

Findings from the needs assessment & recommendations

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**North
Northamptonshire
Council**



**West
Northamptonshire
Council**

Components of the needs assessment

A substance misuse needs assessment was undertaken in 2022 and consisted of 4 workstreams:

Quantitative

1. Analysis of local and national routine datasets and reports
2. Northamptonshire Police Drugs Supply Report

Qualitative

3. Harm reduction - system mapping
4. Service users focus groups and 1:1 interviews

Key findings from workstreams 1, 3 and 4 are contained below.

Workstream 1:

Analysis of routine data – key findings

Overall trends – children & young people

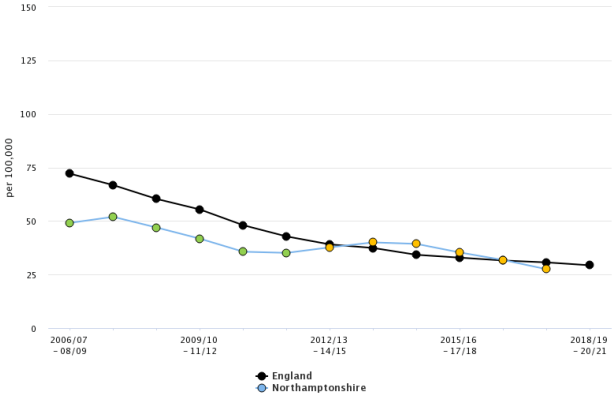
Alcohol

- Nationally, alcohol consumption in children and young people has been declining
 - Young people age 16-24 have the lowest level of consumption of any age group
 - However, this age group is the most likely to binge drink
- Northamptonshire schools survey of Year 8 and 10 pupils in 2022 reported
 - 40% of children said they drink alcohol (more than just a sip)
 - **This has declined, the proportion in 2019 was 45%**
- Locally, **hospital admissions in <18's specific to alcohol have declined** over the last decade.
 - Admission rates in both North and West are similar to the national average
 - $\frac{3}{4}$ of hospital admissions are girls

Hospital admissions for alcohol-specific conditions – age <18

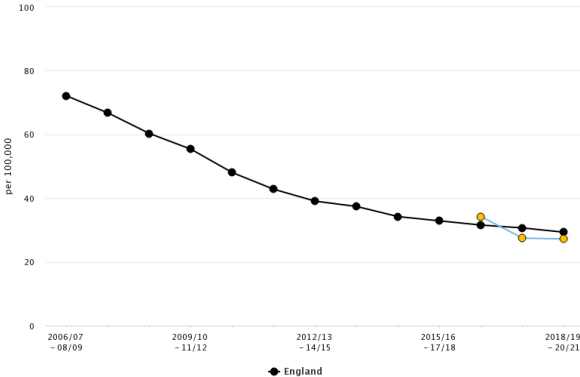
Northamptonshire

Admission episodes for alcohol-specific conditions – Under 18s (Persons) for Northamptonshire and neighbours



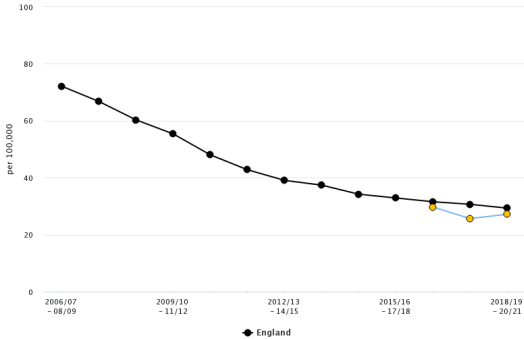
North

Admission episodes for alcohol-specific conditions – Under 18s (Persons) for North Northamptonshire



West

Admission episodes for alcohol-specific conditions – Under 18s (Persons) for West Northamptonshire



Source [OHID Fingertips](#)

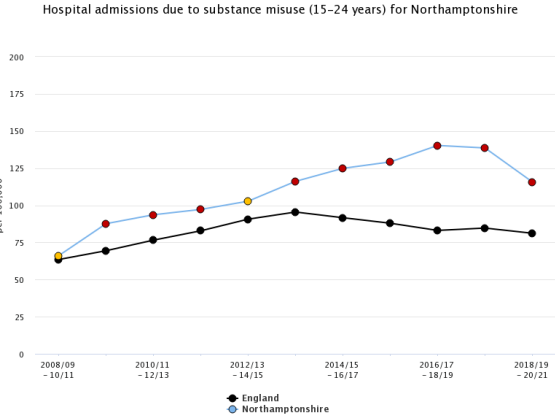
Overall trends – children & young people

Drugs

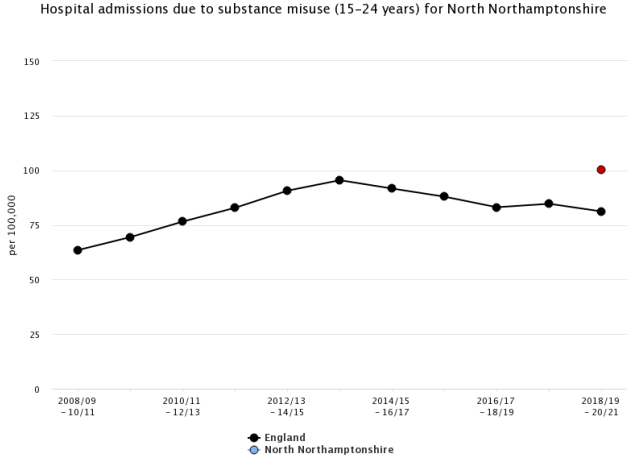
- Nationally, **young adults have the highest rates of drug consumption of any age group**
 - 1 in 5 adults aged 16-24 reported drug use in the last year (till June 2022)
 - Since 2013, **overall drug use has been increasing in young people aged 16-24**
- Locally, Northamptonshire schools survey of Year 8 and 10 children in 2022 reported
 - 7% of Year 10 pupils said that they have used cannabis
 - 2% of boys and 1% of girls in Year 10 have used solvents as drugs.
- Hospital admissions due to substance misuse **in Northamptonshire are significantly higher than England in 15-24 year old** - both North and West significantly have high rates

Hospital admission rate due to substance misuse – age 15-24 in Northamptonshire

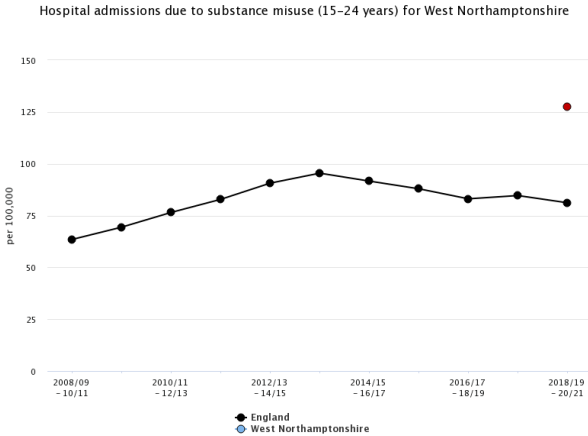
Northamptonshire



North



West



Source: [OHID Fingertips](#)

Children and young people's vulnerabilities

- In 2020-21, the main vulnerabilities in young people entering substance misuse treatment in Northamptonshire are detailed below. These were mostly similar to England.
 - anti-social behaviour (13%)
 - self-harm (14%),
 - domestic abuse (15%),
 - impact of other's substance misuse (26%).
 - NEETs (8%)
- **Mental health treatment needs at the time of entering young people's treatment services are high – 43% in Northamptonshire similar to England 42%.**

Impact of substance misuse on children and young people

Maternity

Studies indicate 3.2% babies are estimated to be impacted by Foetal Alcohol Spectrum Disorders.

Education

3% fixed term suspensions and 14% permanent locally are related to substance misuse.

Rates have risen over time.

Social care

20% of parental assessment and 8% child assessment flag substance misuse in Northants.

Rates are higher than other areas.

Hospital admissions & ED

Rates of alcohol admissions for <18's locally are similar to England.

Young people highest rate of attendance at ED

Young offenders

8% of people in youth justice locally have drug related offences, in line with England rates.

Little change in this rate over time

Young carers

10 young carers recorded where substance misuse the primary factors

Numbers likely to be higher

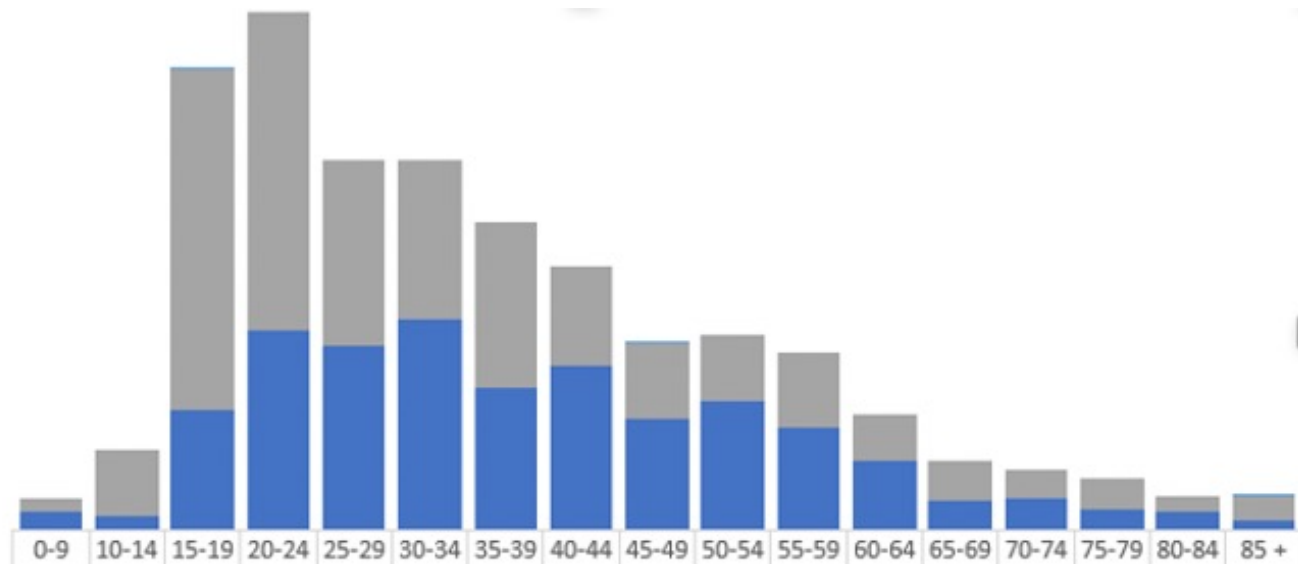


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Age profile of emergency department attendances in Northamptonshire (Aug 21 – Jul 22)



Source: Northamptonshire ICB

Groups at high risk of problematic substance misuse

Adults

- Experiencing mental ill health
- Being sexually exploited or sexually assaulted
- Commercial sex workers
- Homeless
- Not in employment, education and training
- Lesbian, gay, bisexual and transgender
- In the Criminal Justice System
- Experienced trauma during childhood (**adverse childhood experiences – ACEs**)
- Involved in smoking, gambling and risky sexual behaviour
- White British ethnicity.

Children

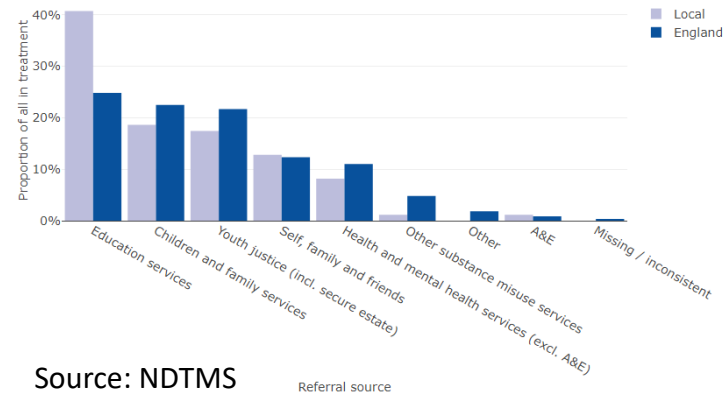
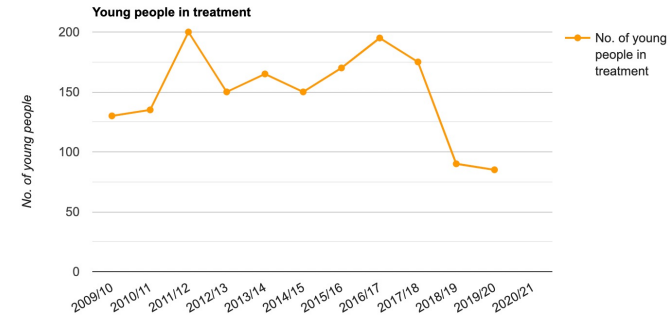
- Children in care / care leavers
- Young offenders
- Those experiencing mental ill health
- Gang members or involved in county lines
- In families who don't discourage substance misuse
- Children in families who are using alcohol or drugs
- **Those experiencing ACEs.**
- White British ethnicity
- Children who truant
- Those involved in other risky behaviours.

Treatment services – young people’s services

In 2020-21, 89 young people were in treatment. Compared to England, **referrals in Northamptonshire are much more likely to come from education than other sources.** In 2020-21,

- Most common substances - cannabis (94%), alcohol (41%) or cocaine (17%), in line with national pattern
- 2/3rd of those in treatment were male.
- 84% were white British.
- Peak age is 14-15 (46%)

Numbers accessing services have fallen in recent years: largest fall has been in older teens.



Source: NDTMS

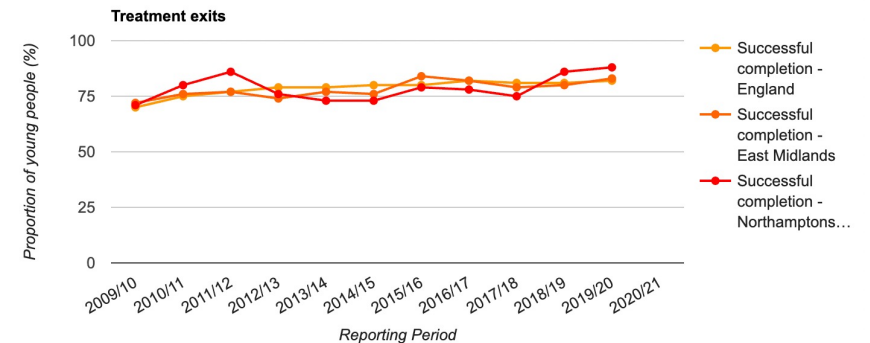
Treatment services – young people’s services

Outcomes in 2020-21 were similar to England rate
81% of exits recorded as successful completion. No representations within 6 months.

- Rates have been similar for a decade.
- Low levels of harm reduction and smoking cessation recorded in service.
- Time in treatment slightly longer than the England average.

More recently and particularly in 2022, there has been a large increase in complex cases and the profile of substance misuse has changed.

Trends in successful completions in young people’s services



Source: NDTMS

Overall trends – adults

Alcohol

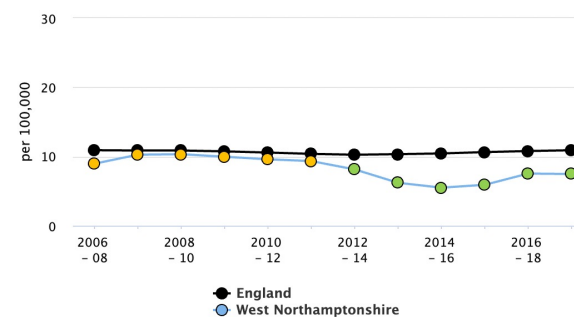
- Nationally, there has been a downward trend in the proportion of adults who drink
 - Rates were highest in more affluent households, men and those aged 55 to 64
- Locally, an estimated **7,000 adults** in Northamptonshire are dependent on alcohol and potentially in need of specialist treatment.
 - Around **21% of adults** in Northamptonshire drink more than the recommended 14 units per week, **similar to the England average of 22.8%**. Fewer people abstain from drinking – 12.9% in Northamptonshire and 16.2% in England.
- **Little change in recent years in rates of hospital admissions or deaths from alcohol locally**
 - Hospital admission rates are generally similar or better than England in North and West.

Deaths from alcohol

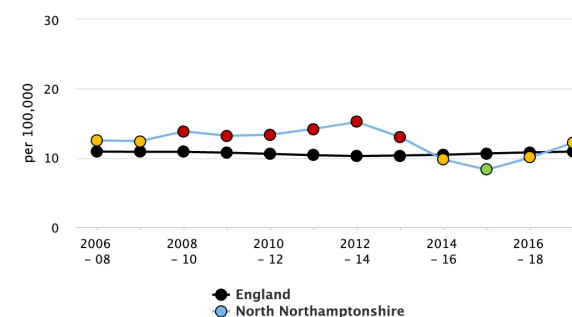
Different ways of measuring deaths from alcohol, deaths can either be related or specific.

- **Little change in the death rate from alcohol in either the North or West in recent years**
- Nationally, deaths from alcohol increased during the pandemic – those drinking high levels before increased their consumption.
- Similar to drugs, deaths are mainly occurring in men (65%).

Alcohol specific deaths –
West Northamptonshire



Alcohol specific deaths –
North Northamptonshire



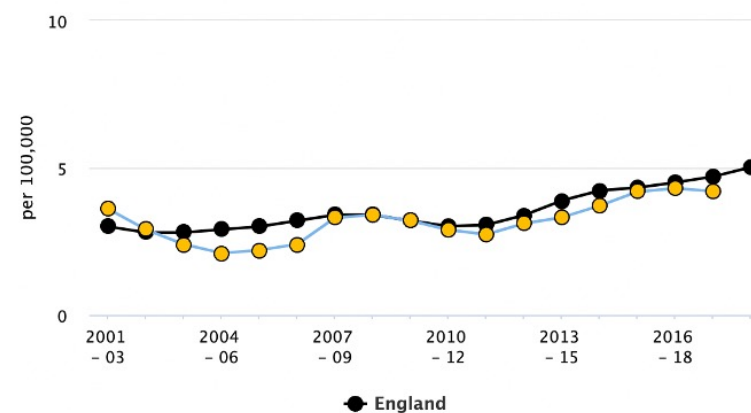
Deaths from drug misuse

In line with national trends, **the death rate from drug misuse has risen in Northamptonshire over the last decade**. Rate is similar to England.

In the 3 years (2019-22), there were 134 deaths from drug misuse

- Most deaths are in men (71%)
- Average age: 44.3 years in men and 41.3 women
- Concentrated in Northampton, Kettering and Corby
- Deaths are concentrated in the most deprived areas.

Trends in deaths from substance misuse in Northamptonshire and England



Source: [OHID Fingertips](#).

Impact on NHS services

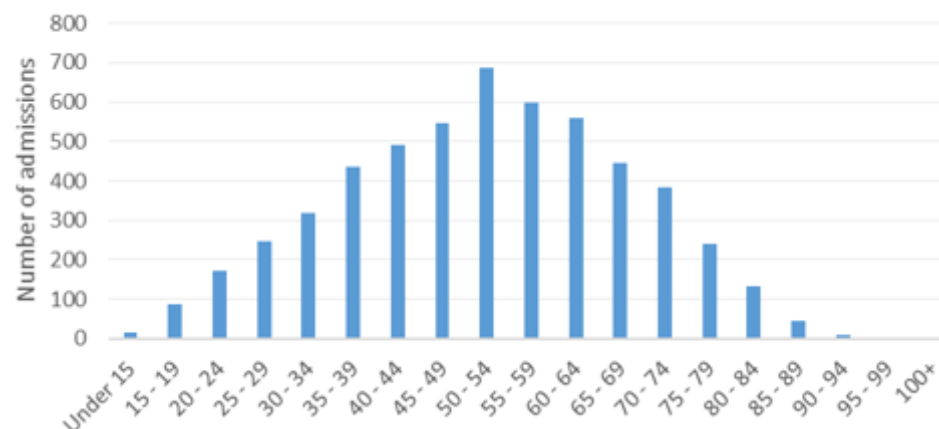
Substance misuse has a considerable impact on the use of NHS services. In the last year in Northamptonshire (Aug 21 – Jul 22) substance misuse was involved in

- 20k attendances at urgent care
- This involved around 6.4k individuals
- 3.5k hospital admissions
- Cost of urgent care was £3million

Many urgent care attendances related to injuries – 56% are accidental, 1 in 4 involve self harm and a further 15% are assaults.

Admissions peak in in those aged 50-54.

Age profile of admissions with a history of drug and/or alcohol use in Northamptonshire, August 2021- July 2022



Source: Northamptonshire ICB

Wider societal impact

Crime

2,057 drug related offences in Northamptonshire in year till June 22
Drug offences have risen in the last year.

Carers

53 registered carers in Northamptonshire primarily related to substance misuse
This is likely to be an underestimate

Employment

32% of those entering substance misuse treatment were in regular employment in 2020-21
Local employment rates of those in treatment have been better than England

Housing

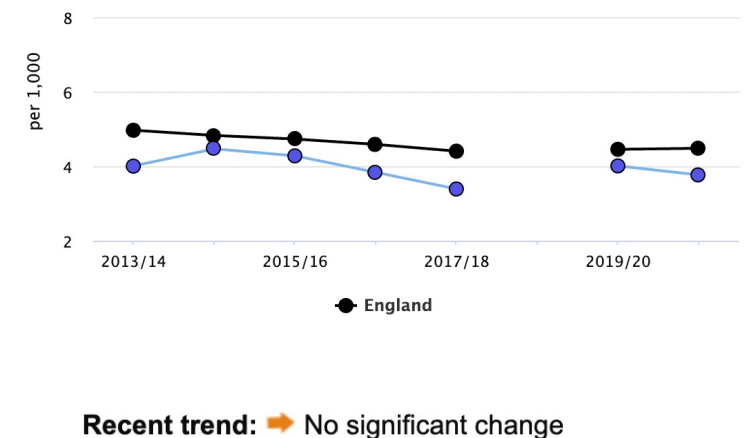
10% of those entering substance misuse treatment had an urgent need in Northamptonshire in 2020-21
Urgent housing needs at the time of entering services have been consistently higher than in England

Treatment services – adult services

In 2020-21, 3,165 adults were in treatment for substance misuse and 1,590 were new presentations in Northamptonshire.

- **The adult drug treatment rate is lower than England but higher to similar areas (CIPFA). Little change over time.**
- Age, sex, LGBT and religious profile mirror the national average.
- Cohort of service users is ageing, fewer young people are entering the service and more over 50's.
- Low rate access for disabilities - 18% locally compared to 28% in England and few ethnic minorities

Adults in specialist drug misuse services



Rates of unmet need – treatment services

Most adults who require specialist substance misuse treatment are not currently accessing services. A similar pattern of unmet need is seen nationally.

	England	Northamptonshire
Opiate and/or Crack Use (OCU)	53%	51%
Opiates	47%	43%
Crack	58%	48%
Alcohol	82%	82%

Source: NDTMS

Treatment services – adult services

Local profile of substances used is similar to England and has followed the same trends.

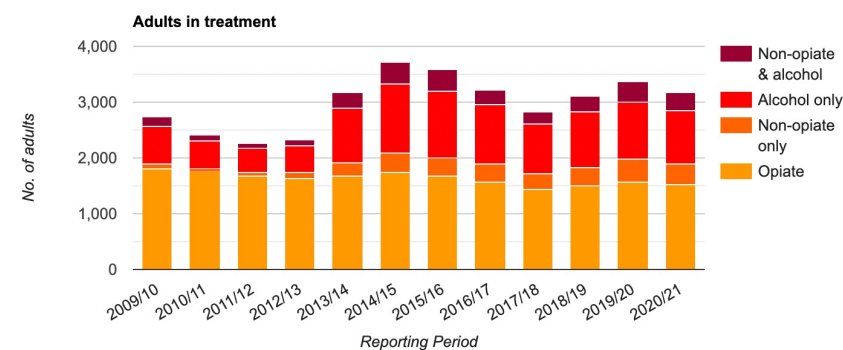
More reliance on self referral to substance misuse treatment services and referrals from the CJS

- Comparatively few referrals are from health and social care - 4% locally vs and 15% in England in 2020-21
- Rates of adults engaging in treatment following prison release are significantly higher than England.

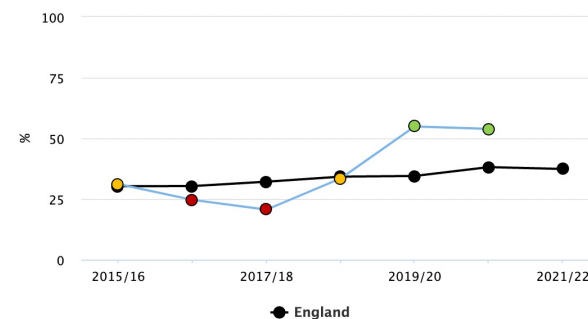
Most adult treatment outcome are comparable or better than England

- Including housing and employment
- Harm reduction outcomes (hep B & C) and naxolone provision

Profile of substance misuse in Northamptonshire



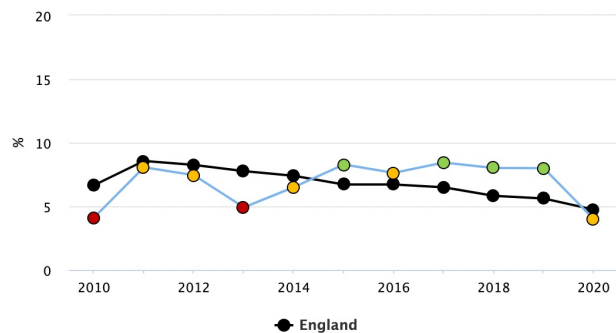
Adults successfully engaging in treatment following release from prison



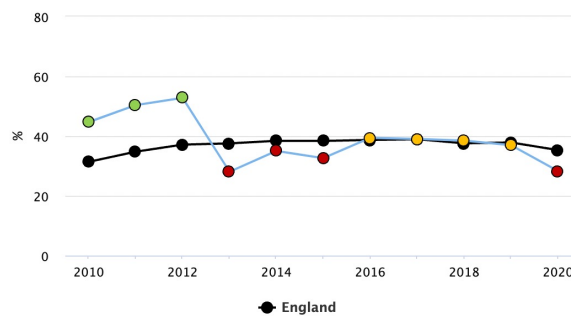
Source: OHID Fingertips

Treatment services – adult services

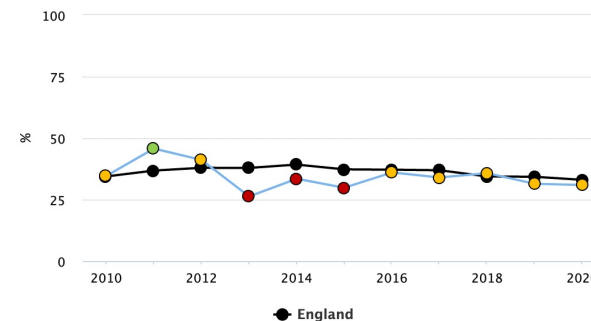
Successful completion of treatment – opiates in Northamptonshire



Successful completion of treatment – alcohol in Northamptonshire



Successful completion of treatment – non-opiates in Northamptonshire



Source: OHID Fingertips

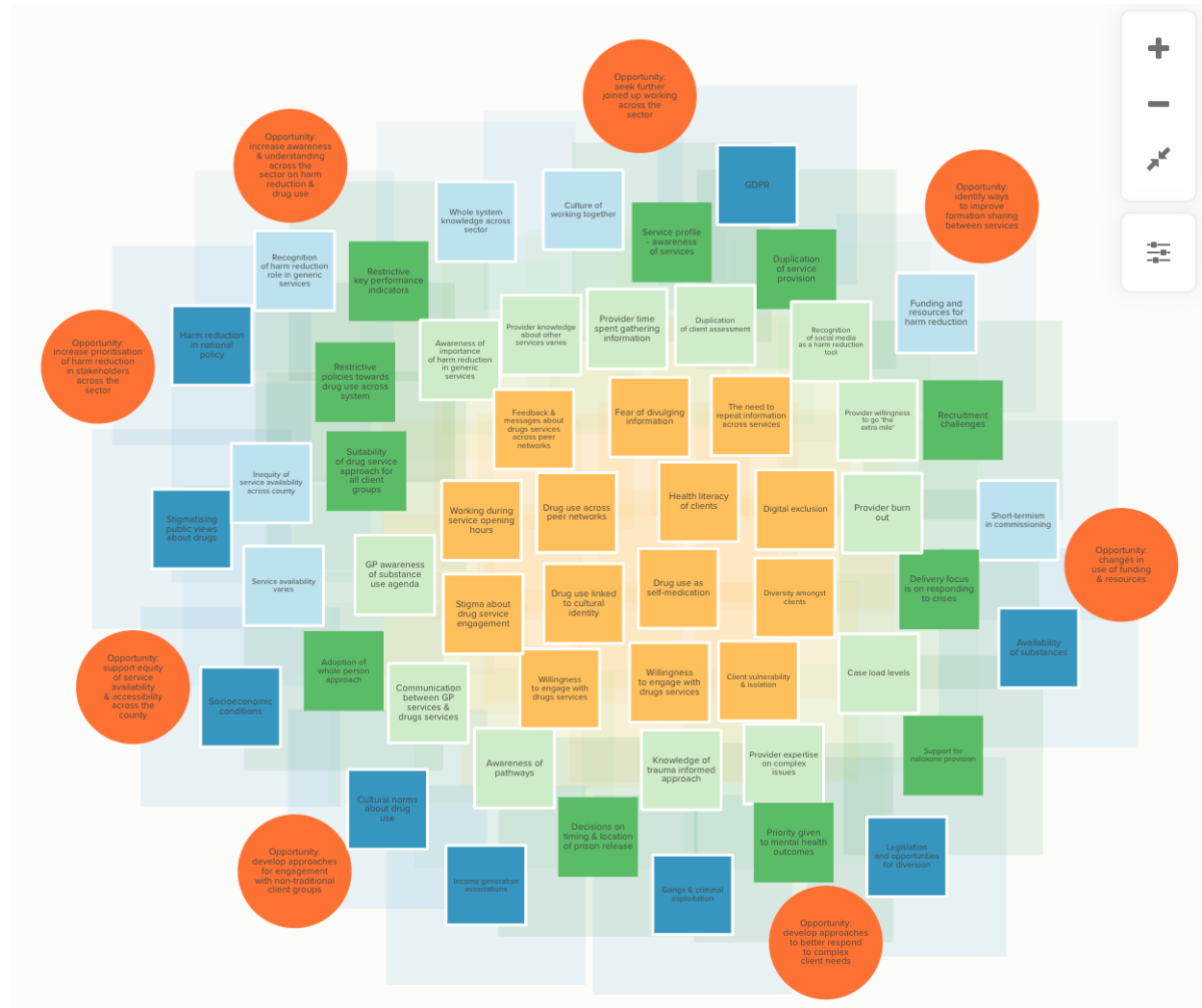
Workstream 3:

Harm reduction system mapping – key findings

Overview

- System mapping was the University of Bath and Manchester Metropolitan University.
- Over two days of workshops with around 70 local stakeholders, the researchers facilitated sessions based on methods to understand complex systems
- The stakeholders were from a wide range of organisations in Northamptonshire including the
 - criminal justice system,
 - NHS providers,
 - local authority,
 - drug treatment and recovery services,
 - social care, the community and voluntary sector and people with lived experience.
- The output of the workshops were stakeholder map and factors affecting harm reduction.

Reducing drug-related harm in Northamptonshire: Factors that affect harm reduction delivery



Opportunities for improvement: key themes identified by stakeholders

1. Improving service delivery for clients with complex needs/ trauma

- Including more support a client focused approach and Trauma Informed Care; partnership working and multiagency work on complex needs

2. More funding and resources

- Support for more collaborative funding approaches and service provision; lower caseloads; bid writing support; and longer contracts

3. Improve equitability of harm reduction provision across the county

- Improved geographical access; mobility access for some buildings; staff training for stigma and unconscious bias; more harm reduction in generic services.

4. Increasing prioritisation & awareness of harm reduction

- Leadership and partnership working in prioritising harm reduction services; training and education for generic services; consider harm reduction in the same way as safeguarding.

5. Engaging with client groups who are less engaged currently

- Suggested approaches includes making more use of social media informed by those with lived experience; more outreach; co-production of literature in other languages.

6. Improving information & data sharing

- Prevent repetition of traumatic questions; patient passports; GDPR training; key contacts in each service and more partnership working.

7. Supporting joined up working

- Regular leadership meetings; establish shared vision; shared expectations around harm reduction

Workstream 4:

Qualitative study - Focus group and 1:1 interview – key findings

Overview

- Qualitative study commissioned to understand the views of adult services users, those in recovery, and family and unpaid carers
- A total of 86 people took part in study, attending either focus groups or 1-2-1 semi-structured interviews conducted over 4 days.
- The interviews and focus groups were held in different geographical areas – Corby, Kettering, Northamptonshire and Wellingborough.
- The themes explored:
 - Harm reduction
 - Structured treatment
 - Key workers and staff
 - Treatment and care planning
 - Joining up treatment with other services
 - Gaps in services and suggestions.

Key themes

1. Harm reduction

- Limited harm reduction advice in non-specialist agencies (inc. NHS); perception that specialist services are not well known or advertised; issues with access to pharmacies.

2. Structured treatment

- Incentive to enter treatment often following a crisis –e.g. fear of prison, child protection, domestic violence; experience of specialist services mostly positive; friendly, welcoming staff important.

3. Key workers and staff

- Relationship with key workers important, some concerns over the impact of staff turnover.

Key themes

4. Treatment and planning

- Little understanding about the overall treatment pathway and how the parts joined up; limited knowledge of employment opportunities beyond working in treatment services.

5. Joining up drug treatment and other services

- Join-up between the criminal justice system was viewed as good.; most concern over the join up of substance misuse and mental health services for adults and CYP
- Perception that knowledge of substance misuse among social workers is low

6. Gaps in treatment

- Transport from smaller towns and villages; physical access an issue for for some services; lack of services tailored for young adults and transition; gap for those with multiple, complex needs.

Recommendations

Breaking drug supply chains

1. Targeted community intervention to better understand the workings of gangs, drug lines and County Lines operating within the County and prevent further recruitment of young and/or vulnerable nominals.
2. Continued engagement with Partners, providing support and training to encourage community intelligence submissions.
3. Encourage the use of appropriate ancillary orders, including SCPOs, DDTROs and Slavery & Trafficking Prevention Orders, to disrupt criminal activity of OCGs/Violent groups.
4. Reassess the intelligence sharing within the Partnership to gain a better understanding of nominals and locations involved in drug supply and production as well as early intervention and prevention.
5. Targeted intervention in the Town Centres to disrupt nominals using recreational drugs in the night time economy.
6. The Government's 10 year Drugs Plan identifies reducing recreational drug use as a priority, with future sanctions to be introduced as consequences. Proactivity during high risk times in Town Centre locations would allow for disruption opportunities to remove supply of recreational drugs from circulation, while also providing the opportunity to protect vulnerable persons from harm caused by drug usage combined with alcohol.
7. Work collaboratively as a Partnership to tackle County and Local Drug Lines and protect vulnerable youths/adults from exploitation, cuckooing and harm. Utilise the knowledge and expertise of internal and partner contacts to determine suitable early intervention techniques to reduce drug use and supply in young people.

Delivering world class treatment and recovery services

1. Improve the treatment of those with both mental ill health and substance misuse.
2. Increase the capacity of specialist treatment and recovery services, addressing the increasing complexity of cases.
3. Improve the promotion and branding of treatment services to make them more visible and acceptable to those in need. Develop clear referral pathways for professionals.
4. Earlier identification, support and treatment of those with problematic substance misuse.
5. Improve provision for young adults, including the transition for young people moving to adult substance misuse services.
6. Address areas in treatment and recovery where outcomes could be improved, and where the service offer is unclear.
7. Continue to strengthen the harm reduction offer provided by specialist treatment services, and knowledge of harm-reduction in other organisations.

Achieving the shift in generational demand for drugs

1. Support children and young people at high risk of problematic substance misuse to break the generational cycle, particularly those with adverse childhood experiences.
2. Starting before birth and focusing on the early years, support the most vulnerable parents.
3. Healthy communities and settings (schools and workplaces) will protect the next generation from substance misuse.

Cross cutting recommendations

1. Strengthening stakeholder relationships and collaboration between services
2. Pooling intelligence, working towards real-time surveillance to improve the agility. Improve information and data sharing for clients.
3. Strengthening workforce planning across the system.