

## RUTLAND HEALTH AND WELLBEING BOARD

16<sup>th</sup> January 2024

### JOINT STRATEGIC NEEDS ASSESMENT (JSNA): SUBSTANCE MISUSE

#### Report of the Portfolio Holder for Adults and Health

Strategic Aim:	Healthy and well	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr D Ellison, Portfolio Holder for Adults and Health	
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Ward Councillors	All	

#### DECISION RECOMMENDATIONS

That the Committee:

1. Approves the recommendations in the substance misuse JSNA and agrees the three key recommendations.
2. Endorses the JSNA.
3. Notes the contents of the substance misuse JSNA.

#### 1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to present to Health and Wellbeing Board members the updated Substance Misuse chapter of the Joint Strategic Needs Assessment for Rutland.
- 1.2 To seek approval from the Health and Wellbeing Board members of the substance Misuse JSNA and the recommendations therein including three key areas for action.

## **2. BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 The development of a Joint Strategic Needs Assessment is the responsibility of the Health and Wellbeing Board. This responsibility is laid down in the Health and Social Care Act of 2012 with the expectations that the Health and Wellbeing Strategy is aligned to their JSNA.
- 2.2 The substance misuse JSNA will be a chapter in a larger suite of documents where each chapter has a specific theme. Chapters already completed and available for 2022-2025 are Demography and Growth, Health Inequalities, Oral Health, and End of Life Care and Support.
- 2.3 The previous Substance Misuse JSNA was 2018 to 2021 and there has been a delay in updating the JSNA as a result of Covid and the introduction of the government 10 year from Harm to Hope strategy. The revised JSNA was updated in 2023 and will be a 3 year update.

## **3. JSNA DEVELOPMENT PROCESS**

- 3.1 The process for revising the JSNA involved the following activities:
  - a) Data collection and collation from and number of sources
  - b) Data analysis
  - c) Ensuring alignment to updated National guidance and expectations such as the Harm to Hope Strategy
  - d) Update of the commissioned service details and wider PH offer
  - e) Identification of trends and gaps
  - f) Compilation of a draft for consultation
  - g) Consultation with stakeholders a via workshop – these involved representatives from departments of the local authority, treatment services, health partners, criminal justice partners, business intelligence, Healthwatch,
  - h) Dovetailing with Leicestershire in order to benefit from shared learning and data extrapolation when numbers are low.

## **4. RECOMMENDATIONS**

- 4.1 There are twelve recommendations which are detailed on pages 88-89 of the JSNA document.
- 4.2 There are three key recommendations which have been pulled out for discussion:
  - a) Recommendation no. 1 - Improve identification and referral of individuals with substance misuse into treatment.

Numbers in treatment is going to be a key focus for 2024 at national level as well as locally. Particularly for children and young people in Rutland where numbers are low. Improving the outreach into communities to identify those in need of treatment and encouraging them to access treatment is only part of the equation. In addition, treatment needs to be effective by ensuring that service users remain engaged which means tackling the points of attrition and their causes. Strengthening the front end of treatment and engagement is going to be important to addressing this.

- b) Recommendation no. 4 - Act to better understand (locally) the demand placed on services by new and emerging addictions.

These include addiction to prescribed or over the counter medications and anabolic steroid misuse. Recent years have seen the development of novel psychoactive substances which change at an alarming rate. We have seen the rise in cannabis edibles and the novel ways in which these are targeted at particular cohorts such as young people. Nitazines have emerged on the Rutland borders these have resulted in deaths and the need for double doses of naloxone to be carried. There is anecdotal evidence of steroid use from needle exchange and needle finds. Due to the size of the barrels these have been attributed to steroid use which has often been associated with body building and Gyms. Addiction to over the counter or prescribed medication particularly opiate based pain killer is not necessarily new and this is an arrangement in place to support UHL but this just scratches the surface of the potential problem and people self-medicating as a coping strategy. This cohort and steroid users would not see traditional treatment serviced as being for them as they do not see themselves and a drug user, which will require a system based approach.

- c) Recommendation no. 6 - Act to better understand (locally) and manage the demand placed on service by individuals with concurrent mental health and substance misuse issues.

The ICB has been funding the Substance Use Mental Health Team (SMHT) at Turning Point and this service has seen increasing numbers being referred for the service. Dual Diagnosis has always been a difficult area to address with service users either falling through the net or being subjected to a pushed from pillar to post experience. This cohort of service users has increased vulnerability and historically poorer health outcomes. The SUHT has helped to improve the relationships between mental health and substance misuse services but has also highlighted the need.

For these three key areas we need to get a better understanding of the scale of the problem in order to arrive at the best solutions.

## **5. CONSULTATION**

- 5.1 Consultation was undertaken with key stakeholders via and workshop and the wider distribution of the draft documents. This afforded people the opportunity to comment, make additions and offer supporting evidence for the JSNA.
- 5.2 Service users had the opportunity to comment on service provision during the course of the quality assurance process that was conducted in 2023. There was research undertaken by Falcon Support Services predominately in Leicestershire but results are extrapolatable to Rutland. There is also the Service User Harm Reduction network where service users will be able to have input and will be involved in taking forward the relevant recommendations.

## **6. ALTERNATIVE OPTIONS**

- 6.1 It was decided to keep the chapter as one covering all substances rather than separating drugs and alcohol. To some extent this was due to the data analysis and

dealing with low numbers. It was also decided to link to other chapters such as demography for more detail and other needs assessment rather than repeat.

## **7. FINANCIAL IMPLICATIONS**

- 7.1 Substance misuse treatment and recovery services are funded by Public Health through the Public Health Grant since its inception in 2013. Whilst not a mandated service it is still a core Public Health service with a strong prevention requirement on service providers.
- 7.2 As a result of the Dame Carol Black review and the Harm to Hope drug strategy additional monies was made available which included the following:
- a) 3 year Supplementary Substance Misuse Treatment and Recovery Grant which followed the 1 year Universal Grant.
  - b) The grant for Inpatient Detoxification was also for three years and is delivered on a consortium basis for the East Midlands.
  - c) More recently Individual Placement support grant has become available to Rutland for a 2 year period from April 2024.
- 7.3 The JSNA will be used to inform the Health and Wellbeing Strategy and to inform commissioning decisions.

## **8. LEGAL AND GOVERNANCE CONSIDERATIONS**

- 8.1 The development of the JSNA is the requirement of the Health and Wellbeing Board
- 8.2 It is the responsibility of the Health and Wellbeing Board to sign off the JSNA.

## **9. DATA PROTECTION IMPLICATIONS**

- 9.1 A Data Protection Impact Assessments (DPIA) has not been completed as data sharing agreements are in place for the collation and analysis of the data from sources. The data was at a high level so did not contain any personal or identifiable information. Where numbers were low, below 5, these were either suppressed or added to Leicestershire.

## **10. EQUALITY IMPACT ASSESSMENT**

- 10.1 An Equality Impact Assessment (EqIA) has not yet been completed as the document is still in draft form and has not been to the Health and Wellbeing Board for consideration.

## **11. COMMUNITY SAFETY IMPLICATIONS**

- 11.1 The document covers substance misuse and criminal justice implications. Community Safety has inputted data into the JSNA.

## **12. HEALTH AND WELLBEING IMPLICATIONS**

- 12.1 As a JSNA for substance misuse the document presents data related to impacts on communities and individuals.

12.2 The recommendations in the JSNA will inform commissioning decisions to ensure that treatment provision is designed to meet the identified needs of the local population.

### **13. ORGANISATIONAL IMPLICATIONS**

13.1 Environmental Implications

13.1.1 There are no specific environmental implications.

13.2 Human Resource Implications

13.2.1 Human resource implications are that the JSNA helps to make the case for ensuring that the treatment and recovery system for substance misuse has the capacity to effectively meet needs.

13.3 Procurement Implications

13.3.1 The JSNA will help to inform commissioning decisions which may lead to procurement exercises being undertaken.

### **14. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

14.1 In conclusion the process for developing the Rutland Joint Strategic Needs assessment for substance misuse has been both robust and inclusive. The 12 recommendations have been founded in evidence and data analysis.

14.2 The key areas have been selected because of their wide reaching implications and the need to involve partners in addressing these areas.

### **15. BACKGROUND PAPERS**

15.1 No background papers

### **16. APPENDICES**

16.1 Appendix A – Rutland Joint Strategic Needs Assessment 2023 update - Substance Misuse

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577**