of people accessing unstructured treatment may be the result of an enhanced ‘remote/virtual/digital’ service offer (this will be discussed later in the paper).

	1 Apr – 30 Jun 20		1 Jul – 30 Sept 20		1 Oct – 31 Dec 20	
	New Episodes	Total active	New Episodes	Total active	New Episodes	Total active
<b>Unstructured (T2)</b>	47	107	89	147	79	166
<b>Structured (T3)</b>	50	686	85	701	66	675
<b>TOTAL</b>	<b>97</b>	<b>793</b>	<b>174</b>	<b>848</b>	<b>145</b>	<b>841</b>

In addition to treating the people with the drug and/or alcohol problem, WAWY works with family members and friends. Between Jan 2020 and Dec 2020 360 appointments were delivered to families and friends.

WAWY also train and support many volunteers. Between Jan 2020 and Dec 2020 27 individuals volunteered with the service giving 2050 hours of time. All volunteers complete a 3-day training course before beginning to work within the service.

### **3.3.2.1. Service user demographics:**

The demographic breakdown of the current WAWY caseload is listed below

- Male – 63% Female – 37%
- White British – 84%
- Age – 13.6% 35 to 39, 18.3% 40 to 44, 16.6% 45 to 49, 13.6% 50 to 54

### **3.3.2.2. Length of time in structured treatment:**

Drug and/or alcohol dependency is a ‘chronically relapsing condition’, with between 40% and 75% of individuals returning to problematic use after a period of abstinence/controlled use. Because of this, coupled with the complex and interrelated problems that many service users face

The average length of time in structured treatment for opiate users in North Somerset is 4.9 years (compared with 5.2 nationally). The average length of time in treatment for non-opiate users in North Somerset is 1.5 years (compared with 0.7 years nationally). It is important to note the protective factors treatment provides, these include: reduced risk of overdose or death; and reduced risk of infections. Engaging with specialist treatment also minimises other societal harms such as: crime; child safeguarding; homelessness; and unemployment.

### **3.3.2.3. Substances used:**

The number of people engaged in the WAWY service because of a drug problem exceeds the number engaged for an alcohol problem (in Q3 drug users = 65% of individuals in treatment), however this ratio is reversed when new presentations are considered, with more alcohol users entering treatment than drug users (in Q3 56% of new presentations were alcohol users).

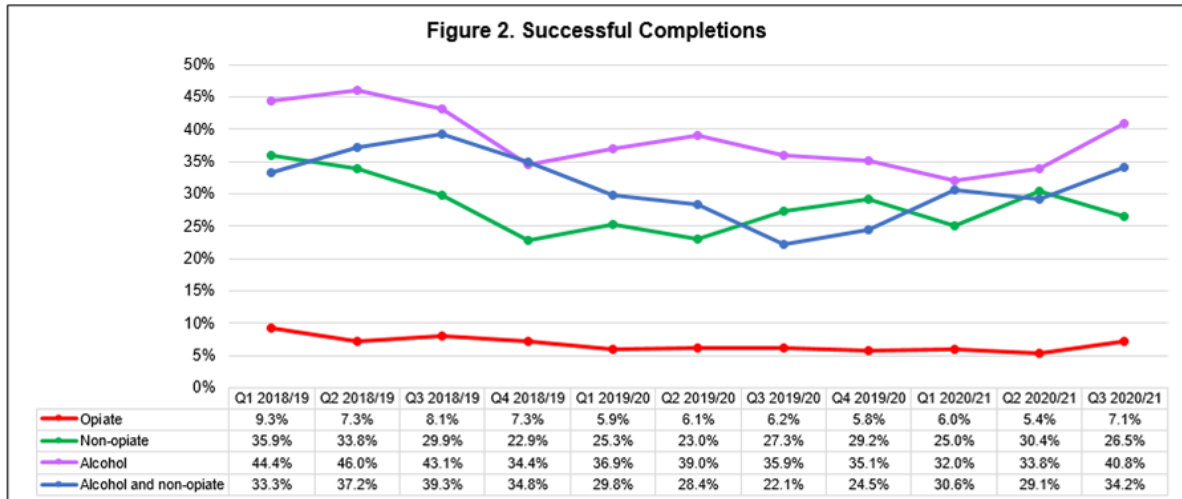
It is important to note that many WAWY service users will have “poly” substance misuse problems, i.e. they will be addicted to or dependent on various different drugs or experiencing problems with both drugs and alcohol.

### **3.3.3. Successful completions:**

The graph below shows the % of people, as a proportion of all those in treatment in Addaction and WAWY, who complete successfully (a success is defined as ‘leaving

treatment in a planned way' plus being drug free or an occasional user of alcohol or cannabis).

The long-term decline in successful completions appears to have halted with an indication that performance is improving (a pattern which is reflected nationally).



### 3.3.3.1. North Somerset successful completions compared with SW and National (funnel plot graphs located in Appendix A):

The funnel plots (in Appendix A) show the performance of the North Somerset treatment system compared with both the other South West Local Authorities and all Local Authorities. It is important to note that the data used in these funnel plots relates to the 'treatment system' and as such it will be affected by various treatment services; however, this data can be confidently used as a proxy measure for the performance of WAWY.

The funnel plots cover the period Jan' 2020 to Dec' 2020. The X-axis = % and Y-axis = treatment numbers.

The funnel plots show that North Somerset's performance in relation to opiate and alcohol users is better than the regional and national averages, but in relation to non-opiate users the North Somerset performance is below the national average. This is, in part, due to the small cohort size but work has been done in order to improve successful completions for this group.

### 3.3.4. Representations:

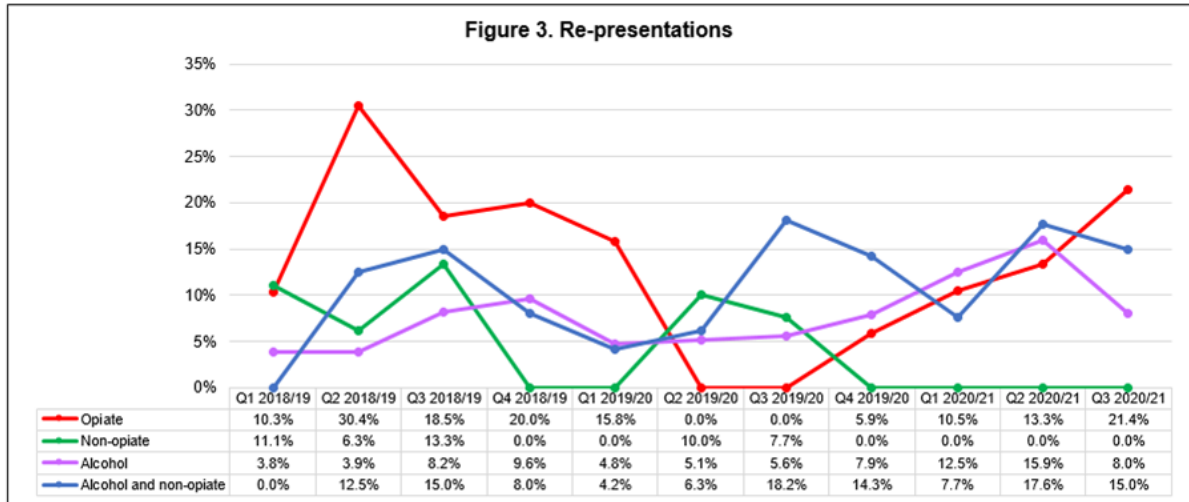
The graph below shows the proportion of people whom after successfully completing treatment return within 6 months.

This is a measure of long term, sustained recovery. The lower the proportion the better.

It is important to note that this uses retrospective data (successful completions from the previous 12 months).

Because of the small numbers used this measure is very volatile. For example, the proportion of opiate representations in Q3 20/21 (21.4%) relates to 3 out of 14 case,

had there been one less opiate representation North Somerset would have been in the top quartile (7.14% to 0%)



### 3.3.5. Blood Borne Viruses interventions:

Around 75% of new Hepatitis C (HCV) are linked to injecting drug use and as such drug treatment services offer an important mechanism for detecting and treating HCV.

WAWY provides comprehensive HCV testing and treatment; a WAWY service can now receive the entire testing and treatment pathway in North Somerset. The

success of the WAWY HCV interventions can be seen in the performance data below (this data covers the period 1/4/2020 to 31/12/2020):

	WAWY NS	National average
Offered and accepted - not yet had a test	21.4%	10.1%
Offered and accepted – had a hep C test	8.1%	2.8%

### 3.3.6. Naloxone:

Naloxone is a medication which can reverse the effects of an opiate overdose. WAWY train people in the use of Naloxone and distribute Naloxone kits. The table below shows the number of kits dispensed by WAWY each month:

Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov	Dec 20	Jan 21
65	46	37	19	33	40	42	56	41	36	35	32	52

### 3.3.7. Service developments during the 1<sup>st</sup> year:

Listed below are some of the key developments and pieces of work that WAWY has undertaken during the 1<sup>st</sup> year of operations:

- WAWY worked with the YMCA to introduce a rapid pathway into treatment for homeless individuals, this involves the WAWY assessment document being completed by YMCA staff.
- WAWY have advised on the development of working protocols for the new Crisis Cafe (a drop-in, mental health support service provided by Second Step).
- Development, in partnership with AWP, of a process to conduct joint assessments and an escalation process so that WAWY can appeal a decision not to provide mental health care.
- WAWY has assisted AWP in the provision of a hospital-based alcohol service. This work has been completed with no additional income for WAWY. As part of this work WAWY volunteers will be following up individuals seen by AWP when they return to the community.
- WAWY have, and continue, to provide a work space for the community outreach nurses during lockdown.
- Large scale training of partner agencies, including a recent online training session with approximately 150 police staff.
- A Covid fund, provided by the Big Lottery Covid fund has been used to support service users with such things as telephones, food, clothes, cleaning items, and bikes.

### **3.4. Impact of Covid and service response:**

Listed below are the main changes made to the WAWY service in response to the Covid pandemic:

- Circa 300 individuals had their prescribing regimes relaxed. To date we have had no reports of critical incidents linked to this change in prescribing.
- The majority of interventions were moved online or onto the phone.
- The physical WAWY building has remained open throughout the pandemic, staffed by a small number of individuals. This has been essential for services users requiring medication reviews, high risk service users, and it has provided a base for other services to operate from (as mentioned above).

#### **3.4.1. The use of the WAWY webchat service:**

The increased online presence of WAWY services appears to have resulted in the engagement with some demographics that have historically been less likely to engage with WAWY, specifically women and individuals living in more affluent areas. Some key outcomes from the WAWY webchat service are listed below:

- 182 chats from NS from 1st Jan 2020 - 31st December 2020
- 85 chats about alcohol or drugs
- 17 for mental health
- 32 from concerned others
- 5 interested volunteers
- 39 Professionals
- 4 existing service users of NS
- Average chat length: 20mins
- 97% satisfaction
- 9% identify as part of LGBTQ+ community
- 49% said covid-19 played a role in contacting our service
- 68% identified as female, 29% males, 1% other, 1% prefer not to say
- 20% I have received support from We Are With You before
- 18% I have received support from another treatment provider before
- 61% This is the first time I have sought help



### 3.5. Levels of local need:

#### 3.5.1. Number of opiate and/or crack users 2017 (*most recent available estimates*):

The table below gives an estimate of the number and rate (per 1000 population) of opiate and/or crack users in North Somerset. OCU is defined as individuals who are using opiate and/or crack as opposed to the other single drug categories which count people who may be using this substance on its own or in combination with other substances (one individual can be counted in both 'opiates' and 'crack').

	15-64yrs population	Number of users			Rate of use per 1000		
		OCU	Opiates	Crack	OCU	Opiates	Crack
<b>North Somerset (95% CI)</b>	126,000	1,249 (903;1,602)	1,189 (980;1,560)	793 (596;1,09)	9.91 (7.17; 12.71)	9.44 (7.78;12.38)	6.29 (4.73;8.70)
<b>South West (95% CI)</b>	3,415,759	28,434 (27,335; 31,278)	24,431 (23,261; 26,096)	15,327 (14,000; 17,334)	8.32 (8.00;9.16)	7.15 (6.81;7.64)	4.49 (4.10;5.07)
<b>England (95% CI)</b>	35,457,660	313,971 (309,242; 327,196)	261,294 (259,018; 271,403)	180,748 (176,583; 188,066)	8.85 (8.72; 9.23)	7.37 (7.30;7.65)	5.10 (4.98; 5.30)

#### 3.5.2. Numbers of adults dependent on alcohol:

The table below gives an estimate of the number and rate (per 100 population) of people with alcohol dependency.

	2017 mid year estimate of adult population	No. adults with alcohol dependency	Rate per 100 of adult population
<b>North Somerset</b>	169 645	1724 (1332, 2312 95% CI)	1.02 (0.79, 1.36 95% CI)
<b>England</b>	43 752 473	586 780	1.34 (1.11, 1.70)

In addition to the individuals who are physically dependent on alcohol, there are large numbers drinking at levels which may have a negative impact on their health. A 2011, North West Public Health Observatory document called 'Topography of Drinking Behaviours in England Synthetic estimates of numbers and proportions of abstainers, lower risk, increasing risk and higher risk drinkers in local authorities in England' estimates that in North Somerset there were:

- 112585 – Lower risk drinkers
- 31683 – Increasing risk drinkers
- 4299 – Higher risk drinkers

(A definition of these drinking categories can be found in Appendix B)

WAWY provide support and treatment for individuals with any level of alcohol (or drug) problems.

### 3.6. The mental health needs of WAWY service users:

The table below shows the % and number of individuals entering substance misuse treatment with a self-reported mental health problem (April 2020 to Dec 2020). (*The denominator in the table below represents those individuals who completed an assessment and commenced structured treatment during the 3 quarters*).

	Entering treatment with MH need (YTD)		
	North Somerset		National
	%	N	%
Opiate	65.8%	52/79	58.2%
Non-opiate	72.4%	21/29	65.9%
Alcohol	66.7%	66/99	66.2%
Alcohol & non-opiate	79.6%	39/49	72.2%

The table below shows the mental health support being provided to those entering substance misuse treatment in North Somerset with an identified mental health need (see table above) for the period April 2020 to Dec 2020.

	North Somerset		National
	%	n	%
Already engaged with community MH? services	9.9%	17/178	18.8%
Engaged with IAPT	1.1%	2/178	1.6%
Receiving MH treatment with GP	61.8%	110/178	57.4%
Receiving NICE recommended Psy?or Pharm interventions for mental health needs?	0.6%	1/178	1.3%
Has identified space in health based place of safety	0.0%	0/178	0.6%
Treatment need identified but no treatment received or declined	28.7%	51/178	26.2%

#### 3.6.1. The Healthwatch report:

<https://www.healthwatchnorthsomerset.co.uk/news/2021-01-19/people-substance-misuse-problems-face-lack-mental-health-support>

As the recent Healthwatch report highlights, the mental health needs of the North Somerset drug and/or alcohol misusing population are not being adequately addressed;

“76 per cent of respondents to our survey said they had relapsed and the main reason for this was not having mental health issues addressed”

Clearly, in the context of a population with high levels of mental health problems (as outlined above), addressing any issues with the provision of specialist mental health care is paramount.

### 3.7. Overdoses and Deaths:

The number of deaths and overdoses related to illicit substance use increased during the pandemic. The cause of this is not yet fully understood, however there does appear to be a link to a drop in the availability of heroin and the presence of high strength illicit benzodiazepines.

The table below shows the number of deaths, of people either engaged with the North Somerset Substance Misuse Service at the time of death; those who have disengaged with the Substance Misuse Service within the last 12 months; or those whose death is known to be linked to drug and/or alcohol use, for each financial year from 2017/18 and the cause (where this is known)

	2017-18	2018-19	2019-20	2020-21(24/02/21)
Drug	11	7	7	9
Alcohol	6	5	4	5
Suicide	1	1	1	
Natural Causes (not alcohol)	4	6	7	2
Waiting confirmation				7
<b>Total</b>	<b>22</b>	<b>19</b>	<b>19</b>	<b>23</b>

The number of reported overdoses for the same period is included in the table below

	2017-18	2018-19	2019-20	2020-21(24/02/21)
OD's	20	25	43	68 to date

### 3.8. Areas of focus:

Listed below are the three areas, highlighted in this paper, that require attention:

- Improve and sustain the level of successful treatment completions for non-opiate users.
- Improve the provision of specialist mental health care for people with drug and/or alcohol problems.
- Reduce the level of drug and/or alcohol related deaths.

## 4. Consultation

N/A

## 5. Financial Implications

### Costs

Health Overview and Scrutiny Panel. 18/03/21 Substance Misuse Treatment Service.

The North Somerset Substance Misuse Service (currently provided by WAWY) is fully funded from the Public Health Grant.

### **Funding**

Central Government has announced a one-year grant to enhance and expand drug treatment services. This money will be split into 2 elements:

- The first will be money for inpatient detox services. This money will be given to consortia of local authorities. North Somerset is leading a consortium made up of Bristol, South Glos', Glos', and BANES.
- The second element will be money which will come direct to the Council and will be for the development of community drug treatment services. There will be a strong focus on reducing drug related crime and lowering the number of drug related deaths.

### **6. Legal Powers and Implications**

N/A

### **7. Climate Change and Environmental Implications**

N/A

### **8. Risk Management**

N/A

### **9. Equality Implications**

N/A

### **10. Corporate Implications**

N/A

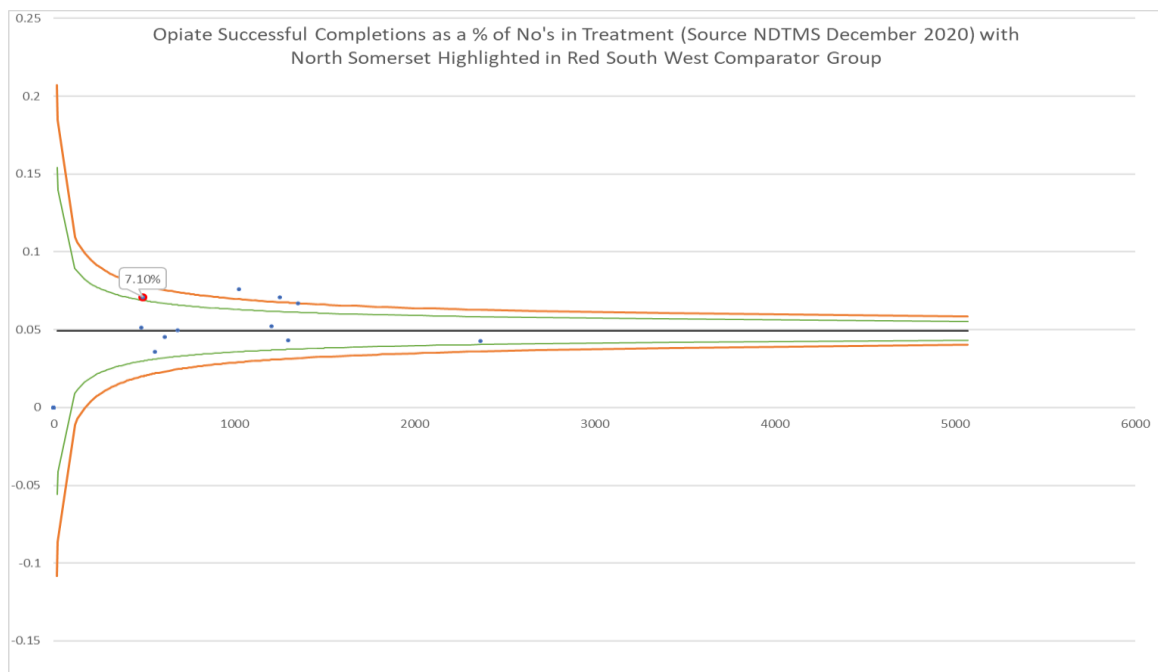
### **11. Options Considered**

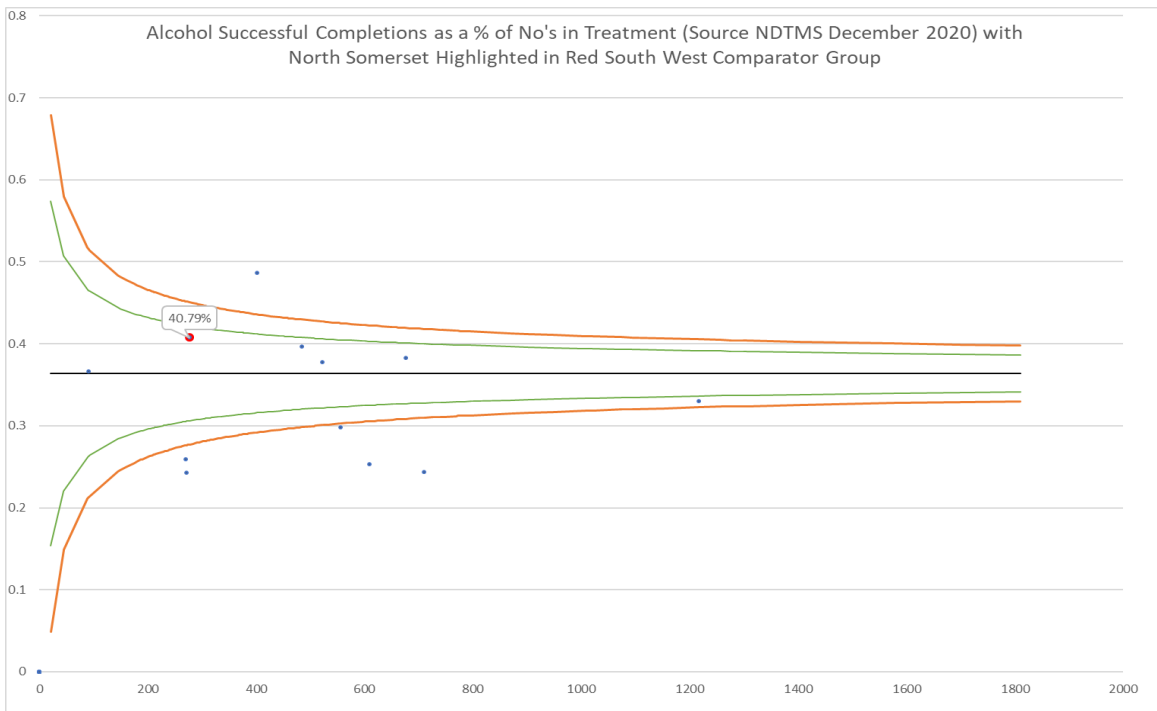
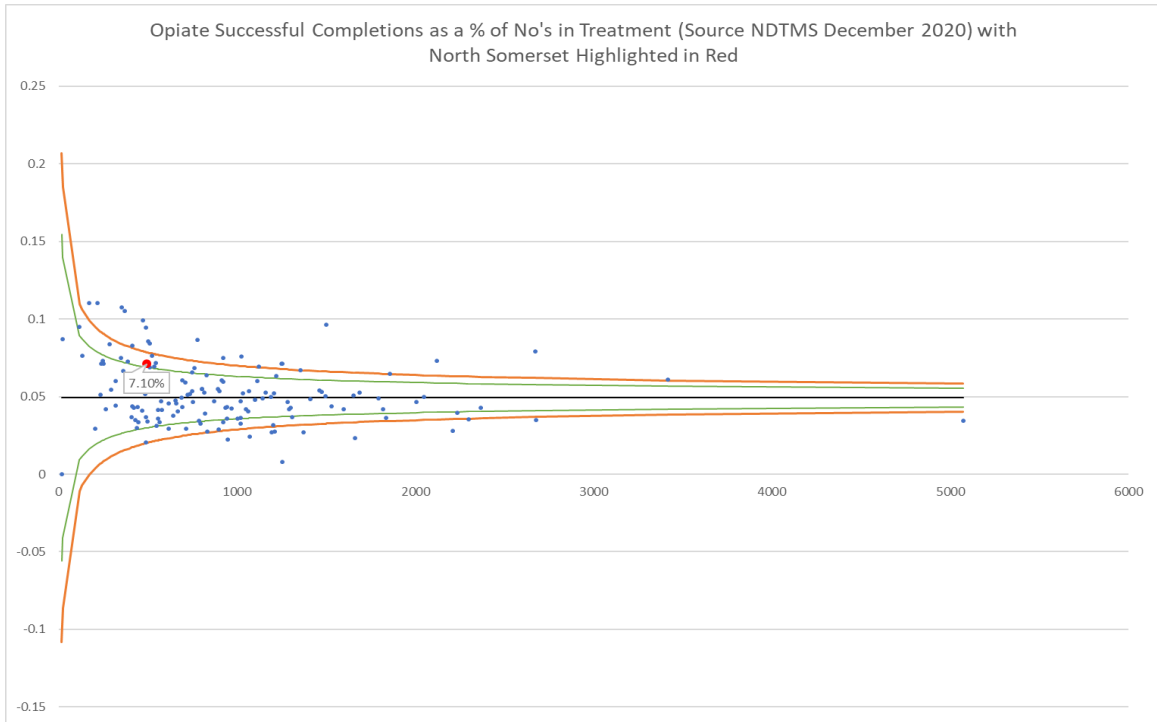
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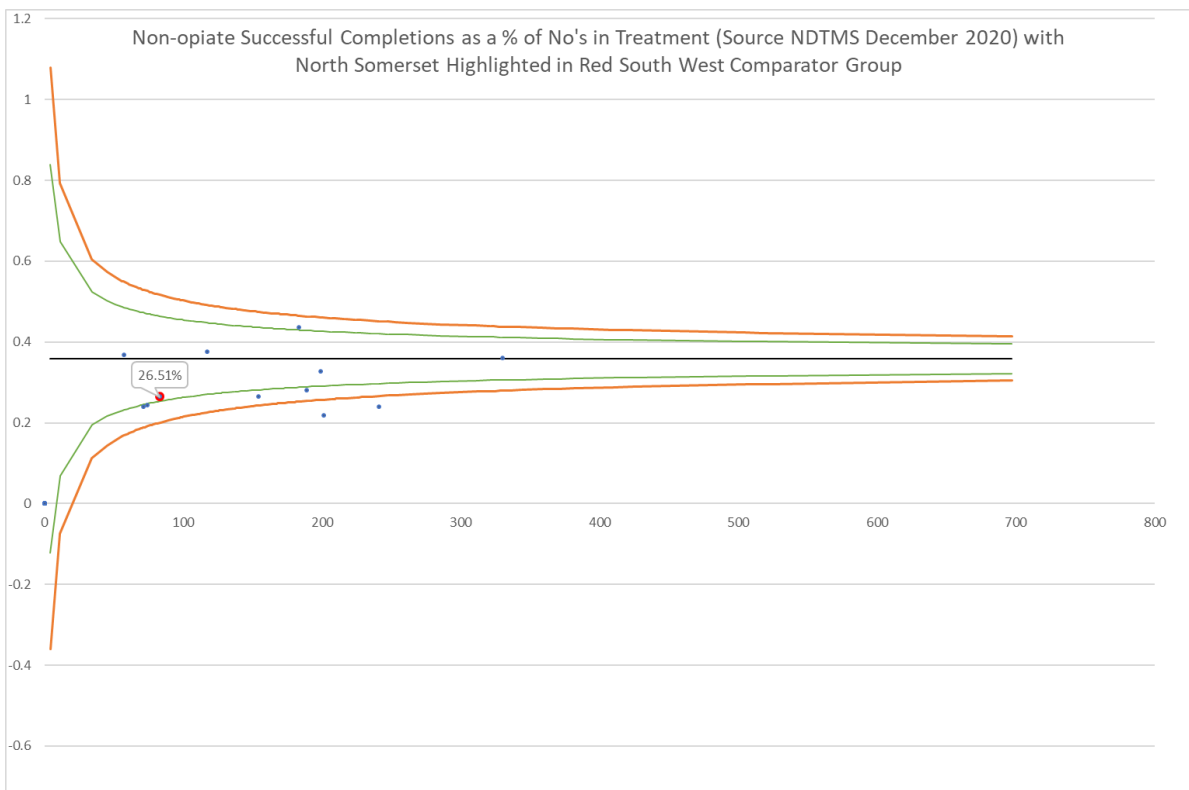
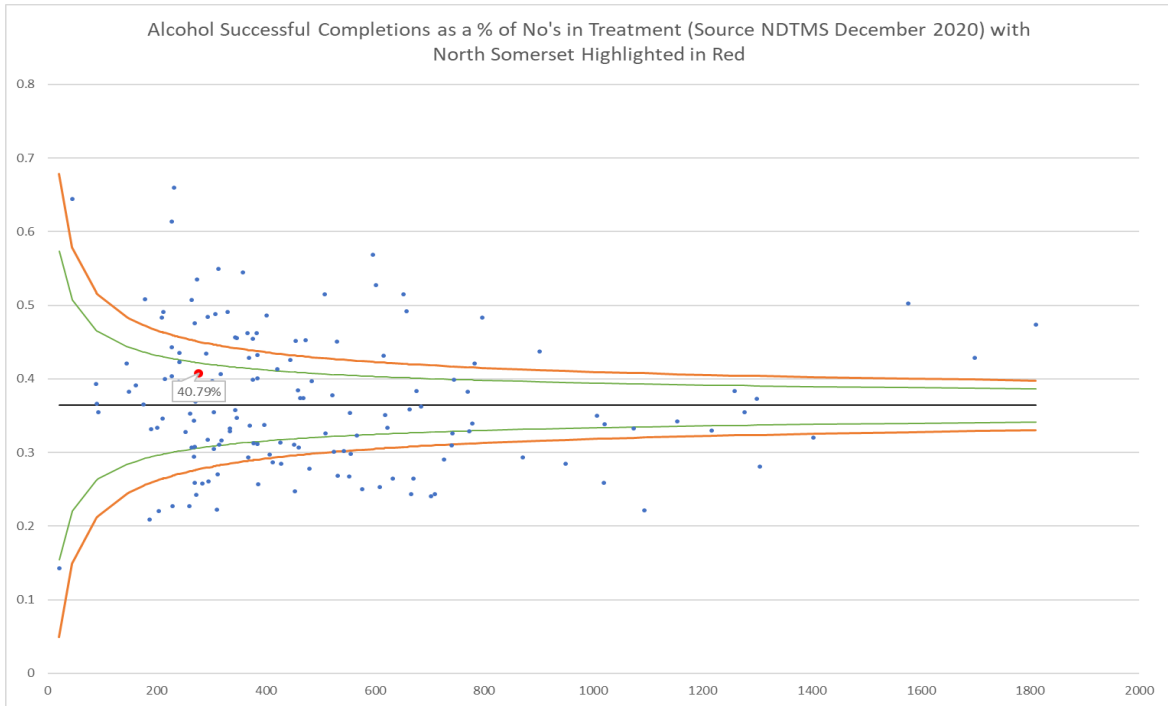
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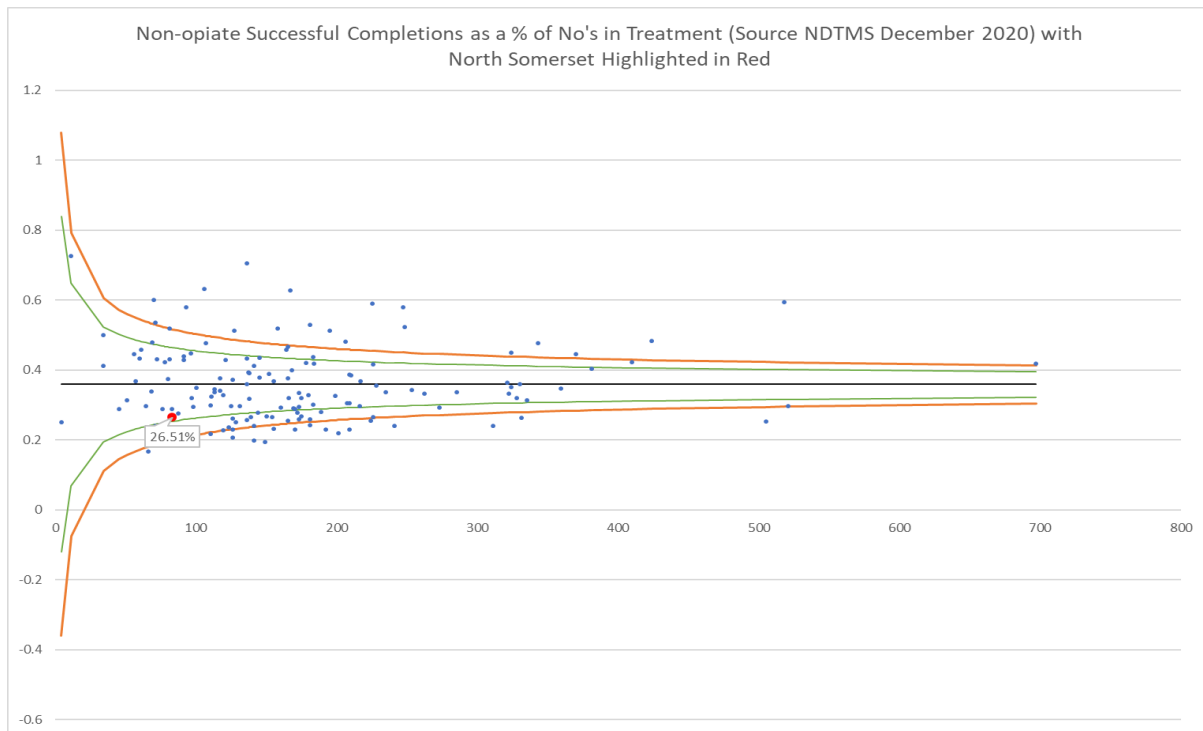
Ted Sherman (Substance Misuse Commissioning Manager and Health Places Lead)

## APPENDIX A:









## Appendix B:

(Note that the recommended guidelines for lower risk drinking have changed since the publication of the North West Public Health Observatory document in 2011. Current guidelines for lower risk drinking recommend that both men and women do not drink above 14 units per week).

**“Lower risk** - Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day.\* Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman .

A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >0 and <=21 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >0 and <=14 units in the previous 12 months.

**Increasing risk** - Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day. Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a women.



A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as being >21 units to <=50 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >14 units to <=35 units in the previous 12 months.

**Higher risk** - Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week.

A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >50 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >35 units in the previous 12 months.