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SPH Solutions for Public Health

NHS Arden and Greater East Midlands Commissioning Support Unit

Thurrock Council

Alcohol & Substance Misuse: epidemiological population health needs assessment

August 2022

This HNA was commissioned by Thurrock Council from Solutions for Public Health (SPH), an NHS public health team based in Arden and Greater East Midlands Commissioning Support Unit. SPH are a multidisciplinary, senior team of clinical, public health, research and analytical experts. We work with decision makers across the public and third sectors to improve health and reduce health inequalities. Our work is centred on evidence, health intelligence, assessment of need and evaluation, which we use to understand and promote better health and better value health care. For more information contact: agem.sphsolutions@nhs.net

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Executive Summary

Introduction and methodology

This health needs assessment (HNA) explores the needs of adults living in Thurrock who have accessed or would benefit from accessing drug and alcohol misuse treatment services. Substance misuse causes increased harm to individuals, those closest to them and to wider society. People misusing alcohol and /or drugs often have other difficulties in their lives such as mental health conditions, problems with housing and employment, or are engaged in crime. An effective population-based strategy concerned with prevention and minimising the impact of harm on individuals, their families, and the communities where they live requires systemwide partnership working between agencies that have traditionally worked as standalone teams, with a fixed referral process and prescribed interventions. This alcohol and substance misuse HNA aims to inform the development of an integrated strategy to commissioning across Thurrock.

Five key objectives for the HNA were agreed with Thurrock Council following contract award:

1. To present qualitative and quantitative data concerning service needs and provision, to inform the recommissioning of local drug and alcohol misuse services. The focus is on organisations in contact with people with substance misuse problems, and how services support the needs of the residents in Thurrock.
2. To identify gaps in the local service provision, including consideration of those who do not engage with services, and seeks to identify any barriers and potential solutions to lack of engagement. This includes the transition between the CYP alcohol and substance misuse service and the adult service, and those with co-occurring conditions.
3. To describe examples locally or from other areas concerning harm minimisation approaches, in particular for alcohol misuse. This includes how to support the evolving demands on teams for post-pandemic reset and recovery.
4. To estimate the number of Thurrock residents with co-occurring conditions of substance/alcohol misuse and mental illness, and those with complex needs involving other difficulties such as housing and employment (recognising that this is an area where data are sparse, and information limited).
5. To seek to identify any areas of quality improvement that might lend themselves to a Human Learning Systems (HLS) co-design approach.

Five methods of data and information gathering were used for this HNA:

1. Quantitative data were obtained from national datasets in to outline the demography of Thurrock and epidemiology of drugs and alcohol within the population. Data from the National Drug Treatment Monitoring Service (NDTMS) and local providers were used to outline drug and alcohol treatment service provision in Thurrock.
2. Qualitative information about the barriers, enablers, and gaps in service provision in Thurrock was gathered from 16 semi-structured interviews with professionals
3. Questionnaires were completed by 47 drug and alcohol misuse service users to gather their experiences about the barriers, enables and gaps in services

4. A document review of national and local policy and strategic approaches to drugs and alcohol misuse prevention and treatment provided information about the local and national context of current policy.
5. A literature search of evidence about effective approaches to prevention of drug and alcohol misuse also informed the HNA.

A series of recommendations were developed from the emerging themes identified from the quantitative and qualitative information.

National Context, Policy and Guidance

The most recent national government drug plan was launched in 2021. 'From harm to hope: A 10-year drugs plan to cut crime and save lives' recommends a national effort to reduce the availability and demand for drugs, as well as enhancing treatment and recovery services.

The theme of this plan is to cut off the supply of drugs by organised crime gangs (OCGs), and to provide sufficient resources and help for those overcoming drug addiction. The plan highlights that over £3 billion will be invested into delivering three strategic priorities to reduce drug-related crime, death, harm, and overall drug use:

1. Break drug supply chains
2. Deliver a world-class treatment and recovery system
3. Achieve a general shift in demand for drugs

The 10-year approach set out by the Government specifically focuses on the following:

- Combating the supply of heroin and crack cocaine
- Delivering high quality treatment for drug addiction
- Reducing non-dependent recreational drug use such as cocaine
- Incorporating a whole system approach as recommended by Dame Carol Black (cut off supply, prevent/reduce drug use)
- Investing in education and resilience in children and young people to level up the whole country

This strategy focuses on encouraging people to change their attitudes to drug use and to ensure that children and young people are not drawn towards drugs, being fully aware of the harm they would be causing to themselves and others by using drugs.

The guidance is clear that while the 10-year strategy focusses of the use and supply of illegal drugs, local partnerships should ensure plans sufficiently address alcohol dependence and wider alcohol related harms including capturing relevant activity and performance monitoring. A local partnership called the Combating Drugs Partnership should be created in each area which will be a multi agency forums accountable for delivering a set of outcomes, understanding, and addressing shared challenges related to alcohol and drug related harm.

It is important that the partnership includes people who have been affected by drug related harm. NHS England and the DHSC has recently published statutory guidance on the legal public involvement duties of the integrated care system, describing ways to include community and service users in co designing and co-producing services.

To support the decision making of the CDP a National Combating Drugs Outcome Framework (NCDOF) has been developed. The Framework includes six overarching outcomes, to reduce drug related crime, harm, overall use, supply and to increase engagement in treatment and improve long term recovery.

Thurrock drug and alcohol strategies

Thurrock Council are exploring a Human Learning Systems (HLS) approach to integrated working. This way of working continuously explores the complex reality of how outcomes that matter to a person might be achieved in their unique life context. The Human Learning System approach has been described in 'Better Together Thurrock: the case for further change 2022-2026'. This is a collective plan to transform improve and integrate health care and third sector services to improve people's wellbeing.

Four integrated medical centres are in the process of being established in Thurrock that align with the four Thurrock PCN footprints. The hubs are the basis of single locality networks with teams from health care and third sector organisations building relationships, collaborating, and co-designing single integrated solutions with residents. There will be staff from the drugs and alcohol service at each of the hubs working with other teams such as mental health, primary care, and social care colleagues. To facilitate this an integrated treatment service with outreach workers aligned to and operating with Community Led Solutions teams with assertive outreach and timely access to treatment for those with the most complex needs.

In addition to Thurrock Council's overall approach, many teams who encounter people who misuse drugs and alcohol have strategic aims concerning this cohort of people. The Health and Wellbeing strategy focuses on addressing unmet need and developing an approach that can lead to the co-production of services with residents and service users, integrating mental health and housing support for those with co-occurring conditions and complex needs. Other teams and organisations with strategic aims concerning people with drug and alcohol misuse include Essex Police, the Community Safety Partnership, Brighter Futures Children's Partnership, Thurrock Violence Against Women and Girls team, Adult Mental Health Services, and Thurrock Housing and Homeless services.

Thurrock borough demography

The national 2021 census data reports that the Thurrock population is around 176,300 which the Office for National Statistics (ONS) estimates this will rise 192,787 by 2031.

Deprivation

There are many wider societal determinants experienced by resident populations associated with increased risk of drug or alcohol dependence and reduced likelihood of successful treatment outcomes. These factors include higher deprivation and problems with housing, and employment. Being in education, employment and having good physical health can increase chances of successful substance misuse treatment.

Areas of highest deprivation are in the south and west of Thurrock particularly in parts of Tilbury and South Ockendon. Around 4% of Thurrock residents live in areas nationally described as the most deprived and 1% in areas of lowest deprivation. Around 6% of Thurrock children aged 0 to 15 live in income deprived families.

Housing

In 2020- 2021 in England around 17% of adults in treatment for substance misuse said they had a housing problem. This ranged by type of substance with 10% of those treated solely for alcohol dependence, 30% of those with opiate misuse and 45% of those with new psychoactive substance problems reporting housing difficulties. Around 66% of people experiencing homelessness cite drug or alcohol use as a reason for first becoming homeless. Those who use drugs are 7 times more likely to be homeless.

Thurrock has significantly more households in temporary accommodation (3.5 per 1,000 households) than East of England (2.4 per 1,000 households) but fewer than England (4 per 1,000 households). Latest data available for Thurrock shows that rates of households assessed as being homeless and those threatened with homelessness has reduced significantly between 2019/20 (10 per 1,000) and 2020/21(6 per 1,000 households). Rates are now comparable to England and East of England whereas in 2018/19 and 2019/20 Thurrock rates were significantly higher.

Employment

In a 2016 review of the impact of alcohol and illegal substance dependence on employment outcomes, Dame Carol Black noted that “Alcohol misuse may also be a cause or a consequence of unemployment. It is certainly a predictor both of unemployment and of future job loss, but evidence also suggests that increased alcohol consumption may follow job loss”. In Thurrock the proportion of people claiming unemployment benefit in 2022 was similar in Thurrock (4.2% of the resident population) compared to East of England (3.5%) and England (4.3%). Rates of unemployment are highest at around 6% in Tilbury Riverside and Thurrock Park, Tilbury St Chads and Belhus wards.

Crime

Crime and substance misuse are known to be closely associated, and people with substance misuse problems are common in criminal justice settings. Specific types of crime have been linked to particular types of substance misuse. People using alcohol compared to other substances are more likely to commit assault, and those committing burglary are more likely to be using opiates rather than other substances. Generally, the pharmacological effect of substance misuse is to reduce inhibitions, increase confidence and impair judgement in relation to criminal activity. Overall crime rates have been generally higher in Thurrock compared to England and East of England since 2018/19. Rates of violence against the person crime rose year on year from 2015/16 (18 per 1,000 population) to 2019/20 (33 per 1,000 population) then decreased in 2020/21 (30 per 1000 population). Rates in Thurrock are higher than England and East of England which are both around 25 per 1,000 population

Substance misuse features in around half of all UK domestic homicides and since 2011 substance use has been detected more than four times as often in perpetrators compared to those who have been killed by them. Up to 60% of men in domestic violence perpetrator programmes have problems with alcohol and/or drugs. Rates of domestic violence in Thurrock have increased from 21.3 per 1,000 population in 2015/6 to a peak in 2019/20 of 29.1 per 1,000 population. Similar rates and trends are seen in England and East of England.

Young people

There are a range of factors linked to the likelihood that children and young people will misuse drugs and alcohol; and this can continue and be problematic into adulthood. This includes children and young people drawn into crime, those who are in the care system and those who experience hidden harm.

Amongst school-aged pupils truancy, substance misuse, crime and anti-social behaviour tend to cluster together. For example, early alcohol use not only increases the risk of subsequent criminal activity but is also associated with cannabis use, truancy, and disengagement from school. One study reported that 41% of young offenders report that they had been drinking at the time of their offence.

The number of offences proven to be committed by children in Thurrock has fallen from 255 in 2017/18 to 110 in 2020/21. The greatest reduction was for theft and handling stolen goods (42 vs 6), violence against the person (79 vs 42), drugs (30 vs 8), and criminal damage (33 vs 11).

Looked after children are children in the care of a local authority. Young people in care aged 11–19 years have a four-fold increased risk of drug and alcohol use compared to their peers. A national survey of care leavers in England showed that 32% smoked cannabis daily and data from 2012 showed that 11.3% of young people in care aged 16–19 years had a diagnosed substance use problem. Rates of looked after children in Thurrock (31 per 10,000 child population) are higher than for England (21 per 10,000 child population) and East of England (18 per 10,000 child population).

Epidemiology of Drug and Alcohol misuse in Thurrock

National government and local key performance data typically categorise the misuse of drugs and/or alcohol into four substance groups, these are

- Alcohol only
- Non-opiate and alcohol
- Opiate only and
- Non-opiate only

Non opiate drugs include cannabis, cocaine, crack cocaine, MDMA, ketamine, amphetamines steroids and novel psychoactive substances such as spice. Opiate drugs include heroin, and a range of medications available on prescription such as codeine, fentanyl, and morphine.

Prevalence

Based on 2016/17 estimates there are around 4.3 opiate users per 1,000 aged 16 to 64 years in Thurrock compared to the significantly higher England average of 7.4 per 1,000. There are similar rates of crack cocaine users (4 to 5 per 1,000) in people aged 16 to 64 years in England and Thurrock. When applied to 2021 populations these prevalence rates equate to around 493 people using opiates and 450 people using crack cocaine in Thurrock.

Cannabis is one of the most commonly used drugs and in the most recent survey in England and Wales, 7.6% of adults said that they had used cannabis in the last year, the highest proportion since 2008/09. In 2018/19, cannabis use in the last year among 16- to 24-year-olds

was 17%, its highest point for a decade. If this rate is applied to the Thurrock population this would equate to around 10,000 adults and around 3,400 young people aged 16 to 24 using cannabis at least once in the past year. However, this doesn't give an indication about the frequency of cannabis use by individuals and it is unclear from these figures how many people would benefit from treatment services compared to the benefits of a wider harm minimisation approach across the population of Thurrock.

There were an estimated 1,600 adults with an alcohol dependency in Thurrock in 2018/19 at a rate of about 1.2 per 100 residents. The proportion of people abstaining from drinking and those drinking over 14 units of alcohol per week were both significantly lower for Thurrock than England.

The table below shows the estimated percentage of people who are dependent on opiates and/or crack cocaine but are not in the treatment system, for Thurrock and England in 2021/22. For alcohol, the percentages in the table below relate to the population aged 18 and over, but for opiates/non-opiates the percentages relate to the population aged 15 – 64. Data are based on reported drug and alcohol usage by clients that are not currently in treatment. The unmet need in Thurrock, for all substance types, is substantially higher than the estimated unmet need in England indicating that the majority of people in Thurrock experiencing drug and alcohol problems, who may benefit from treatment, are not currently receiving support.

Table i: The estimated proportion of people in your area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system, 2021/22

Estimated prevalence of unmet need for opiates and/or crack cocaine or alcohol		
Drug and/or alcohol issue	Thurrock	England
Opiate	79.2%	53.7%
Non-opiate	69.2%	47.1%
Alcohol	82.2%	57.6%
Non-opiate and alcohol	90.4%	80.5%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

Mortality

Rates of death due to drug poisoning between 2018 to 2020 are half that in Thurrock (3.2 per 100,000) compared to East of England (6.4 per 100,000) and England (7.6 per 100,000). Alcohol related mortality was lower in Thurrock (27.1 per 100,000) compared to East of England (32.4 per 100,000) and England (37.8 per 100,000) but these differences are not significantly different. In 2017-19 alcohol specific mortality in Thurrock (7.2 per 100,000) was significantly lower than in England (10.9 per 100,000) but not East of England (8.2 per 100,000)

Service use

Around two thirds of people in treatment are male and one third female and in 2020/21 people were most commonly in specialist treatment in Thurrock for opiate misuse (43%) similar to the proportions in England (47%) and East of England (41%). The second most common reason for treatment in specialist services was alcohol misuse (around 25% for Thurrock, England, and East of England). Since 2015/16 the number of people in treatment has decreased from

715 to 330, and new referrals have decreased from 430 in 2015/16 to 170 in 2020/21 It is unclear why this is the case.

The proportion of drug and/or alcohol misuse clients in treatment in Thurrock belonging to white ethnic groups was consistently around 90% in the period from 2015/16 to 2020/21. The most recent information about ethnicity and prevalence of drug and alcohol misuse in England is from 2014. This indicates that around 9% of white people consume illicit drugs compared to 12% Black/African/Caribbean/Black British people and these proportions are 15% and 7% respectively for misusing alcohol at hazardous, harmful, or dependent levels. In Thurrock people of Black ethnic groups make up 7.8% of the population yet make up only around 3.1% of those treated in 2020/21. In comparison less than 4% of people from Asian ethnic groups consume or misuse drugs or alcohol, and make up 3.6% of the population in Thurrock, yet in 2020/21 they comprised a similar proportion in treatment to those from Black ethnic groups. It is likely therefore that there is an under representation of people from Black ethnic groups in treatment services in Thurrock.

Services Working Together

Adult Substance misuse service- Inclusion Visions

This HNA has gathered data and the views from professionals who provide adult drug and alcohol prevention and treatment services as well as teams who are likely to come in contact with people who misuse drugs and alcohol. These include:

- Adult drug and alcohol treatment services
- Children and Young People's substance misuse services
- Probation Service
- Essex Police
- Violence Against Women and Girls
- Young Offenders Service
- Housing and Homeless Service
- Adult mental health service
- Alcohol Liaison Service
- Primary Care
- Individual Placement Support Service

Inclusion Visions Thurrock (IVT) is the drugs and alcohol treatment service in Thurrock with a service level agreement(SLA) focussed on:

- A prescribed assessment and treatment process
- Outreach and engagement
- Working with other organisations to support people and reduce harm from alcohol and drug misuse

Around 70% of referrals are self or originate from the family, 9% through the criminal justice system and 7% via the GP. These rates are similar to England.

Overall, the target of successful treatment completions for opiate treatment was met for the three-year period from April 2019 to March 2022. There is much more variability for successful completion rates for the other substance types with a dip in all three below target in mid to late

2020, with improvement in Spring 2021 which is maintained for April 2021 to March 2022. The dip may have been due to a response of IVT to the pandemic to hold on to people in treatment for longer to support them through the difficult period. Rates of unplanned exits from treatment are higher in Thurrock than for England for all four substance types.

When service users are asked about their views, they are very positive about the service and their experience. Feedback was very useful about preferences for how interventions are delivered. A combination of face to face and phone calls was preferred which supported service users need to meet with IVT key workers and the flexibility to work around jobs and childcare demands. Identifying service users who would be willing to be part of future discussions will be helpful in planning an approach to co-design of a new service.

Currently the service is working hard to increase engagement and outreach across Thurrock as this had dwindled due to the pandemic.

Other services treating Thurrock residents for drug and alcohol misuse are the Alcohol Liaison Service in Basildon University Hospital, part of Mid and South Essex NHS Foundation Trust and GPs in primary care. People are screened for alcohol misuse in both settings, often with the AUDIT-C questionnaire and interventions are tailored to their response. These can be lifestyle advice, health education, signposting to services brief interventions, pharmacological support, and referral to specialist treatment services. The ALS can also refer to the High Intensity User (HIU) service based at Basildon Hospital. Third sector support from community groups, Community Interest Companies and the voluntary sector are also important focussing on harm minimisation and recovery from substance misuse.

People with co-occurring conditions and complex needs

People with substance misuse challenges frequently have mental health problems alongside other difficulties such as with housing, employment, and relationships. People with co-occurring conditions and complex needs represent a significant proportion of those seen by the drug and alcohol service. Table ii shows the proportion of adults in treatment for drug and alcohol misuse who have a co-occurring mental health condition in 2020/21. The rates across Thurrock, and England are similar as confidence intervals overlap, however, those in the East of England appear to be lower than those in England.

Table ii: The proportion (%) of service users entering drug or alcohol treatment identified as having, and in treatment for a mental health need, for England, East of England, and England in 2020/21

Area	Co-occurring mental health and drug treatment needs			Co-occurring mental health and alcohol treatment needs		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
England	74	72.7	75.2	83.5	82.1	84.8
EofE	71	70.6	71.4	80.4	80.0	80.8
Thurrock	63.8	52.0	74.1	79.2	65.7	88.3

Source: OHID Co-occurring substance misuse and mental health issues Fingertip's tool data provided by NDTMS

CI- Confidence interval

When these rates are analysed by substance type (Table iii) there is a higher proportion of people with mental health problems having treatment for non-opiate misuse (86.4%) in

Thurrock compared to England (68.5%). In contrast, mental health issues were identified in only 49.1% of people treated for opiate misuse in Thurrock compared to 63.5% of those in England. It is unclear if these are important differences as confidence intervals are not available.

Table iii: Service users entering treatment identified as having a mental health treatment need

Substance Category	Latest period 2021/22		National Average
	%	n	
Opiate	49.10%	26/53	63.50%
Non-opiate	86.40%	19/22	68.50%
Alcohol	76.10%	51/67	68.30%
Alcohol and non-opiate	68.30%	28/41	74.30%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

Table iv shows the proportion of people with an identified mental health treatment need who are being supported by the drug and alcohol services and whether they are in receipt of mental health support. In Thurrock 58.1% of people in drug and alcohol treatment were receiving support compared to 73.2% nationally. The gap appears to be associated with receiving mental health treatment from GPs, which shows a 20% difference between England and Thurrock.

Table iv: Service users identified as having a mental health treatment need and receiving treatment for their mental health

Service user mental health treatment type	Latest period 2021/22		National Average
	%	N	
Already engaged with the Community Mental Health Team/other mental health services	11.3%	14/124	19.2%
Engaged with IAPT (Improving Access to Psychological Therapies)	5.6%	7/124	1.7%
Receiving mental health treatment from GP	38.7%	48/124	58.3%
Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem	2.4%	3/124	1.1%
Has an identified space in a health-based place of safety for mental health crises	0.0%	0/124	0.6%
Treatment need identified but no treatment being received/Declined to commence treatment for their mental health need/Missing	41.9%	52/124	26.8%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

County Lines

The gangs and organised criminal networks exporting illegal drugs in and around Thurrock known as County Lines (because they use mobile phones as their deal line) has been described in two recent reports; the 2019/20 annual report by the Director of Public Health -

Youth Violence and Vulnerability: the crime paradox and a public health response; and the Children's partnership strategy for 2021-2026 - Brighter Futures: developing well in Thurrock.

The Brighter Futures strategy draws heavily on the 2019 annual public health report which includes young people aged 10-24, spanning the transition period between the young people and adults' substance misuse treatment services. There are a range of risk factors predictive of someone becoming involved with serious youth violence and gang involvement, including family dysfunction, individual behaviour or cognitive issues, exclusion from education, criminality, and substance misuse.

Thurrock's proximity to London, transport links and comparatively lower rent has resulted in displacement of gang associated children and adults into the borough from the capital. There has been a 33% increase from 2017/8 to 2018/19 reported by the Gang Related Violence Operational Group. With this increase there has been a shift in ethnicity with an increase from 19.1% to 28.4% of people who are white gang members between 2017/18 and 2018/19 with a concomitant 10% decrease in the proportion of Black/Black British gang members from 66.7% to 56.8% respectively.

There is limited data available to understand the full connection between youth violence, gangs, and drugs as there is no linked data set between the Youth Offending Service, drug treatment services and police data.

As a proxy for the trend in gang related crime and trafficking, table v shows the number and proportion of children in need assessments, which indicated some involvement between 2018 and 2021. Trafficking is recorded where a child is moved for reasons of exploitation whether or not the child has been deceived. Involvement in gangs is recorded where a child is part of a street or organised crime gang for whom crime and violence are a core part of their identity. The proportion of children recorded in gangs varies between 2.9% and 3.7% of all children in need assessments whilst trafficking is recorded in 0.7% to 1% of cases. Despite the proportions of children identified as being involved in trafficking or gangs through the assessments being similar across the years, the number of assessments undertaken has more than doubled and the number of cases increased by 70%.

Table v: Number and proportion of Children in Need assessments highlighting involvement in gangs or trafficking in the household as a factor for Thurrock, 2018 to 2021

Year	Number		Percentage of Assessments	
	Involvement in Gangs/total No assessments	Involvement in trafficking/total no assessments	Involvement in Gangs	Involvement in trafficking
2018	73/2,027	15/2,027	3.6%	0.7%
2019	119/3,216	33/3,216	3.7%	1.0%
2020	134/4,060	35/4,060	3.3%	0.9%
2021	124/4,276	30/4,276	2.9%	0.7%

Source: Department for Education. Children in Need Statistics. Characteristics of Children in Need, 2020/21

The total number of people with police recorded crimes relating to drugs between 2015/16 and 2020/21 is shown in Table vi below. The number of recorded crimes for drug trafficking has more than doubled since 2015/16 as has possession of cannabis, whereas possession of controlled drugs excluding cannabis has fallen from 21% to 9% of total drugs offences over the same period.

Table vi: Number of police recorded crimes relating to drugs, 2015/16 to 2020/21

Total Number of Police Record Crime Related to Drugs, all Thurrock						
Type of Drug Offence	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Possession of controlled drugs (cannabis)	181	214	243	289	346	369
Possession of controlled drugs (excl. cannabis)	61	60	63	61	59	46
Trafficking in controlled drugs	48	57	57	84	100	111
Other drug offences	0	5	1	3	4	1
Total	**290**	**336**	**364**	**437**	**509**	**527**

Source: Home Office - Police recorded crime

Thurrock Council has set out the strategic approach to address the challenge of increasing County Lines activity in the Brighter Futures children's partnership strategy. The aims focus on both universal population-based approaches and targeted mechanisms to support people to make different life choices. The key strategic aim involving the drugs and alcohol teams includes creating a locality based multi-disciplinary panel that can address risk factors strongly associated with serious youth violence and gang involvement by:

- Sharing intelligence across stakeholders from children's social care, health providers, Brighter Futures, young people and adult drug and alcohol treatment services, education, schools, community safety, housing, the police, local area coordinators and relevant third sector organisations
- Undertaking rapid operational action to reduce and mitigate risks through enforcement activity, community development, estates management
- Addressing identified drug availability/dealing within neighbourhoods
- Further develop surveillance to identify the most at-risk children and families and intervene with tailored intervention packages
- Deliver targeted and tailored primary prevention for populations of greater need

Current activity where IVT and the police collaborate include advice sought from IVT about vulnerable people identified by Essex Police via Operation Raptor. Typically, this group of vulnerable people are used by gangs and supplied with drugs and alcohol whilst gang members take over their accommodation and finances (known as cuckooing).

A further initiative is Operation Cloud involving the police texting all contacts on burner phones associated with gang activity seized by police, advising people of alcohol and drug misuse support services available to them with the message; 'Your drug supply has been cut have you thought about now's a good time to enter treatment'. It is unclear as yet whether this has resulted in people engaging with either the children's and young peoples or adult substance misuse services.

Activities enabling delivery or access to substance misuse treatment services

There are several initiatives to link the adult drug and alcohol service to other teams so they can work together to support people with co-occurring conditions and complex needs. Many of these initiatives are in the process of being implemented.

The Blue Light Project has been in place since 2018 and aims to develop alternative approaches and care pathways for drinkers who are not in contact with treatment services, but who have complex needs. Referrals are made to one of the two Local Action Groups (LAG) that comprise of the police, IVT, housing (both council and private housing associations) and the adult mental health teams. Agencies discuss and agree the best approach to supporting and engaging with the person.

The Supported Living Plus pilot for people in supported living accommodation and Housing First for people in council or social housing aims to provide immediate support for those with co-occurring conditions and complex needs. These pilots are in the process of being implemented. A senior substance misuse worker with specialist skills for working with, for example, people with learning difficulties, or those who are older with mental health challenges will work with people who are finding it hard to recover from difficulties in their lives. This worker will provide leadership to the rest of the team and facilitate access to the relevant service the person needs to stabilise their situation.

A recent initiative with the refuge in Thurrock has seen IVT developing ways to support women and children who may have substance misuse problems.

The collaboration between the police, probation and IVT around the integrated offender management programme is working well with consistency across the county.

Staff co-located with IVT include:

- A substance misuse worker whose role is to work with young adults and link with the young people's service
- Probation service staff working in IVT offices for some days of the week
- Open Road, provides that the individual placement support service to help people back into work or volunteering

Barriers to delivering or accessing services

Limitations of the IVT service level agreement restricts the remit of the adult drugs and alcohol service. For example, where people are reluctant to engage with the service there is little IVT can do to support them as assertive outreach is not currently part of the IVT remit.

The difference in approach between the young peoples and adults' services mean that when young people move to an adult service and the statutory support changes, it can be a difficult transition. Older teenage and young adult group have particular needs and vulnerabilities and it's important that both adult and young people's services provide a similar coordinated approach to ensure the transition is as seamless as possible.

Relationships between the adult drug and alcohol service and primary care and the ALS is not as strong as with Essex Police, the probation service, and the mental health teams. Strengthening these relationships and developing new pathways are underway. IVT working in the planned Integrated Medical Centres will also be beneficial.

Gaps in support for users of the substance misuse services

The collection of access to and sharing of data and intelligence between services was highlighted as an important gap in the current system. This will need addressing with increased integration of services and systems. This was mentioned by Essex Police, the Adult Mental Health Teams, the Community Safety Partnership, Trading Standards team, and the young person's substance misuse service.

There is limited understanding by teams about how other teams work. For example, people in the housing team are keen to understand better how IVT works. There is the potential to upskill staff in the housing team in contact with people who would benefit but do not currently engage with drug and alcohol services. Similarly, the IVT team may benefit from upskilling in some areas of mental health support and vice versa.

There is a lack of evaluation of initiatives, so it is unclear what works and what does not. With a rapid cycle testing approach new processes and pathways can be rapidly assessed with ongoing adjustments to ensure the system works effectively for residents and professionals alike.

Historically CGL Wize Up the children and young people's substance misuse service was considered by stakeholders to have provided a good service to Thurrock. However, the service is highly dependent on a small number of key staff members some of whom have been absent for some time, whose roles are being covered by agency and interim staff. The maintenance of the relationships between agencies and the work with schools and outreach activities has dwindled and there is concern that this is impacting on the visibility of the service. This includes a gap in the information, intelligence and CYP substance misuse expertise available to the range of partnership and multidisciplinary fora they would usually attend. In the community and schools, the lack of visibility makes it difficult to create a credible voice to facilitate the trusted relationships necessary for this type of service and to upskill teachers in having difficult conversations that may lead to referrals into the service.

What would staff and service users would most like to see….

Professionals and service users were asked what they thought would be of most benefit to people with substance misuse problems.

Responses included:

- A green space for community projects to bring all service users together (e.g., people in contact with mental health, housing, social care services)
- A small, combined substance misuse/mental health team
- Specialised support for people in refuge with co-occurring conditions
- Development of more peer led support/mentoring for young people and adults
- Development of the soup kitchen into a hub where people could meet services and other agencies
- Cross-agency mentoring
- Time to build relationships and think creatively about co location of services
- Funding to increase salaries to solve the workforce problem

Recommendations

The prevention and reduction of drug and alcohol misuse is included in strategies of a broad range of agencies involved in health, care, and the criminal justice system in Thurrock. However, there is no overarching strategy that brings all those elements together. The Department of Health have asked local authorities to develop a Combating Drugs Partnership (which can include alcohol) which would see all the agencies develop and implement a joint strategic approach. This will support Thurrock's current integration plans and the human learning system perspective to service provision. The facilitation of closer relationships between services, removal of barriers to accessing them and a focus on what is important to the resident aims to improve outcomes for all residents misusing drugs and alcohol but especially those with co-occurring conditions and complex needs.

The strategic transformation of alcohol and drugs misuse prevention and treatment provision is underway. In supporting this the HNA has identified some additional recommendations for consideration by services.

Area	Finding	Recommendations
Strategy		
National drug and alcohol strategy	New national guidance has been produced about implementing a Combatting Drugs Partnership (CDP), that takes responsibility for the agreement of a local drugs and alcohol strategy delivery plan that reflects the national strategic priorities. Activities of the group include producing an HNA, a strategy and establishing processes to collect metrics required for National Combating Drugs Framework.	Ensure action plan is put in place to meet national timeline for set up of CDP, completion of HNA, development of strategy and process to collect relevant metrics.
Local alcohol strategy (CLeaR)	The CLeaR recommendations from the 2019 peer assessment have yet to be implemented.	Ensure the CLeaR recommendations are included in the CDP agenda (as it covers both drugs and alcohol) and are part of delivering the local plan.
Commissioning	The current service level agreements for substance misuse services are limited in scope and constrain staff in what they can do to engage and support individuals in the most effective ways.	When the current contract ends, re-commission a systems level drugs and alcohol service in line with Thurrock Councils' ambition to use a human learning system approach to service delivery..
Partnership working		
Harm minimisation	There is considerable unmet need concerning use of drugs and alcohol in Thurrock. In terms of the proportion of the population affected this is greatest for young people's use of cannabis and adult alcohol misuse. However, there is considerable unmet need for all types and combinations of drug and alcohol misuse.	Implement a whole systems approach to harm minimisation, particularly around the areas of cannabis use in young people and alcohol use at a population level. This requires a collaborative approach combining the following sectors; community; health; social care; police; environment and voluntary organisations
Suicide awareness	Substance misuse is an important factor in many suicides. Teams from substance misuse, housing, and homeless services working with people known to use drugs or misuse alcohol are not trained to pick up signs of someone with an increased risk of suicide	Suicide awareness training should be carried out with all agencies working with individuals considered to be at higher risk of suicide. The need for training should be captured in future service specifications for both the Adult and Young Persons' Substance Misuse services.
Working together	Teams that work together do not always understand the limitations of each other's remit and the best way of working together.	Ensure that service and role specifications outline how support will work between agencies for people with complex needs i.e. they have substance misuse problems co-occurring with one or more challenges concerning, housing, mental health, physical health, and the criminal justice system.

What does integration really mean?	With a new way of working it will be important to be able to clearly describe how integration will work across teams, to wider professional groups and service users.	The CDP should facilitate development of case studies for how integration will work across teams with bespoke versions disseminated to wider groups of professionals and service users, including but not limited to those in health, social care, housing and the police.
Relationship building	The relationship between drug and alcohol prevention and treatment services and partners in health was not strong.	The CDP should facilitate relationship building between drug and alcohol prevention and treatment services and primary and secondary care. There should be an increase in the number of referrals arising from health settings into the relevant drug and alcohol services.
Service development		
Transition between young peoples and adult services	The difference in approach between the young peoples and adults' services mean that when young people move to an adult service and the statutory support changes, it can be a difficult transition.	The commissioner should ensure the successful integration of a transition worker into the adult drug and alcohol service where the remit is to develop a seamless pathway between children and young peoples and adult services and to develop an approach tailored to the needs of young adults.
Cross working between teams	There is an aspiration towards a Human Learning System approach to providing services, however working in siloed teams is still prevalent.	The Thurrock Mental Health Transformation Board should foster a culture of collaboration and cross-working between Adult Mental Health Services, Housing, Homeless services and substance misuse services in line with a human learning systems approach. This could for example involve upskilling of housing officers in mental health and substance misuse awareness and training.
Alcohol liaison service	The Alcohol Liaison Service has not returned to pre-pandemic activity levels. In some part this is due to clinical staff having less time to screen patients for alcohol misuse when ALS are unavailable.	Through joint working with Essex County Council, the commissioner should facilitate a move towards an ALS where all individuals are screened, regardless of availability of specialist ALS staff. The short-term ambition should be for the ALS to return to activity levels seen pre-pandemic.
High Intensity User Service (HIU)	The HIU was implemented as a way of reducing winter pressures in 2020 in Basildon Hospital. It is unclear whether any referrals of Thurrock residents have been made.	The commissioner should ascertain if Thurrock residents identified as a high intensity users of secondary care services by the ALS are referred to the HIU service and if not, how the HIU service can be utilised
Information and evaluation		
Data sharing	It is not possible to see all the contacts an individual has had with different agencies so decisions are made with partial information which may not result in the most effective outcome for individuals.	Facilitated by the CDP, all relevant partners should develop sustainable systems of data sharing for staff working with service users so they have access to a full picture of the engagement and interventions recorded from all health, care, and criminal justice organisations

Intelligence sharing	Intelligence sharing between agencies is limited and it is not possible to link important information which would enable better outcomes for individuals whilst reducing harm and criminal activity.	As part of the CDP, develop an approach to intelligence sharing between agencies. This includes, but is not limited to, information sharing between the Local Authority, Police, Prison and Probation service, and the Integrated Care Board
Evaluation	There is little evaluation of any initiatives to reduce harm from drug and alcohol misuse so it isn't clear what is working well and what is less effective.	Rapid evaluation of local interventions relevant to alcohol and substance misuse should be undertaken, with priority given to those in receipt of grant funding. The outcomes of initiatives should be determined to establish if they are making a difference and how, or if resources could be better directed elsewhere
Topics to explore	Several questions have arisen during this HNA. These include:	The relevant commissioner (mental health or substance misuse services) should explore these questions with relevant partners and report the outcomes to the CDP. This will inform future decision making concerning reducing inequalities and improving the quality of services.
	What is the relationship between suicide (and attempted suicide) and drug and alcohol misuse?	
	Why has there been a reduction in referrals to the substance misuse service over the past 5 years?	
	In addition to Black ethnic groups which other groups are under represented in treatment services and what are the specific barriers to access?	
	What is the reason for the reported low levels of follow up by GPs of those with severe mental illness who have a positive screen for alcohol or drug misuse?	
Service Users		
Co production	The CDP will need to include people who have been affected by drug related harm. NHS England and the DHSC has recently published statutory guidance on the legal public involvement duties of the integrated care system, describing ways to include community and service users in co designing and co-producing services.	The commissioner should develop a methodology for ongoing co-production of the local alcohol and drugs strategy delivery plan, system specification, service development and for the exploration of the experience of service users in line with a human learning systems approach. This should include the IVT volunteer coordinator and the service user involvement lead, as well as service users who have indicated a willingness to be contacted in the future for this purpose.
Service user wellbeing	The need for support for the wellbeing of service users as they recover and post -recovery was emphasised with a focus on outdoor community activities that could be for the benefit of all.	The commissioner, in partnership with providers, should explore options for service users to carry out purposeful activities with a community action approach for the benefit of all.

1 Introduction

1.1 Introduction

This health needs assessment (HNA) explores the needs of adults living in Thurrock who have accessed or would benefit from accessing drug and alcohol misuse treatment services. Substance misuse causes increased harm to individuals, those closest to them and to wider society. People misusing alcohol and /or drugs often have other difficulties in their lives such as mental health conditions, problems with housing and employment, or are engaged in crime. An effective population-based strategy concerned with prevention and minimising the impact of harm on individuals, their families, and the communities where they live requires systemwide partnership working between agencies that have traditionally worked as standalone teams, with a fixed referral process and prescribed interventions. This alcohol and substance misuse HNA aims to inform the development of an integrated strategy to commissioning across Thurrock.

This report includes nationally and locally collected quantitative data about the level of need and type of services required to support people with drug and alcohol misuse problems. The report also draws on qualitative information gathered from stakeholders about where local services are working well, and where there are barriers to support that some people experience. In addition, how service providers and agencies work together, and the gaps in provision for some population cohorts, particularly those with co-occurring conditions or complex needs are explored.

The focus of the HNA is on adults and their needs. It is clear however, that the age threshold of 18 between the adult and children and young people's services can be a barrier to young adults accessing support. Information about young people's services has been included where it has a bearing on adult services and the transition between the two.

1.2 Aims and Objectives

Five key objectives for the HNA were agreed with Thurrock Council following contract award:

6. To present qualitative and quantitative data concerning service needs and provision, to inform the recommissioning of local drug and alcohol misuse services. The focus is on organisations in contact with people with substance misuse problems, and how services support the needs of the residents in Thurrock.
7. To identify gaps in the local service provision, including consideration of those who do not engage with services, and seeks to identify any barriers and potential solutions to lack of engagement. This includes the transition between the CYP alcohol and substance misuse service and the adult service, and those with co-occurring conditions.
8. To describe examples locally or from other areas concerning harm minimisation approaches, in particular for alcohol misuse. This includes how to support the evolving demands on teams for post-pandemic reset and recovery.
9. To estimate the number of Thurrock residents with co-occurring conditions of substance/alcohol misuse and mental illness, and those with complex needs involving other difficulties such as housing and employment (recognising that this is an area where data are sparse, and information limited).
10. To seek to identify any areas of quality improvement that might lend themselves to a Human Learning Systems (HLS) co-design approach.

2 National Context, Policy and Guidance

Summary: National context, policy, and guidance

Prevention programmes and initiatives aim to reduce the use of alcohol and drugs, and there are key elements important to ensure the effective implementation of prevention strategies. These include:

- Strong leadership
- Effective data sharing and analysis to inform partnership responses
- Broad, universal population-level evidence-based approaches
- Targeted interventions for those at higher risk
- Highly skilled workforce to deliver evidence-based treatment and recovery services

Approach to Alcohol Misuse

A 'what works' universal approach to alcohol misuse for the local population includes making use of licensing powers and managing the accessibility and availability of alcohol. The 2012 national Alcohol Strategy recommends introducing a minimum unit price for alcohol, banning the sale of multi-buy alcohol discounting, and giving local areas and communities the power to control the density of licensed premises. The 2010 to 2015 policy paper aimed at reducing harmful drinking touches on making alcohol less appealing to young people as well as making cheap alcohol less available as potential prevention methods to reduce alcohol misuse. There is an expectation that the alcohol industry will share responsibility in promoting sensible drinking amongst the population by making less harmful products, and by providing unit information on drinking products by 2013.

Approach to Drug Use

Preventing and reducing the harms from illicit drug use can be approached from a public health perspective and/or through enforcement activities in the criminal justice sector. Both approaches are needed with universal and targeted interventions to reduce drug use and the risk factors leading to drug use in the population, in addition to law enforcement for serious offences. Partnership working between agencies employing each of these approaches is important for a coordinated approach and is outlined in the June 2022 guidance from the government 'From harm to hope: a drugs plan to cut crime and save lives'. It's also recommended that the partnership forum is concerned with both alcohol and drug misuse.

Support for professionals working with people misusing substances

The government have set up various boards and frameworks, as well as toolkits, and referral pathways to assist healthcare professionals, practitioners, frontline staff, teachers, youth workers, and any others who may be come across someone experiencing drug and alcohol misuse or are at risk of drug or alcohol misuse. For people with co-occurring conditions the need for collaboration between providers and services from across the sector is of paramount importance. For both drugs and alcohol, data sharing that informs local enforcement activity, and education of younger people is important. Ensuring there are drug and alcohol specific resources available for professionals who can refer and signpost people to the appropriate service is essential.

Young people

There is a focus on prevention and early intervention for children and young people, as it is fundamental to deter people from drug and alcohol misuse as early as possible to avoid problems and behaviours becoming complex and entrenched. This includes working with parents and carers and ensuring a whole family approach is taken when dealing with drug or alcohol misuse. One recommendation drawn from the United Nations Office on Drugs and Crime (UNODC) international standards is to work with children in infancy and on into adolescence, focusing on early intervention, personal and social skills, and working on risk and resilience amongst children.

National guidance and reviews acknowledge that to ensure that vulnerable children are identified at early stages of drug and alcohol misuse, front line staff and those coming in to contact with these children need to be adequately trained to recognise the signs. The guidance documents on county lines highlight the signs that frontline staff need to be aware of to recognise vulnerable children at risk of exploitation.

Core20PLUS5

In addition to the national government drugs and alcohol policy and guidance, NHS England and NHS Improvement has a national focus on reducing inequalities called Core20PLUS5. Five clinical areas focussing on the 20% most deprived populations and groups most likely to experience inequality including those with drug and alcohol dependency will be supported by national and regional teams to meet national targets.

Whilst national policy and guidance about drugs and alcohol related harm are two distinct areas of focus, there is undoubtedly overlap between them. This chapter describes the national approach to alcohol and drugs policy separately and then explores the overlap. An important group of people with drug and alcohol misuse problems are those with co-occurring conditions and complex needs, and this topic is explored at the end of the chapter

2.1 Alcohol

Analysis by Public Health England (PHE) in 2016 estimated that, nationally, 10.4 million adults drink at levels that increase their risk of harm[1]. The current NHS guidelines are to drink no more than 14 units of alcohol a week, spread across 3 days or more to reduce harmful impacts of binge drinking and general alcohol misuse[2]. In 2018 PHE developed a set of slides for local authorities to use as a basis for making the case for investment[3]. This outlined how harm related to alcohol misuse affects health, families, and communities. Hazardous effects on health include the likelihood of a person developing conditions such as liver disease and cancers. Alcohol misuse leads to increased hospital admissions (up to 1.1 million alcohol-related admissions a year), and in severe cases will be the cause of death. Around 24,000 people with an average age of 54 died from alcohol related causes in 2016. Parents who depend on alcohol are more than likely to harm the health and wellbeing of children. Misuse use of alcohol can impact decision making, resulting in inappropriate caring behaviour. It is estimated that the annual social and economic costs of alcohol related harm in the UK amounted to £21.5bn. This includes costs associated with deaths,

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf
[2] Drink less - Better Health - NHS (www.nhs.uk)
[3] https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest

the NHS, crime, and lost productivity. It is estimated that investing into specialist interventions targeted at young people can result in £4.3m health savings and £100m crime benefits per year. Evidence suggests that a 7-10% reduction in the number of young people dependent on alcohol, the lifetime societal benefit of treatment could equate to between £49-159m. For every £1 invested, there could be a potential saving of £5-£8[3].

2.1.1 National alcohol policy

The UK Government's most recent national strategy around alcohol was published in 2012[4]. With a focus on reducing binge drinking, alcohol related violence and the number of people drinking to damaging levels, the alcohol strategy contained several recommendations, including:

- Introducing a minimum unit price for alcohol
- Banning the sale of multi-buy alcohol discounting
- Giving local areas and communities the power to control the density of licensed premises,
- Piloting sobriety schemes to challenge alcohol-related offending

Following the 2012 strategy, the UK Government subsequently published a policy paper, 2010 to 2015 government policy: harmful drinking[5] relating specifically to alcohol misuse and harm. This policy paper outlined the Government's wish to see:

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- A reduction in the amount of alcohol-fuelled violent crime
- A reduction in the number of adults drinking above the lower-risk guidelines
- A reduction in the number of people binge drinking
- A reduction in the number of alcohol-related deaths
- A reduction in the number of people aged 11 to 15 drinking alcohol and a reduction in the amount they drink

Specifically, the Government outlined:

- The Change4Life campaign which informs people about risks of drinking and provides tools and tips to reduce their drinking
- An alcohol risk assessment be made available in the NHS health check for adults aged 40 to 75.
- A desire to improve treatment for alcohol dependence through a drug and alcohol recovery pilot programme that involves a 'payment by results' scheme
- Shared responsibility with the alcohol industry though a Public Health Responsibility Deal
- Making cheap alcohol less available and reconsidering marketing methods which make alcohol more appealing to young people are also recommendations in this policy

After the national 2012 Alcohol Strategy some of the alcohol harm related policy was subsumed by the Modern Crime Prevention Strategy[6], published in 2016. Contained within this document were several alcohol-related crime objectives, however the document itself marked a departure from a single, health focused, central alcohol policy.

4 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf
5 https://www.gov.uk/government/publications/2010-to-2015-government-policy-harmful-drinking/2010-to-2015-government-policy-harmful-drinking
6 https://www.gov.uk/government/publications/modern-crime-prevention-strategy

This Modern Crime Prevention Strategy focused on three areas for addressing alcohol harm[7]:

- Improving local intelligence
  - Information on where alcohol-related crime and disorder is occurring to be published by the police
  - NHS Trusts to share alcohol-related violence data to support licensing decisions
  - Licensing authorities to share information about problematic premises and individuals
  - Local authorities to be equipped with the right analytical tools and capability
- Effective local partnerships
  - Police to work alongside local businesses to devise local strategies and solutions
  - Local Alcohol Action Areas launched. The new programme will strengthen the capacity and capability of local areas to build effective partnerships, address alcohol related harms by focusing on a number of core challenges and provide access to experts and advice. Areas will be able to bid for inclusion in the programme, which will launch in autumn 2016.
  - Working with industry partners to support local action amongst businesses
  - Diversifying the night-time economy
  - Challenge 25 policy[8] - supporting staff locally to take action, for example by introducing 'Challenge 25' which encourages the responsible sale, marketing, and promotion of alcohol, and improving knowledge of the law on the sale of alcohol to people who are drunk.
  - Influencing positive behaviour change
- Equipping the police and local authorities with the right powers
  - Licensing framework that allows the police and local authorities to take the right action
  - More flexible Late-Night Levy. Improve the late-night levy by making it more flexible for local areas, fairer to business and more transparent. At the same time, the Government will create a greater role for Police and Crime Commissioners, by giving them a right to request that local authorities consult on introducing a levy to contribute towards the cost of policing the evening and night-time economy.
  - Premise inspection powers for civilians in place of police

Outside of this Strategy, health services and prevention relating to alcohol continued to be overseen by the Office for Health Improvement and Disparities (OHID).

2.1.2 National alcohol misuse guidance

In the absence of any new national strategy with a prevention focus since 2012, government departments have continued to produce guidance around alcohol related harm.

'All our Health' was published in 2015 by PHE and has been updated in June 2022 by the Office for Health Improvement and Disparities (OHID)[9]. This framework of evidence is a guide for healthcare professionals in preventing illness, protecting health, and promoting wellbeing. The guidance is relevant to those on front-line health care services and managers at different levels who would seek to embed interventions and take action to combat alcohol-induced harm. Guidance aims to equip professionals with the skills necessary to be confident in identifying those

[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509831/6.1770_Modern_Crime_Prevention_Strategy_final_WEB_version.pdf
[8] https://rasg.org.uk/about/#:~:text=Challenge%2025%20is%20a%20retailing,they%20wish%20to%20buy%20alcohol
[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf

at risk from alcohol and in delivering advice to change behaviour. Examples of resources and interventions include:

- The free Alcohol Identification and Brief Advice (IBA) e-learning tool - helping professionals to identify those individuals whose drinking might impact their health, now or in the future and to deliver simple, structured advice aimed at reducing this risk. Courses available include delivering alcohol IBA in four settings: Primary Care; Community Pharmacy; Hospitals; Dental Teams. All four pathways were developed in collaboration with Public Health England[10].
- Asking people, a set of questions from a validated alcohol use screening test and scoring answers
- Giving patients an AUDIT-C scratch card to self-complete
- Signposting patients to the mobile/digital apps such as 'Drink Free Day' app (other available apps are Drinkaware, Try Dry, Stay Sober)
- Referral to alcohol addiction services

The National Institute for Health and Care Excellence (NICE) also continue to produce guidance for tackling alcohol related harm. Produced in 2010, NICE[11] published specific guidance for public health bodies, 'Alcohol-use disorders: prevention', citing some key recommendations for policy and practice. These recommendations suggested that policy change is the more effective and most cost-effective way of reducing alcohol-related harm amongst the population.

NICE guidance signposts professionals to various online toolkits and pathways to enable health professionals to act as required, understand the local need, and measure the impact of interventions.

Further NICE guidance, 'Alcohol interventions in secondary and further education' released in 2019[12] covers information for unitary authorities, school staff, health and social care practitioners and anyone working with children and young people. The guidance presents interventions which can be considered in secondary and further education to prevent and reduce alcohol use among children and young people aged 11 up to and including 18. It also covers people aged 11 to 25 with special educational needs or disabilities in full-time education. Recommendations are focused on planning alcohol education, delivering universal alcohol education, and targeted interventions.

Finally, the alcohol CLeaR (Challenge services, Leadership and Results)[13] initiative is an evidence-based approach that local alcohol partnerships can use to think about how effective their local system and services are at preventing and reducing alcohol-related harm. The model comprises a self-assessment questionnaire allowing review of local arrangements and activity to reduce alcohol harm against NICE guidelines, backed by an optional challenge process from a team of external peer assessors. This was carried out in Thurrock in 2020 and the results of the peer assessment are outlined in Chapter 6.

[10] https://www.e-lfh.org.uk/programmes/alcohol/
[11] https://www.nice.org.uk/guidance/ph24
[12] https://www.nice.org.uk/guidance/ng135/chapter/Recommendations
[13] https://www.gov.uk/government/publications/local-alcohol-services-and-systems-improvement-tool/the-alcohol-clear-approach-to-system-improvement-excellence-in-preventing-and-reducing-alcohol-harm#:~:text=The%20alcohol%20CLeaR%20(Challenge%20services,and%20reducing%20alcohol%2Drelated%20harm

2.2 Drugs

PHE estimated in 2016 that nationally around 2.7 million adults took an illicit drug in the previous year, with the most deprived local authorities having the highest prevalence of problematic drug users[14]. An independent review 'Misuse of Illegal drugs in England' by Professor Dame Carol Black was published in 2021. The reviews recommended a new long-term approach, with large-scale investment and changes to oversight and accountability, delivered by the whole of government. The review found that the harm from drug misuse costs society £19.3 billion per year of which 86% of which is attributable to the health and crime-related costs of the heroin and crack cocaine markets[15].

A collaboration of central government bodies such as No. 10, the Home Office, the Ministry of Justice, and others, are part of a drugs delivery board which will look to deliver a national outcomes framework set out with measurable goals to reduce drug misuse. There is initial funding of £148 million to cut crime and protect people from harms caused by illegal drugs, and £40 million has been invested to tackle drug supply and county lines.

2.2.1 National drugs policy

The most recent national government drug plan was launched in 2021[16]. 'From harm to hope: A 10-year drugs plan to cut crime and save lives' recommends a national effort to reduce the availability and demand for drugs, as well as enhancing treatment and recovery services.

The theme of this plan is to cut off the supply of drugs by organised crime gangs (OCGs), and to provide sufficient resources and help for those overcoming drug addiction. The plan highlights that over £3 billion will be invested into delivering three strategic priorities to reduce drug-related crime, death, harm, and overall drug use:

4. Break drug supply chains
5. Deliver a world-class treatment and recovery system
6. Achieve a general shift in demand for drugs

The 10-year approach set out by the Government specifically focuses on the following:

- Combating the supply of heroin and crack cocaine
- Delivering high quality treatment for drug addiction
- Reducing non-dependent recreational drug use such as cocaine
- Incorporating a whole system approach as recommended by Dame Carol Black (cut off supply, prevent/reduce drug use)
- Investing in education and resilience in children and young people to level up the whole country

This strategy focuses on encouraging people to change their attitudes to drug use and to ensure that children and young people are not drawn towards drugs, being fully aware of the harm they would be causing to themselves and others by using drugs.

[14] https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest
[15] https://www.gov.uk/government/publications/independent-review-of-drugs-by-dame-carol-black-government-response/government-response-to-the-independent-review-of-drugs-by-dame-carol-black
[16] https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

In June 2022, the government published guidance for local delivery partners[17] based on the 10-year plan. The steps in the guidance had specific deadlines from August 2022 to April 2023. Table 1 outlines the timetable and activities local authorities and their partners have been tasked with undertaking central to which is the establishment of a Combating Drugs Partnership (CDP), it's governance and footprint, developing a local Combating Drugs Framework to measure performance, and publishing a health needs assessment and strategy.

Table 1: Guidance for steps in delivery of local plans

Activity	Deadline
Nominate local senior responsible officer	August 1st 2022
Form Combating Drugs Partnership bring together organisations and individuals who represent and deliver the drugs strategy goals and coordinate activity to reduce drug harm in the local area	August 1st 2022
Confirm footprint for partnership	August 1st 2022
Agree terms of reference and governance structure for local partnership	September 30th 2022
Conduct joint needs assessment reviewing local drug data and evidence	November 30th 2022
Agree a local drugs strategy delivery plan including data recording and sharing	December 31st 2022
Ensure that partners agree a local performance framework to monitor the implementation and impact of local plans	December 31st 2022
Regularly review progress, reflecting on local delivery of the strategy and current issues and priorities	April 30th 2023

Alcohol is a factor in many drug-related deaths alongside drugs including heroin and methadone. In the night-time economy, drugs such as cocaine and MDMA are frequently used alongside alcohol. Moreover, specialist treatment and recovery services tend to be integrated for alcohol and other drugs. Therefore, while the 10-year drugs strategy focuses on the use and supply of illegal drugs, local partnerships should ensure that their plans sufficiently address alcohol dependence and wider alcohol-related harms including capturing relevant activity and performance monitoring. considering deaths, hospital admissions and treatment for alcohol as well as other drugs. The guidance recommends partnerships should consider the multiple complex needs of people who use alcohol as well as other drugs and references Greater Manchester[18] and their drug and alcohol strategy as an integrated approach which is working well.

2.2.1 Combating Drugs Partnership

The role of a combatting drugs partnership will be multi agency forums accountable for delivering a set of outcomes, understanding, and addressing shared challenges related to alcohol and drug related harm. Figure 1 shows the people expected to participate and be a member of the Combating Drugs Partnership (CDP).

[17] From harm to hope: a 10-year drugs plan to cut crime and save lives. Guidance for local delivery partners June 2022
[18] https://www.greatermanchester-ca.gov.uk/media/2507/greater-manchester-drug-and-alcohol-strategy.pdf

Figure 1: Recommended core members of a combating drugs partnership

It is important that the partnership includes people who have been affected by drug related harm. NHS England and the DHSC has recently published statutory guidance on the legal public involvement duties of the integrated care system, describing ways to include community and service users in co designing and co-producing services[19]. For the CDP, people who are part of Lived Experience Recovery Organisations such as students from Recovery College in Thurrock are likely to be key to gathering service user insight.

Thurrock are planning and implementing the steps involved is setting up the CDP.

2.2.2 National combating drugs outcomes framework

In order to evaluate the progress of the delivery of the 10-year drugs strategy, a National Combating Drugs Outcome Framework (NCDOF) has been developed. The Framework includes six overarching outcomes, to reduce drug related crime, harm, overall use, supply and to increase engagement in treatment and improve long term recovery. The headline metrics are set out in Table 2. A further set of supporting metrics is due to be published later in 2022 which will provide information about the direction of travel of the strategic outcomes and monitor the health of the whole system to check if there are any unexpected impacts from implementation. The metrics are based on data currently available, and it is likely that further efforts to improve data quality and develop new measures will be a future focus. In addition, data matching through existing government programmes such as Better Outcomes through Linked Data (BOLD) focussing on

[19] Working in Partnership with People and Communities Statutory Guidance, NHS England and DHSC July 2022

people with multiple and complex needs will be explored to understand how services could be better joined up.

Table 2: Headline metrics of the National Combating Drugs Outcome Framework

National Combating Drugs Outcomes Framework **Our ambition: a safer, healthier and more productive society by combating illicit drugs**	
What we will deliver for citizens (strategic outcomes)	**Measured by:**
Reducing drug use	• the proportion of the population reporting drug use in the last year (reported by age) • prevalence of opiate and/or crack cocaine use
Reducing drug-related crime	• the number of drug-related homicides • the number of neighbourhood crimes
Reducing drug-related deaths and harm	• deaths related to drug misuse • hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	**Measured by:**
Reducing drug supply	• the number of county lines closed • the number of moderate and major disruptions against organised criminals
Increasing engagement in drug treatment	• the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) • continuity of care – engagement with treatment within three weeks of leaving prison
Improving drug recovery outcomes	• the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use **Key additional components integral to recovery include housing, mental health, and employment**

In addition to collecting metrics for the NCDOF, it will be important to undertake qualitative evaluation of the system from the experience of both service users and staff. Where new initiatives are put in place, rapid short iterative evaluations of quantitative and qualitative information can give a useful snapshot of where things are working well and less well, so ways of working can be tweaked to further meet the needs of the population.

2.2.3 National drugs guidance

National guidance about reducing drug related harm often includes guidance about alcohol. OHID routinely publishes guidance around approaches to reducing drug related harm amongst different groups. Published in 2021, "Parents with alcohol and drug problems: adult treatment and children and family services[20]" represents planning and operation guidance for Directors of Public Health, and commissioners and providers of adult alcohol and drug treatment and children and family services. The recommendations in this guidance highlight the need for dedicated safeguarding leads to protect children from abuse and neglect; senior leadership and strong multi-agency partnerships, as well as capable and confident frontline staff who can identify and appropriately refer parents and children to support services.

In order to ensure local needs are appropriately met, the guidance states that local areas need to understand the landscape of drug and alcohol problem in their area. This includes being knowledgeable around current prevalence estimates, the rate of parents who use alcohol and drugs problematically, how well the families' needs are met and what services have been offered to them.

Collaborative assessment, information sharing and clear pathways between systems and services are vital to identifying families affected by drug and alcohol problems, and ensuring they

[20] https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-guidance-for-adult-treatment-and-children-and-family-services

receive appropriate support early. The recommendation is that authorities need to adopt a 'whole family' approach when needed by treating the family as a whole entity, and to also consider therapeutic services for children and families as demand can be high. Removing stigma and barriers to engagement; reducing parental conflict; and providing peer-to-peer support for children and adults are also key themes discussed in this guidance.

'Misuse of illicit drugs and medicines: applying All our Health'[21] is a national framework and guidance document aimed at assisting healthcare professionals to identify, prevent, or reduce drug-related harm; identify resources and services available in their local area to help those with drug misuse; it recommends actions for strategic managers as well as staff.

Some recommendations listed for front-line health and care professionals include reference to NICE clinical guidelines to routinely assess at-risk groups for drug misuse or those vulnerable to drug misuse and a link to Alcohol, Smoking and Substance Involvement Screening Tool – Lite (ASSIST-Lite) to identify alcohol, drug, and tobacco smoking-related risk. This section provides a detailed guideline on how to ask a patient about their drug use, indicating all the considerations healthcare professionals need to take when liaising with the person such as their personal circumstances, mental health, and other potential determinants.

This is followed by guidance for staff on offering help, information, and advice to individuals for their drug use, referring them to a specialist service, advice on reducing or stopping their drug use, and reviewing their drug use at each session.

PHE released guidance 'Alcohol and Drug prevention treatment and recovery: Why invest' in 2018.[22] This guidance recommends targeted prevention and reduction in harm caused by drug misuse; relaying needle and syringe programmes to prevent infection and spread of blood-borne viruses as well as advice; testing and vaccination provision; and targeting at-risk groups of the population such as the homeless and sex workers. Further advice on specialist treatment and recovery included assessing need amongst the community; services focusing on recovery to factor in employment, health and wellbeing, and housing; and services for parents to address concerns and their needs. This document also discusses cost-benefit of each suggested prevention programme/intervention, indicating that for every £1 invested, this equates to a potential £5-£8 benefit.

Prior to this publication, in 2015 PHE published 'The international evidence on the prevention of drug and alcohol use: Summary and examples of implementation in England'[23] which included a summary of the United Nations Office of Drug Control (UNODC) prevention standards and gives corresponding examples of relevant UK guidelines, programmes, and interventions currently available in England. Its aim is to help people who commission, develop and implement prevention strategies and interventions to translate the standards into the English operating landscape. It also aims to support local authority commissioners to develop their prevention strategies and implement them in line with evidence.

This evidence summary separates drug and alcohol misuse prevention interventions in to three categories as applied by UNODC: Universal (entire population at risk of substance misuse); Selective (Specific sub-populations such as individuals, groups, families at risk of substance misuse); and Indicated (non-dependent drug users, showing signs of problematic use and

[21] https://www.gov.uk/government/publications/misuse-of-illicit-drugs-and-medicines-applying-all-our-health
[22] https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest
[23] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774743/Preventing_drug_and_alcohol_misuse__international_evidence_and_implementation_examples.pdf

required targeted prevention). This is an evidence-based paper which has outlined factors and types of interventions linked to positive outcomes and those which lead to no or negative outcomes.

Successful interventions/factors leading to positive outcomes include:

- Early interventions, particularly generic pre-school programmes, improving literacy and numeracy
- Personal and social skills education
- Links to school interventions including school environment improvement programmes: positive ethos; disaffection; truancy; participation; academic and social-emotional learning
- A focus on 'risk and resilience' factors
- Multi-component programmes involving parenting interventions and support for individuals and families, which may require joined up commissioning and planning
- Staff who are qualified and competent to deliver the interventions they provide

Interventions/factors leading to no or negative outcomes include:

- Scare tactics and images
- Knowledge-only approaches
- Ex-users and the police as drug educators where their input is not part of a wider prevention programme
- Peer mentoring schemes that are not evidence-based

The summary of evidence UNODC found for the various types of interventions span through a life course beginning at infancy and childhood, to adolescence and adulthood. The general recommendations stated that consistent and coordinated prevention activities in the form of programmes built into various settings, such as home, schools, workplaces, peers, community, tend to demonstrate more positive outcomes. Modifying the environment where risky behaviour takes place, by controlling alcohol sales, density of alcohol outlets, and alcohol prices could also increase positive outcomes and reduce harm.

2.3 County Lines

County lines is a major, cross-cutting issue involving drugs, violence (including sexual violence), gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. The response to tackle this involves the police, the National Crime Agency, a wide range of Government departments, local government agencies, and voluntary and community sector organisations. In Essex a Violence and Vulnerability Unit was set up in 2019 which works across Thurrock, Southend, and Essex councils to reduce the volume of serious violence focussing on gangs, County lines and exploitation. This involves Essex Police, health and care, probation, criminal justice, education, and voluntary sector groups. The 2019/20 Annual Report of the Director of Public Health[24] focused on serious youth violence and vulnerability and discussed the nature and impact of county lines activity in Thurrock

The review launched by Dame Carol Black in 2020-2021 revealed that up to 1,716 Organised Crime Gangs are active in the UK, and county line drugs are more prominent than ever in increasing violence within the drugs market, exploiting young and vulnerable children. Since October 2019, the enhanced operational activity by law enforcement has reduced the number of potentially active county lines, but the number of referrals of children suspected to be victims of county lines increased by 31% in 2020.

[24] https://www.thurrock.gov.uk/sites/default/files/assets/documents/annual-health-report-2019-v01.pdf

The 'County Lines Exploitation guidance'[25] published by the Home Office in 2018 provides guidance for frontline staff who work with children, young people, and vulnerable adults, and is applicable to professionals from many working sectors such as education health, housing, and law enforcement. It provides information around recognising the signs of vulnerable children and adults at risk of exploitation by county line gangs. It also illustrates the local safeguarding process and referral pathways (Home Office Schematic Outline) which need to be carried out when a person at risk of exploitation comes to attention[26]. The Home Office Schematic Outline is illustrated as a diagram, highlighting the local safeguarding process and the preferred referral pathways.

Furthermore, County Lines Exploitation – 'Practice guidance for YOTs and frontline practitioners' published by the Ministry of Justice in 2019[27] gives best practice guidance focusing more on clear referral pathways for local authorities and Youth Offending Services in England. It can also be applicable to frontline practitioners, professionals, stakeholders, parents, carers, law enforcement, and for anyone working with vulnerable children and young adults involved in county lines. This guidance also provides information on looking for indicators of county lines exploitation, referral pathways, National Referral Mechanism (NRM), and links to useful resources.

The recommendations on tackling county line drugs are embedded in to the current 10-year plan by government and the independent review by Dame Carol Black.

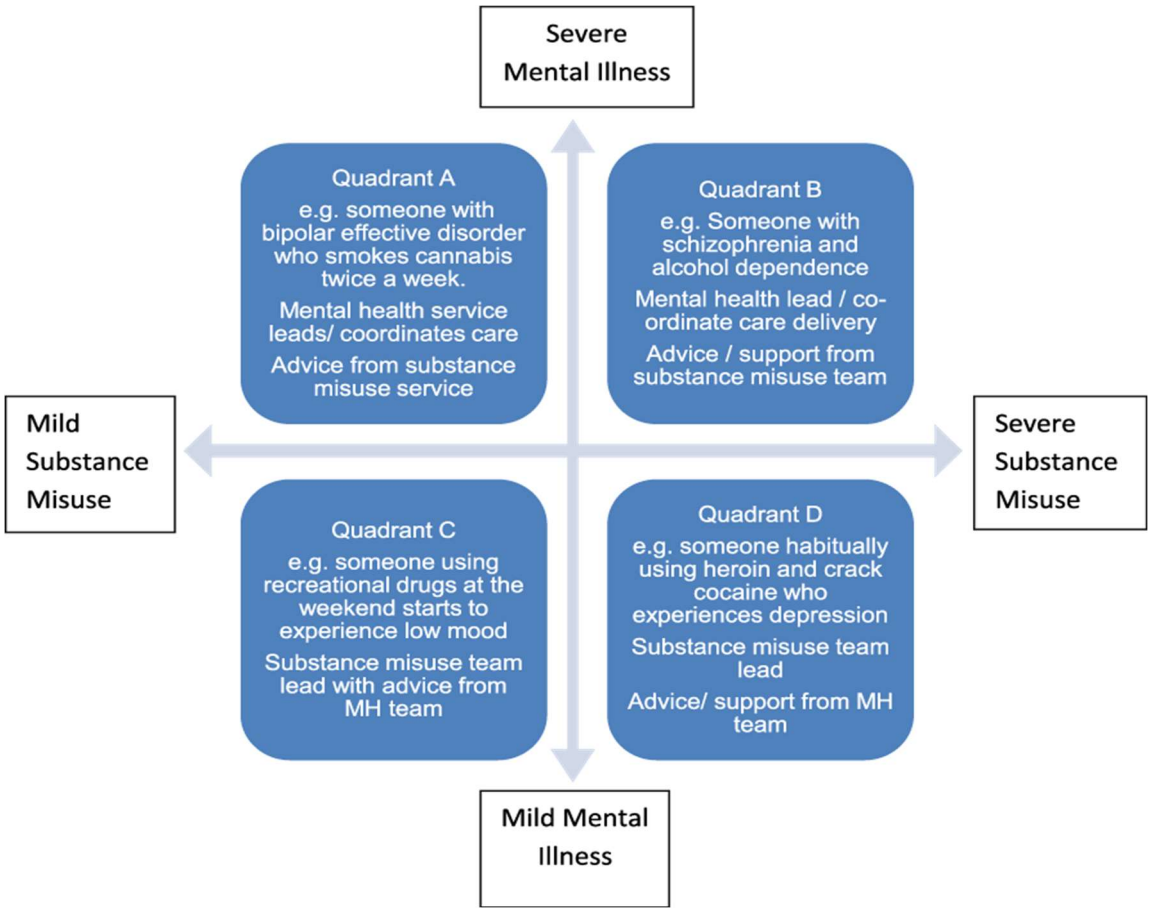
2.4 People with Co-occurring Conditions and Complex Needs

When someone has co-occurring conditions, this means they have both a mental health condition and alcohol or drug misuse problems. The term dual diagnosis is sometimes used but is restricted to people with severe mental illness, typically psychoses and/or personality disorders combined with drug and/or alcohol misuse. This is also known as coexisting severe mental illness and substance misuse. In addition, people may have other complex needs associated with housing, social care, the criminal justice system or relationships with friends and family. Figure 2 shows four presentations of people with co-occurring conditions based on levels of severity: mild substance use and severe mental illness; severe substance use and severe mental illness; mild substance use and mild mental illness; severe substance use and mild mental illness.

PHE estimated in 2017 that approximately 70% of drug users and 86% of alcohol users in community substance misuse treatment, experience mental health problems. Of the people with mental health problems who take their own life, 54% have a history of alcohol or drug misuse recorded. Furthermore, despite the shared responsibility that NHS and local authority commissioners have to provide treatment, care and support, people with co-occurring conditions are often excluded from services.[28]

[25] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance_-_Sept2018.pdf
[26] https://www.gov.uk/government/publications/county-lines-exploitation-applying-all-our-health/county-lines-exploitation-applying-all-our-health - Raising concerns schematic outline
[27] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839253/moj-county-lines-practical-guidance-frontline-practitionerspdf.pdf
[28] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

Figure 2: Presentation of different types co-occurring condition



Source: The complexity and challenge of 'dual diagnosis' (findings.org.uk)

2.4.1 National policy about co-occurring conditions

There is no standalone national strategy with a focus on co-occurring conditions. Sections of national strategies relating to Drugs, Alcohol and Mental Health address some elements of co-occurring conditions, however there is no overarching national document seeking to align these three areas. Early guidance focussed on those with dual diagnosis including 'Dual diagnosis policy and implementation guide' launched by the Department of Health in 2002 and 'A guide for management of dual diagnosis in prisons' launched by Department of Health and Ministry of Justice in 2009.[29] Latterly, PHE widened the guidance to include all those with co-occurring conditions publishing 'Better care for people with co-occurring mental health and alcohol/drug use conditions', in 2017. This described guidance for the commissioning and delivery of care and a high-level framework for delivering care for this cohort of the population. The guidance informed the implementation of the Five Year Forward View for Mental Health including development of evidence-based treatment pathways (EBTPs). All EBTPs should address co-occurring mental health and alcohol/drug use conditions in line with relevant NICE guidance.

The underpinning themes of this guidance are:

1. Everyone's job – referring to commissioner and providers of mental health and alcohol and drug use service as having a joint responsibility

[29] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

2. No wrong door – having an open-door policy by providers in alcohol and drug, mental health, and other services, for individuals with co-occurring conditions, making every contact count

These should be delivered based on the following priorities:

- Agree a pathway of care which will enable collaborative delivery of care by multiple agencies in response to individual need
- Appoint a named care coordinator for every person with co-occurring conditions to coordinate the multi-agency care plan
- Undertake joint commissioning across mental health and alcohol/drugs (including primary care, criminal justice settings and specialist/acute care, supported by strong, senior, and visible leadership
- Enable people to access the care they need when they need it and, in the setting, most suitable to their needs
- Commission a 24/7 response to people experiencing mental health crisis, including intoxicated people
- Commission local pathways which enable people to access other services such as homelessness, domestic abuse, or physical healthcare
- Make sure people are helped to access a range of recovery supports, while recognising that recovery may take place over several years and require long term support

The guide also recommends a framework for delivery of care based on the following factors:

- Strong therapeutic alliance
- Collaborative delivery of care
- Care that reflects the views, motivations and needs of the person
- Care that supports and involves carers (including young carers) and family members
- Therapeutic optimism
- Episodes of intoxication are safely managed
- Stop smoking advice/support is a routine part of care
- The guide points to resources available to support development of a competent workforce with the requisite values, knowledge, and skills, include those with sufficient expertise to provide clinical leadership and supervision
- Developing a shared understanding of local need across mental health and alcohol and drug commissioning through local needs assessments, utilising national datasets and profiles available
- Agree a lead or joint lead commissioner with authority to commission across NHS (mental health services) and local authority public health (alcohol, drugs, and tobacco services) sectors
- Agree an appropriate senior strategic board to oversee commissioning activity and monitor outcomes
- Undertake joint commissioning across mental health and alcohol/drugs/tobacco with a named lead, working closely with National Offender Management Service (NOMS) and NHS England commissioners to ensure continuity of care between community and prison settings for all those with co-occurring conditions moving between community and criminal justice care settings
- Ensure that co-occurring substance use and mental health conditions are addressed as an integral part of all relevant care pathways locally through adequate resources and experts. The latter includes having staff that are supported and competent to meet all the required needs and demands of the individual

- Commission an effective and compassionate 24/7 Urgent and Emergency Mental Health Care (UEMHC) response, for all ages which includes adequate health-based places of safety (HBPoS) provision
- Monitor providers particularly closely on the effectiveness of their response to intoxicated people in mental health crisis and those frequently judged as not requiring services as their condition is not severe enough, as well as children and those deemed vulnerable
- Ensure there are local suicide prevention plans in place for those at increased risk of suicide, and that the multi-agency partnership group is sighted on commissioning decisions and service developments

Along with the above, some key guidance aimed for both commissioners and providers include:

- Collaborate across services to develop an integrated 'offer' of care which addresses physical health, social care, housing, and other needs as well as mental health and alcohol/drug/tobacco use.
- Review service access criteria with expert, such as not excluding people based on levels of alcohol and/or drug dependency, or on diagnoses (or lack of diagnoses) of mental illness but are used to actively support people to get the help they need.
- Ensure there are local arrangements for reporting and investigation of serious untoward incidents and management of risks. Quality governance and local safeguarding for the co-occurring group should be shared across mental health and alcohol/drugs services.
- Consider what changes might be needed to enable practitioners to work assertively and flexibly to engage people– particularly supporting people with chaotic lifestyles and complex needs to manage appointments.
- Consider what changes might be needed to enable practitioners to work assertively and flexibly to engage (and assertively re-engage) people– particularly supporting people with chaotic lifestyles and complex needs to manage appointments.

Other guidance available from NICE focussed on a subset of those with co-occurring conditions in the form of 2016's 'Coexisting severe mental illness and substance misuse: community health and social care services'[30].

This guideline covers how to improve services for people aged 14 and above who have been diagnosed as having coexisting severe mental illness and substance misuse and should be read in conjunction with NICE's 2011 guidance on 'Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings'[31]. The aim of the 2016 guideline is to provide a range of coordinated services that address people's wider health and social care needs, as well as other issues such as employment and housing.

Recommendations included relate to:

- First contact with services - for all staff who may be the first point of contact with young people and adults with coexisting severe mental illness and substance misuse
- Referral to secondary care mental health services, on acceptance to secondary care mental health services; involving people with coexisting severe mental illness and substance misuse in care planning; and ensure carers who are providing support are aware they are entitled to, and are offered, an assessment of their own needs
- The care plan: multi-agency approach to address physical health, social care, housing, and other support needs. The person's care coordinator should adopt a collaborative approach with other organisations (involving shared responsibilities and regular

[30] https://www.nice.org.uk/guidance/ng58/chapter/Recommendations
[31] https://www.nice.org.uk/guidance/cg120

communication) when developing or reviewing the person's care plan. Hold multi-agency and multidisciplinary case review meetings annually, as set out in the Department of Health's guidance[32] or more frequently, based on the person's circumstances.

- Partnership working between specialist services, health, social care and other support services and commissioners – consider using an agreed set of local policies and procedures, and working across institutional boundaries, ensuring joint strategic working arrangements. Information sharing by agreeing an information sharing protocol between secondary care mental health services and substance misuse, health, social care, education, housing, voluntary and community services
- Improving service delivery - Making health, social care, and other support services more inclusive; Adapting existing secondary care mental health services; support for staff.
- Maintaining contact between services and people with coexisting severe mental illness and substance misuse who use them – building relationship with the person, showing empathy, providing consistent services and explore reasons why the person may have stopped using their services.

2.4.2 Core20PLUS5

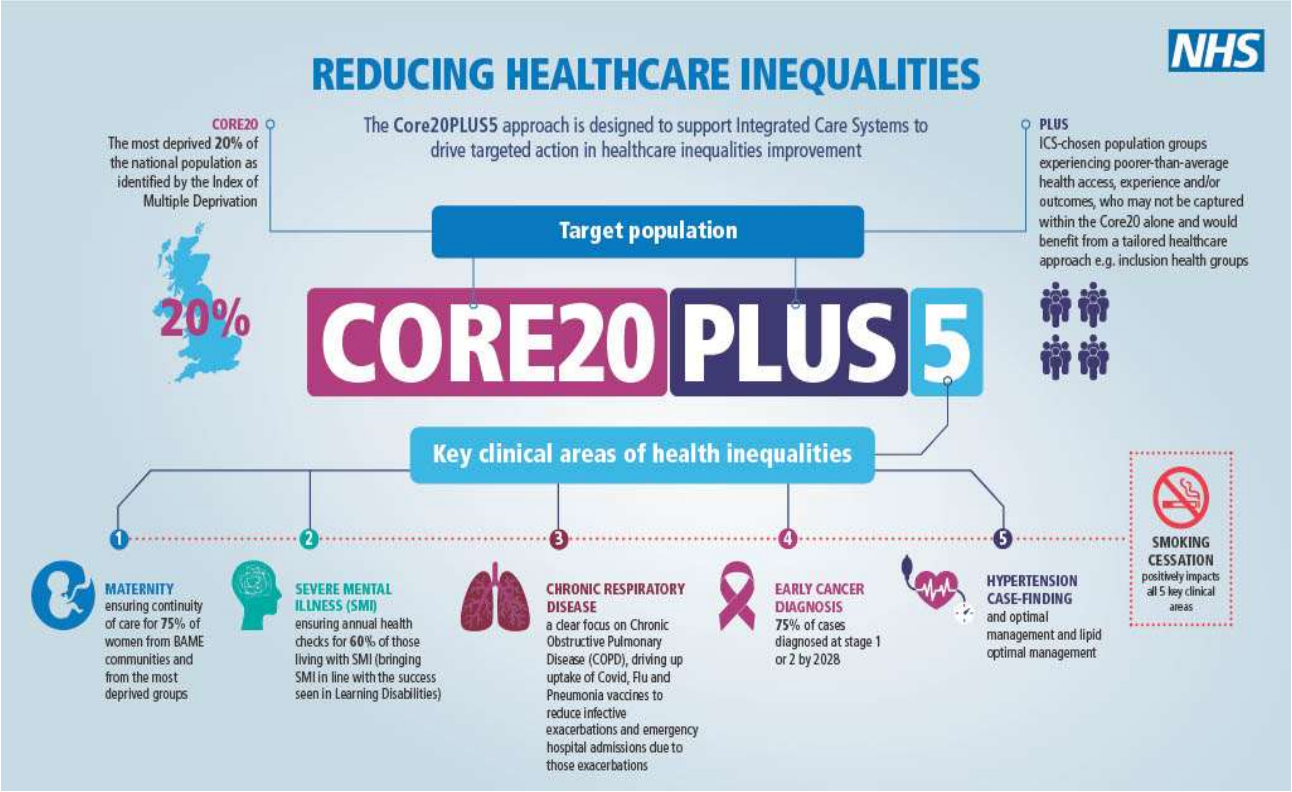
In addition to the national government drugs and alcohol policy and guidance, NHS England and NHS Improvement has a national focus on reducing inequalities called Core20PLUS5. The approach defines a target population as:

- Those identified in the most deprived 20% of the population,
- Population groups who typically experience inequity including those with drug and alcohol dependence[33].

For these cohorts there are 5 clinical areas of focus in reducing health inequalities. They include maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding[34]. Governance for the five areas will be with the national programmes and national and regional teams will coordinate the local systems to achieve national aims. Figure 3 outlines the national aims for each clinical area.

[32] [ARCHIVED CONTENT] Refocusing the Care Programme Approach: policy and positive practice guidance : Department of Health - Publications (nationalarchives.gov.uk)
[33] PLUS population groups are ethnic minority communities; inclusion health groups; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others. Inclusion health groups include: people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.
[34] NHS England » Core20PLUS5 – An approach to reducing health inequalities

Figure 3: Core20PLUS5 and reducing healthcare inequalities



Source: NHS England » Core20PLUS5 – An approach to reducing health inequalities

3 Methodology

Summary of HNA Methodology

Five methods of data and information gathering were used for this HNA.

1. Quantitative data were obtained from national datasets to inform the demography and epidemiology chapters of the HNA whilst data from the National Drug Treatment Monitoring Service (NDTMS) and local providers were used in the service provision chapter
2. Qualitative information about the barriers, enablers, and gaps in service provision in Thurrock was gathered from 16 semi-structured interviews with professionals
3. Questionnaires were completed by 47 drug and alcohol misuse service users to gather their experiences about the barriers, enables and gaps in service provision
4. A document review of national and local policy and strategic approaches to drugs and alcohol misuse prevention and treatment formed the basis of chapters 2 and 6
5. A literature search of evidence about effective approaches to prevention of drug and alcohol misuse also informed the HNA.

3.1 Demographics, Epidemiology, and High-Risk Populations

Data showing the key demographic characteristics of Thurrock was collated from national data published by Office of National Statistics and NHS Digital. These showed the different organisational geographies for Thurrock such as the constituent electoral wards, and Primary Care Networks (PCNs). The latest available data were analysed to show differences in the resident and GP registered populations and to highlight areas of greater and lesser deprivation using the Index of Multiple Deprivation (IMD) 2019.

The latest publicly available data on risk factors for drug and alcohol misuse were compiled from sources including Public Health England's (now the Office for Health Improvement and Disparities) suite of Fingertips indicator tools for the following factors:

- Unemployment
- Homelessness
- Criminality
- Domestic abuse
- Children in poverty
- Looked after children

Data were analysed at the most granular level available to highlight differences between geographical areas within Thurrock and over time to show any differences in risk factors before, during and after the Covid-19 pandemic.

Available information was also collated for high-risk populations for drug and alcohol misuse in Thurrock, including people with mental illness, those with housing problems and those in contact with the criminal justice system.

3.2 Use of Current Services

Data on recent trends in the usage of current services for Thurrock residents was collated from national and local sources such as the National Drug Treatment Monitoring System (NDTMS), GP practice systems and locally collected key performance indicator data from different service providers.

Data presented in the demographic, epidemiology and service use sections have had figures suppressed where numbers were less than 5 and greater than zero.

3.3 Evidence about Prevention

A literature search was carried out by Northeast London NHS Foundation Trust (NELFT) on the prevention and emerging innovative approaches in relation to alcohol and drug misuse. The evidence identified by the search was used to inform the HNA.

3.4 Review of Policy and Guidance

A high-level summary of the most recent and relevant national policies for drug and alcohol misuse was prepared by the Public Health team at Thurrock Council. A further summary of the recently described approach to integrating services was gathered from current strategies covering, health, care, and the criminal justice system in Thurrock.

3.5 Engagement with Service Commissioners and Providers

In order to understand how the current services were provided to people with drug and alcohol problems in Thurrock, a range of key stakeholders were contacted and asked if they were happy to share their views and experiences in a brief interview or in writing. Thurrock Council drew up a list of stakeholders which was discussed with the HNA team who checked that relevant representation from the main organisations was included. A list of questions was drafted and agreed (see Appendix 1); these covered:

- How services were provided,
- Barriers and enablers to delivering the services
- Service risks
- Service gaps
- The impact of the pandemic
- Suggestions for improving services to residents

Representatives from the following organisations and teams were invited for interview (also see Appendix 2):

- Thurrock Council:
    - Drug and alcohol commissioners
    - Mental health commissioners
    - Housing Solutions
    - Homeless coordination
    - Community Safety Partnership
    - Adult Housing and Health directorate
    - Violence Against Women and Girls
- Essex Police

- Adult drug and alcohol misuse services
- Alcohol Liaison Service
- Young People's Substance misuse services
- Mid and South Essex Clinical Commissioning Group (CCG).
- Youth Offending Service
- Healthwatch
- Drug and alcohol service volunteer
- Changing Pathways refuge

Interviews were summarised and the key emerging themes included in the relevant sections of the report.

3.6 Service Users' Engagement

The views of service users were gathered by the adult drug and alcohol service using a questionnaire drafted by the SPH HNA team. Five brief questions were asked covering satisfaction with the service, difficulties engaging with the service, suggestions for improvement and any other feedback about their experience they wanted to share (Appendix 3). A total of 47 questionnaires were completed, returned, and analysed. The questionnaire also asked if people would be willing to be contacted in the future to help with further co production and co design of drug and alcohol services.

The adult drug and alcohol service also provided service user feedback from 137 people they had seen in 2020 and 2021. The feedback asked to rate support they had received with a focus on different methods to deliver the service including face to face, phone, and video consultations and online groups.

4 Thurrock Borough Demography

Summary of Thurrock Borough Demography

Population

- National 2021 census data reports that the Thurrock population is around 176,300. The ONS estimates this will rise to 192,787 by 2031
- There are currently a higher proportion of younger adults aged 25 to 40 in Thurrock than in England and a smaller proportion of people aged 60 and over
- Over 85% of Thurrock residents are White. Thurrock has more than double the proportion of Black African/Caribbean/Black British people (7.8%) in its resident population than England (3.5%) and East of England (2%). In contrast Thurrock has half the proportion of Asian/Asian British people (3.6%) than England (7.6%)

Deprivation

- Areas of highest deprivation are in the south and west of Thurrock particularly in parts of Tilbury and South Ockendon
- Around 4% of Thurrock residents live in areas considered the most deprived nationally (decile 1) and 1% in areas of lowest deprivation (decile 10)
- Around 6% of Thurrock children aged 0 to 15 live in income deprived families

Housing and Homelessness

- Thurrock has significantly more households in temporary accommodation (3.5 per 1,000 households) than East of England (2.4 per 1,000 households) but fewer than England (4 per 1,000 households)
- Latest data available for Thurrock shows that rates of households assessed as being homeless and those threatened with homelessness has reduced significantly between 2019/20 (10 per 1,000) and 2020/21(6 per 1,000 households). Rates are now comparable to England and East of England whereas in 2018/19 and 2019/20 Thurrock rates were significantly higher

Employment

- The proportion of people claiming unemployment benefit in 2022 was similar in Thurrock (4.2% of the resident population) compared to East of England (3.5%) and England (4.3%)
- In Thurrock rates of unemployment are highest at around 6% in Tilbury Riverside and Thurrock Park, Tilbury St Chads and Belhus wards

Crime

- Overall crime rates have been generally higher in Thurrock compared to England and East of England since 2018/19
- Rates of violence against the person crime rose year on year from 2015/16 (18 per 1,000 population) to 2019/20 (33 per 1,000 population) then decreased in 2020/21 (30 per 1000 population). Rates in Thurrock are higher than England and East of England which are both around 25 per 1,000 population
- Rates of domestic violence in Thurrock have increased from 21.3 per 1,000 population in 2015/6 to a peak in 2019/20 of 29.1 per 1,000 population. Similar rates and trends are seen in England and East of England
- The number of offences proven to be committed by children has fallen from 255 in 2017/18 to 110 in 2020/21. The greatest reduction was for theft and handling stolen

goods (42 vs 6), violence against the person (79 vs 42), drugs (30 vs 8), and criminal damage (33 vs 11)

Young people

- Rates of looked after children in Thurrock (31 per 10,000 child population) are higher than for England (21 per 10,000 child population) and East of England (18 per 10,000 child population)

This section describes the key demographic characteristics of Thurrock and the organisational geography used to present data on geographical areas within Thurrock throughout the HNA. There are a range of demographic factors that are linked with increased likelihood of drug and alcohol misuse such as unemployment, deprivation, housing status, and criminal activity. These along with the age, ethnicity, and distribution of the population in Thurrock and other key metrics are described in this section.

4.1 Population

4.1.1 Resident and registered populations

Thurrock is a local authority in the County of Essex and has been a unitary authority since 1997. The initial results of the 2021 Census published by the Office for National Statistics (ONS) suggest that Thurrock had a resident population of around 176,300 in March 2021 (see Table 3).

Table 3: Resident population of Thurrock in 2021, by age band and gender

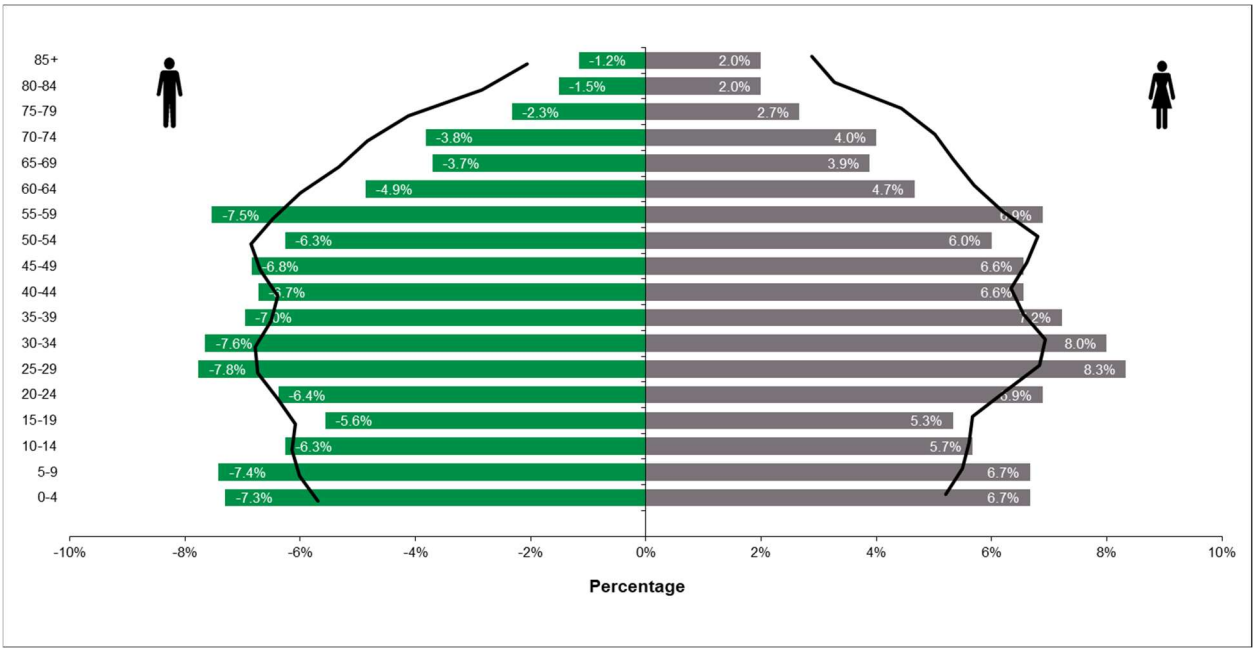
Age Band	Numbers			Percentages		
	Males	Females	Persons	Males	Females	Persons
0-9	12,800	12,200	25,000	14%	15%	14%
10-19	11,800	11,100	22,900	12%	14%	13%
20-29	10,300	11,000	21,300	12%	12%	12%
30-39	13,300	14,700	28,000	16%	15%	16%
40-49	11,800	12,400	24,200	14%	14%	14%
50-59	11,300	11,300	22,600	13%	13%	13%
60-69	7,400	7,700	15,100	9%	9%	9%
70-79	5,300	6,000	11,300	7%	6%	6%
80-89	2,000	2,900	4,900	3%	2%	3%
90+	300	700	1,000	1%	0%	1%
All ages	**86,300**	**90,000**	**176,300**	**100%**	**100%**	**100%**

Source: Office for National Statistics (ONS). 2021 Census Results. The Population Numbers for England and Wales on 21st March 2021

Table 3 suggests that Thurrock has a relatively young population, with 27% of residents aged 0-19 years compared with 10% aged 70 years and over. Although there are slightly more females than males in Thurrock overall, the reverse is true of the 0-19 population where there were estimated to be 24,600 (51.4%) males and 23,300 females (48.6%). The median age of the Thurrock population in 2020 was 36 years old, compared to 40 years old for England as a whole.

Figure 4 below compares the age and gender structure of the 2021 Census Thurrock population to that of England. The bars in Figure 4 represent the proportions of the Thurrock population in each age band whilst the vertical wavy black lines represent the England population.

Figure 4: Comparison of the proportions of the Thurrock population by gender and age band with the England population, 2021



Source: Office for National Statistics (ONS). 2021 Census Results. The Population Numbers for England and Wales on 21st March 2021

For both males and females, England has a higher proportion of older people than Thurrock in every age group from 60 - 64 onwards. Conversely, Thurrock has a higher proportion of both its male and female population aged 25-44 than England as a whole. Thurrock also has a higher percentage of children than England in the 0-4, and 5-9 age groups.

Table 4 below compares the latest available resident population data for Thurrock by age group and gender with the latest available GP registered population (as of 1st April 2022).

Table 4: Comparison of resident and GP registered populations

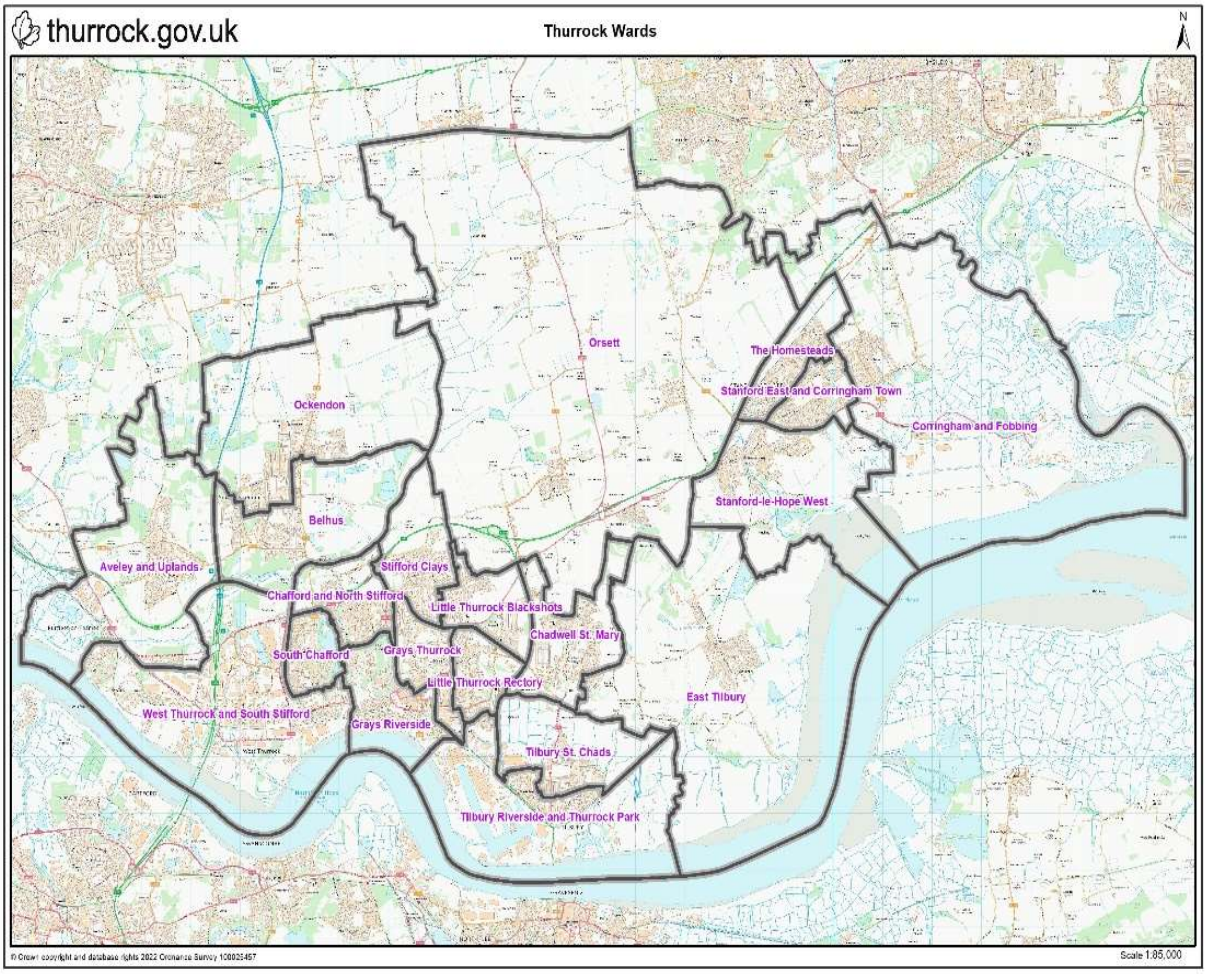
Gender	Age Band	Resident Population (Census 2021)	GP Registered Population (April 2022)	Difference (GP vs Registered Population)	% Difference
Male	0-19	24,600	25,547	947	3.80%
	20-64	50,900	55,035	4,135	7.80%
	65+	10,800	11,478	678	6.10%
	Total	86,300	92,060	5,760	6.50%
Female	0-19	23,300	23,895	595	2.50%
	20-64	53,600	54,890	1,290	2.40%
	65+	13,100	13,696	596	4.40%
	Total	90,000	92,481	2,481	2.70%
Persons	0-19	47,900	49,442	1,542	3.20%
	20-64	104,500	109,925	5,425	5.10%
	65+	23,900	25,174	1,274	5.20%
	Total	176,300	184,541	8,241	4.60%

Source: ONS Census 2021 and NHS Digital GP registered populations April 2022

Table 4 shows that the Thurrock GP registered population is 4.6% higher than the resident population overall. This difference is less for the 0–19-year-old age group (GP registered population is 3.2% higher) but greater for the 65+ year old age group (5.3% higher).

Figure 5 below shows a map of the electoral wards in Thurrock.

Figure 5: Map of Thurrock Wards



Source: Thurrock Council

Figure 5 shows the 20 electoral wards in Thurrock which vary significantly by geographical area with Orsett ward being the largest and South Chafford being the smallest. The map suggests that the wards also vary by their degree of rurality with some wards like Orsett covering a large, predominately rural area and others covering smaller more urban areas. Most of the more urban wards are concentrated along the north bank of the River Thames.

Table 5 shows the population of each of the 20 Thurrock wards by broad age group.

Table 5: Mid-2020 population of Thurrock wards by broad age group

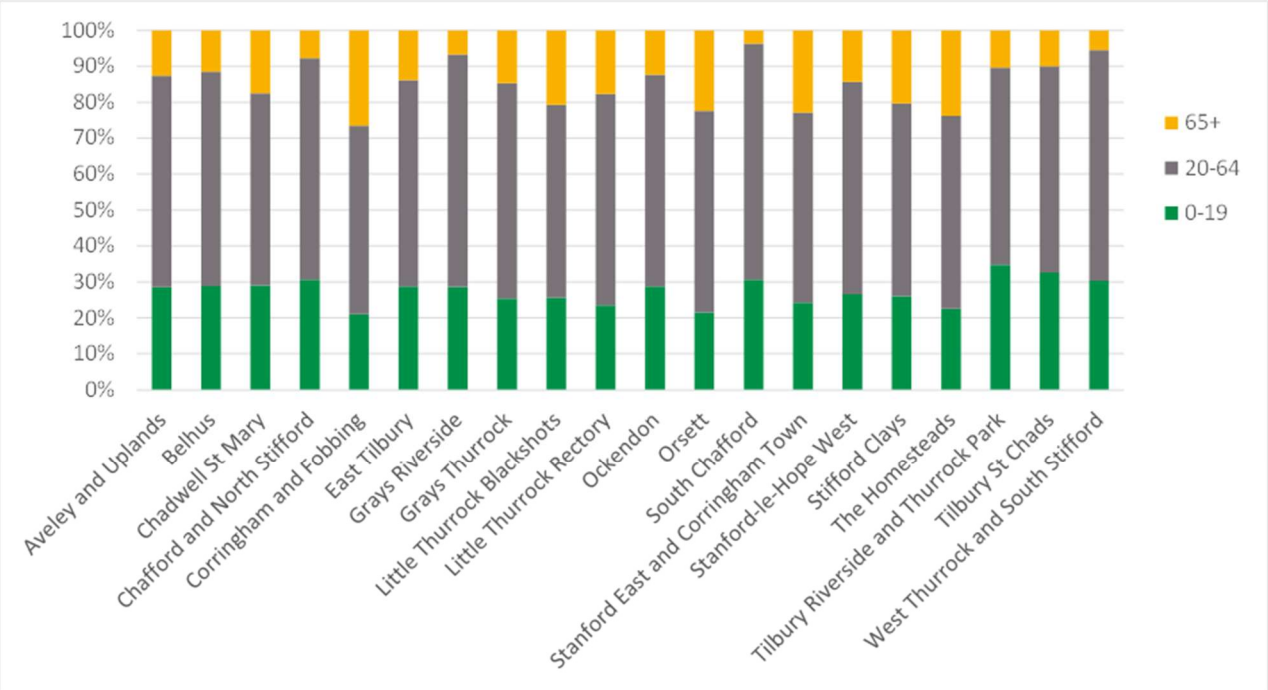
Total Thurrock resident population estimates, all ages, by ward, by broad age band				
Ward	0-19	20-64	65+	Total
Aveley and Uplands	3,036	6,256	1,347	10,639
Belhus	3,088	6,364	1,227	10,679
Chadwell St Mary	3,045	5,605	1,839	10,489
Chafford and North Stifford	2,556	5,119	649	8,324
Corringham and Fobbing	1,144	2,842	1,439	5,425
East Tilbury	2,107	4,186	1,016	7,309
Grays Riverside	4,075	9,187	948	14,210
Grays Thurrock	2,548	6,001	1,470	10,019
Little Thurrock Blackshots	1,717	3,586	1,392	6,695
Little Thurrock Rectory	1,453	3,639	1,094	6,186
Ockendon	3,391	6,937	1,462	11,790
Orsett	1,279	3,329	1,336	5,944
South Chafford	2,503	5,352	305	8,160
Stanford East and Corringham Town	2,014	4,379	1,895	8,288
Stanford-le-Hope West	1,891	4,204	1,020	7,115
Stifford Clays	1,761	3,629	1,370	6,760
The Homesteads	1,870	4,441	1,971	8,282
Tilbury Riverside and Thurrock Park	2,843	4,491	847	8,181
Tilbury St Chads	2,220	3,911	682	6,813
West Thurrock and South Stifford	4,329	9,105	789	14,223
Thurrock Total Population	48,870	102,563	24,098	175,531

Source: ONS mid-2020 population estimates for electoral wards

Table 5 shows that West Thurrock and South Stifford and Grays Riverside are the most populous wards with over 14,000 residents each. Corringham and Fobbing is the least populous ward with less than 5,500 residents.

Figure 6 shows the percentage of the population resident in each ward by broad age group.

Figure 6: Percentage of resident population by age band for Thurrock Wards, mid-2020



Source: ONS Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales

Figure 6 shows that in 2020 Tilbury Riverside and Thurrock Park ward has the highest proportion of children and young people aged 0–19 (35%) of any of Thurrock wards. Corringham and Fobbing ward has the lowest proportion of residents aged 0-19 (21%). South Chafford ward has the highest proportion of residents aged 20-64 (66%) and Corringham and Fobbing ward the lowest (52%). The reverse position was true of the 65 and over population, with Corringham and Fobbing ward having the highest proportion of residents in this age group (27%) and South Chafford ward having the lowest proportion (4%).

Table 6 below shows the GP registered population of each of the four primary care networks (PCNS) in Thurrock in April 2022.

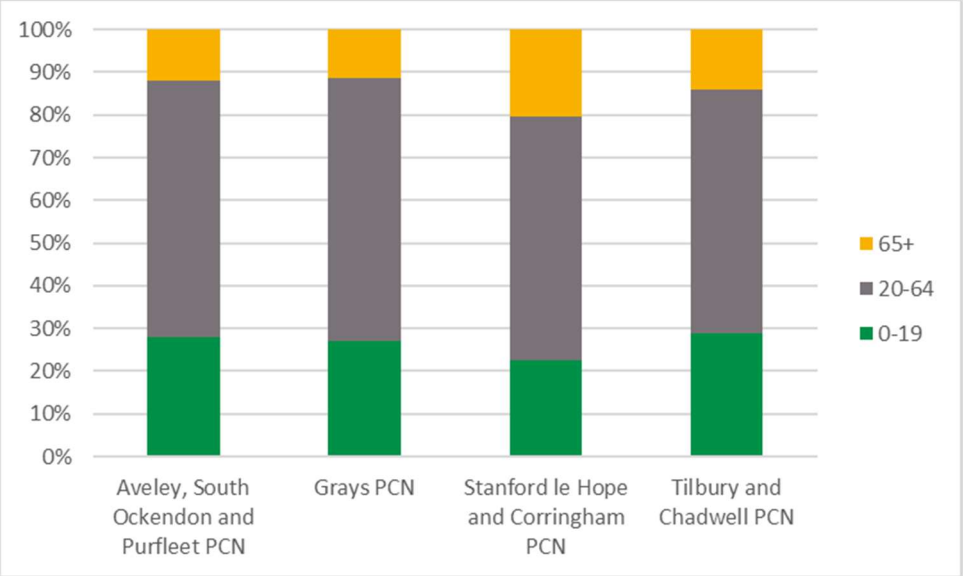
Table 6: Population of Thurrock Primary Care Networks (PCNs) by age band, April 2022

PCN Name	0-19	20-64	65+	Total
Aveley, South Ockendon and Purfleet (ASOP) PCN	11,238	24,323	4,811	40,372
Grays PCN	19,917	45,212	8,390	73,519
Stanford le Hope and Corringham PCN	7,375	18,696	6,673	32,744
Tilbury and Chadwell PCN	10,912	21,694	5,300	37,906
Thurrock Registered Population (all ages)	**49,442**	**109,925**	**25,174**	**184,541**

Source: NHS Digital Patients Registered at a GP Practice, April 2022

Table 6 shows that Grays PCN has the largest population, being over twice the size of Stanford le Hope and Tilbury and Chadwell PCNs. Figure 7 shows the proportion of each PCNs registered population by broad age band.

Figure 7: Proportion of each Thurrock PCN population by broad age band, April 2022



Source: NHS Digital Patients Registered at a GP Practice, April 2022

Figure 7 shows that ASOP PCN and Grays PCN have very similar proportions of their registered populations in each of the three broad age groups. Stanford le Hope PCN has the highest proportion of the registered population aged 65 and over (20%). Tilbury and Chadwell PCN has the highest proportion of the registered population in the 0-19 age group (29%).

4.2 Ethnicity

Table 7 below shows the population of Thurrock by broad ethnic group from the 2011 Census. Ethnicity results from the 2021 Census are expected to be published around October 2022.

Table 7: Population of Thurrock by ethnic group, 2011

Ethnic Group	Number of Persons
White British / All Other White	135,429
Mixed / Multiple Ethnic Groups	3,099
Black / African / Caribbean / Black British	12,323
Asian / Asian British	5,927
Other Ethnic Group	927
Total	**157,705**

Source: Office for National Statistics (ONS) Census 2011

Table 7 shows that Thurrock had a predominately white population in 2011, with the Black African/Caribbean/Black British being the largest ethnic minority population.

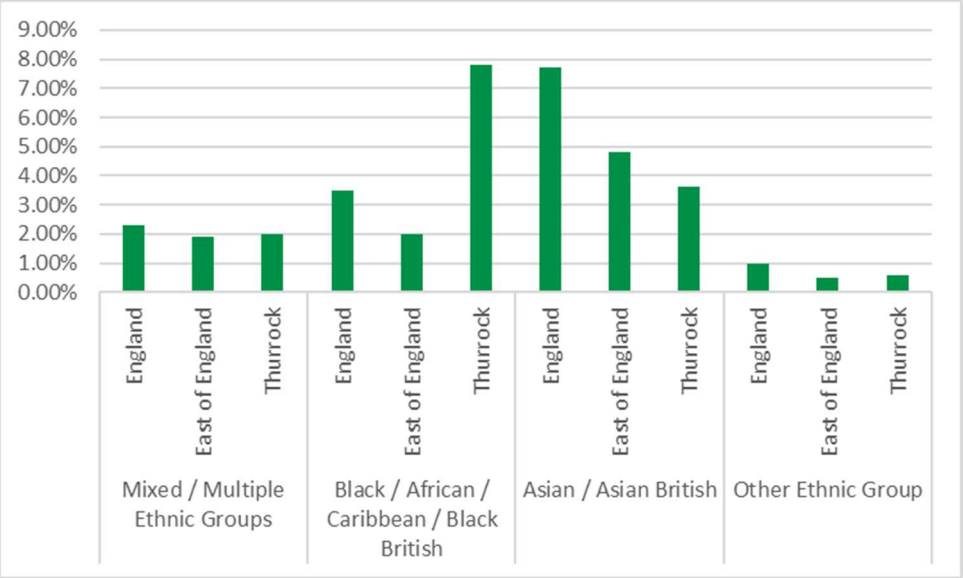
Table 8: Percentage of the population of Thurrock, the East of England and England by ethnic group, 2011

Ethnic Group	Region	% Of Total Population
White British / All Other White	England	85.4%
	East of England	90.8%
	Thurrock	85.9%
Mixed / Multiple Ethnic Groups	England	2.3%
	East of England	1.9%
	Thurrock	2.0%
Black / African / Caribbean / Black British	England	3.5%
	East of England	2.0%
	Thurrock	7.8%
Asian / Asian British	England	7.7%
	East of England	4.8%
	Thurrock	3.6%
Other Ethnic Group	England	1.0%
	East of England	0.5%
	Thurrock	0.6%

Source: Office for National Statistics (ONS) Census 2011

Table 8 shows that 86% of the Thurrock population in 2011 was of white ethnicity. This was a slightly lower proportion than the East of England as a whole, but a higher proportion than for England. The Black African/Caribbean/Black British ethnic group accounted for 7.8% of the Thurrock population, a higher proportion than for both the East of England (2.0%) and England (3.5%).

Figure 8: Proportion of population of Thurrock, the East of England and England from non-white ethnic groups, 2011



Source: Office for National Statistics (ONS) Census 2011

Figure 8 shows that in 2011 Thurrock had a lower percentage of its population from Asian/Asian British ethnic groups than both the East of England and England but a higher proportion of its population from Black African/Caribbean/Black British ethnic groups.

4.3 Population Projections

Table 9 below shows the 2019-based ONS population projections for Thurrock unitary authority by gender and broad age group for the years 2022 to 2031.

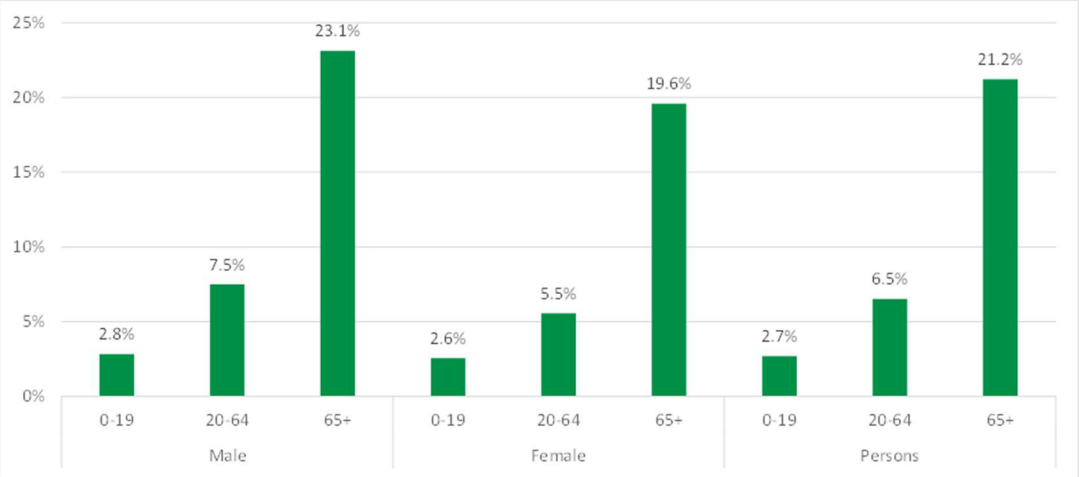
Table 9: Thurrock resident population projections 2022 to 2032

Gender	Age Band	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Male	0-19	25,777	26,082	26,311	26,472	26,584	26,661	26,659	26,696	26,695	26,625
	20-64	51,990	52,423	52,846	53,246	53,688	54,078	54,505	54,849	55,148	55,503
	65+	11,481	11,653	11,855	12,096	12,310	12,565	12,841	13,132	13,474	13,804
	Total	**89,248**	**90,158**	**91,012**	**91,814**	**92,582**	**93,304**	**94,005**	**94,677**	**95,317**	**95,932**
Female	0-19	24,445	24,723	24,925	25,076	25,186	25,186	25,162	25,168	25,168	25,123
	20-64	53,294	53,703	54,060	54,454	54,729	55,070	55,375	55,614	55,836	56,041
	65+	13,411	13,546	13,742	13,904	14,165	14,419	14,715	15,034	15,343	15,691
	Total	**91,150**	**91,972**	**92,727**	**93,434**	**94,080**	**94,675**	**95,252**	**95,816**	**96,347**	**96,855**
Person	0-19	50,222	50,805	51,236	51,548	51,770	51,847	51,821	51,864	51,863	51,748
	20-64	105,284	106,126	106,906	107,700	108,417	109,148	109,880	110,463	110,984	111,544
	65+	24,892	25,199	25,597	26,000	26,475	26,984	27,556	28,166	28,817	29,495
	Total	**180,398**	**182,130**	**183,739**	**185,248**	**186,662**	**187,979**	**189,257**	**190,493**	**191,664**	**192,787**

Source: ONS 2019-based sub-national population projections for unitary and local authorities

Table 9 and Figure 9 shows that the resident population of Thurrock is expected to increase from 180,398 in 2022 to 192,787 by 2031, or by almost 7.5%. The population aged 65 and over is expected to increase by 21.2% by 2013 compared with only a 2.7% increase in the population aged 0-19. In all three broad age groups, the percentage increase for males is expected to be slightly higher than for females.

Figure 9: Expected percentage change in Thurrock resident population by broad age group 2022 - 2031

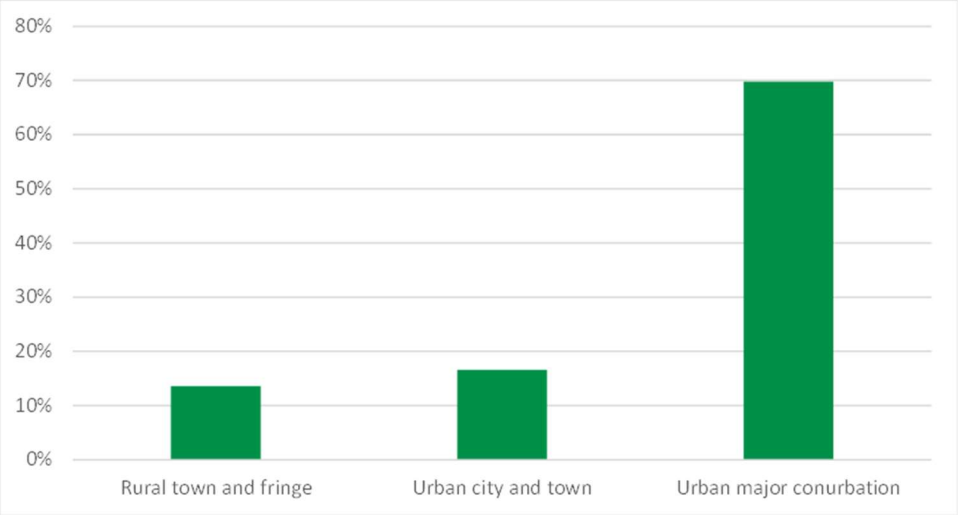


Source: ONS 2019-based sub-national population projections for unitary and local authorities

4.4 Urban and Rural Populations

Figure 10 shows the percentage of the Thurrock resident population in 2020, living in urban and rural areas. The ONS classifies areas into several urban and rural classifications based on a system established in 2013, based on 2011 Census data.

Figure 10: Proportion of the Thurrock resident population by urban/rural classification, mid-year 2021???



Source: ONS rural urban classification 2011 of wards in England and Wales

Figure 10 shows that 69.8% of the resident population of Thurrock live in areas designated by the ONS as 'Urban major conurbation' whilst 16.6% live in areas classified as 'Urban city and town' and 13.6% live in areas classified as 'Rural town and fringe'.

4.5 Multiple deprivation and local inequalities

There are many wider societal determinants associated with increased risk of drug or alcohol dependence. These factors including housing, employment and deprivation are associated with substance misuse and moderate treatment outcomes. Being in education, employment and good physical health can increase chances of successful substance misuse treatment. Substance misuse can also impact on education outcomes. Having housing problems or living in an area of higher deprivation can reduce the chances of successful treatment.

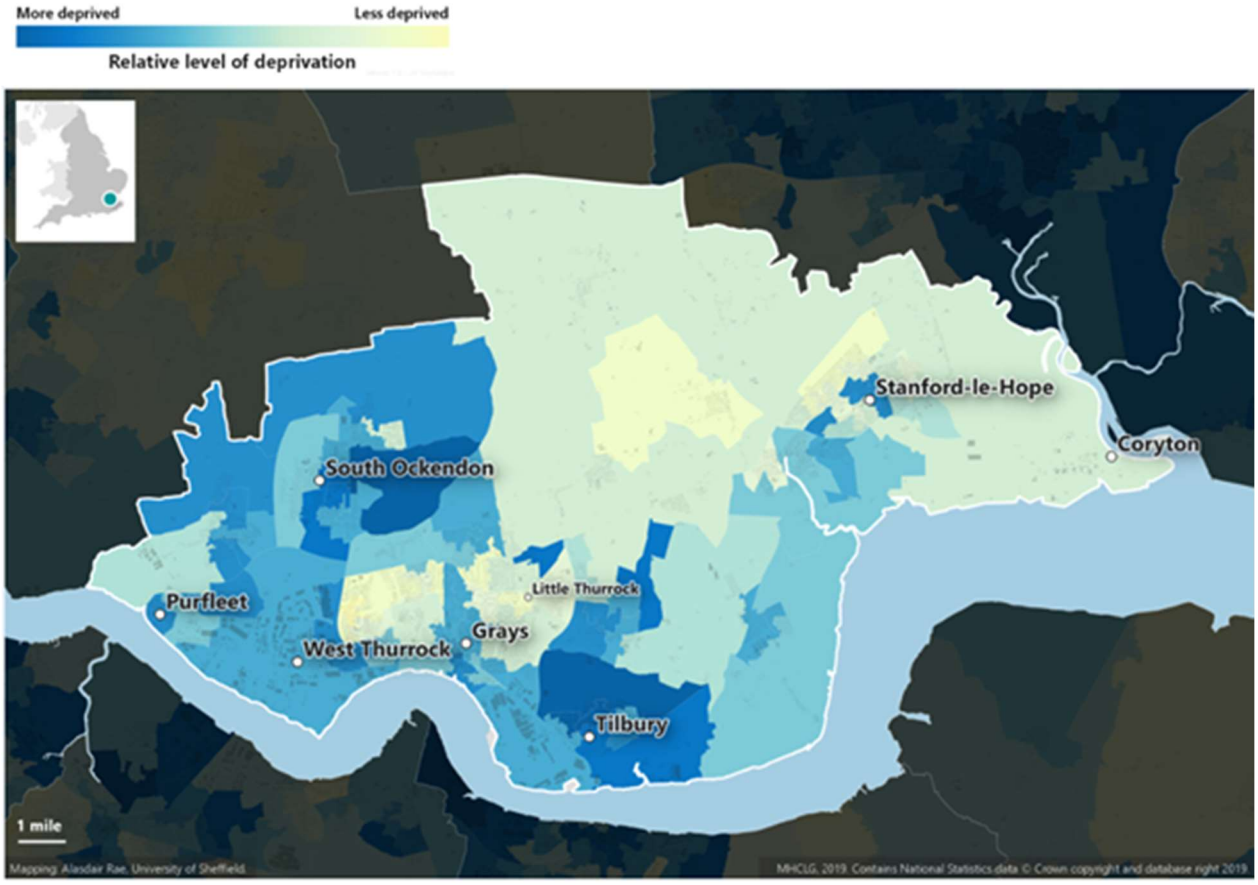
The socio-economic deprivation of a specific geographical area in England is most commonly measured using the Index of Multiple Deprivation. They have been produced by the Ministry of Housing, Communities and Local Government and its predecessors since the year 2000. The

Indices provide a set of relative measures of deprivation for small across England, based on seven different domains, or facets, of deprivation:

- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation

Figure 11 below shows the IMD 2019 deciles for all lower super output areas (LSOAs) in Thurrock. The dark blue areas on the map are the LSOAs with the highest levels of deprivation and the creamy coloured areas on the map are the LSOAs with the lowest levels of deprivation.

Figure 11: Map showing Index of Multiple Deprivation 2019 deciles for Thurrock LSOAs



Source: Ministry of Housing, Communities and Local Government IMD 2019

Figure 11 shows that the areas of highest deprivation in Thurrock are concentrated in the south and west of the authority, particularly in parts of Tilbury and South Ockendon. The less deprived areas are concentrated in the north and east of the authority around the town of Stanford-le-Hope.

Table 10 shows the number and proportion of the mid-2015 resident population of Thurrock in each of the IMD 2019 deciles based on the total IMD score, the income sub-domain score and the Index of Deprivation Affecting Children (IDACI) score.

Table 10: Number and proportion of Thurrock population in each IMD 2019 decile for overall IMD 2019 score, Income sub-domain score and Index of Deprivation Affecting Children Index (IDACI) score

Total and percentage of Thurrock resident population by IMD, Income and IDACI, all deciles						
Decile	Number			Percentage		
	IMD	Income	IDACI	IMD	Income	IDACI
1 (most deprived)	6,586	7,997	10,044	4.00%	4.80%	6.00%
2	11,537	18,669	21,598	6.90%	11.20%	13.00%
3	24,264	23,103	28,226	14.60%	13.90%	17.00%
4	36,178	34,716	27,771	21.80%	20.90%	16.70%
5	23,689	12,072	23,259	14.30%	7.30%	14.00%
6	7,614	16,404	11,045	4.60%	9.90%	6.70%
7	23,039	12,097	18,619	13.90%	7.30%	11.20%
8	13,269	20,792	19,830	8.00%	12.50%	11.90%
9	18,162	17,140	5,648	10.90%	10.30%	3.40%
10 (least deprived)	1,702	3,050	0	1.00%	1.80%	0.00%

Source: Ministry of Housing, Communities & Local Government, English Indices of Deprivation, 2019

Table 10 shows that for the Index of Multiple Deprivation overall, around 4% of the Thurrock population live in LSOAs regarded as being in the 10% most deprived nationally (Decile 1) whereas only 1% live in LSOAs regarded as being in the 10% least deprived nationally (Decile 10). The percentage of the Thurrock population living in the more deprived deciles is higher for the IDACI than for the IMD 2019 overall and for the Income sub-domain, with 53% of the Thurrock population living in IDACI deciles 1 – 4. The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income.

4.6 Housing and Homelessness

In 2020- 2021 in England around 17% of adults in treatment for substance misuse said they had a housing problem[35]. This ranged by type of substance with 10% of those treated solely for alcohol dependence, 30% of those with opiate misuse and 45% of those with new psychoactive substance problems reporting housing difficulties.

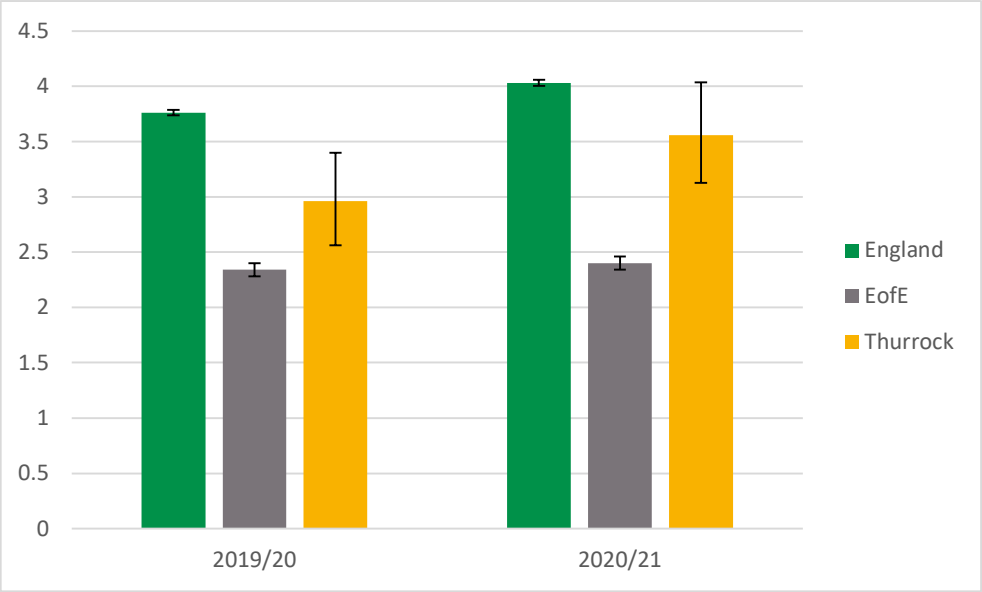
Around 66% of people experiencing homelessness cite drug or alcohol use as a reason for first becoming homeless. Those who use drugs are 7 times more likely to be homeless[36].

Figure 12 below shows the number of households living in temporary accommodation in Thurrock, the East of England and England as a rate per 1,000 households in 2019/20 and 2020/21.

[35] National statistics: Adult substance misuse treatment statistics 2020 to 2021 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report

[36] Crisis Skylight Final Report Of thr University of York https://www.crisis.org.uk/ending-homelessness/health-and-wellbeing/drugs-and-alcohol/

Figure 12: Rate (per 1,000 households) of the number of households in temporary accommodation, Thurrock compared to East of England and England, 2019/20 and 2020/21

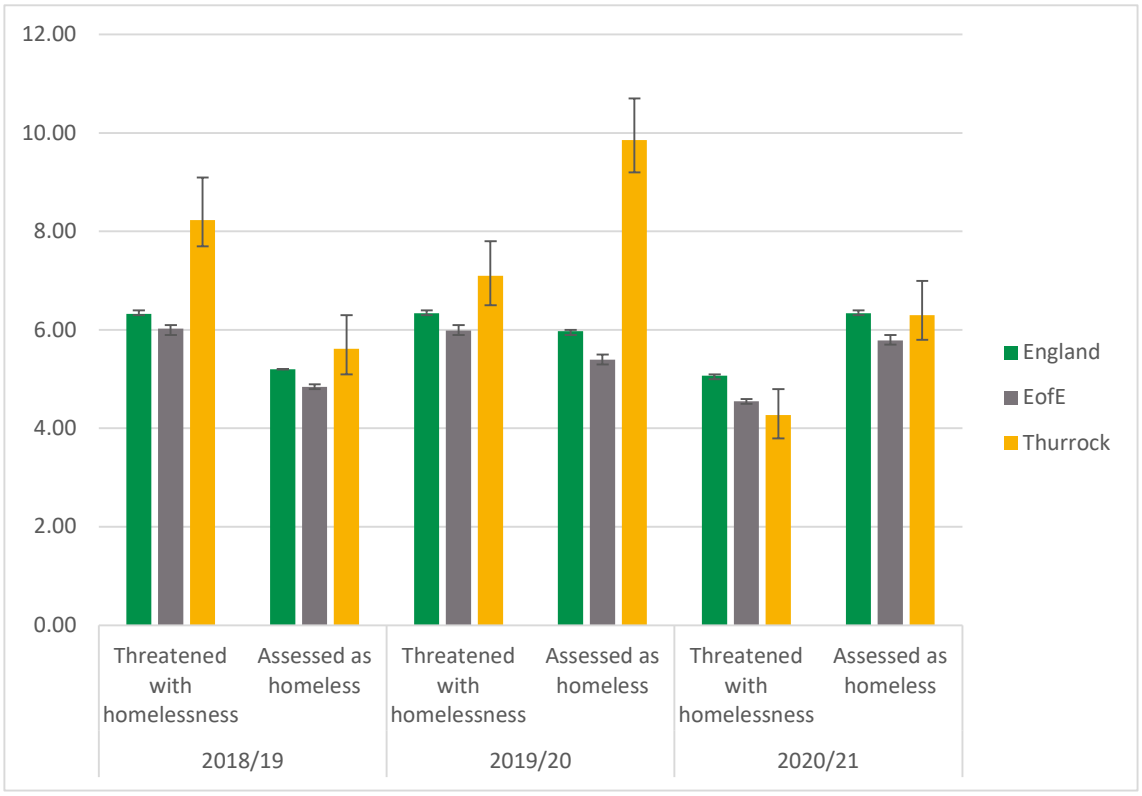


Source: Department for Levelling Up, Housing and Communities H-CLIC Homelessness returns (quarterly)

Figure 12 suggests that Thurrock had a statistically significantly higher rate of households in temporary accommodation than the East of England in both 2019/20 and 2020/21, but a lower rate than for England in both years, although this was only statistically significantly lower in 2019/20.

Figure 13 shows the rate of households per 1,000 households assessed as being homeless or threatened with homelessness for Thurrock, the East of England region and England for 2018/19, 2019/20 and 2020/21.

Figure 13: Rate (per 1,000 households) of households assessed as being homeless or threatened with homelessness, Thurrock compared to the East of England and England, 2018/19 to 2020/21



Source: Department for Levelling Up, Housing and Communities H-CLIC Homelessness returns (quarterly)

Figure 13 suggests that the rate of households threatened with homelessness in Thurrock declined from 2018/19 to 2019/20 and again in 2020/21. In 2018/19, the Thurrock rate was higher than both the East of England region and England rates, but by 2020/21 it had reduced to a rate lower than both the regional and national rates.

4.7 Employment

In a 2016 review of the impact of alcohol and illegal substance dependence on employment outcomes, Dame Carol Black noted that *"Alcohol misuse may also be a cause or a consequence of unemployment. It is certainly a predictor both of unemployment and of future job loss, but evidence also suggests that increased alcohol consumption may follow job loss."*[37]

Recent trends in the number and proportion of Thurrock residents, claiming Job Seeker's Allowance for over 12 months compared with the East of England and England are shown in Table 11 and Figure 14 below.

Table 11: Number of residents aged 16-64 claiming Job Seeker's Allowance for over 12 months in Thurrock, East of England and England in March 2020, March 2021, and March 2022

Residents claiming Job Seekers Allowance, all ages 16-64, for Thurrock, the East of England and England									
Sex	March 2020			March 2021			March 2022		
	Thurrock	EofE	England	Thurrock	EofE	England	Thurrock	EofE	England
Males	70	3,830	58,220	65	3,560	53,050	20	2,455	34,865
Females	60	2,450	35,570	70	2,355	33,155	30	1,565	21,155
Persons	**130**	**6,280**	**93,795**	**135**	**5,910**	**86,205**	**50**	**4,020**	**56,020**

Source: NOMIS Job Seekers Allowance claimants

Table 11 suggests that the number of Thurrock residents aged 16 – 64 claiming Job Seeker's Allowance for 12 months or longer declined sharply in March 2022 compared with March 2021 and March 2020. This reduction was also reflected in the regional and England figures for these months. In March 2020 and March 2021 there were more males than females claiming Job Seeker's Allowance for more than 12 months however, Table 12 beliw shows that in March 2022 there were fewer than 0.0% males claiming Job Seeker's Allowance for 12 months or longer.

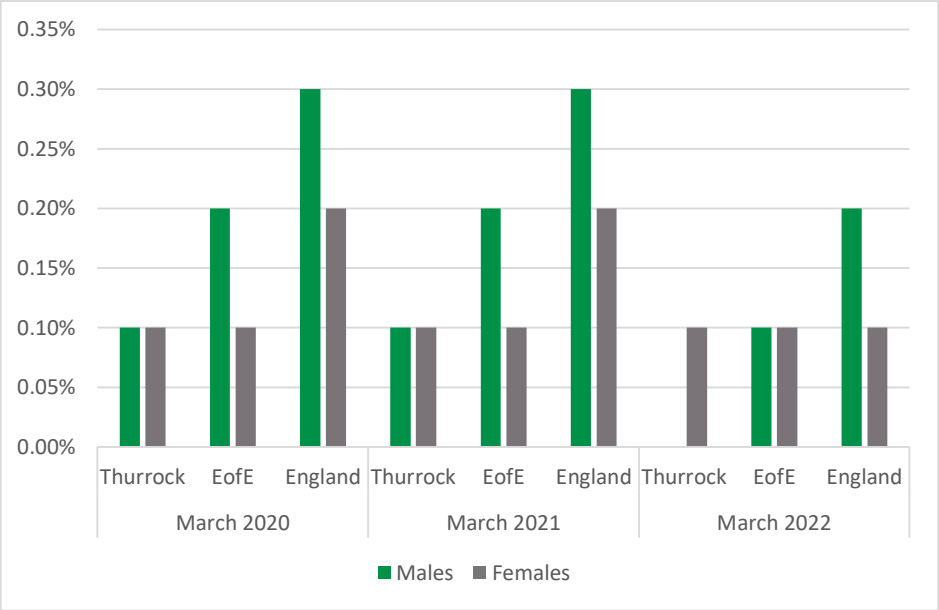
Table 12: Proportion of residents aged 16-64 claiming Job Seeker's Allowance for over 12 months in Thurrock, East of England and England in March 2020, March 2021, and March 2022

Percentage of residents claiming Job Seekers Allowance, all ages 16-64, for Thurrock, the East of England and England									
Sex	March 2020			March 2021			March 2022		
	Thurrock	EofE	England	Thurrock	EofE	England	Thurrock	EofE	England
Males	0.1%	0.2%	0.3%	0.1%	0.2%	0.3%	0.0%	0.1%	0.2%
Females	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%
Persons	**0.1%**	**0.2%**	**0.3%**	**0.1%**	**0.2%**	**0.2%**	**0.0%**	**0.1%**	**0.2%**

Source: NOMIS Job Seekers Allowance claimants

[37] Dame Carol Black. Independent review into the impact on employment outcomes of drug or alcohol addiction or obesity. 2016

Figure 14: Proportion of population aged 16-64 receiving Job Seeker's Allowance for more than 12 months in March each year for Thurrock, East of England, and England



Source: NOMIS Job Seekers Allowance claimants

Figure 14 shows that the proportion of the population aged 16-64 receiving Job Seeker's Allowance in March 2020, 2021, and 2022 in Thurrock compared to the East of England region and England. It shows that for Thurrock this was a stable proportion of about 0.1% for both males and females. England had a higher proportion in 2020 and 2021 particularly for males at around 0.3% of the population aged 16 – 64, although this reduced to about 0.2% in 2021.

Table 13 shows the number of Thurrock residents in receipt of unemployment related benefits (known as the 'Claimant Count') in March 2020, March 2021, and March 2022.

Table 13: Number of people in receipt of unemployment related benefits (claimant count) in March 2020, March 2021 and March 2022 in Thurrock, East of England, and England

Resident claimant count, all ages 16+, for Thurrock, the East of England and England									
Sex	March 2020			March 2021			March 2022		
	Thurrock	EofE	England	Thurrock	EofE	England	Thurrock	EofE	England
Male	1,820	50,780	618,990	4,310	121,160	1,348,400	2,525	74,845	878,100
Female	1,770	39,895	444,515	3,500	89,350	945,715	2,155	56,920	630,310
Persons	**3,585**	**90,675**	**1,063,50**	**7,810**	**210,510**	**2,294,110**	**4,680**	**131,765**	**1,508,410**

Source: NOMIS Claimant Count by age and sex

Table 13 shows that the number of people receiving unemployment related benefits in Thurrock more than doubled between March 2020 and March 2021, before declining sharply in March 2022. These trends are likely to have been impacted by the Covid-19 pandemic.

Table 14: Proportion of people in receipt of unemployment related benefits in March 2020, March 2021 and March 2022 in Thurrock, East of England, and England

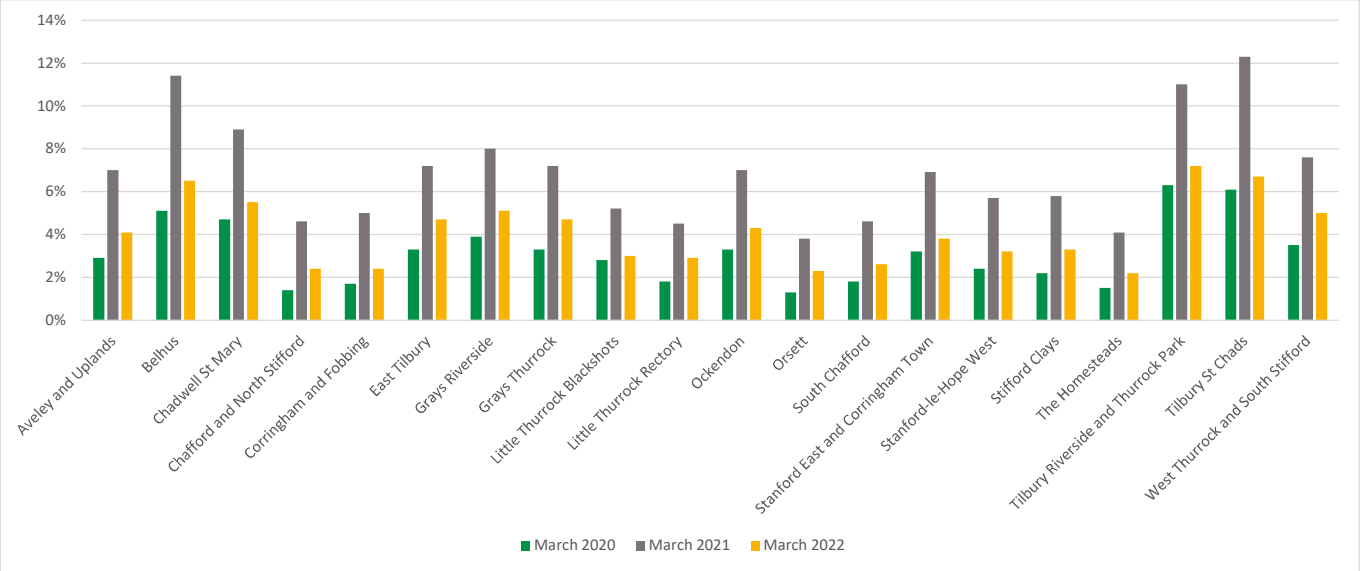
Resident claimant count percentage, all ages 16+, for Thurrock, the East of England and England									
Sex	March 2020			March 2021			March 2022		
	Thurrock	EofE	England	Thurrock	EofE	England	Thurrock	EofE	England
Males	3.3%	2.7%	3.5%	7.9%	6.4%	7.7%	4.6%	4.0%	5.0%
Females	3.2%	2.1%	2.5%	6.3%	4.7%	5.4%	3.9%	3.0%	3.6%
Persons	**3.3%**	**2.4%**	**3.0%**	**7.1%**	**5.5%**	**6.5%**	**4.2%**	**3.5%**	**4.3%**

Source: NOMIS Claimant Count by age and sex

Table 14 shows that in March 2020, at the time of the start of the Covid-19 pandemic, 3.3% of the Thurrock population aged 16 – 64 were in receipt of unemployment related benefits. There was relatively little difference between the proportion of males and females receiving such benefits at this time. In March 2021, the proportion receiving unemployment related benefits had increased to 7.1% and there was a greater difference between males and females (7.9% for males and 6.3% for females). In March 2022, the overall proportion of the Thurrock population receiving unemployment related benefits declined to 4.2%, with a reduced difference between males and females (4.6% males versus 3.9% females). These trends were broadly reflected in the regional and national figures for the East of England and England.

Figure 15 below shows the proportion of Thurrock residents receiving unemployment related benefit in each electoral ward in March 2020, March 2021, and March 2022.

Figure 15: Proportion of Thurrock residents receiving unemployment related benefits by ward, March 2020, March 2021, and March 2022



Source: NOMIS Claimant Count by electoral ward

Figure 15 suggests that the ward level data reflects the trends seen in Table 11 above, with the proportion of each ward's population receiving unemployment related benefits increasing in March 2021 compared to March 2020 and then decreasing in March 2022. Tilbury Riverside and Thurrock Park, Tilbury St Chads and Belhus wards consistently had the highest proportion of residents in receipt of unemployment related benefits.

4.8 Crime

Crime and substance misuse are known to be closely associated and substance misuse disorders are common in criminal justice settings[38]. Specific types of crime have been linked to particular types of substance misuse. People using alcohol compared to other substances are more likely to commit assault, and those committing burglary were more likely to using opiates than other substances. Generally, the pharmacological effect of substance misuse is to reduce inhibitions, increase confidence and impair judgement in relation to criminal activity[38].

Table 15 shows the total crime rate per 1,000 population for police recorded crime for Thurrock, the East of England region and England overall between 2015/16 and 2020/21.

[38] Bennett T, Holloway K. The causal connection between drug misuse and crime. *Br J Criminol.* 2009;49:513–531

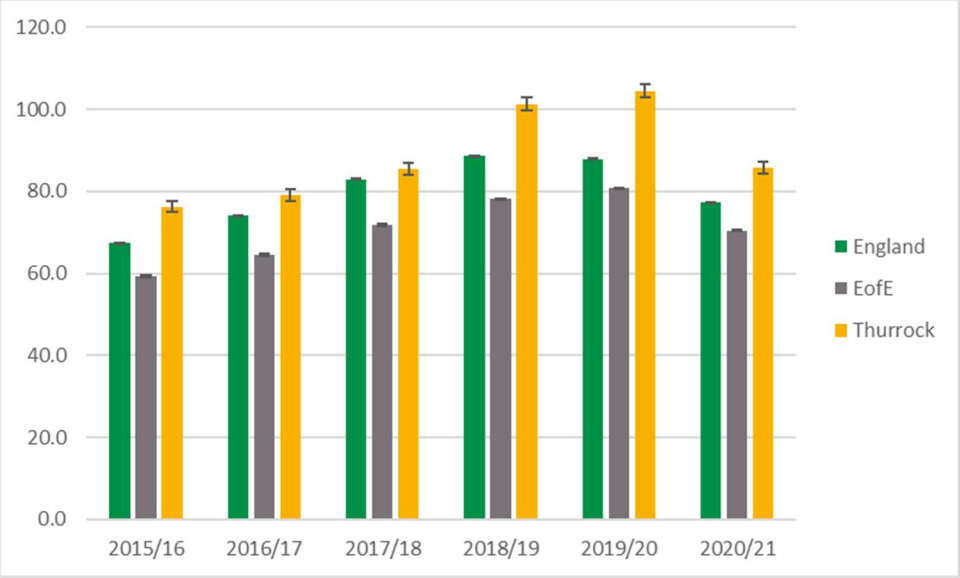
Table 15: Total crime (excluding fraud) rates per 1,000 population for Thurrock, East of England (EofE) and England

Rate of Total Crime (excluding fraud) per 1,000, for Thurrock, the East of England (EofE) and England						
Area	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
England	67.3	74.1	83	88.7	87.9	77.2
EofE	59.3	64.5	71.8	78.1	80.7	70.4
Thurrock	76.2	79	85.6	101.3	104.4	85.8

Source: Home Office - Police recorded crime

Table 15 shows that Thurrock had a higher overall crime rate than both the East of England region and England in all six years from 2015/16 to 2020/21. The total crime rate in Thurrock increased from 76.2 per 1,000 population in 2015/16 to 104.4 per 1,000 population in 2019/20 or by 37%. However, in common with both the East of England and England, the total crime rate in Thurrock dropped sharply to 85.8 per 1,000 population in 2020/21, perhaps in part due to the impact of the Covid-19 pandemic.

Figure 16: Total crime (excluding fraud) rates per 1,000 population for Thurrock, East of England, and England



Source: Home Office - Police recorded crime

Figure 16 shows that total crime recorded by the police was statistically significantly higher in Thurrock than in both the East of England region and England in 2018/19, 2019/20 and 2020/21.

4.8.1 Burglary and crime against the person

Table 16 shows the number of violence against the person offences, residential burglary offences and drug offences per 1,000 population for Thurrock, the East of England region and England from 2014/15 to 2020/21.

Table 16: Rates per 1,000 population for violence against the person, residential burglary and drug offences for Thurrock, East of England, and England, 2014/15 to 2020/21

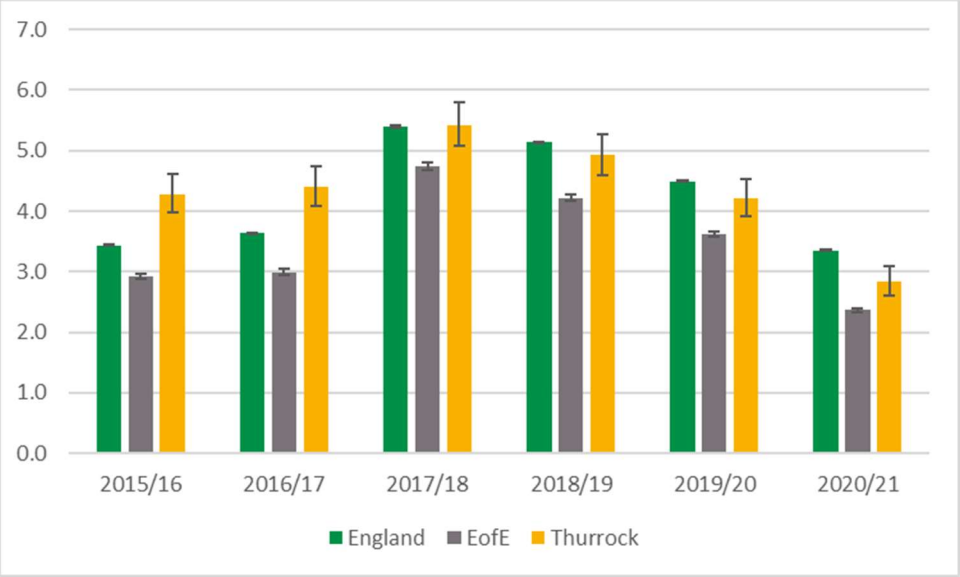
Rate of Crime per 1,000 people, for Thurrock, the East of England and England							
Category of Offence	Area	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Violence Against the Person	England	17.2	20	23.7	28.2	29.5	29.8
	EofE	15.6	17.8	21	25.5	28.5	28.8
	Thurrock	18.6	19.8	23.4	33.4	38.2	35.5
Residential Burglary	England	3.4	3.6	5.4	5.1	4.5	3.4
	EofE	2.9	3	4.7	4.2	3.6	2.4
	Thurrock	4.3	4.4	5.4	4.9	4.2	2.8
Drug Offences	England	2.5	2.3	2.3	2.5	3.1	3.4
	EofE	2.0	2.0	2.0	2.2	2.7	3.0
	Thurrock	1.8	2.0	2.1	2.6	2.9	3.0

Source: Home Office - Police recorded crime

Table 16 indicates that Thurrock has generally had higher rates of violence against the person than both England and the East of England region, with rates having increased from 18.6 per 1,000 population in 2015/16 to 38.2 per 1,000 population in 2019/20. For residential burglary rates for Thurrock have been consistently higher than for the East of England region, but lower than for England in 2018/19, 2019/20 and 2020/21. For drug offences rates in Thurrock have been lower than for England in every year apart from 2018/19, when they were slightly higher than the England average. Compared to the East of England region, Thurrock has had the same or slightly higher rates since 2015/16.

Figure 17 shows the rate per 1,000 population for police recorded burglary offences in Thurrock, the East of England region and England for 2015/16 to 2020/21.

Figure 17: Rates per 1,000 for residential burglary offences, Thurrock compared to East of England and England, 2015/16 to 2020/21

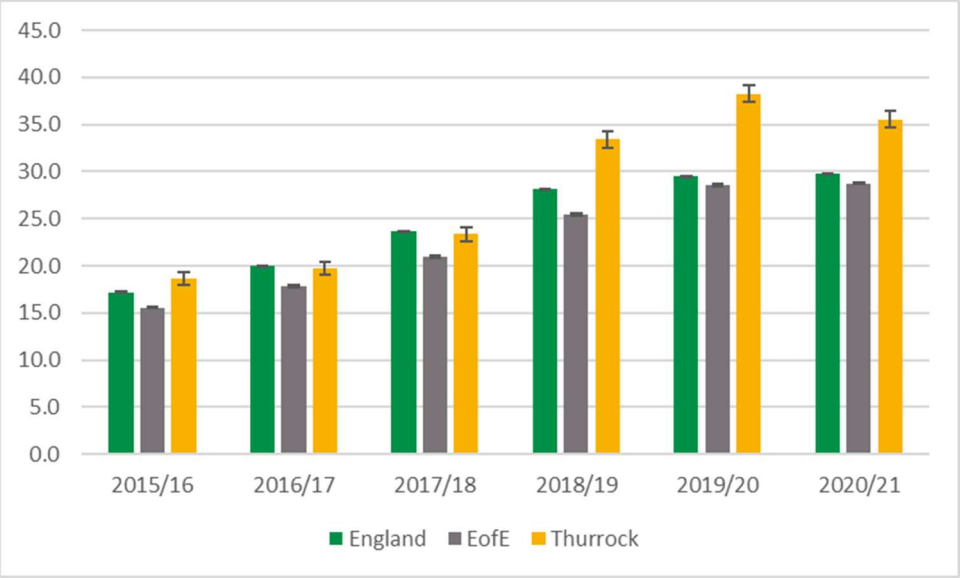


Source: Home Office - Police recorded crime

Figure 17 shows that in 2015/16 and 2016/17, Thurrock had a higher rate of recorded burglary offences than both the East of England region and England. However, from 2018/19 to 2020/21, the rate of burglary offences in Thurrock has remained higher than the East of England region rate but has been lower than the England rate.

Figure 18 shows the rate per 1,000 population of police recorded violence against the person offences in Thurrock, the East of England region and England from 2015/16 to 2020/21.

Figure 18: Rates per 1,000 for violence against the person offences, Thurrock compared to East of England and England, 2015/16 to 2020/21



Source: Home Office - Police recorded crime

Figure 18 shows that rates of violence against the person per 1,000 population increased in Thurrock year on year between 2015/16 and 2019/20, before declining in 2020/21. The rate of violence against the person offences was higher in Thurrock than for both the East of England region and England in every year except for 2016/17 and 2017/18, when the Thurrock rate was higher than that of the East of England region but marginally lower than for England.

4.8.2 Domestic violence

Substance misuse features in around half of all UK domestic homicides and since 2011 substance use has been detected more than four times as often in perpetrators compared to those who have been killed by them[39,40]. Up to 60% of men in domestic violence perpetrator programmes have problems with alcohol and/or drugs[41].

Table 17 shows the rate of domestic abuse related incidents and crimes[42] recorded by the police for Thurrock, the East of England region and England. These data are calculated by allocating local authorities the crude rate per 1,000 population of the Police Force Area (PFA) in which they sit. Therefore, the figures for Thurrock local authority reflect the extent and trends of domestic abuse related incidents and crimes recorded by Essex Police across the whole PFA not just in Thurrock.

Table 17: Rate per 1,000 population (aged 16+) of domestic abuse related incidents and crimes, for Thurrock, East of England, and England

[39] Gadd D, Hendersen J Radcliffe P, Stephens-Lewis D, Johnson A, Gilchrist G 2019 The dynamics of domestic abuse and drug and alcohol dependency Brit Criminol vol 59 1035-1053

[40] Domestic Homicide Reviews https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

[41] Home Office Doestic abuse: Draft Statutory Guidance framework 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896640/Draft_statutory_guidance_July_2020.pdf

[42] Domestic abuse-related offences and incidents recorded by the police in those aged 16 or over. Domestic abuse related offences and incidents are defined as threatening behaviour, violence, or abuse (psychological, physical, sexual, financial, or emotional) between adults, aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality.

Rate per 1,000 people of domestic abuse related crime, for Thurrock, East of England, and England						
Area	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
England	23.9	24.4	25.5	27.8	28.6	30.3
EofE	20.5	21.4	23.6	24.5	26.3	26.9
Thurrock/Essex PFA	21.3	21.6	23.6	28.1	29.1	28

Source: Office for Health Improvement and Disparities (OHID) developed from ONS Domestic abuse prevalence and victim characteristics

Table 17 shows that rate of recorded domestic abuse incidents and crimes in the Thurrock/Essex PFA area increased each year between 2015/16 and 2019/20 before declining slightly in 2020/21. The Thurrock/Essex PFA rate was below that of England in 2015/16 to 2017/18 inclusive but was higher than the England rate in 2018/19 and 2019/20. The Thurrock/Essex PFA rate has been consistently higher than the East of England region rate each year apart from in 2017/18, when it was the same.

Table 18 shows the number and proportion of children in need assessments where domestic violence was noted as a factor. Children in need assessments are undertaken for any child who has been referred to children's social care services with a request that services be provided. A child in need is a child that is unlikely to reach their potential without intervention from services available from the local authority. Domestic violence in the household is one of the factors that Social Services consider when deciding whether a child needs their support. The domestic violence can involve the child directly or other members of the household.

Table 18: Number and proportion of Children in Need assessments highlighting domestic violence in the household as a factor for Thurrock, 2018 to 2021

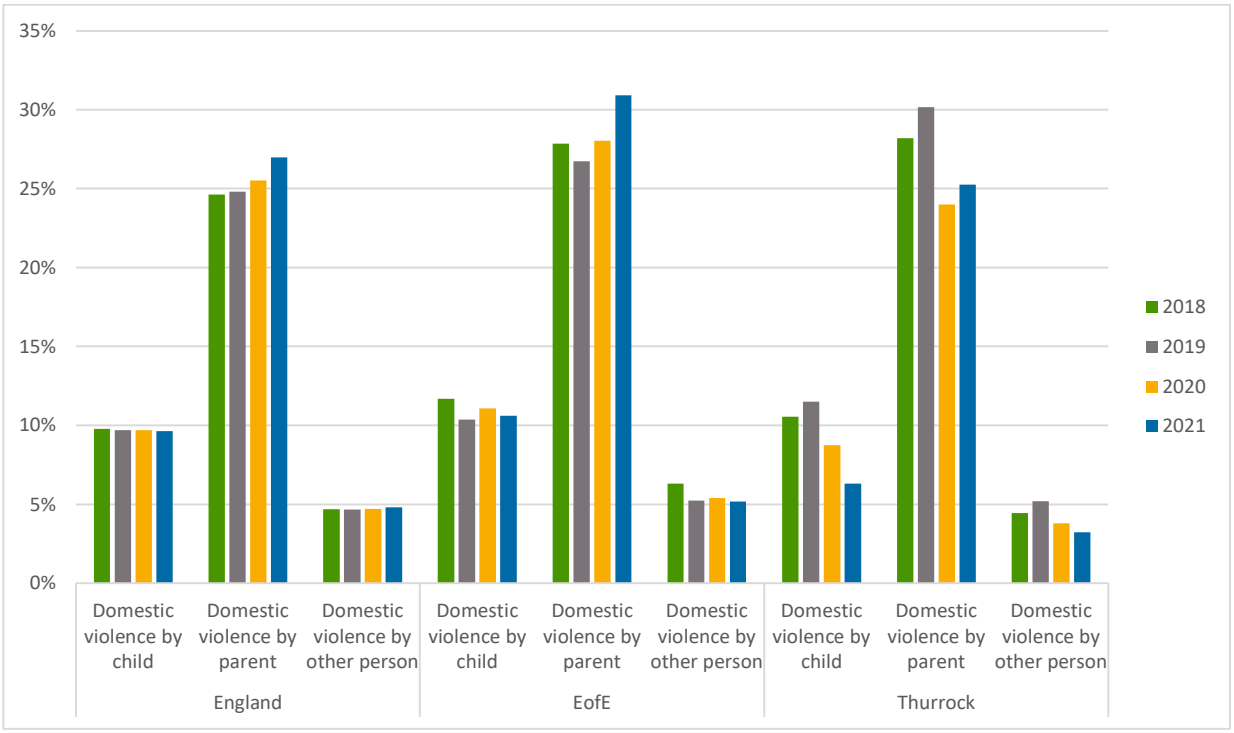
Year	Number			Percentage		
	Domestic violence by child	Domestic violence by parent	Domestic violence by other person	Domestic violence by child	Domestic violence by parent	Domestic violence by other person
2018	214	572	90	10.6%	28.2%	4.4%
2019	366	960	165	11.5%	30.2%	5.2%
2020	352	965	153	8.8%	24.0%	3.8%
2021	266	1,063	136	6.3%	25.3%	3.2%

Source: Department for Education. Children in Need Statistics. Characteristics of Children in Need, 2020/21

Table 18 shows that the most common category of domestic violence recorded during children in need assessments was domestic violence by a parent. The number of assessments where domestic violence by a parent was noted as a factor increased year on year between 2018 and 2021 and increased from 572 assessments in 2018 to 1,063 assessments in 2021. However, as a proportion of the total number of assessments carried out, domestic violence by a parent was noted as a factor in 25.3% of assessments in 2021 compared to 28.2% of assessments in 2018. This is because the total number of assessments carried out each year increased significantly between 2018 and 2021, increasing from 2,028 in 2018 to 4,209 in 2021. The number of assessments noting domestic violence by the child or by another person in the household have both declined since 2019.

Figure 19 shows how the proportion of children in need assessments noting domestic violence as a factor in Thurrock compare to both the East of England region and England in the period 2018 to 2021.

Figure 19: proportion of Children in Need assessments highlighting domestic violence in the household as a factor for Thurrock, 2018 to 2021



Source: Department for Education. Children in Need Statistics. Characteristics of Children in Need, 2020/21

Figure 19 shows that the proportion of assessments noting domestic violence by a parent in Thurrock was similar to the East of England region and England at between 25% and 30%. The proportion of assessments noting domestic violence by a parent was higher than England in 2018 and 2019 but lower in 2020 and 2021.

4.9 Children and Young People

There are a range of factors linked to the likelihood that children and young people will misuse drugs and alcohol; and this can continue and be problematic into adulthood. This includes children and young people drawn into crime, those who are in the care system and those who experience hidden harm.

Amongst school-aged pupils truancy, substance misuse, crime and anti-social behaviour tend to cluster together. For example, early alcohol use not only increases the risk of subsequent criminal activity but is also associated with cannabis use, truancy, and disengagement from school[43] . One study reported that 41% of young offenders report that they had been drinking at the time of their offence[44]

Table 19 below shows the number of proven offences committed by children in Thurrock by type of offence from 2013/14 to 2020/21.

[43] Young People's Alcohol Consumption DfE 2010
[44] Alcohol Concern 2016 Alcohol in the System: An examination of alcohol and youth offending in London https://www.trustforlondon.org.uk/publications/alcohol-system-examination-alcohol-and-youth-offending-london/

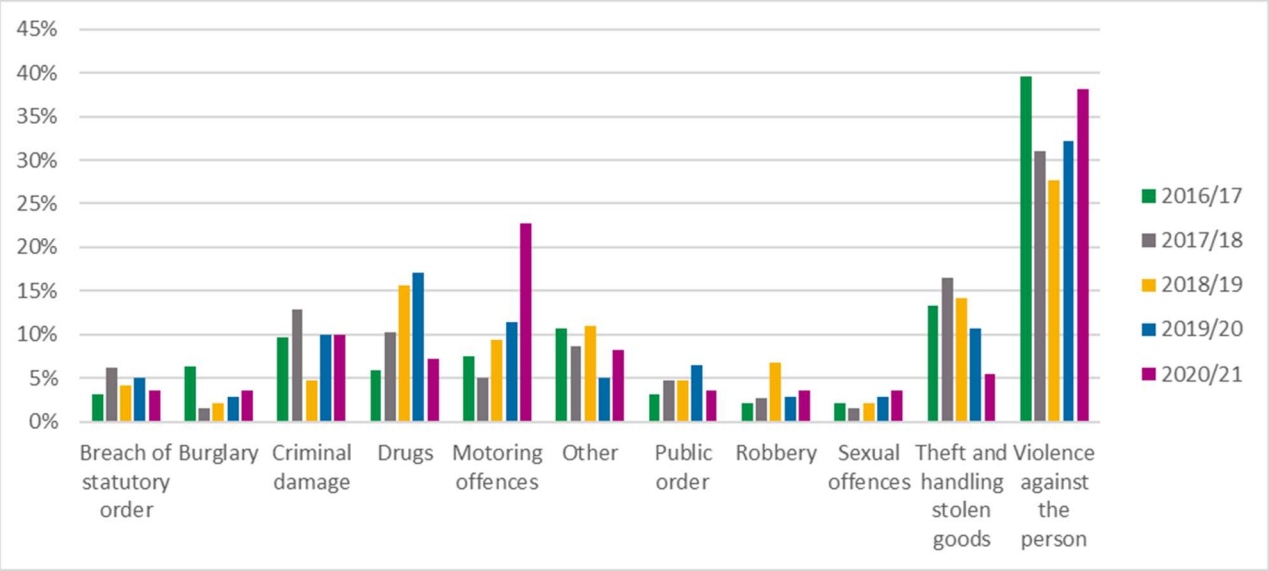
Table 19: Number of proven offences committed by children resident in Thurrock by offence category, 2013/14 to 2020/21

Total number of proven offences committed by children by category of offence, all Thurrock								
Offence Group	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Breach of statutory order	8	15	10	<5	16	8	7	<5
Burglary	15	8	12	12	<5	<5	<5	<5
Criminal damage	16	23	27	18	33	9	14	11
Drugs	18	9	10	11	26	30	24	8
Motoring offences	<5	7	14	14	13	18	16	25
Other	17	23	16	20	22	21	7	9
Public order	8	17	<5	<5	12	9	9	<5
Robbery	10	5	6	<5	7	13	<5	<5
Sexual offences	<5	9	<5	0	<5	<5	0	0
Theft and handling stolen goods	47	42	15	25	42	27	15	6
Violence against the person	48	46	56	74	79	53	45	42
Total	**194**	**204**	**173**	**187**	**255**	**191**	**140**	**110**

Source: Youth Justice Board for England and Wales. Youth justice annual statistics for 2020 to 2021 for England and Wales

Table 19 suggest that the number of offences proven to have been committed by children in Thurrock declined from 255 in 2017/18 to 110 in 2020/21. Violence against the person offences was the offence category with the highest number of offences committed by children in each year from 2013/14 to 2020/21. Theft and handing of stolen goods offences committed by children declined to 6 in 2021, from 47 in 2013/14 and 42 in 2017/18 and 2014/15. Drugs offences were also lower in 2020/21 than in the immediately preceding years.

Figure 20: Percentage of proven offences committed by children resident in Thurrock by offence category, 2013/14 to 2020/21



Source: Youth Justice Board for England and Wales. Youth justice annual statistics for 2020 to 2021 for England and Wales

Figure 20 shows that violence against the person offences accounted for the largest proportion of crimes committed by children and young people in Thurrock each year from 2016/17 to 2020/21. There appears to have been a spike in motoring offences in 2020/21 which resulted in the proportion of motoring offences within total recorded crime for children and young people

roughly doubling compared with the previous year. Note that any numbers less than 5 in the chart above have been treated as 4's to reduce the risk of identification of individuals.

Tables 20 and 21 show the number of children resident in Thurrock aged 10-17 that were cautioned or sentenced from 2013/14 to 2020/21 by age group (Table 20) and gender (Table 21).

Table 20: Number of children resident in Thurrock cautioned or sentenced by age band, 2013/14 to 2020/21

Total number of children cautioned or sentenced by age band, all Thurrock								
Age Band	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
10-14	22	22	18	22	24	19	11	12
15-17	92	72	65	54	79	61	51	40
Total	**114**	**94**	**83**	**76**	**103**	**80**	**62**	**52**

Source: Youth Justice Board for England and Wales. Youth justice annual statistics for 2020 to 2021 for England and Wales

Table 21: Number of children resident in Thurrock cautioned or sentenced by gender, 2013/14 to 2020/21

Total number of children cautioned or sentenced by gender, all Thurrock								
Age Band	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Male	93	82	70	61	91	68	55	45
Female	21	12	13	15	12	12	7	7
Persons	**114**	**94**	**83**	**76**	**103**	**80**	**62**	**52**

Source: Youth Justice Board for England and Wales. Youth justice annual statistics for 2020 to 2021 for England and Wales

Tables 20 and 21 show that the number of children in Thurrock cautioned or sentenced has reduced from 114 in 2013/14 to 52 in 2020/21. Figures for 2020/21 may have been influenced by the Covid-19 pandemic, but there had been a reducing trend in the years immediately prior to the pandemic. Most children cautioned or sentenced each year in Thurrock were from the 15 -17-year-old age group. The vast majority were also male, with only 7 females aged 10- 17 being cautioned or sentenced in both 2019/20 and 2020/21.

4.9.1 Looked after children

Looked after children are children in the care of a local authority. Young people in care aged 11–19 years have a four-fold increased risk of drug and alcohol use compared to their peers[45]. A national survey of care leavers in England showed that 32% smoked cannabis daily and data from 2012 showed that 11.3% of young people in care aged 16–19 years had a diagnosed substance use problem[46,47].

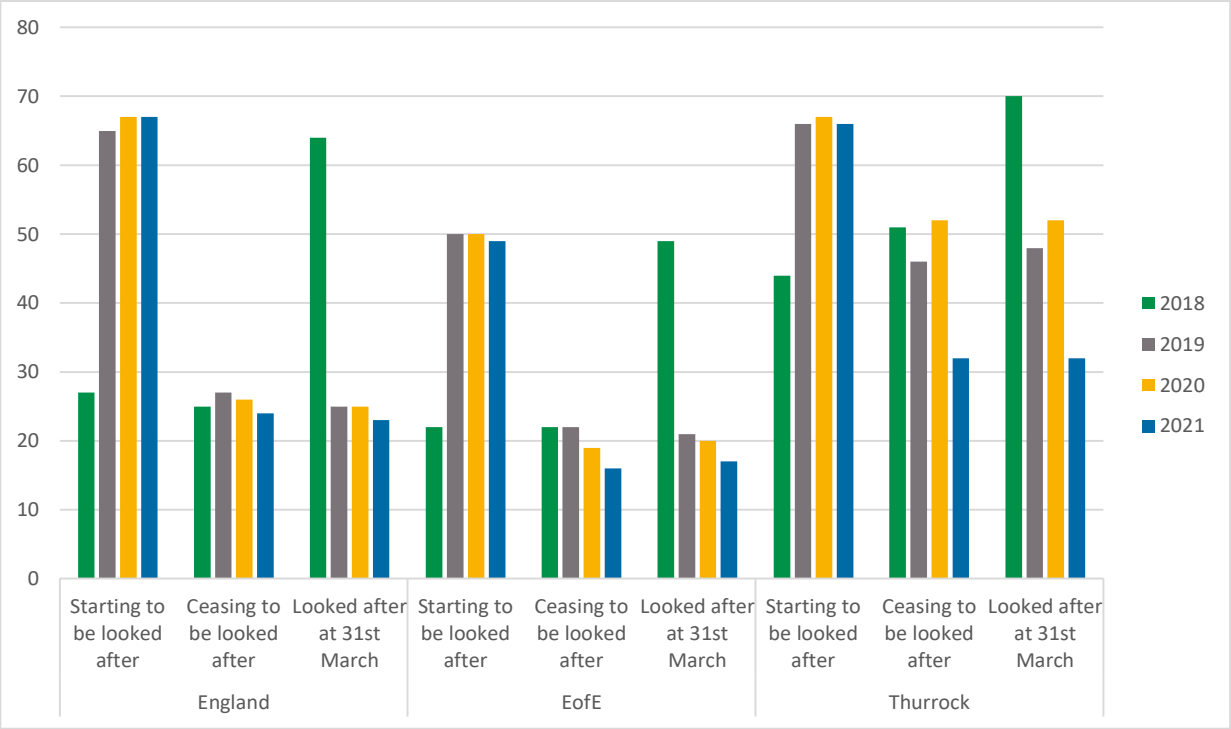
Figure 21 below shows the number of children per 10,000 child population (aged 0 – 17) starting and ceasing to be looked after each year from 2018 to 2021 in Thurrock the East of England region and England. It also shows the number of looked after children in each area on 31st March each year expressed as a rate per 10,000 child population.

[45] Alderson H, Kaner E, McColl E, Howel D, Fouweather T, McGovern R, et al. (2020) A pilot feasibility randomised controlled trial of two behaviour change interventions compared to usual care to reduce substance misuse in looked after children and care leavers aged 12-20 years: The SOLID study. PLoS ONE 15(9): e0238286. https://doi.org/10.1371/journal.pone.0238286

[46] Meltzer H. The mental health of young people looked after by local authorities in England. London: H.M.S.O.; 2003

[47] Blyth L. Outcomes for Children Looked After by Local Authorities in England, as of 31 March 2012. Office of National Statistics; 2012.

Figure 21: Rate per 10,000 population of looked after children in Thurrock, East of England, and England 2018 to 2021



Source: Department for Education. Children looked after in England including adoptions: 2020 to 2021 (SSDA903)

Figure 21 suggests that Thurrock had similar rates of children starting to be looked after to the England average in 2019, 2020 and 2021, but a higher rate than England in 2018. Thurrock's rates were higher than the East of England region in all four years. For children ceasing to be looked after, Thurrock had higher rates than both the England and East of England averages in all four years. In terms of the rate of looked after children per 10,000 on 31st March each year, the highest rates were seen in 2018 for Thurrock, the East of England and England.

Table 22 shows that number of looked after children placed within Thurrock by other local authorities and the number of children placed in other local authorities by Thurrock Council on 31st March 2018, 2019, 2020 and 2021.

Table 22: Number of children starting and ceasing to be looked after and total looked after on 31st March 2018 to 2021

Total number of Looked After Children who were looked after on March 31st by local authority of placement and net gain, for Thurrock				
Characteristic	Year			
	2018	2019	2020	2021
Children who are the responsibility of other LAs in Thurrock LA	91	88	98	110
Children who are Thurrock LA responsibility placed outside the LA	176	170	194	197
Net gain of children by responsible LA	-85	-82	-96	-87

Source: Department for Education. Children looked after in England including adoptions: 2020 to 2021 (SSDA903)

Table 22 shows that Thurrock Council has consistently placed more looked after children in other local authorities than it is has taken in children from other local authorities. The net difference between the number of children accepted into Thurrock from other local authorities and the number of children placed by Thurrock Council in other local authorities varied from 82 to 97 per year from 2018 to 2020.

5 Epidemiology of Drug and Alcohol Misuse in Thurrock

Summary of Drugs and Alcohol Misuse Epidemiology in Thurrock

National government and local key performance data typically categorise the misuse of drugs and/or alcohol into four substance groups, these are

- Alcohol only
- Non-opiate and alcohol
- Opiate only and
- Non-opiate only

Non opiate drugs include cannabis, cocaine, crack cocaine, MDMA, ketamine, amphetamines steroids and novel psychoactive substances such as spice. Opiate drugs include heroin, and a range of medications available on prescription such as codeine, fentanyl, and morphine. Published research data may group drug and alcohol misuse in different combinations.

Prevalence

- Based on 2016/17 estimates there are around 4.3 opiate users per 1,000 aged 16 to 64 years in Thurrock compared to the significantly higher England average of 7.4 per 1,000
- There are similar rates of crack cocaine users (4 to 5 per 1,000) in people aged 16 to 64 years in England and Thurrock
- When applied to 2021 populations these prevalence rates equate to 493 people using opiates and 450 people using crack cocaine in Thurrock
- There were an estimated 1,600 adults with an alcohol dependency in Thurrock in 2018/19 at a rate of about 1.2 per 100 residents
- The proportion of people abstaining from drinking and those drinking over 14 units of alcohol per week were both significantly lower for Thurrock than England
- Estimates of unmet need in Thurrock suggest that 79.2% of people using opiates are not currently being supported to reduce or stop this type of drug use. For non-opiates this is 69.2%, for alcohol this is 82.2% and for combined non opiate and alcohol this is 90.4% Rates of unmet need in England are considerably lower than in Thurrock

Mortality

- Rates of death due to drug poisoning between 2018 to 2020 are half that in Thurrock (3.2 per 100,000) compared to East of England (6.4 per 100,000) and England (7.6 per 100,000)
- Alcohol related mortality was lower in Thurrock (27.1 per 100,000) compared to East of England (32.4 per 100,000) and England (37.8 per 100,000) but these differences are not significantly different
- In 2017-19 alcohol specific mortality in Thurrock (7.2 per 100,000) was significantly lower than in England (10.9 per 100,000) but not East of England (8.2 per 100,000)

Service use

- Most commonly people were in specialist treatment in 2020/21 in Thurrock for opiate misuse (43%), similar to the proportions in England (47%) and East of England (41%).
- The second most common reason for treatment in specialist services was alcohol misuse (around 25% for Thurrock, England, and East of England)
- Since 2015/16 the number of people in treatment has decreased from 715 to 330, and new referrals have decreased from 430 in 2015/16 to 170 in 2020/21

- Around two thirds of people in treatment are male and one third female
- Around 90% of people in treatment are White, 3% are Asian/Asian British people and 3% are Black African/Caribbean/Black British. This is an under representation of Black people who make up around 7.8% of the Thurrock population

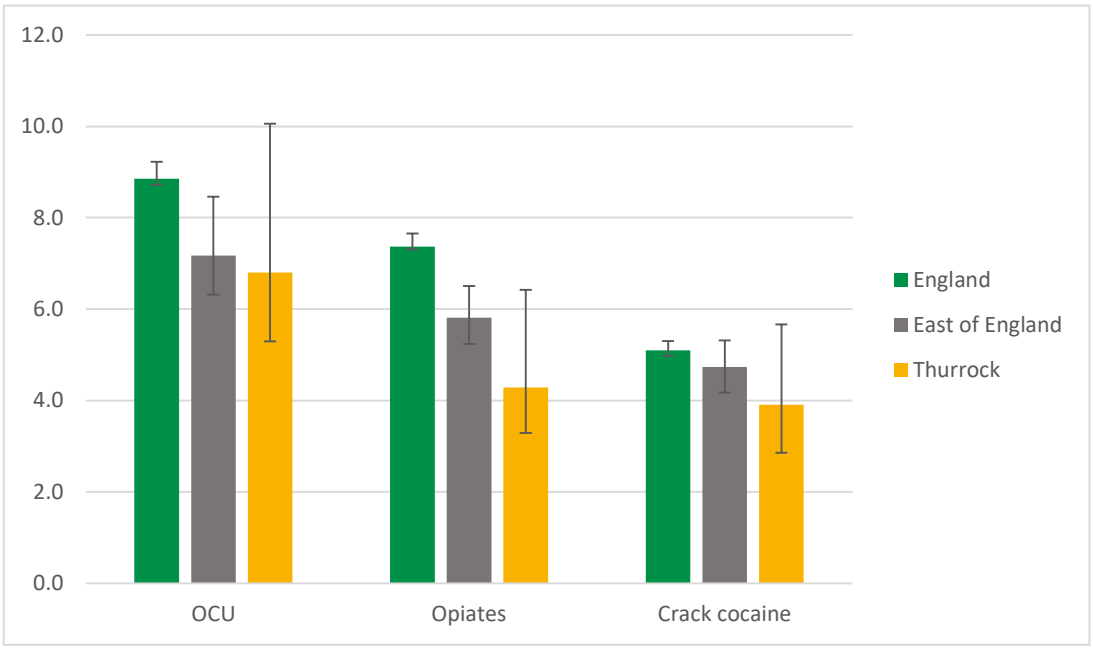
5.1 Drugs and Alcohol Misuse

National government and local key performance data typically categorise the misuse of drugs and/or alcohol into four substance groups, these are alcohol only; non opiate and alcohol; opiate only and non-opiate only. Non opiate drugs include cannabis, cocaine, crack cocaine, MDMA, ketamine, amphetamines, steroids, and novel psychoactive substances such as spice. Opiate drugs include heroin, and a range of medications available on prescription such as codeine, fentanyl, and morphine. Published research data may group drug and alcohol misuse in different combinations.

5.1.1 Prevalence of drug misuse

Figure 22 shows the estimated prevalence rates per 1,000 population aged 15 – 64 for opiate and/or crack cocaine users (OCUs[48]), opiate users and crack cocaine users in Thurrock, the East of England and England in 2016/17. These prevalence estimates were produced by the Public Health Institute within Liverpool John Moores University in 2019.

Figure 22: Estimated rates per 1,000 population aged 15 to 64 of OCU, opiate and crack cocaine users in Thurrock, the East of England and England in 2016-17



Source: Public Health Institute, Liverpool John Moores University. Estimates of the prevalence of opiate use and/or crack cocaine use (2016-17)

Figure 22 suggests that Thurrock had lower rates of OCUs, opiate and crack cocaine users than both the East of England region and England. However, none of these differences were statistically significant, except for opiate users, where Thurrock had a rate per 1,000 population nearly half of the England rate (4.3 per 1,000 vs 7.4 per 1,000).

[48] Note: 'OCU' refers to use of opiates and/or crack cocaine. It does not include the use of cocaine in a powder form, amphetamine, ecstasy, or cannabis. Although many opiate and/or crack users also use these drugs it is very difficult to identify exclusive users of these drugs from the available data sources.

Table 23 shows the estimated number of opiate and/or crack cocaine users in Thurrock, the East of England and England in 2016/17, based on the population rates from Figure 22.

Table 23: Estimated number of opiate and crack cocaine users (OCUs) aged 16 - 64 in Thurrock, East of England, and England in 2016/17

Area	OCU	OCU Range	Opiates	Opiate Range	Crack Cocaine	Crack Cocaine Range
Thurrock	742	578 – 1,098	468	359 – 701	427	311 - 618
EofE	27,509	24,249 - 32,475	22,308	20,099 - 24963	18,170	16,033 - 20,400
England	313,971	309,242 - 327,196	261,294	25,9018 - 27,1403	180,748	176,583 -188,066

Source: Public Health Institute, Liverpool John Moores University. Estimates of the prevalence of opiate use and/or crack cocaine use (2016-17)

Table 23 suggests that there were an estimated 742 opiate and/or crack cocaine users in Thurrock in 2016/17, of whom 468 used opiates alone or in combination with crack cocaine and 427 used crack cocaine alone or in combination with opiates.

Table 24 shows the prevalence estimates used to create the 2016/17 numbers of OCUs applied to the 2021 Census populations for Thurrock, the East of England region and England.

Table 24: Estimated number of opiate and crack cocaine users (OCUs) aged 16 - 64 in Thurrock, East of England, and England in 2021, based on 2016/17 prevalence rates

Area	OCU	OCU Range	Opiates	Opiate Range	Crack Cocaine	Crack Cocaine Range
Thurrock	781	609 – 1,156	493	378 – 738	450	327 – 651
EofE	28,500	25,122 – 33,645	23,111	20,823 – 25,862	18,824	16,660 – 21,135
England	320,985	316,151 – 334,506	267,131	264,805 – 277,466	184,786	180,528 – 192,267

Source: Public Health Institute, Liverpool John Moores University. Estimates of the prevalence of opiate use and/or crack cocaine use (2016-17) and 2021 Census

Table 24 shows that applying the 2021 Census populations aged 15 – 64 to the 2016/17 prevalence estimates suggests that the number of OCUs in Thurrock may have increased to an estimated 781 of which 493 use opiates alone or in combination with crack cocaine and 450 use crack cocaine alone or in combination with opiates.

Cannabis is one of the most commonly used drugs and in the most recent survey in England and Wales[49], 7.6% of adults said that they had used cannabis in the last year, the highest proportion since 2008/09. In 2018/19, cannabis use in the last year among 16- to 24-year-olds was 17%, its highest point for a decade. If this rate is applied to the Thurrock population this would equate to around 10,000 adults and around 3,400 young people aged 16 to 24 using cannabis at least once in the past year. However, this doesn't give an indication about the frequency of cannabis use by individuals and it is unclear from these figures how many people would benefit from treatment services compared to the benefits of a wider harm minimisation approach across the population of Thurrock.

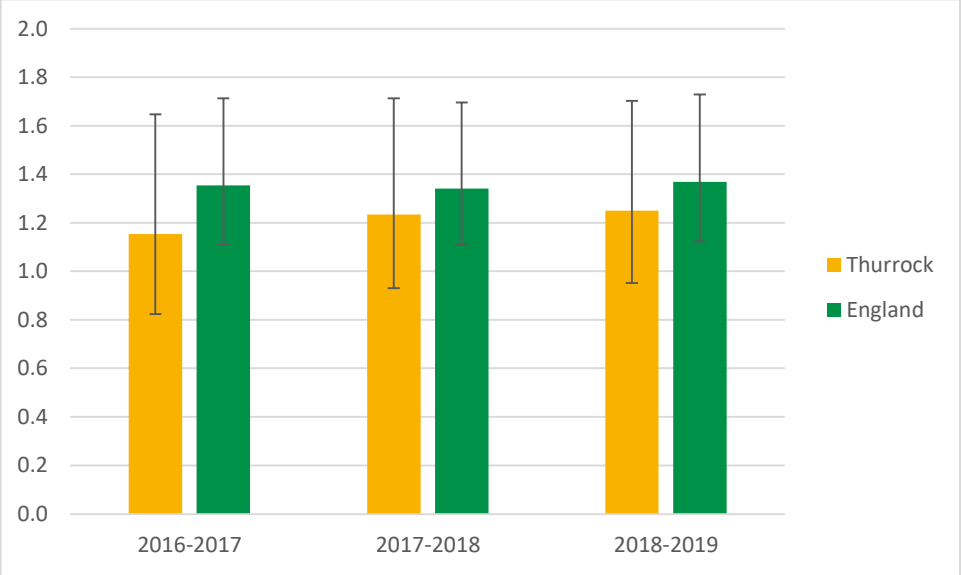
5.1.2 Prevalence of alcohol misuse

Figure 23 shows the rate per 100 adults with alcohol dependency potentially in need of specialist treatment for Thurrock and England in 2016/17, 2017/18 and 2018/19. These rates are

[49] Drug misuse: findings from the 2018 to 2019 CSEW - GOV.UK (www.gov.uk)

prevalence estimates produced by the University of Sheffield in 2017[50], and are based on data taken from the 2014 Adult Psychiatric Morbidity Survey[51].

Figure 23: Rate per 100 of adults with alcohol dependency in Thurrock compared to England, 2016-17 to 2018/19



Source: University of Sheffield. Estimates of the number of adults in England with an alcohol dependency potentially in need of specialist treatment

Figure 23 suggests that Thurrock had lower rates of alcohol dependency potentially in need of specialist treatment than England in all three years, although none of these differences are statistically significant at the 95% Confidence Levels. The Thurrock rates imply that there were an estimated 1,600 adults aged 18 and over with an alcohol dependency potentially requiring specialist treatment in 2018/19. This number had increased from an estimated 1,450 in 2016/17.

Table 25 shows the estimated percentage of adults in Thurrock and England who abstain from alcohol and the estimated percentage that drink 14 or more units of alcohol per week. The data are a weighted estimate taken from the Health Survey for England 2015-2018. Guidance issued by the Chief Medical Officer in 2016[52] advised that in order to keep to a low level of risk of alcohol-related harm, adults should not regularly drink more than 14 units of alcohol a week.

Table 25: Patterns of alcohol consumption for Thurrock and England, 2015-18 weighted estimate

Indicator	Thurrock (%)	Lower 95% CI	Upper 95% CI	England (%)	Lower 95% CI	Upper 95% CI
Adults who abstain from alcohol	7	3.6	13.0	16	15.8	16.6
Adults drinking over 14 units of alcohol a week	11.6	6	21.6	23	22.4	23.3

Source: Adults Alcohol Commissioning Support Pack 2022/23

CI – confidence interval

[50] Alcohol dependence prevalence in England - GOV.UK (www.gov.uk)
[51] Adult Psychiatric Morbidity Survey: Mental Health and Wellbeing, England, 2014 - GOV.UK (www.gov.uk)
[52] UK Chief Medical Officers' Alcohol Guidelines Review: Summary of the proposed new guidelines - January 2016 (publishing.service.gov.uk)

Table 25 shows that Thurrock had both a lower proportion of the adult population that abstained from drinking alcohol and drank more than 14 units per week than England. The 95% statistical confidence intervals suggest that both these differences are statistically significant.

5.1.3 Unmet need

The table below shows the estimated percentage of people who are dependent on opiates and/or crack cocaine but are not in the treatment system, for Thurrock and England in 2021/22. For alcohol, the percentages in the table below relate to the population aged 18 and over, but for opiates/non-opiates the percentages relate to the population aged 15 – 64. Data are based on reported drug and alcohol usage by clients that are not currently in treatment.

Table 26: The estimated proportion of people in your area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system, 2021/22

Estimated prevalence of unmet need for opiates and/or crack cocaine or alcohol		
Drug and/or alcohol issue	Thurrock	England
Opiate	79.2%	53.7%
Non-opiate	69.2%	47.1%
Alcohol	82.2%	57.6%
Non-opiate and alcohol	90.4%	80.5%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

Table 26 suggests that Thurrock has higher levels of unmet need than England across the opiate, non-opiate, alcohol, and non-opiate plus alcohol substance misuse categories.

5.2 Mortality from Drug Misuse

Table 27 shows the number of deaths related to drugs poisoning[53] and the death rate per 100,000 population for Thurrock, the East of England region and England for the years from 2014-16 to 2018 – 20.

Table 27: Number of deaths and age-standardised mortality rate per 100,000 population for deaths related to drug poisoning for Thurrock, East of England, and England, 2014-16 to 2018-20

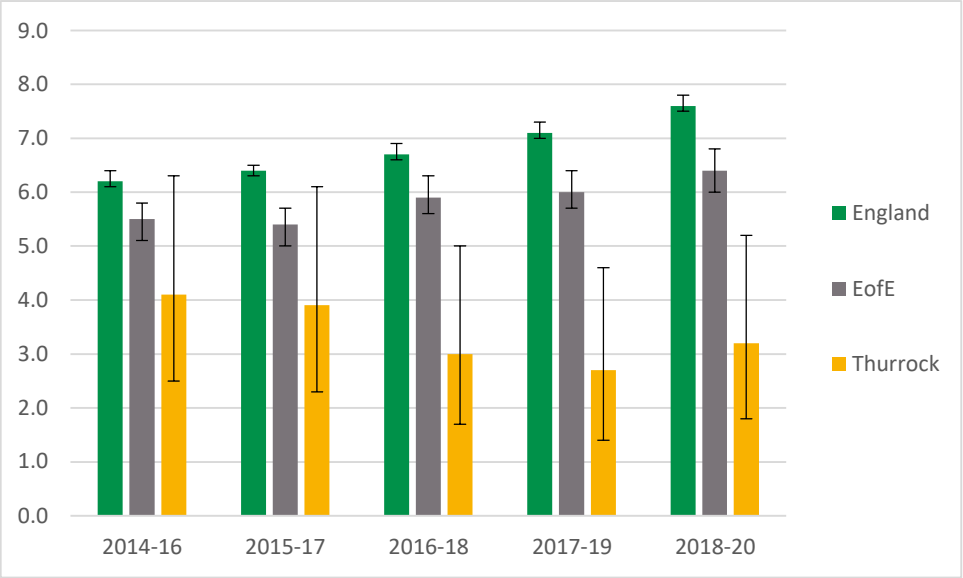
Area	Number of deaths					Rate per 100,000 Population				
	2014-16	2015-17	2016-18	2017-19	2018-20	2014-16	2015-17	2016-18	2017-19	2018-20
Thurrock	20	19	15	13	16	4.1	3.9	3	2.7	3.2
EofE	969	958	1,059	1,081	1,149	5.5	5.4	5.9	6	6.4
England	10,022	10,348	10,915	11,580	12,410	6.2	6.4	6.7	7.1	7.6

Source: Office for National Statistics. Deaths related to drug poisoning by local authority. England and Wales, 1993 to 2020.

Table 27 suggests that the number of drug related deaths in Thurrock has declined slightly from 20 in the three-year period from 2014-16 to 13 between 2017-19 before increasing to 16 in the period 2018-20. In comparison to the East of England region and England, Thurrock has had consistently lower rates per 100,000 population over all of the rolling three-year periods since 2014 and had rates less than half of the regional and national averages in 2016-18, 2017-19 and 2018-20.

[53] Deaths related to drugs poisoning include ICD10 codes for: mental and behavioural disorders due to drug use (excluding alcohol and tobacco) (F11-F16, F18-19); accidental poisoning by drugs, medicaments, and biological substances (X40-X44); intentional self-poisoning by drugs, medicaments, and biological substances (X60 - X64); assault by drugs, medicaments, and biological substances (X85); poisoning by drugs, medicaments and biological substances, undetermined intent (Y10-Y14).

Figure 24: Age-standardised mortality rate per 100,000 population for deaths related to drug poisoning for Thurrock, East of England, and England, 2014-16 to 2018-20



Source: Office for National Statistics. Deaths related to drug poisoning by local authority. England and Wales, 1993 to 2020.

Figure 24 shows whilst age-standardised mortality rates per 100,000 population for deaths related to drug poisoning have increased since 2014-16 in both England and the East of England, Thurrock has seen a decrease. The mortality rates for Thurrock have been statistically significantly lower than for both England and the East of England region in 2016-18, 2017-19 and 2018-20.

5.3 Mortality from Alcohol Misuse

The Office for Health Improvement and Disparities (OHID) publishes two indicators of mortality associated with alcohol misuse in the Local Alcohol Profiles for England (LAPE)[54]. These are:

- Alcohol-specific mortality: Deaths from conditions wholly caused by alcohol. This definition is also used by the Office of National Statistics in their annual UK data release.
- Alcohol-related mortality: Deaths from conditions which are wholly or partially caused by alcohol. For partially attributable conditions, a fraction of the deaths is included based on the latest academic evidence about the contribution alcohol makes to the condition.

Table 28 below shows the directly age-standardised mortality rate per 100,000 population (all ages) for alcohol related mortality, for Thurrock, the East of England region and England for the years from 2016 to 2020.

Table 28: Directly standardised rate per 100,000 population for alcohol related mortality for Thurrock, the East of England and England, 2016 to 2020

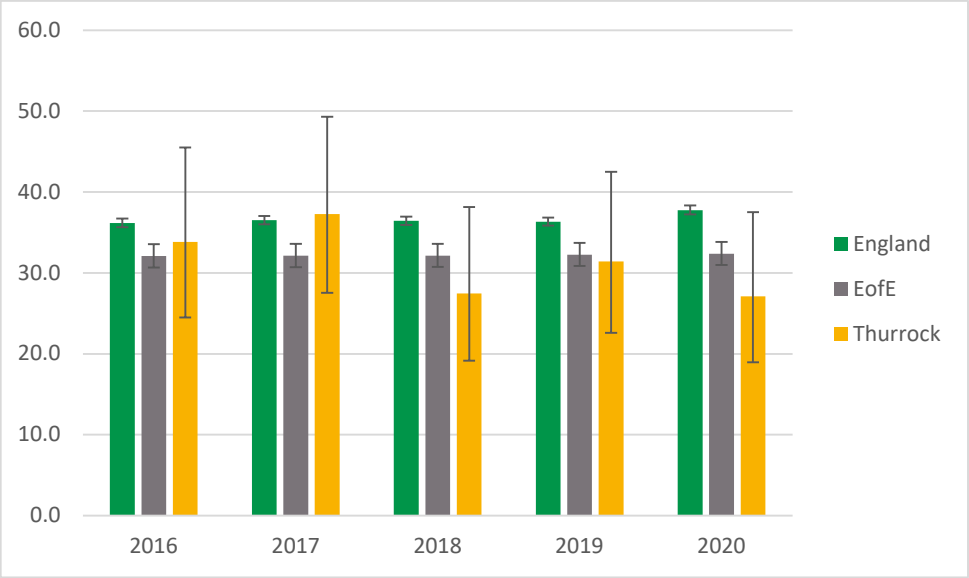
Area	2016	2017	2018	2019	2020
Thurrock	33.8	37.3	27.5	31.4	27.1
EofE	32.1	32.1	32.2	32.3	32.4
England	36.2	36.5	36.5	36.4	37.8

Source: OHID. Local Alcohol Profiles for England (LAPE)

[54] Local Alcohol Profiles for England - Mortality due to alcohol - OHID (phe.org.uk)

Table 28 shows that since 2018, Thurrock has had a lower rate of alcohol related mortality per 100,000 population than both England and the East of England region. Alcohol related mortality in Thurrock has reduced from 37.3 per 100,000 population in 2017 to 27.1 per 100,000 population in 2020.

Figure 25: Directly standardised death rate per 100,000 population for alcohol related mortality for Thurrock, the East of England and England, 2016 to 2020



Source: OHID. Local Alcohol Profiles for England (LAPE)

Figure 25 shows that despite Thurrock recording lower alcohol related mortality rates than both the East of England and England in 2018, 2019 and 2020, none of these rates were statistically significantly different at the 95% confidence level.

Table 29 shows the directly age standardised mortality rate per 100,000 population (all ages) for alcohol specific mortality (deaths wholly attributable to alcohol misuse) for Thurrock, the East of England region and England for the rolling three-year periods from 2012-14 to 2017-19.

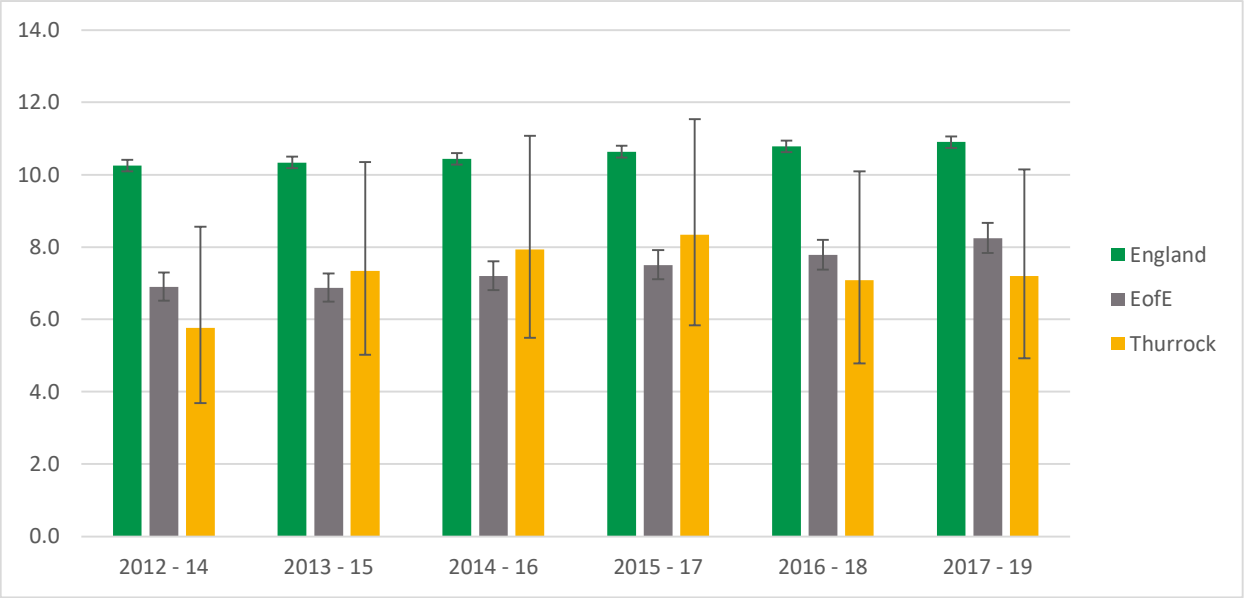
Table 29: Directly age-standardised mortality rate per 100,000 population for alcohol specific mortality for Thurrock, the East of England and England, 2012-14 to 2017-19

Area	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19
Thurrock	5.8	7.3	7.9	8.3	7.1	7.2
EofE	6.9	6.9	7.2	7.5	7.8	8.2
England	10.3	10.3	10.4	10.6	10.8	10.9

Source: OHID. Local Alcohol Profiles for England (LAPE)

Table 29 indicates that Thurrock has had lower alcohol specific mortality rates per 100,000 population than England in every 3-year period from 2012-14 to 2017-19. Compared to the East of England region, Thurrock had lower alcohol specific mortality rates in 2016-18 and 2017-19 but higher rates in the previous 3-year periods.

Figure 26: Directly age-standardised rate per 100,000 population for alcohol specific mortality for Thurrock, the East of England and England, 2012-14 to 2017-19



Source: OHID. Local Alcohol Profiles for England (LAPE)

Figure 26 shows that Thurrock has had statistically significantly lower alcohol specific mortality rates than England in 2012-14, 2016-18 and 2017-19. However, none of the differences in alcohol specific mortality between Thurrock and the East of England region over these periods have been statistically significant.

Table 30 shows the estimated number of years of life lost due to alcohol-related conditions for Thurrock and England in 2018.

Table 30: Years of life lost due to alcohol-related conditions for Thurrock and England, 2018

Years of life lost due to alcohol-related conditions by sex	Thurrock			England		
	DSR per 100,000 population	Lower 95% CI	Upper 95% CI	DSR per 100,000	Lower 95% CI	Upper 95% CI
Female	144	38	311	353	341	365
Male	574	302	925	926	906	946

Source: Adults Alcohol Commissioning Support Pack 2022/23
CI – Confidence interval, DSR - Directly age standardised rate

Table 30 shows that the directly age-standardised rate of years of life lost due to alcohol-related conditions was lower for Thurrock than for England for both males and females. The difference in the directly standardised rates between males and females in Thurrock was not statistically significant, but it was for England. For both Thurrock and England, the rate was much higher for males than for females.

5.4 Morbidity from Drug Use

Table 31 shows the hospital episode rate per 100,000 age-standardised population for alcohol related conditions for males and females for Thurrock and England in 2019/20.

Table 31: Inpatient hospital episode rates per 100,000 age standardised population for alcohol related conditions by gender for Thurrock and England, 2019/20

Admission Episode Condition	Sex	Thurrock			England		
		DSR per 100,000	Lower 95% CI	Upper 95% CI	DSR per 100,000	Lower 95% CI	Upper 95% CI
Alcohol-Related Cardiovascular Disease	Male	1,506	1,407	1,609	1,482	1,477	1,487
	Female	159	131	191	239	237	241
Alcoholic Liver Disease	Male	111	88	137	192	190	194
	Female	50	35	68	89	88	91
Alcohol-Related Unintentional Injuries	Male	95	75	120	96	95	97
	Female	14	7	24	14	13	14
Mental and Behavioural Disorders due to Alcohol	Male	50	36	67	104	103	105
	Female	23	14	35	45	45	46
Intentional Self-Poisoning from Alcohol	Male	35	24	50	40	39	40
	Female	38	26	53	53	52	54

Source: Adults Alcohol Commissioning Support Pack 2022/23
CI- Confidence interval, DSR – Directly standardised rate

Table 31 shows of the conditions listed, alcohol-related cardiovascular disease had the highest hospital episode rates for both males and females for both Thurrock and England in 2019/20. Alcoholic liver disease had the second highest hospital episode rates for both males and females in both Thurrock and England. Rates for males were higher than for females for every episode condition except for 'Intentional self-poisoning by and exposure to alcohol'.

Table 32 shows the incidence rate of alcohol related cancer per 100,000 population for males and females in Thurrock and England from 2016-18.

Table 32: Directly standardised Incidence rate per 100,000 population of alcohol-related cancer for Thurrock and England, 2016-18

Incidence of alcohol-related cancer by sex	Thurrock			England		
	DSR per 100,000	Lower 95% CI	Upper 95% CI	DSR per 100,000	Lower 95% CI	Upper 95% CI
Female	33.1	25.7	41.8	36.8	36.4	37.2
Male	40.2	31.4	50.6	39.2	38.8	39.7

Source: Adults Alcohol Commissioning Support Pack 2022/23
CI – Confidence interval, DSR – Directly standardised rate

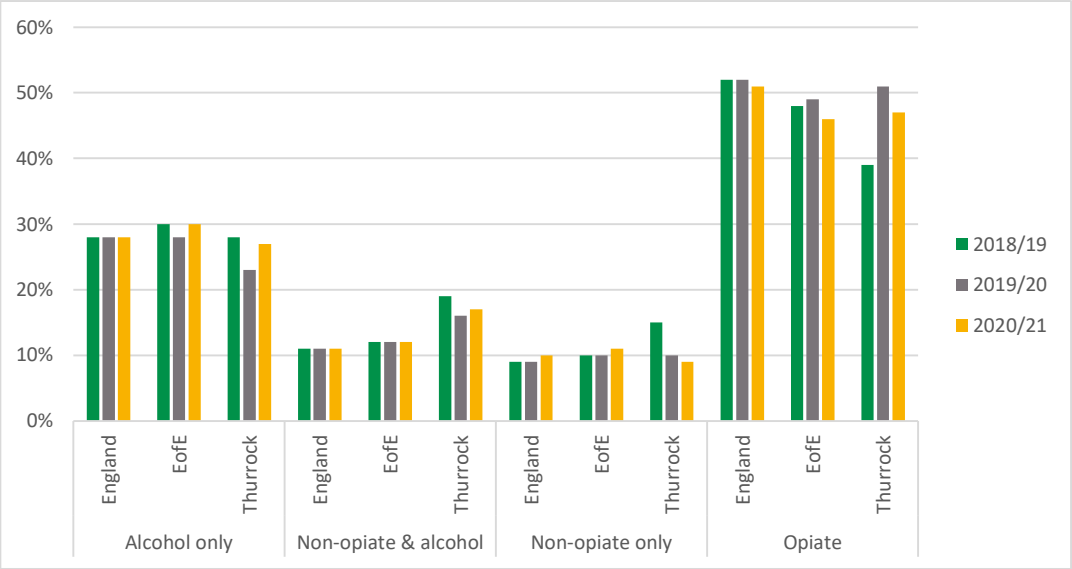
Table 32 shows that compared to England females in Thurrock had a lower but not statistically significant incidence rate of alcohol related cancer than England. Males in Thurrock had a slightly higher rate of alcohol related cancer compared to England, but this was not statistically significant.

5.5 Treatment

5.5.1 Type of substance misuse

Figure 27 shows the proportion of patients in treatment in Thurrock, the East of England region and England by type of substance misuse.

Figure 27: Proportion of clients currently in treatment, by type of substance misuse, for Thurrock, East of England, and England



Source: NDTMS ViewIT Adults

Figure 27 shows that Thurrock had a higher proportion of clients in the non-opiate and alcohol category than both England and the East of England in 2018/19, 2019/20 and 2020/21. In 2018/19, Thurrock also had a higher proportion of clients in the non-opiate only category, but this proportion reduced in both 2019/20 and again in 2020/21 to be below the East of England regional and England averages.

Table 33: Numbers and proportion of adults in alcohol and/or drug treatment by drug groups for Thurrock and England, 2020-21.

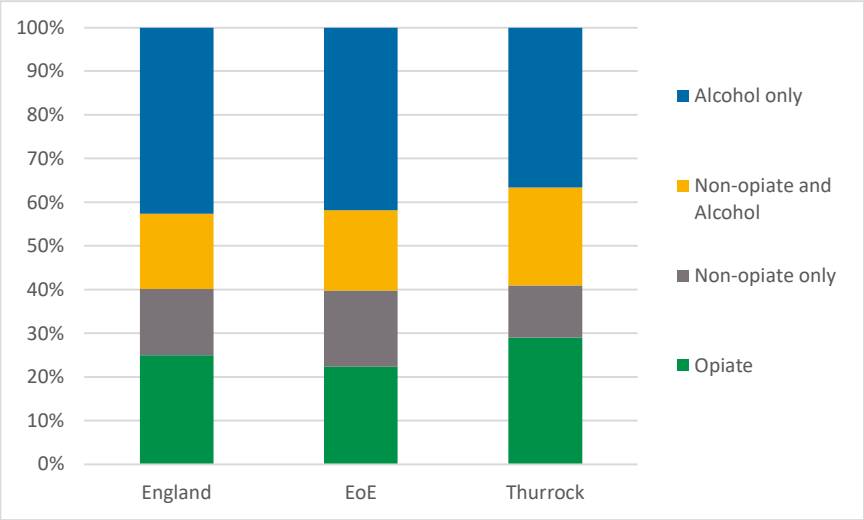
Alcohol and drug users in treatment	Thurrock (n)	Thurrock (%)	England (n)	England (%)
All alcohol	173	48%	131,391	44%
Alcohol only	89	25%	76,740	26%
Alcohol and opiate	7	2%	6,590	2%
Alcohol and non-opiate	56	16%	30,688	10%
Alcohol, opiates, and non-opiate	21	6%	17,373	6%
Alcohol cited crack	18	5%	15,565	5%
Alcohol cited cocaine	47	13%	17,207	6%
Alcohol cited cannabis	24	7%	18,805	6%
Non-opiate	31	9%	27,605	9%
Opiate	154	43%	140,863	47%
Total	358	100%	299,859	100%

Source: Adults Alcohol Commissioning Support Pack 2022/23

Table 33 suggests that compared to England, Thurrock had a slightly higher proportion of adults in treatment for alcohol misuse (48% compared to 44%), but a lower proportion of adults in treatment for opiate misuse (43% compared to 47%).

Figure 28 shows the proportion of new presentations for drug/alcohol treatment in each substance category in 2021/22 for Thurrock compared to England and the East of England region.

Figure 28: Proportion of new presentations from April 2021 to March 2022 by substance misuse category



Source: NDTMS Community Adult Treatment Performance Reports

Figure 28 shows that England and the East of England region had very similar proportions of new presentations to treatment in each of the substance misuse categories in 2021/22. By comparison, Thurrock had a higher proportion of new presentations in the opiate and alcohol and non-opiate categories and a lower proportion in the non-opiate only and alcohol only categories.

Table 34 shows the number of adults in treatment in Thurrock and England citing the use of prescription only medicines (POM) or over the counter (OTC) medicine misuse in 2020/21.

Table 34: Number of adults in drug treatment citing Prescription Only Medicine (POM) or Over the Counter (OTC) use, for Thurrock and England, 2020/21

POM/OTC Use	Thurrock (n)	Proportion of treatment population (Thurrock)	England (n)	Proportion of treatment population (England)
Illicit use	12	5%	19,346	10%
No illicit use	8	3%	7,608	4%

Source: Adult Drug Commissioning Support Pack 2022/23
OTC – over the counter, POM - Prescription only Medicines

Table 34 shows that 5% of adults in drug treatment in Thurrock also cited problems with the illicit use of prescription only or over the counter medications. This was around half of the proportion of adults in drug treatment in England as a whole.

5.5.2 Trends of treatment over time

Table 35 shows the number of people receiving drug and/or alcohol treatment in Thurrock each year from 2016/16 to 2021 by gender.

Table 35: Total number of Thurrock clients in treatment, by treatment category and gender, 2015/16 to 2020/21

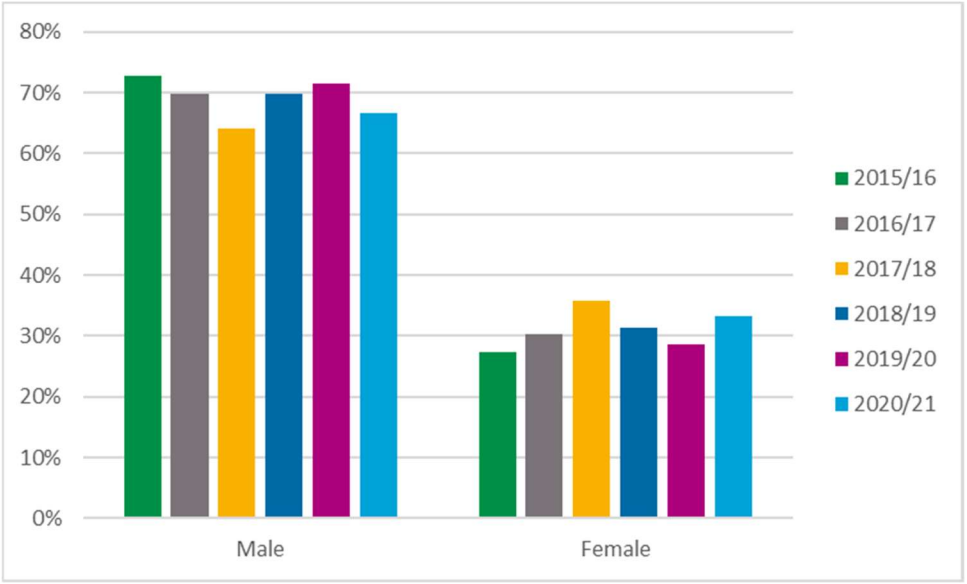
Total number of people in treatment, by sex, all Thurrock							
Category Type	Sex	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Alcohol only	Male	150	125	70	75	55	45
	Female	80	80	55	60	35	40
	Persons	**235**	**205**	**125**	**135**	**90**	**90**
Non-opiate & alcohol	Male	130	90	50	75	40	40
	Female	35	25	25	20	20	15
	Persons	**165**	**115**	**75**	**90**	**60**	**55**
Non-opiate only	Male	75	85	35	50	30	20
	Female	25	40	30	20	10	10
	Persons	**100**	**125**	**65**	**70**	**40**	**30**
Opiate	Male	165	160	140	135	150	115
	Female	55	50	55	50	45	40
	Persons	**220**	**210**	**190**	**185**	**195**	**155**
Total	**Male**	**520**	**460**	**295**	**335**	**275**	**220**
	Female	**195**	**200**	**165**	**150**	**110**	**110**
	Persons	**715**	**660**	**460**	**480**	**385**	**330**

N.B. Numbers in this table have been rounded to the nearest five to prevent identification of individuals
Source NDTMS ViewIt Adults

Table 35 shows that the number of people receiving treatment for alcohol and/or drug misuse in Thurrock has declined from 715 in 2015/16 to 330 in 2020/21. There were declines in the number of people in treatment in all four substance categories between 2015/16 and 2020/21. The number of males in treatment reduced from 520 in 2015/16 to 220 in 2020/21 whilst the number of females declined from 195 in 2015/16 to 110 in 2020/21.

Figure 29 shows the proportion of adults in treatment in Thurrock by gender from 2015/16 to 2020/21.

Figure 29: Proportion of Thurrock adult clients in treatment, by gender, 2015/16 to 2020/21

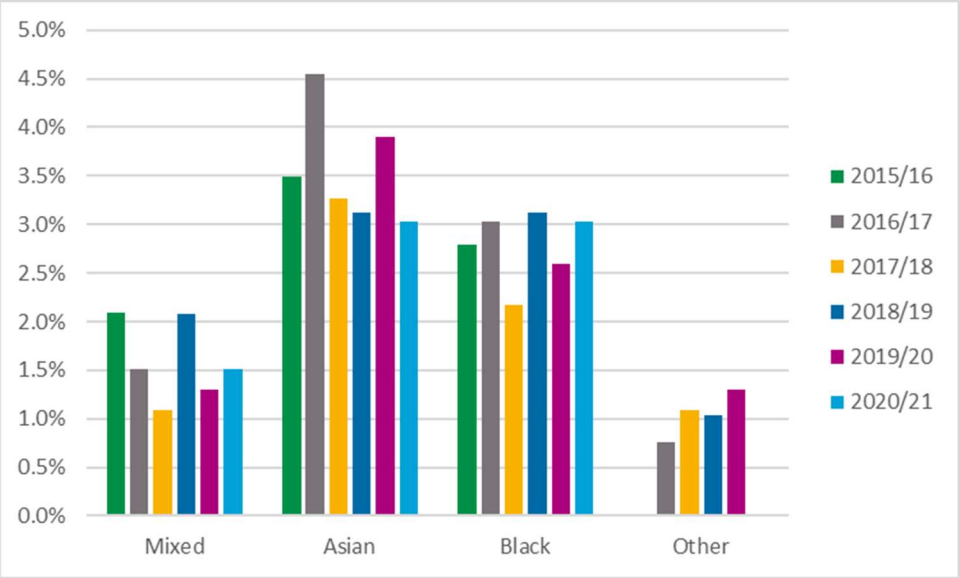


Source: NDTMS ViewIt Adults

Figure 29 shows that on average between 2015/16 and 2020/21 around 70% of adult clients in treatment have been male and 30% have been female. In 2020/21, 67% of adult clients in treatment in Thurrock were male and 33% were female.

Figure 30 shows the proportion of adult clients in treatment for alcohol and/or drug misuse in Thurrock belonging to non-white ethnic groups from 2015/16 to 2020/21.

Figure 30: Proportion of Thurrock adult clients in treatment from non-white ethnic groups, 2015/16 to 2020/21



Source: NDTMS ViewIt Adults

The proportion of drug and/or alcohol misuse clients in treatment in Thurrock belonging to white ethnic groups was consistently around 90% in the period from 2015/16 to 2020/21. Figure 30 shows that in all but two years (2018/19 and 2020/21) the Asian ethnic group was the largest ethnic minority group in the Thurrock treatment population, followed by the Black ethnic group. It is likely that there is an under representation of people from Black ethnic groups in treatment services. The most recent information about ethnicity and prevalence of drug and alcohol misuse in England is from 201441. This indicates that around 9% of white people consume illicit drugs compared to 12% Black/African/Caribbean/Black British people and these proportions are 15% and 7% respectively for misusing alcohol at hazardous, harmful, or dependent levels. In Thurrock people of Black ethnic groups make up 7.8% (Table 8) of the population yet make up around 3.1% of those treated in 2020/21. In comparison less than 4% of people from Asian ethnic groups consume or misuse drugs or alcohol, they make up 3.6% of the population in Thurrock yet they comprised a similar proportion to those from Black ethnic groups in treatment in 2020/21.

The proportion of the Thurrock adult treatment population belonging to 'other' ethnic groups has increased since 2016/17. In 2015/16 there were no service users recorded as 'other'

5.5.3 Age in treatment

Table 36 shows the new people receiving treatment in 2015/6 to 2020/21 for each of substance misuse categories and by broad age group. Most people enter treatment between the ages of 30 and 49 for treatment across the years. People receiving treatment for non-opiate misuse only, aged 18 to 29 are similar in number to those aged 30 to 49 but for all other treatment groups those aged 30 to 49 number far higher than the 18 to 29 or 50 plus age groups. The 50 plus age group are mostly being treated for alcohol misuse only.

Table 36: New presentations by substance misuse category and gender, 2015/16 to 2020/21

Total number of new presentations, by sex, all Thurrock							
Category Type	Sex	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Alcohol only	Male	110	85	35	60	35	35
	Female	50	55	35	45	25	35
	Persons	**160**	**140**	**70**	**105**	**60**	**70**
Non-opiate & alcohol	Male	95	60	25	60	30	30
	Female	25	15	15	10	15	10
	Persons	**115**	**75**	**45**	**70**	**45**	**40**
Non-opiate only	Male	55	70	25	35	25	15
	Female	20	30	10	15	10	10
	Persons	**75**	**95**	**35**	**55**	**35**	**25**
Opiate	Male	60	55	35	45	55	20
	Female	15	15	15	15	15	10
	Persons	**75**	**75**	**50**	**60**	**75**	**35**
Total	**Male**	**320**	**270**	**120**	**200**	**150**	**105**
	Female	**110**	**115**	**80**	**90**	**60**	**70**
	Persons	**430**	**385**	**200**	**290**	**210**	**170**

Source: NDTMS ViewIt Adults

Table 37 shows the number and percentage of adults receiving drug treatment by age group and gender in Thurrock in 2020/21 compared to England.

Table 37: Age of adults in drug treatment for Thurrock and England, 2020-21.

Age group	Thurrock				England			
	Thurrock (n)	Proportion in treatment	Male (%)	Female (%)	England (n)	Proportion in treatment	Male (%)	Female (%)
18-29	37	15%	11%	26%	31,920	16%	15%	20%
30-39	78	32%	34%	28%	64,332	32%	31%	36%
40-49	81	34%	35%	31%	66,667	33%	35%	30%
50-59	35	15%	17%	9%	30,388	15%	17%	12%
60-69	10	4%	3%	6%	5,322	3%	3%	2%
70-79	0	0%	0%	0%	500	0%	0%	0%
80+	0	0%	0%	0%	27	0%	0%	0%

Source: Adult Drug Commissioning Support Pack 2022/23

Table 37 shows that the age profile of adults in treatment in Thurrock in 2020/21 was very similar to the age profile of adults in treatment in England. However, there were some differences in the proportions of males and females in each of the age bands, with females aged 18 – 29 accounting for 26% of all females in treatment in Thurrock compared with 20% for England.

Table 38 shows the age profile of adults in alcohol only treatment in Thurrock compared to England in 2020/21.

Table 38: Age of adults in alcohol only treatment for Thurrock and England, 2020/21

Age Group	Thurrock				England			
	Thurrock (n)	Proportion in treatment	Male (%)	Female (%)	England (n)	Proportion in treatment	Male (%)	Female (%)
18-29	11	12%	9%	17%	6,928	9%	9%	10%
30-39	19	21%	26%	17%	17,901	23%	23%	24%
40-49	26	29%	30%	29%	22,244	29%	29%	29%
50-59	21	24%	23%	24%	20,050	26%	27%	25%
60-69	11	12%	13%	12%	7,870	10%	10%	10%
70-79	<5	N/A	0%	N/A	1,628	2%	2%	2%
80+	0	0%	0%	0%	119	0%	0%	0%

Source: Adults Alcohol Commissioning Support Pack 2022/23

Table 38 shows that the proportions of adults receiving alcohol only treatment in Thurrock were similar to those of England in 2020/21. England had a slightly higher proportion of clients in the 70 and over age groups and a slightly lower proportion in the 18 – 29-year-old age group than Thurrock.

5.5.4 Drug treatment type and settings

Table 39 shows the number of clients in treatment in Thurrock each year from 2015/16 to 2020/21 for each broad intervention category. These high-level interventions are usually delivered in a specialist setting.

Table 39: Category of high-level intervention provided to Thurrock clients in treatment, 2015/16 to 2020/21

Category of intervention for all clients in treatment, all Thurrock						
Intervention type	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Pharmacological	235	230	210	200	225	215
Psychosocial	710	650	450	480	385	330
Recovery Support	350	380	375	470	370	315
Total Patients Receiving Treatment*	715	655	455	480	385	330

NB. * 2019/20 & 2020/21 data is 0 on the raw data but is recorded as the same values as Psychosocial Intervention on the NDTM ViewIt tool. Values have been rounded to the nearest 5 to prevent identification of individuals

Source: NDTMS ViewIt Adults

Table 39 shows that psychosocial interventions were the most commonly used high level intervention for adults in treatment in Thurrock in 2015/16 to 2020/21 being used in nearly 100% of cases each year. Recovery support interventions have consistently been the next most used, followed by pharmacological interventions.

Table 40 shows the number and proportion of adults in drug treatment in Thurrock receiving each high-level intervention by treatment setting in 2020/21.

Table 40: Number and percentage of adults in treatment in high level interventions and settings across the treatment journey for Thurrock, 2020/21.

Setting Type	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
	Total adults	Percentage	Total adults	Proportion	Total adults	Percentage	Total adults	Percentage
Community	166	100%	238	100%	230	100%	240	100%
Inpatient Unit	<5	N/A	<5	N/A	<5	1%	<5	1%
Primary Care	0	0%	0	0%	0	0%	0	0%
Residential	0	0%	<5	0%	<5	0%	<5	0%
Recovery House	0	0%	0	0%	0	0%	0	0%
Young Persons Setting	0	0%	0	0%	0	0%	0	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
Total individuals*	166	100%	239	100%	231	100%	241	100%

NB. *This is the total number of adults receiving each intervention type and not a summation of the setting the intervention was delivered in.
**This is the total number of adults receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns
Source: Adult Drug Commissioning Support Pack 2022/23

Table 40 shows that for Thurrock almost all interventions are delivered within community settings with a very small number also being delivered in in patient or residential settings. There were no clients recorded as receiving high level interventions in primary care, in recovery house or young person settings in 2020/21.

Table 41: Number and percentage of adults in treatment in high level interventions and settings across the treatment journey for England, 2020-21.

Setting Type	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
	Total adults	Percentage	Total adults	Percentage	Total adults	Percentage	Total adults	Percentage
Community	132,154	96%	189,663	98%	155,528	98%	194,588	98%
Inpatient Unit	4,874	4%	4,643	2%	3,946	2%	5,074	3%
Primary Care	17,896	13%	10,169	5%	4,835	3%	18,863	10%
Residential	938	1%	2,425	1%	1,585	1%	2,655	1%
Recovery House	34	0%	58	0%	147	0%	193	0%
Young Persons Setting	<5	N/A	76	0%	27	0%	77	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
Total individuals*	138,252	100%	194,482	100%	159,100	100%	197,931	100%

N.B: *This is the total number of adults receiving each intervention type and not a summation of the setting the intervention was delivered in.
**This is the total number of adults receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns
Source: Adult Drug Commissioning Support Pack 2022/23

Table 41 shows that similar to Thurrock almost all adult clients in drug treatment in England received interventions in community settings in 2020/21. However, unlike for Thurrock, 13% of those receiving pharmacological interventions, 5% of those receiving psychosocial interventions and 3% of those receiving recover support interventions received these interventions in primary care settings.

5.5.5 Alcohol treatment settings

Table 42 shows the number and proportion of adults in alcohol treatment in Thurrock receiving each high-level intervention by treatment setting in 2020/21. These are high level interventions for people in structured treatment who have not responded to brief advice on alcohol misuse and require a care plan possibly with Multiple Planned Extended Brief Interventions (EBIs), group work, counselling, and other specialist treatment options.

Table 42: Number and proportion of adults in treatment in high level interventions and settings across the treatment journey for Thurrock, 2020-21

Setting Type	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
	Total adults	Percentage	Total adults	Percentage	Total adults	Percentage	Total adults	Percentage
Community	50	100%	89	100%	84	100%	89	100%
Inpatient Unit	<5	N/A	<5	N/A	<5	N/A	<5	N/A
Primary Care	0	0%	0	0%	0	0%	0	0%
Residential	0	0%	0	0%	0	0%	0	0%
Recovery House	0	0%	0	0%	0	0%	0	0%
Young Persons Setting	0	0%	0	0%	0	0%	0	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
Total*	50	100%	89	100%	84	100%	89	100%

NB.*This is the total number of individuals receiving each intervention type and not a summation of the setting the intervention was delivered in.

**This is the total number of individuals receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns

Source: Adults Alcohol Commissioning Support Pack 2022/23

Table 42 shows that similar to those receiving treatment for drug misuse all clients in treatment for alcohol misuse received high level interventions in community settings. In addition, a small number of clients received interventions in inpatient units. No interventions were recorded as being provided in any other settings in 2020/21.

Table 43 shows the number and proportion of adults in alcohol treatment in England receiving each high-level intervention by treatment setting in 2020/21.

Table 43: Number and proportion of alcohol adults in High level interventions and settings for England, 2020-21

Setting Type	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
	Total adults	Percentage	Total adults	Percentage	Total adults	Percentage	Total adults	Percentage
Community	9,978	80%	74,231	98%	59,516	98%	74,669	99%
Inpatient Unit	2,631	21%	2,607	3%	2,108	3%	2,690	4%
Primary Care	221	2%	439	1%	251	0%	660	1%
Residential	514	4%	1,107	1%	776	1%	1,311	2%
Recovery House	5	0%	22	0%	55	0%	64	0%
Young Persons Setting	0	0%	5	0%	0	0%	5	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
Total*	12,547	100%	75,458	100%	60,564	100%	75,778	100%

NB. *This is the total number of individuals receiving each intervention type and not a summation of the setting the intervention was delivered in.

**This is the total number of individuals receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns

Source: Adults Alcohol Commissioning Support Pack 2022/23

Table 43 shows that compared to interventions for drug misuse in England in 2020/21 there were fewer high-level interventions recorded as being provided in primary care. Around 10% of drug treatment clients received interventions in primary care in 2020/21 compared with only 1% of alcohol clients. Similarly, 96% of clients in drug treatment received interventions in community settings compared to 80% of clients in alcohol treatment.

6 Local Strategy for Drug and Alcohol Services

Summary of local drugs and alcohol strategy in Thurrock

In July 2022, the NHS and Department of Health and Social Care set out a requirement for local authorities to set up a Combating Drugs Partnership (CDP) which it was suggested included alcohol within its remit. The CDP would include all relevant agencies to address the shared challenges of alcohol related harm which often include, housing, mental health, employment, and criminal justice problems. There is an emphasis on developing an approach that included gathering insight from people with lived experience of drug and alcohol misuse difficulties and treatment. In tandem with the CDP, local authorities will be required to gather data to populate a National Combating Drugs Framework (NCDF).

Thurrock Council are exploring a Human Learning Systems (HLS) approach to integrated working. This way of working continuously explores the complex reality of how outcomes that matter to a person might be achieved in their unique life context. The Human Learning System approach has been described in 'Better Together Thurrock: the case for further change 2022-2026'. This is a collective plan to transform improve and integrate health care and third sector services to improve people's wellbeing.

Four integrated medical centres are being established in Thurrock that align with the four PCN footprints. The hubs are the basis of single locality networks with teams from health care and third sector organisations building relationships, collaborating, and co-designing single integrated solutions with residents. There will be staff from the drugs and alcohol service at each of the hubs working with other teams such as mental health, primary care, and social care colleagues. To facilitate this an integrated treatment service with outreach workers aligned to and operating with Community Led Solutions teams with assertive outreach and timely access to treatment for those with the most complex needs.

In addition to Thurrock Council's overarching strategy, many teams who come into contact with people who misuse drugs and alcohol have strategic aims concerning this cohort of people. The Health and Wellbeing strategy focuses on addressing unmet need and developing an approach that can lead to the co-production of services with residents and service users, integrating mental health and housing support for those with co-occurring conditions and complex needs. Other teams and organisations with strategic aims concerning people with drug and alcohol misuse include Essex Police, the Community Safety Partnership, Brighter Futures Children's Partnership, Thurrock Violence Against Women and Girls team, Adult Mental Health Services, and Thurrock Housing and Homeless services.

This chapter outlines the current local guidance and strategies that are in place in Thurrock. In July 2022, the NHS and Department of Health and Social Care set out a requirement for local authorities to set up a Combating Drugs Partnership (CDP) which it was suggested included alcohol within its remit. The CDP would include all relevant agencies to address the shared challenges of alcohol related harm which often include, housing, mental health, employment, and criminal justice problems. There is an emphasis on developing an approach that included gathering insight from people with lived experience of drug and alcohol misuse difficulties and

treatment. In tandem with the CDP, local authorities will be required to gather data to populate a National Combating Drugs Framework (NCDF).

6.1 Thurrock Drugs and Alcohol Strategic Objectives

This section briefly outlines Thurrock Councils future vision for integrated health, wellbeing and care and the particular strategic objectives concerning drug and alcohol misuse extracted from a range of current strategy documents.

6.1.1 Human learning systems approach to providing services in Thurrock

Thurrock Council have a vision about how the integration of health, wellbeing and care for Thurrock residents will work in the future. This is a move away from a centralised, deficit driven approach with prescriptive interventions, to a way of working that recognises the uniqueness of each resident, the importance of co-designing solutions that meet their needs, based on the strengths and assets of the individual, their family and friends, the wider community, and the system. This aligns with Thurrock's Health and Care Transformation Programme[55].

The range of people and organisations involved in creating outcomes for residents is typically beyond the management control of a single person or organisation. When a resident comes to the attention of one of many health and social care services in Thurrock, the professional may identify a range of needs that can be met by other services in addition to their own. What follows can be a winding path for the resident of repeating the same information to multiple professionals who do not always appear to talk to one another, have different criteria for the access to their service and may not be able to offer support until other actions by other organisations are completed. In the meantime, the outcome of most importance to the resident is lost amongst the various services offering prescribed interventions may not be what the resident actually needs.

Acknowledgment that each resident is complex and unique, and the current arrangement of services may not meet their needs, leads to the search for a different strategy.

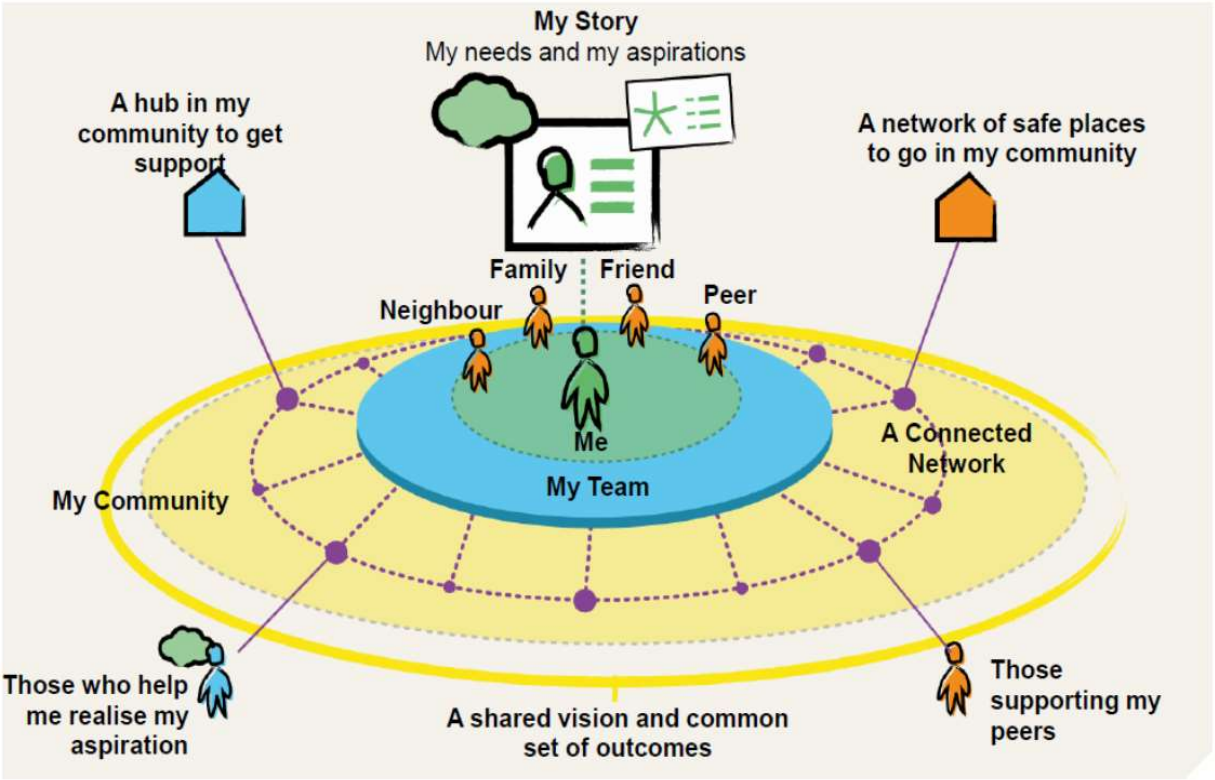
Thurrock Council are exploring a Human Learning Systems (HLS) approach to integrated working. This way of working continuously explores the complex reality of how the outcomes that matter to each person might be achieved in their unique life context. The three elements of the HLS approach are:

- The **capacity to respond to human variation** - recognising that individual strengths and needs are most effectively met by bespoke solutions that staff are empowered to provide.
- The **ability of the system and services to evolve and change** using continuous process of learning and adaptation. Interventions can be tweaked depending on circumstances with a recognition that ‘what works today may not work for other individuals or the same individual in the future
- The **ability to shape the chaotic system through collaboration and influencing**. Outcomes in response to particular interventions cannot be reliably predicted in chaotic human systems. However, building relationship, increasing visibility and emotionally intelligent engagement with residents, is helpful in shaping how residents and services relate to one another. This will have an impact on outcomes

The sought-after outcomes for the individual and the community from this approach are represented in the figure below. The individual can voice the things that matter to them most, services are co-produced around a common vision and the existing strengths and assets within the community are harnessed.

[55] Better Together Thurrock: the case for further change 2022-2026

Figure 31: The aim of the Human Learning System (HLS) approach:



Source: Plymouth City Council Alliance for people with complex needs- Alliance Specification 2018

The human learning systems approach has been described in 'Better care together: the case for further change 2022-2026'[56] which is a collective plan to transform, improve and integrate, health, care and third sector services aimed at Thurrock's adults and older people to improve their wellbeing. In addition, the Health and Wellbeing strategy (2022-2026)[57] aiming to tackle the causes of poor health unequally experienced by people across the population of Thurrock, and the Brighter futures Children's Partnership Strategy (2021-2026) focussed on the health and wellbeing of young people to the age of 19, underpin their vision with principles aligned to the human learning systems approach.

The plan to transform and integrate, health, care and third sector services is underway with the development of the first integrated medical centre (hub) based around Stanford le Hope and Corringham PCN footprint. Hubs will be developed around the other three Thurrock PCN footprints over the next 18 months. These hubs will be the basis of single locality networks with teams from health, care and third sector organisations building relationships, collaborating and co-designing single integrated solutions with residents rather than referring on or signposting elsewhere. Where specialist advice is required, staff from small teams will be allocated to each integrated locality network rather than being fully embedded. The key elements of this approach are:

- Staff are empowered to co-design solutions together with residents
- The solutions are coordinated and timely with a focus of what matters to the residents
- Staff are encouraged to develop a learning culture around what works and does not work
- For people with the most complex challenges single integrated care plans will be developed

[56] https://democracy.thurrock.gov.uk/documents/b18974/Item%208%20-%20The%20Case%20for%20Future%20Change%20Presentation%2007th-Jun-2022%2019.00%20Health%20and%20Wellbeing%20Overview.pdf?T=9
[57] https://www.thurrock.gov.uk/sites/default/files/assets/documents/hwb-strategy-2022-v01.pdf

In terms of the drug and alcohol services, there will be staff based at each of the hubs which will ensure the opportunity for effective relationship building between staff from different agencies. It will also be a venue where people who attend the hub may be more likely to talk to staff but who would not have attended a drug and alcohol centre. In this way it may be possible to engage with harder to reach groups and shift the perception of support for drug and alcohol misuse in a positive direction.

6.1.2 Local drugs and alcohol strategic objectives

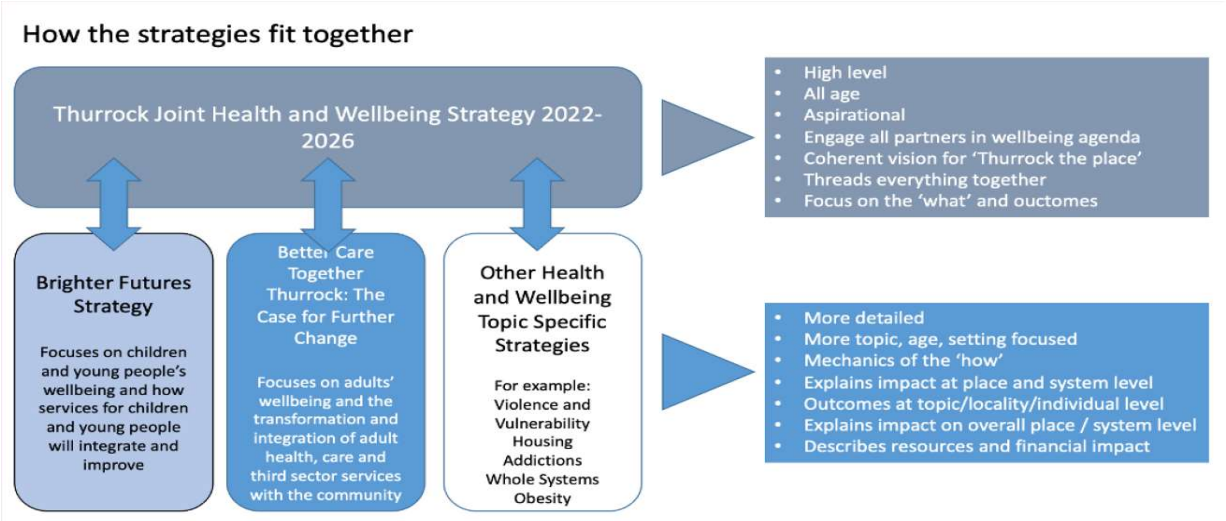
Governance around the substance misuse contract is through standard Council processes, with direct oversight through the Public Health Leadership Team, the Adults Housing & Health Directorate Management Team, and the Council Procurement function. Governance around partnership working involving substance misuse is through revised structures under the Mid & South Essex Integrated Care Board (from 1st July 2022). The Thurrock Integrated Care Alliance (TICA) is a Committee of the Integrated Care Board (ICB) with associated delegated functions. Under the TICA there is a revised governance structure, including a sub-group, chaired by the DPH leads on Health Inequalities, Prevention and Long-Term Conditions. This provides leadership on the wider prevention landscape, and jointly with other sub-groups such as the Mental Health Transformation Board, enables partnership governance through the TICA.

In Thurrock, the most recent Health and Wellbeing Strategy (2022-2026) sets out the high-level plans and actions to address health inequalities across six domains each linking to the Council's three key priorities of People, Place and Prosperity:

1. Quality care centred around the person
2. Staying healthier for longer
3. Building strong and cohesive communities
4. Opportunity for all
5. Housing and the environment
6. Community Safety

Two further strategies sit under the Health and Wellbeing Strategy, namely the 'Brighter Futures Strategy' and the 'Better Together Thurrock: the case for further change' strategy. The latter outlines the approach to meeting the first three domains of the Health and Wellbeing Strategy. In addition, there are also a number of topic specific strategies such as violence and vulnerability, housing and whole systems which also fit within the overarching Health and Wellbeing Strategy.

Figure 32: Health and wellbeing and associated strategies



Source: Better Together Thurrock - the case for further change 2022-2026

Figure 32 outlines how the strategies relate to each other. There is no overarching drug and alcohol strategy in Thurrock. As people with drug and alcohol problems can be seen by more than one agency across their life course, there are references to substance misuse strategic aims in all three strategies. In addition, strategies developed by other parts of the council, the NHS and police also include Thurrock strategies concerning prevention and reduction of substance misuse.

Table 44 below outlines drug and alcohol specific recommendations or objectives within current local strategies that include Thurrock residents.

Table 44: Specific alcohol and drug-related objectives from strategies that include Thurrock residents

Strategy	Strategic objectives relating to drug/alcohol misuse
Thurrock Joint Health and Wellbeing Strategy 2022-2026 Levelling the playing field in Thurrock – a strategy created through the partnership of Thurrock Health and Wellbeing Board. The aims are to tackle the many causes of poor health unequally experienced by people across the population of Thurrock.	As part of domain 1 with the goal to work together to promote good mental health and reduce mental ill health and substance misuse in all communities in Thurrock strategies include: • Co-producing with service users and families a new substance misuse model integrated with wider services such as mental health and housing • Addressing unmet need in relation to drug and alcohol misuse including intergenerational affects and the impact on the wider determinants of health
Better care together: the case for further change 2022-2026 A collective plan to transform, improve and integrate, health, care and third sector services aimed at boroughs adults and older people to improve their wellbeing	Moving forward we will recommission an integrated treatment service with drug and alcohol treatment and outreach workers aligned to and operating within Community Led Solutions teams with assertive outreach and timely access to treatment for those with the most complex needs.
The Brighter futures Children's Partnership Strategy 2021-2026 A strategy taking into account government priorities and the ambitions of Brighter Futures key strategic partners with due regard	• Reduce the incidence of harms caused by alcohol in pregnancy • Create locality based multidisciplinary panels that meet regularly to swiftly address risk factors strongly associated with serious youth violence and gang involvement by sharing intelligence across stakeholders from children's social care, health providers, Brighter Futures, drug and alcohol treatment, education schools' community safety, housing the police, local area coordinators and relevant third sector organisations • Further evaluation work to understand why there is a cohort of young people accessing youth offending services (YOS) who are committing multiple violence/drug offences and for whom current

to the voice of young people aged 0-19.	interventions appear to be unsuccessful in terms of future desistence. Pilot and evaluate new approaches where appropriate. • Use locality risk profiles to inform the priorities of the planning and regeneration functions of the local authority and the work of the Violence and Vulnerability Board and ultimately the Joint Health and Wellbeing board, Community Safety Partnership, and its subgroups.
Youth violence and vulnerability: The Crime Paradox and a Public Health Response 2019/20 Thurrock Public Health Annual Report focussed on youth (ages 10-24) violence and vulnerability, including urban street gangs and how this can be tackled using a public health approach	Implement 8 strategic actions effective in preventing and reducing serious youth violence and gang membership of which 6 (in bold) aim to mitigate against substance misuse: • **Promote family environments that support healthy development** • Provide quality education early in life • **Strengthen youth skills in communication, empathy, problem solving, conflict resolution and emotional intelligence** • **Connect youth to adults and activity that role model positive behaviour** • Address the wider determinants of serious youth violence and gang membership • **Intervene early to reduce harms of exposure to violence and violence risk behaviours** • **Prevent gang membership and crime caused by gangs** • **Enforce the law to disrupt and deter violent offenders and crime connected with gangs** Investigate why despite the number of people estimated to be using crack cocaine has increased whilst the numbers entering treatment remain the same. There may be a range of reasons for this, but essentially a focus on improved engagement to increase the reach of the drug treatment service to the group of people misusing this substance is needed.
Community Safety Assessment 2021 and Community Safety Partnership Annual delivery plan 2022/23 The strategy and plan of priorities for the Thurrock Community Safety Partnership 2022/23	• Once the health needs assessment in relation to drugs and alcohol is complete the re-offending plan for Thurrock should be reviewed to address and identified gaps. • The 5 wards with the highest rates of reported domestic violence should be targeted for community engagement including wider services such as drugs and alcohol

Police Fire and Crime Commissioner for Essex: Police and Crime plan 2021-2024 The strategic priorities of the police and aims for keeping Essex safe.	• Work with the National Crime Agency to tackle and reduce the number of gangs and criminals operating nationally • Provide further investment in the Essex Police Serious Violence Unit to dismantle more County Lines drug gangs • Work with the government and local partners to deliver a new, more effective addiction strategy so more people enter treatment and recover • Improve the quality and accessibility of addiction and substance misuse services and ensure services match local demand • Improve the criminal justice journey of addictive offenders
Thurrock Violence Against Women and Girls Strategy 2020-23 Strategic priorities for VAWG building on the government's strategy and the LA duties under the Domestic Abuse Act 2021	There should be specialist drug and alcohol support for resident adults and children in refuge
CLeaR (Challenge services, Leadership and Results) peer-assessment of local alcohol partnerships in Thurrock 2020 Outcome of peer assessment of the self-assessment of performance of local alcohol partnerships providing objective feedback and recommendations against NICE guidelines.	• Establish a formal partnership which brings together all stakeholders involved in work to reduce alcohol harm. This is to ensure a strategic focus on preventing/reducing alcohol misuse • Identify senior leaders as named champions promoting wide participation and active engagement in this new partnership • All relevant organisations should be involved in the production of a local alcohol strategy to inform future strategic direction and operational activity • The local strategy should be based on an updated assessment of local need • Increase local commissioning and analytical capacity to support the achievement of the aspirations of the new partnership • Senior strategic leaders are encouraged to use contact with their counterparts in other partner agencies to ensure ongoing appropriate representation at the alcohol partnership • The proposed strategy and any associated action plan should seek to clarify individual partner roles and responsibilities in achieving the identified outcomes, develop processes for evaluating progress against these and strengthen local governance arrangements.

Thurrock Young Persons Substance Misuse Needs Assessment 2018 To inform the refresh of the service specification for the young persons (Age 0-17) substance misuse service in 2019	• Strengthen links with sexual health services and engagement in sexual health screening • Regularly review novel psychoactive substances and respond by adapting treatment offer • Reach treatment naïve parents who require treatment for substance mis use to limit adverse outcomes from children experiencing hidden harm • Explore why referral pathways from children's and young people's health and mental health services are lower compared to the national average • Explore why harm reduction interventions offered is far lower than national average • Explore why fewer referrals received from young people in apprenticeships or employment compared to national average • Continue to offer stop smoking support • Specification to include up to 18-year-olds with exception for up to 25-year-olds if appropriate for those with special educational needs or disabilities • Continue to co-locate a young person's substance misuse service worker in the Youth Offending Service at least once a week and recommend this in the updated service specification • Brighter Futures partners to be vigilant of SEND children being disproportionately represented in YOS data and cater for their additional needs • Remain vigilant to gang activity and links to emerging drugs markets locally • Preventative interventions should continue to be part of service delivery • Service design should involve further development of peer-led programmes to enhance and diversify offer to reflect need and experiences of young people • A partnership approach to delivering services to CYP in Thurrock is important. An integrated approach is needed to maximise benefits to children and their families whilst offering appropriate professional support to other staff involved in their care • Where practicable programmes should be co-produced with young people • Family therapy should be part of a refreshed service specification and offered where appropriate particularly where adults are also being treated for alcohol or substance misuse • Future treatment options should include motivational interviewing, cognitive behavioural therapy and twelve step programmes • Continue to offer hidden harm support • Continue to work closely with the mental health services for those with co-occurring conditions • Further integrate with mental health services as part of the Brighter Futures partnership • Ensure the service remains vigilant to the heightened risk of suicide in service users • The service specification should ensure there continues to be partnership working with the adult alcohol and drug misuse service to ensure effective transition between services at age 18

	The current service model should be retained in the new service specification

Southend, Essex, and Thurrock Mental Health and Wellbeing Strategy 2017-2021
 	
Mental health strategic priorities for the whole of Essex.
	• Develop an integrated approach throughout the criminal justice system and across mental health, learning disability and substance misuse agencies. Services focussed in this area:
	  ○ Full circle – Offenders with Complex Needs service for people with substance misuse, mental health, learning difficulties, housing and other problems will continue with the aim of reducing re-offending
	• For those with mental health and substance misuse issues who are not necessarily in contact with the criminal justice system there is the following service which will be further developed:
	  ○ Integrated Support, Advice, Referral, and Mentoring Services (ISARMS) will continue to be the basis of service development of people affected by mental illness and substance misuse
	• To provide renewed focus looking at the mental health and substance misuse services, responses to perpetrators and victims of domestic abuse and test new ways of working

Thurrock housing strategy 2022-2027	• Bring housing together at locality level and empower front line staff from housing to form relationships and networks across the system and work with residents to design and deliver meaningful, personal, and holistic solutions • Embed housing support and services within the Integrated Locality Networks encompassing a wide range of health, care and third sector partners allowing staff to collaborate with each other and residents to co-design bespoke integrated solutions, rather than making referrals • Expand the knowledge and skills of housing staff relating to health, care and social needs to improve support that can be offered directly to residents within localities • Implement ‘test and learn’ pilots to create new community caseworker’ roles, able to deliver a wider range of solutions to residents, usually delivered by teams from Adult Social Care, NHS functions (e.g., drug and alcohol reduction in harm interventions), housing, debt, community, voluntary and faith sectors

7 Services Working Together

Summary for Services Working Together

This HNA has gathered data and the views from professionals who provide adult drug and alcohol prevention and treatment services as well as teams who are likely to come in contact with people who misuse drugs and alcohol. These include:

- Adult drug and alcohol treatment services
- Children and Young People's substance misuse services
- Probation Service
- Essex Police
- Violence Against Women and Girls
- Young Offenders Service
- Housing and Homeless Service
- Adult mental health service
- Alcohol Liaison Service
- Primary Care
- Individual Placement Support Service

The information gathered describes how the services link with the adult drug and alcohol misuse service, data about service users and the perception of barriers, enablers, and gaps in current services.

Inclusion Visions Thurrock (IVT) is the drugs and alcohol treatment service in Thurrock with an SLA focussed on:

- A prescribed assessment and treatment process
- Outreach and engagement
- Working with other organisations to support people and reduce harm from alcohol and drug misuse

Around 70% of referrals are self or originate from the family, 9% through the criminal justice system and 7% via the GP. These rates are similar to England.

Overall, the target of successful treatment completions for opiate treatment was met for the three-year period from April 2019 to March 2022. There is much more variability for successful completion rates for the other substance types with a dip in all three below target in mid to late 2020, with improvement in Spring 2021 which is maintained for April 2021 to March 2022. The dip may have been due to a response of IVT to the pandemic to hold on to people in treatment for longer to support them through the difficult period. Rates of unplanned exits from treatment are higher in Thurrock than for England for all four substance types.

Service users

When service users are asked about their views, they are very positive about the service and their experience. Feedback was very useful about preferences for how interventions are delivered. A combination of face to face and phone calls was preferred which supported service users need to meet with IVT key workers and the flexibility to work around jobs and childcare

demands. Identifying service users who would be willing to be part of future discussions will be helpful in planning an approach to co-design of a new service.

Currently the service is working hard to increase engagement and outreach across Thurrock as this had dwindled due to the pandemic.

Other services treating Thurrock residents for drug and alcohol misuse are the Alcohol Liaison Service in Basildon University Hospital, part of Mid and South Essex NHS Foundation Trust and GPs in primary care. People are screened for alcohol misuse in both settings, often with the AUDIT-C questionnaire and interventions are tailored to their response. These can be lifestyle advice, health education, signposting to services brief interventions, pharmacological support, and referral to specialist treatment services. The ALS can also refer to the High Intensity User (HIU) service based at Basildon Hospital.

Enablers

There are several initiatives to link the adult drug and alcohol service to other teams so they can work together to support people with co-occurring conditions and complex needs. Many of these initiatives are in the process of being implemented.

The Blue Light Project has been in place since 2018 and aims to develop alternative approaches and care pathways for drinkers who are not in contact with treatment services, but who have complex needs. Referrals are made to one of the two Local Action Groups (LAG) that comprise of the police, IVT, housing (both council and private housing associations) and the adult mental health teams. Agencies discuss and agree the best approach to supporting and engaging with the person.

The Supported Living Plus pilot for people in supported living accommodation and Housing First for people in council or social housing aims to provide immediate support for those with co-occurring conditions and complex needs. These pilots are in the process of being implemented. A senior substance misuse worker with specialist skills for working with, for example, people with learning difficulties, or those who are older with mental health challenges will work with people who are finding it hard to recover from difficulties in their lives. This worker will provide leadership to the rest of the team and facilitate access to the relevant service the person needs to stabilise their situation.

A recent initiative with the refuge in Thurrock has seen IVT developing ways to support women and children who may have substance misuse problems.

The collaboration between the police, probation and IVT around the integrated offender management programme is working well with consistency across the county.

Staff co-located with IVT include:

- A substance misuse worker whose role is to work with young adults and link with the young people's service
- Probation service staff working in IVT offices for some days of the week
- Open Road, provides that the individual placement support service to help people back into work or volunteering

Barriers

Limitations of the IVT SLA restricts the remit of the adult drugs and alcohol service. For example, where people are reluctant to engage with the service there is little IVT can do to support them as assertive outreach is not currently part of the IVT remit.

The difference in approach between the young peoples and adults' services mean that when young people move to an adult service and the statutory support changes, it can be a difficult transition. Older teenage and young adult group have particular needs and vulnerabilities and it's important that both adult and young people's services provide a similar coordinated approach to ensure the transition is as seamless as possible.

Relationships between the adult drug and alcohol service and primary care and the ALS is not as strong as with Essex Police, the probation service, and the mental health teams. Strengthening these relationships and developing new pathways are underway. IVT working in the planned Integrated Medical Centres will also be beneficial.

Coordination of joint assessments between IVT and Adult Mental Health Services is difficult as waiting times in for mental health services are longer than those in IVT.

Gaps

The collection of access to and sharing of data and intelligence between services was highlighted as an important gap in the current system. This will need addressing with increased integration of services and systems. This was mentioned by Essex Police, the Adult Mental Health Teams, the Community Safety Partnership, Trading Standards team, and the young person's substance misuse service.

There is limited understanding by teams about how other teams work. For example, people in the housing team are keen to understand better how IVT works. There is the potential to upskill staff in the housing team in contact with people who would benefit but do not currently engage with drug and alcohol services. Similarly, the IVT team may benefit from upskilling in some areas of mental health support and vice versa.

There is a lack of evaluation of initiatives, so it is unclear what works and what does not. With a rapid cycle testing approach new processes and pathways can be rapidly assessed with ongoing adjustments to ensure the system works effectively for residents and professionals.

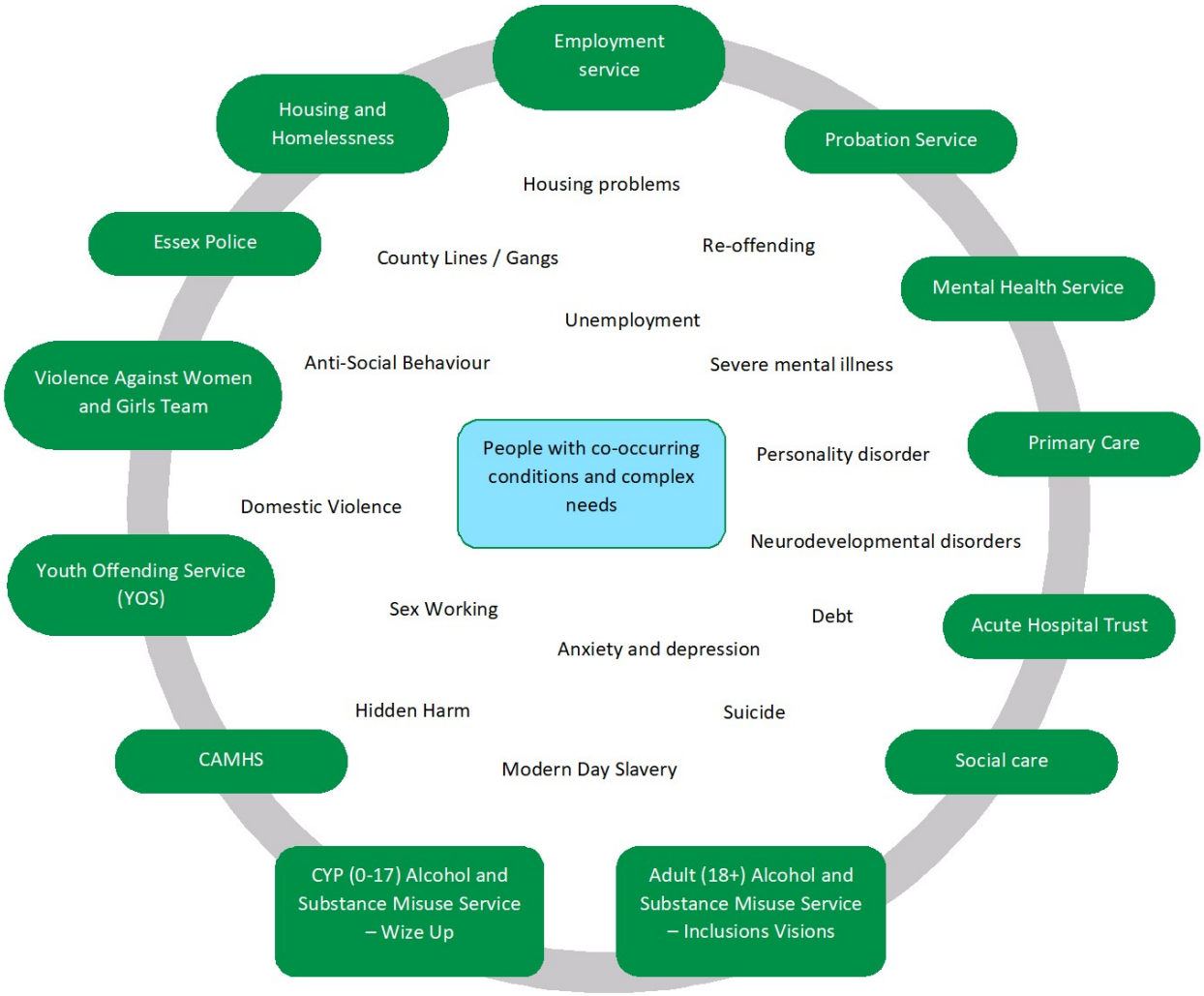
What would you most like to see….

Professionals interviewed were asked what they thought would be of most benefit to people with substance misuse problems if funding was no object. These were:

- A green space for community projects to bring all service users together (e.g., people in contact with mental health, housing, social care services)
- A small, combined substance misuse/mental health team
- Specialised support for people in refuge with co-occurring conditions
- Development of more peer led support/mentoring for young people and adults
- Development of the soup kitchen into a hub where people could meet services and other agencies
- Cross-agency mentoring
- Time to build relationships and think creatively about co location of services
- Funding to increase salaries to solve the workforce problem

People accessing the drug and alcohol service in Thurrock may simply need support dealing with their current misuse of drugs and/or alcohol, however very often such people have other challenges in their lives. These may include co-occurring conditions such as mental health or other health problems, or complex needs such as difficulties with family or relationships, gaining or staying in employment, challenges finding somewhere to live, or engaging in criminal activity. Therefore, it is important to establish strong links between the drug and alcohol service and the other services supporting people who have complex needs. Figure 33 shows the other key services in Thurrock that may also be involved with a person encountering the drug and alcohol service.

Figure 33: Key services in Thurrock supporting people with co-occurring conditions and complex needs and drug and/or alcohol misuse



In addition to enforcement, health, and care agencies it is important that people have access to wellbeing activities often provide by third sector organisations. There is a range of evidence which shows how participation in different types of activities such as physical activity[58],spending

[58] Linke S and Ussher M 2015 Exercise based treatments for substance use disorders:evidence, theory and practicality. The Americal Journal of Drug and Alcohol Abusr Vol 41 Issue 1

time in the natural environment[59] and engaging with the community[60] can complement formal treatment and aid recovery from addiction. Community groups, Community Interest Companies and voluntary sector organisations are key partners in provision of these wider wellbeing activities. The Stronger Together Thurrock directory holds a list of relevant activities which residents can access to support with their wider wellbeing.

This chapter outlines how the drugs and alcohol service is currently provided in Thurrock and how it links with the other services supporting people with drug and alcohol problems.

7.1 Drug and Alcohol Service: Inclusion Visions Thurrock (IVT)

An integrated drug and alcohol misuse treatment service for adults is provided by Inclusion Visions Thurrock (IVT), an NHS service which is part of the Midlands Partnership NHS Foundation Trust. The service is commissioned by the Public Health Team in Thurrock Council and is accountable to the Thurrock Health and Wellbeing Board (HWB). There is currently no overarching local Thurrock substance misuse strategy to use as a framework for commissioners, so the HWB focus is on the performance of IVT in meeting the aims and requirements of the Service Level Agreement (SLA).

The aims of the provision of alcohol and substance misuse services set out in the SLA are:

- To reduce the harm caused by drugs and alcohol
- To promote independent healthy living
- To improve the health, social, psychological, legal, welfare and life chances of people who are vulnerable through the use of alcohol and drugs

The service provides a single point of contact and a range of interventions focussed on the recovery of adults from illicit and other harmful drug and alcohol misuse for residents registered with a Thurrock GP. Access to the service is via referral, self-referral and engagement with outreach initiatives undertaken by IVT.

Following contact with the service, residents are briefly assessed within two weeks to determine which intervention will be appropriate. A full assessment is then carried out and a key worker allocated if structured treatment is required. Full assessment comprises taking a medical and psychological history along with family, social, sexual, and drug use histories. Organising support for smoking cessation, sexual health screening and psychological therapies can all result from the assessment.

There are four drug and alcohol treatment interventions depending on the level of need:

- A one-off appointment to provide brief intervention, guidance, and advice
- Extended brief intervention of 3-4 face to face appointments
- Light structured treatment
- Full structured treatment, face to face individual appointments and groupwork, plus prescribing appointments

[59] Martin L Pahl S, White M, May J 2019 Natural environments and craving: The mediating role of negative affect Health and Place vol 58
[60] Collinson B and Best D 2019 Promoting recovery from substance misuse through engagement with community assesys: Asset Based Community Engagement Substance Abuse Research and Treatment vol 13 1-14

7.1.1 IVT outreach and engagement

Outreach initiatives are considered increasingly important offering more opportunities to engage with residents following the lifting of pandemic restrictions. Community connectors undertake outreach, examples of which include:

- Home visits with Adult Social Care if people have drug and alcohol needs
- Visiting places with the police where anti-social behaviour is prevalent
- Visiting soup kitchens, community hubs and hostels
- Setting up a group in the refuge with the expectation that drop-in sessions will also become available
- Working with police to be able to see people in custody
- Participating in the Blue light pilot – assertive outreach with people with complex issues
- Visits to community groups

Many of these activities are just being implemented following the lifting of pandemic restrictions. Improved visibility of services and constructive conversations engaging with people in the community raises awareness of the issues of drug and alcohol misuse in Thurrock and the services available for support when people are ready to make changes to their lives.

7.1.2 IVT working with other organisations

In order to achieve the aims of the service, IVT works with a range of organisations and groups of commissioners and providers to be able to understand and better plan, engage and support residents with co-occurring conditions and complex needs. These include, but are not limited to:

Thurrock Council:

- Thurrock Community Safety Partnership
- Thurrock Council Violence Against Women and Girls
- Thurrock Housing Options
- Thurrock Trading Standards Thurrock
- Thurrock Adult Social Care
- Thurrock First

National Health Services:

- Thurrock GPs and the 4 Thurrock Primary Care Networks
- Alcohol Liaison Service Mid and South Essex NHS Foundation Trust
- Inclusion Thurrock Improving Access to Psychological Therapies
- Adult Community Mental Health Teams, Essex Partnership University NHS Foundation Trust

Criminal justice system:

- Essex Police
- Thurrock Probation service
- Thurrock Youth offending service

Third sector services:

- Thurrock Children and Young Persons Substance Misuse Service
- Open Road – getting people in contact with IVT into employment
- Turning Corners Football Club

Drug and alcohol misuse is an important concern in other Thurrock partnership groups. For example, the Thurrock Safeguarding Adults Partnership are concerned with modern day slavery

which can include vulnerable adults who have drug and alcohol problems and the Thurrock Children's Safeguarding Partnership who are concerned with county lines gangs using youngsters to carry drugs in the community. The Thurrock Community Safety Partnership works closely with both safeguarding groups to ensure actions are coordinated.

7.1.3 Drug and alcohol treatment service use

IVT reports service usage data against key performance indicators to Thurrock Council on a monthly basis. These data along with information from other services is compiled nationally, analysed, and reported via the National Drug Treatment Monitoring Service (NDTMS), in the adult drug and alcohol commissioning support packs, and the Diagnostic Outcomes Monitoring Executive Summary (DOMES). The information in the remainder of this section is drawn from a combination of these sources.

7.1.4 Source of referral to alcohol and treatment services

The table below shows the trend in the source of referrals into treatment for 2015/16 to 2020/21. Over this period the number of referrals has reduced by around 60%, from 425 to 175. The latest reported year was during the pandemic when there were considerable restrictions on services which may account for some of this reduction, however this trend was evident prior to the beginning of the pandemic with 210 referrals in 2019/20 (50% of 2015/16 figures). The greatest proportion of referrals were from self-referral or via family and friends which comprised 58% and 65% in 2015/16 and 2020/21 respectively. The increased proportion of referrals coming from self/family and friends indicates that services were referring proportionately fewer people. Referrals from the Alcohol Liaison Service and the criminal justice system have both proportionately reduced since 2015/16.

Table 45: Source of referral for people entering treatment, 2015/16 to 2020/21

Source of referral for new presentations entering treatment, all Thurrock						
Referral Source	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Criminal Justice System	100	60	30	40	35	25
Alcohol Liaison Service	15	10	10	5	5	0
Self-Referral or via Family/Friends	245	265	140	200	120	115
Health and Social Care Services	55	45	20	40	40	20
Other	10	5	5	5	10	15
Unknown	0	0	0	0	0	0
Approximate Total*	425	385	205	290	210	175

Source: NDTMS ViewIt Adults

Further detail about referrals for either drug or alcohol misuse treatment compared to England by gender for 2020/21 is outlined in Tables 46 and 47 and Figure 34.

Similar patterns in referrals for drug and alcohol treatment are reported for Thurrock and England via the criminal justice system and GP practices. Self-referrals and those by social services are higher in Thurrock compared to England and those from the Alcohol Liaison Service and other referral routes are lower.

Table 46: Sources of referral for those starting treatment for drug misuse in Thurrock and England, 2020-21.

Referral	Thurrock (n)	Thurrock (%)	Male (%)	Female (%)	England (n)	England (%)	Male (%)	Female (%)
Self-referral	65	64%	60%	71%	46,199	59%	59%	61%
Referred through Criminal Justice System (CJS)	17	17%	19%	11%	12,247	16%	19%	8%
Referred by GP	<5	N/A	N/A	0%	3,128	4%	4%	4%
Hospital/A&E	0	0%	0%	0%	1,850	2%	2%	3%
Social Services	5	5%	4%	6%	2,395	3%	2%	6%
All other referral sources	12	12%	12%	11%	12,193	16%	15%	18%

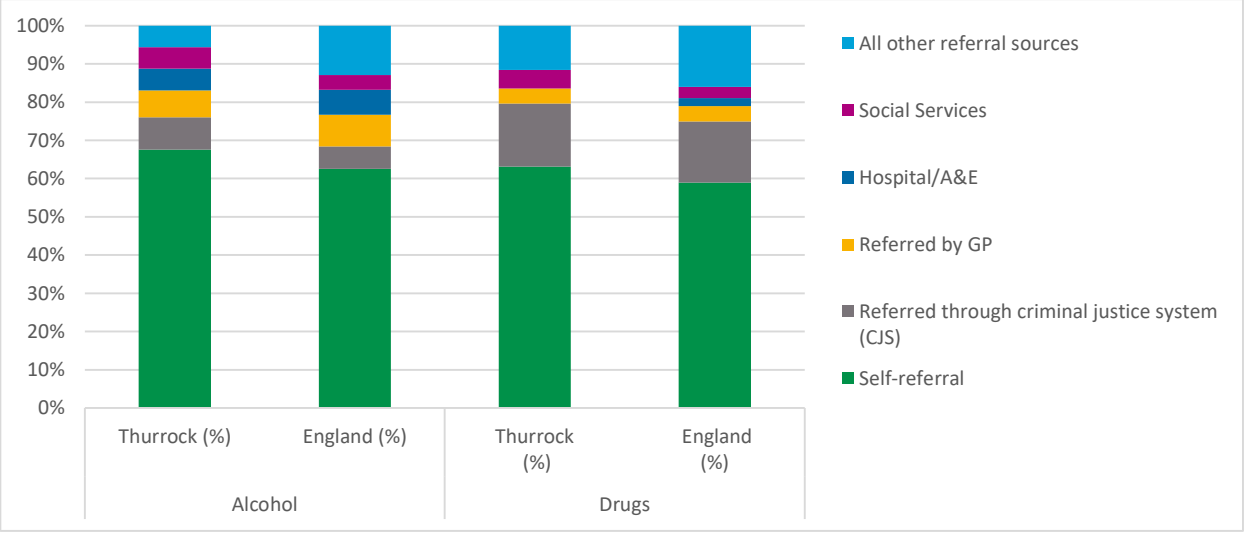
Source: Adult Drug Commissioning Support Pack 2022/23

Table 47: Sources of referral for those starting treatment alcohol misuse for Thurrock and England, 2020-21

Referral	Thurrock (n)	Thurrock (%)	Male (%)	Female (%)	England (n)	England (%)	Male (%)	Female (%)
Self-referral	48	70%	72%	67%	32,574	63%	62%	64%
Referred through criminal justice system (CJS)	6	9%	14%	3%	3,014	6%	8%	3%
Referred by GP	5	7%	11%	3%	4,342	8%	8%	9%
Hospital/A&E	<5	N/A	N/A	3%	3,420	7%	7%	6%
Social Services	<5	N/A	N/A	12%	2,000	4%	3%	5%
All other referral sources	<5	N/A	N/A	12%	6,722	13%	13%	13%

Source: Adults Alcohol Commissioning Support Pack 2022/23

Figure 34: Sources of referral for those starting drug and/or alcohol treatment for Thurrock and England, 2020-21.



Source: Adult Drug and Alcohol Commissioning Support Packs 2022/23

Note that in Figure 34 where there were less than 5 referrals in any referral source category in Thurrock (this situation did not arise for England) these numbers have been changed to 4 to reduce the risk of identifying any individuals. This does slightly alter the percentages shown across all referral source categories.

Waiting time targets for new referrals are consistently met by IVT. For 97-99% of referrals, people receive their first intervention within three weeks, and this has been achieved each month for the previous three years.

7.1.5 Numbers of people in drug and alcohol treatment

Chapter 5 describing the epidemiology and burden of disease provides detail about the numbers and types of people receiving drug and alcohol treatment. The table below shows the overall number of people in treatment and the number of new presentations entering the system for the year to April 2022. This includes people in community, inpatient, residential and primary care settings. Most people in 2021/22 entered treatment for alcohol misuse (36.6%) followed by opiate use (29.0%) whilst of those already in treatment 44% were being treated for opiate use and 28.6% for alcohol misuse.

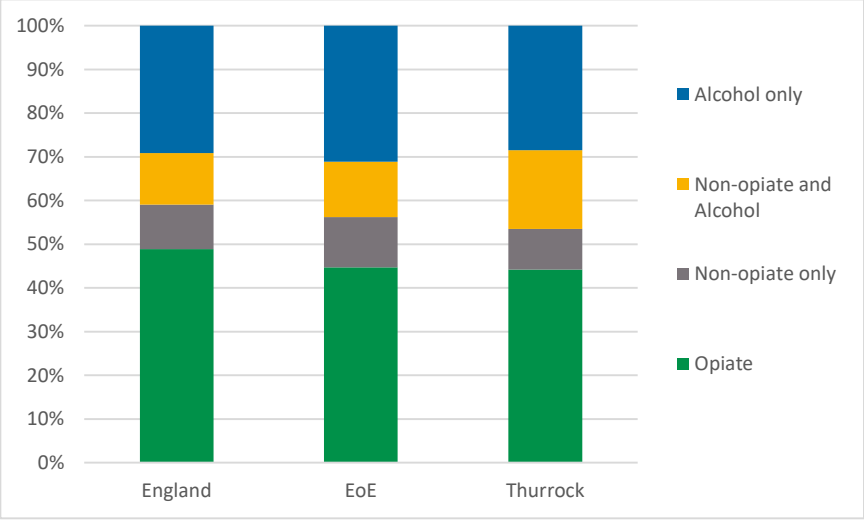
Table 48: Number of people currently receiving treatment and new people entering treatment for 2021/22

Number of people in drug and alcohol treatment in Thurrock		
Substance type	Number in treatment Mar 2021 to April 2022	New referrals Mar 2021 to April 2022
Opiate	147 (44.1%)	53 (29.0%)
Non-opiate only	31 (9.3%)	22 (12.0%)
Non-opiate and Alcohol	60 (18.0%)	41 (22.4%)
Alcohol only	95 (28.6%)	67 (36.6%)
Total	**333**	**183**

Source: NDTMS Community Adult Treatment Performance Reports

The figure below compares the proportions of those in treatment by type of substance with East of England and England for 2021/22. Thurrock has a higher proportion of people treated for non-opiate plus alcohol misuse compared to East of England and Thurrock and lower proportions of people being treated for either alcohol or non-opiate misuse only.

Figure 35: Proportion of those in treatment from April 2021 to March 2022 by substance category



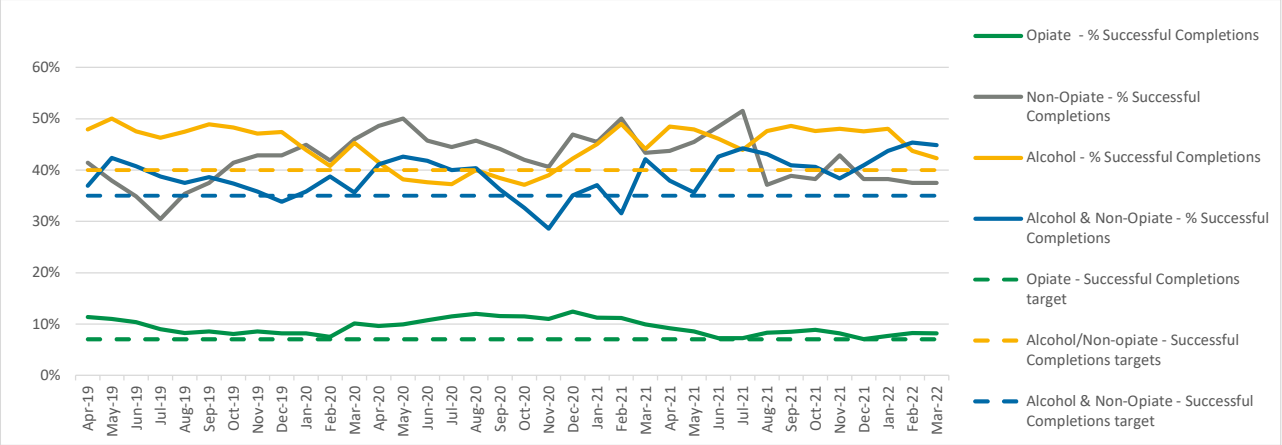
Source: NDTMS Community Adult Treatment Performance Reports

7.1.6 Treatment outcomes

There were two main sources of information about latest treatment outcomes for people in treatment over the past two years. These were key performance data from IVT and DOMES reports.

Figure 36 shows the proportion of people who successfully completed treatment with IVT for each of the four substance types against the target. Overall, the target of 10% successful completions for opiate treatment is met for the two-year period from April 2019 to March 2022. There is much more variability for successful completion rates for the other substance types with a dip in all three below target in mid to late 2020, followed by an improvement in Spring 2021 which is maintained for April 2021 to March 2022. The dip may have been due to a response of IVT to the pandemic to hold on to people in treatment for longer to support them through the difficult period. There are separate completion targets, each of 40%, for the non-opiate only and the alcohol only client groups. These targets are represented by a single yellow coloured dotted line in the graph below, as separate dotted lines would overlap, and both would not be visible.

Figure 36: Percentage of successful completions per month by substance category



Source: Inclusion Vision Adults Drug and Alcohol Service Key Performance Indicators 2019/20 to 2021/22

The table below compares the number of successful treatment completions with baseline 2020/21 figures, latest 2021/22 figures and the top quartile range for comparator local authorities. Thurrock is within the top quartile for the rate of successful treatment completions for people with opiate, non-opiate and alcohol and non-opiate misuse but not alcohol only treatment.

Table 49: Successful completions as a proportion of all in treatment

Substance Category	Baseline April 2020 to March 2021		Latest period April 2021 to March 2022		Top Quartile Range for Comparator LAs
	%	n	%	n	
Opiate	9.7%	15/154	9.5%	14/147	8.43% - 15.53%
Non-opiate	45.2%	14/31	35.5%	11/31	44.38% - 64.63%
Alcohol	41.1%	37/90	41.1%	39/95	45.12% - 58.96%
Alcohol and non-opiate	42.9%	24/56	45.0%	27/60	40.29% - 56.72%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

Another measure of treatment outcomes is either drug or alcohol misuse abstinence or reliably reduced misuse. Table 50 shows the numbers of people who at their 6 months review are abstaining from use of opiates, cocaine, crack, or alcohol or who have cut down on their frequency of use. Numbers have been supressed where they are below 5, however rates were within the expected abstinence range for all substance types.

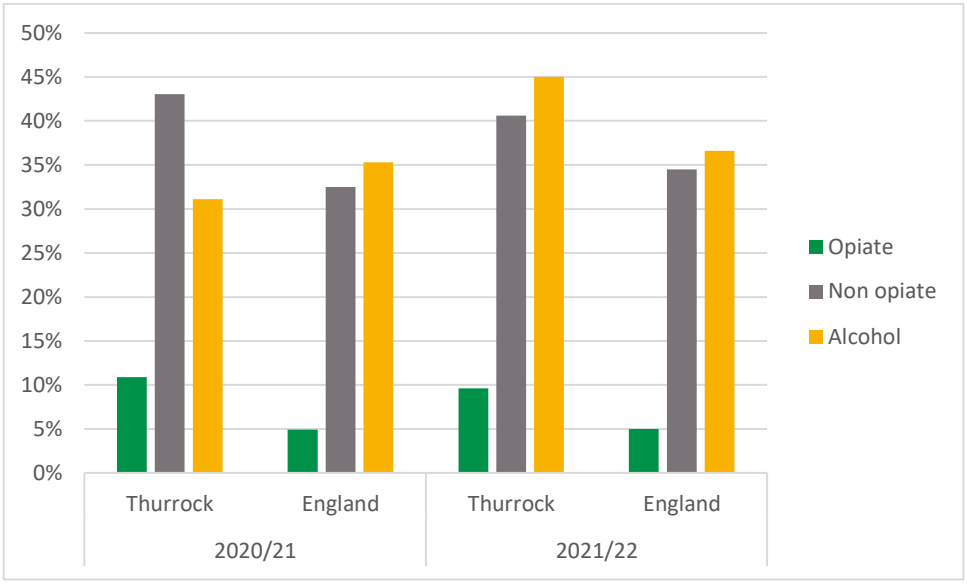
Table 50: Abstinence and reliably improved rates at 6 months review in the last 12 months

Abstinence and reliably improved rates	Abstinence Rates		Expected abstinence Range [61]	Reliably improved
	%	n	%	%
Opiate abstinence and reliably improved rates	53.3%	8/15	25.4% - 76.0 %	26.7%
Crack abstinence and reliably improved rates	75.0%	6/8	10.5% - 79.4%	25.0%
Cocaine abstinence and reliably improved rates	N/A	<5/11	17.2% - 76.2%	36.4%
Alcohol abstinence and reliably improved rates	N/A	<5/34	4.9% - 30.5%	38.2%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

Following successful treatment, a proportion of people will re-present to the service having started to misuse drugs and alcohol again. IVT has a target of no more than 8 re-presentations in any one year for each substance category. This target has been met in each of the last three years (2019/20, 2020/21 and 2021/22). Across all four substance categories there were 6 re-presentations in 2019/20, 4 in 2020/21 and 4 in 2021/22. Figure 37 compares the re-presentation rates following successful treatment completion for Thurrock and England for opiates, non-opiates, and alcohol in 2021/21 and 2021/22. Rates in Thurrock are higher than in England but without confidence intervals it is not clear if these differences are significant.

Figure 37: Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months



Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

[61] The expected range takes into consideration the case mix profile of the population. For each substance a formula has been developed based on the relationship between factors reported at presentation by clients citing the substance (nationally) and their likelihood of achieving abstinence from that substance at 6-month review. This formula is then used to determine the expected range of performance for each individual area, using factors reported at presentation by clients that are now due for 6-month review. Performance either side of the expected range is exceptional. Source: PHE Diagnostic and Outcome Monitoring Executive Summary (DOMES): Partnership Report Guidance Document

7.1.7 Numbers exiting treatment

People exit treatment once it is completed and for a range of other reasons including dropping out and transferring into custody. From April 2021 to March 2022 there were 177 exits from treatment.

The table below shows the exits from treatment for the years 2015/16 to 2020/21. In 2015/16 52% of exits were due to successful completion of treatment whilst 35% dropped out which is similar to 2020/21 when the rates were 55% and 33% respectively.

Table 51: Thurrock clients exiting treatment by method of exiting treatment, 2015/16 to 2020/21

Method of exit from treatment for patients currently in treatment, all Thurrock						
Exit Method	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Inconsistent Treatment	0	0	0	0	0	0
Treatment Withdrawn	0	0	0	0	0	0
Treatment Declined	0	5	10	5	0	0
Referred On	0	0	0	0	0	0
Transferred into Custody	25	20	5	5	15	0
Transferred Not in Custody	30	25	20	15	20	10
Prison	0	0	0	0	0	5
No Appropriate Treatment	0	0	0	0	0	0
Moved Away	0	0	0	0	0	0
Dropped Out	145	140	105	115	85	55
Successful Completion	215	195	120	145	100	90
Passed Away	5	5	5	0	0	5
Other	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
Total	**415**	**385**	**265**	**285**	**220**	**165**

N.B. Numbers in this table have been rounded to the nearest 5 to prevent identification of individual patients
Source: NDTMS ViewIt Adults

In terms of unplanned exits or transfers Table 52 compares the proportion of these within Thurrock with the national average. For all substance types, Thurrock unplanned exits and transfers are higher than the national average; for alcohol and non-opiate and non-opiate only treatment this is around 40% higher. However, these are small numbers, and it is not clear if these differences would be important without calculating confidence intervals.

Table 52: Proportion of new presentations who had an unplanned exit or transferred and not continuing a journey before being retained for 12 weeks

Substance Category	Latest period Jan to Dec 2021		National Average
	%	N	
Opiate	20.9%	9/43	16.4%
Non-opiate	30.4%	7/23	18.1%
Alcohol	15.9%	11/69	13.2%
Alcohol and non-opiate	31.1%	14/45	17.2%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

7.1.8 IVT service user involvement and feedback

IVT works with most adults requiring drug and/or alcohol treatment in Thurrock. Feedback is gathered from service users through a variety of routes. A service user forum is held on the first

Thursday of every month and IVT use Care Opinion; a not-for-profit independent feedback platform for health and social care; to gather narrative feedback from people. A service user strategy is currently being implemented and a post will be advertised for a band 5 coordinator of volunteers and service user involvement lead.

Below are three very positive, recent quotes from service users about IVT via Care Opinion:

Service user A

'The support I've got from Inclusion is 2nd to none, they helped me make changes that I couldn't do on my own, they didn't judge me when I stumbled, just showed me how to get back up and look forward. Looking forward to trying acupuncture' July 2022

Service user B

'I'm 36. I've been drinking for 22 years through many issues including mental health. I have been to Thurrock inclusions many times and have detoxed and relapsed. They have never turned their back on me and have now given me another chance. I got my key worker back, who said she will help me if I help myself. I was binge drinking every day and going to Inclusions groups and meeting all the other staff. Going to the groups has reduced my alcohol dependency'. June 2022

Service user C

'I stopped the binge drinking. Every meeting I go to has helped me in every way. They have got me detoxed in a rehab and am doing many other recovery groups. Everyone there are brilliant they have saved my life. I could never thank them so much - they are brilliant, and I now feel brilliant'. June 2022

Service user feedback on delivery of interventions during the pandemic

During the pandemic in 2020/21, IVT undertook a survey of 137 service users in Thurrock to ask them about their satisfaction with the service and their views on delivering parts of the service online. Of those 137 service users, two thirds (66%) were receiving support for heroin use, 12% for alcohol addiction, 10% for alcohol problems, 5% for prescription/over the counter medication and 3% for use of crack cocaine.

When asked about the support they had received by phone 50% said it was excellent, 34% that it was good and 22% that it was okay. No one reported the service as poor or very poor. In terms of difficulties accessing telephone support service users were asked to indicate any and multiple problems. Of 137 people, 135 (99%) said they were happy to receive an intervention over the phone. However, 17% said they did not or do not often have phone credit, 6% said they do not often have or had no access to a phone and 5% said they did not have access to a quiet, private, or safe space for their appointment.

Service users were asked to indicate any difficulties they had accessing online or digital support. Although 71% said they did have the right equipment and connectivity, 30% of service users said they were unconfident about using it and 13% did not have a quiet or safe space to talk privately.

When asked about their willingness to access interventions in different ways 93% and 99% were happy to meet face to face or receive phone support respectively. For digital interventions 27% were willing to have video consultations, and 23% to access online interventions. Only 24% were willing to attend face to face groups and 19% to attend online groups.

The proportions of people happy to receive interventions in different ways were similarly reflected in their preferences. Table 53 below shows that most people preferred face to face (91%) or telephone support (91%) whilst a high proportion (68%) did not prefer online digital interventions. Clearly a considerable proportion of people did not want to participate in group work either face to face (69%) or online (74%).

Table 53: Service user preference for method of accessing support

Please rate from 1 (do not prefer) to 5 (prefer) which access methods do you prefer?						
Access Method	1 - do not prefer	2	3 - no preference	4	5 - prefer	Total
Online digital interventions	68%	5%	9%	9%	9%	100%
Face to face groups	69%	3%	6%	5%	17%	100%
Online groups	74%	4%	7%	9%	6%	100%
1-1 face to face	2%	1%	3%	4%	91%	100%
Video consultation 1-1	33%	5%	37%	14%	11%	100%
Telephone support	0%	2%	3%	4%	91%	100%

7.2 Service User Views of IVT

As part of the HNA, service users seen in July were asked a small number of questions (Appendix 3) about their satisfaction with the service at the time of their appointment. A total of 47 service users provided feedback.

Of the 47 respondents, 34 (72%) were male and 13 (28%) were female. Of the females 70% were aged 30 to 49 years and 23% were over aged 50. Of the men 50% were aged 30 to 49 and 47% were 50 and over. A total of 33 (70%) respondents were being treated for opiate use, 8 (17%) for alcohol and non-opiate use, 7 (15%) for non-opiate use and 5 (10%) for alcohol misuse only.

A total of 18 (38%) people were in contact with one or more other services. Of the 10 people in contact with mental health services, nearly half were also supported with their housing needs.

Figure 38: Proportion of respondents in contact with different services

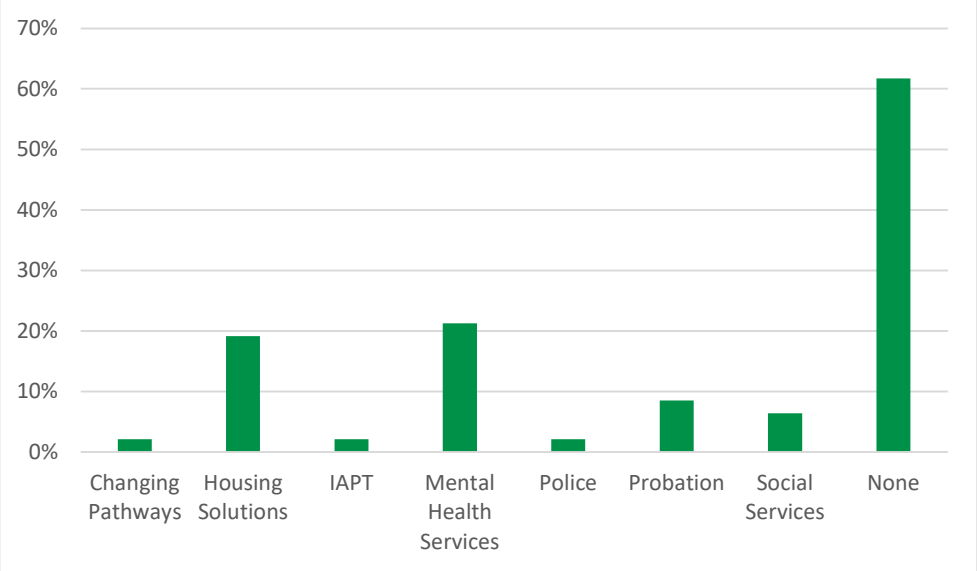


Table 54: Responses to questions about IVT service

Question	Always	Often	Sometimes	Rarely	Never
1.Could you contact the service when you needed to?	40 (85%)	6 (13%)	1 (2%)	0	0
2.Could you use the service when you needed it?	36 (77%)	11 (23%)	0	0	0
	Very positive effect	Some positive effect	Neutral	Some negative effect	Very negative effect
3.Do you think the COVID-19 pandemic had an effect on how you were able to use the service?	23 (49%)	12 (26%)	7 (15%)	5 (10%)	0
	Completely satisfied	Very satisfied	Moderately satisfied	Slightly satisfied	Not at all satisfied
4.Did you receive what you expected from the service	33 (70%)	13 (28%)	1 (2%)	0	0

Of the 47 respondents asked if they had any other comments 19 (40%) provided very positive comments such as:

"Enjoy coming to the service. Staff are so nice and helpful. I like the drop in and other groups."

"Staff have always been there for me; Thank you for sticking with me as I have been a nightmare."

"Very happy with the service, people understand you here, they give you hope, and they don't judge me."

There were three other comments; two mentioning how they really benefitted from the flexibility of the mix of phone and face to face appointments so they could fit them around their work and one person said they would like to access IVT via another door instead of the main entrance.

Of the 47 respondents 18 (38%) were happy to be contacted in the future to have a conversation about what you think the best drug and alcohol treatment service would look like.

One of the limitations with this approach is that service users were asked questions by IVT staff members which limits the independence of the results. Importantly people were asked if they would be happy to take part in discussion about future drug and alcohol services and 38% agreed. The volunteer coordinator and service user involvement lead will be able draw on the experiences and views of this group, for the co-design and co-production of a future service. This approach aligns with the elements embedded in the Thurrock wide strategy of transformation to an integrated system using human learning systems approaches.

7.2.1 IVT service: barriers, enablers, and gaps

From the stakeholder interviews with professionals, it was clear IVT is perceived very positively by people and agencies working alongside them. The service was described as good at partnership working, approachable, transparent, and diligent in terms of financial planning and performance. The other positive features of the service mentioned included longevity of staff in post, their persistence in working with people, a flexible open approach to finding solutions and sensitively matching key workers to residents. Being part of a large NHS Foundation Trust was also valued, enabling the service to weather peaks and troughs in the system. Their consistent engagement with partnership working and MDTs was seen as essential to address some of the council's priorities such as reducing re-offending and community based anti-social behaviour.

Partnership working will continue be consolidated given the likelihood of the planned transformation of services delivered by Thurrock Council to a human learning systems way of working[62].

During the pandemic, IVT managed to carry out all its contacts with people virtually, including treatment and prescription services. This required a lot of work centrally and locally to rapidly change policies and procedures. Some people preferred virtual contacts and were more likely to engage better than with face-to-face meetings, particularly people with opiate issues. It is now a challenge to persuade some people return to face-to-face meetings, which may be a result of a lack of confidence in social skills following isolation. For some people it will be appropriate to continue with virtual meetings, but for others it may only be through face-to-face meetings that staff can see that the person needs additional support.

The current priority for IVT is to restore the drug and alcohol services so that they can be accessed from all the pre-pandemic community access points. This includes outreach venues and police custody suites. The other pressing need is to focus on people who have unequal access to services, especially those with co-occurring conditions and complex needs such as mental health issues and alcohol dependency, combined with housing and social care needs. IVT felt having a small specialist team focussed on substance misuse and mental health with an NHS band 7 psychologist and band 6 substance misuse worker would bridge the current gap.

From a conversation with an IVT volunteer it was clear that there is still considerable fear around asking for help, especially for single parents who are fearful of having their children removed and the stigma surrounding alcohol and drug misuse. Within the community, having a peer mentor who people can come to for advice prior to asking for help from the statutory agencies would be helpful. In addition, once they have asked for help a peer mentor could be an informal support as they journey through the system and raise awareness of all the resources available to them across the agencies.

Key population groups were mentioned as being underrepresented in referrals to drug and alcohol treatment services. These included the traveller community, sex workers, white professional males using cocaine and people originating from the Asian subcontinent.

Community groups and community projects were seen as being very important for service users and there are some community resources already available such as the Turning Corners Football Club a grassroots group that counts a number of residents recovering from substance misuse amongst its members. The club has recently been profiled in the Mid and South Essex ‘Moments that Matter’ campaign, was set up by a local resident who was in recovery from addiction with assistance from his keyworker at IVT. The club now has 70+ members, and feedback from participants has shown they see being part of this ‘brotherhood’ as being vital to their recovery. This emphasises the importance of continued work with third sector partners to ensure community organisations can be supported to continue with this sort of programme. However, there is still a view that community activity to directly improve the environment such as a green space for community projects open to a range of people with vulnerabilities as a place to connect for support and health and wellbeing activities, for adults and children would be beneficial. This would bring people together, integrate people more into the community, build confidence and resilience in service users, with the aim of being sustainable. It is important that when someone stops using a substance which has been their coping mechanism for so long that there is something positive that can fill the gap.

[62] Better Together Thurrock; The case for Further Change 2022-2026

7.3 Thurrock Community Safety Partnership

In Thurrock the 5 responsible authorities (local authority, the police, probation, fire and rescue and health services) form the Community Safety Partnership (CSP), working together to implement strategies to tackle local crime and disorder. The CSP 2021 strategic assessment formed the basis of the CSP action plan for 2022/23 outlining local priorities and planned actions. The CSP covers the whole resident population of Thurrock including adults and children. The public health drugs and alcohol lead who commissions both the children and young person's substance misuse service and the adult drugs and alcohol service are represented as non-statutory members of the CSP board. The drug and alcohol service partners and collaborates with each of the five responsible authorities, developing strategies to engage with and offer support to those involved with anti-social behaviour, criminal activity and people experiencing domestic abuse.

7.3.1 The Blue Light project

The CSP was instrumental in supporting the setup of the 'Blue Light Project' within Thurrock. This is an initiative promoted by the national UK charity, Alcohol Change, implemented locally, aiming to develop alternative approaches and care pathways for drinkers who are not in contact with treatment services, but who have complex needs. It challenges the belief that only drinkers who show clear motivation to change can be helped and sets out positive strategies that can be used to manage risk, reduce harm, and promote change. The cohort of people targeted are those with a long-standing alcohol problem and are usually frequent users of health, social care or emergency services or had contact with the authorities through domestic abuse, crime, anti-social behaviour or housing and homeless agencies.

Referrals are made to one of the Local Action Groups (LAG) of which there are two in Thurrock. Representatives on the LAG from the police, IVT, housing (both council and private housing associations) and the adult mental health teams are involved in assessing the referrals. Most referrals come from housing officers who are visiting housing stock and tenants and find people in chaotic circumstances, but who have not yet asked for help or engaged effectively with services. The other key referrer is the adult safeguarding team. Following referral there is a discussion between agencies about the best approach to supporting and engaging with the person and actions agreed. Once people are in a more stable situation the person is discharged from the service. However, they may be re-referred and require further support if their situation deteriorates.

There is currently no evaluation or data about how and what difference this project is making to the targeted cohorts however, there is significant partnership working between agencies which are perceived as very positive and effective. The project has cemented people's ideas and awareness about how drug and alcohol services are central to the solution for improving the lives of those with complex needs.

7.4 The Children's and Young People's Services

The integrated young person's substance misuse treatment service is commissioned by Thurrock Council and provided by Change Grow Live (CGL) Wize up. The aims of the provision of the service set out in the SLA are to contribute towards:

- A reduction in drug related ill health
- An avoidance of drug related deaths
- A reduction in drug related offending
- A reduction in the supply of illegal drugs

- A reduction in alcohol related harms
- A reduction in young people misusing substances who go on to be problematic substance misusers as adults
- Breaking the cycle of intergenerational substance misuse
- A reduction in young people not in education, employment, or training

The service offers general prevention interventions in schools and the community and specific treatment services for individuals. These are focussed in the following areas:

- Consultancy and support for universal services
- Substance misuse education and prevention in universal and targeted settings
- Advice and information
- Outreach
- Psychosocial interventions including motivational interviewing, cognitive behavioural therapy and 12 step programmes,
- Complementary therapies
- Specialist harm reduction
- Family therapy interventions
- Peer led programmes

CGL Wize Up work in schools and the community to ensure children and young people have the information about the risks associated with substance misuse and how to reduce harm if they take risks and where to go for help if necessary. Treatment services are available for individual young people who are 17 or younger, and their families if appropriate, who have been referred for support through a range of routes such as schools, social care, and the YOS. The service also works with children and young people exposed to hidden harm due to experiencing parents or carers misusing substances and who may themselves have started misusing substances. CGL Wize Up staff are co-located with the YOS to deliver support to children and young people who are affected by substance misuse themselves or of a significant other. The adult service will also refer children whose parents or other significant others they are treating, to the CYP service in order to support children exposed to the hidden harm of witnessing drug and alcohol misuse.

CGL Wize up work with the Thurrock Multi Agency Safeguarding (MASH) hub in order to engage in effective multiagency interventions. Other agencies include, early intervention, prevention and support services, Healthy Families, Troubled families, Youth Offender Service, schools/ academies, the adult drug, and alcohol treatment service and voluntary and third sector organisations. Representation of CGL Wize up is sought on any MDT involving safeguarding, panels for children in need, child protection and the exploitation panels involved with county lines and community safety.

Early identification of county lines and other types of exploitation are a large part of CGL Wize Ups work. This may be a referral from YOS or school, when students exhibit concerning behaviour, such as increased unaccounted time missing from school, or suddenly having more money or expensive belongings

In working with young people considerable time is taken describing the consent process in a way that can give them autonomy and to build trust in the relationship. This is important as there are circumstances when it is in the best interests of the person to breach their confidentiality such as when harm to other young people is likely or serious crime is involved.

7.5 Transition from Young Peoples to Adult Services

Children and young people will often present with what they consider to be recreational alcohol and drug use so an approach to motivational interviewing and engagement is somewhat different

to the work of the adult services who are likely to be working with people with much more complex, entrenched problems.

There are arrangements in place for people who reach the age of 18 and still need support from drug and alcohol services to be transferred to the adult service. People with learning needs and other disabilities can continue to be supported by the Children's and Young people's service until the age of 25. However, where these criteria do not apply the differences in the approach between the young peoples and adults' services mean that when they move to an adult service and the statutory support changes, it can be a difficult transition. For example, a young person supported by CGL Wize Up for binge drinking and cannabis use may receive a broad holistic service, but on entering the adult service at age 18 they receive a single harm reduction session, because they are not problematic drinkers or substance dependent.

Work is underway to improve the young people's experience of transition by creating a pathway that feels safe and predictable so they know what they can expect from the adult service. A transition support worker currently sits with the adult service to help with the integration of services and where possible for those aged 18 to 21 the decision as to whether they stay with the young people's service or transition to the adult service is considered on a case-by-case basis. Further work is likely to be necessary for the young peoples and adults' services to mesh effectively at the transition point between them. The older teenage and young adult group have particular needs and vulnerabilities and it is important that both services provide a similar coordinated approach to ensure the transition is as seamless as possible. Solutions to the transition issues in other areas includes integrating young peoples and adults' services using one provider (e.g., in Slough and Hillingdon) and re-commissioning across both adults and young people's systems focussing on the 'whole family' to improve outcomes (Sutton).

7.6 Children's and Young People's Use of Services

The young people's drug and alcohol service provider CGL Wize up, reports service usage data against key performance indicators to Thurrock Council. These data along with information from other services is compiled nationally, analysed, and reported via the NDTMS, the adult drug and adult alcohol commissioning support packs, and the Diagnostic Outcomes Monitoring Executive Summary (DOMES). The information in this section is drawn from a combination of these sources.

7.6.1 Numbers of children and young people in treatment

The latest figures reported for young people in treatment in Thurrock comes from the young people substance misuse commissioning support pack 2022/23: key data. The latest available year was 2020/21 when 50 young people were in treatment of which 76% were male, compared to 64% for England. There were 35 new young people entering treatment of which 74% were male, compared to 65% for England.

Referrals were highest for those aged 15 (35%) followed by those aged 16 (25%) and then 17-year-olds (16%) and 14-year-olds (12%). Referral sources were predominately via education (28%), children and family services (26%) and youth justice settings (28%) with a further 9% coming from health and mental health services, and 6% from self-referral or family and friends. A similar pattern is seen for England although the proportion of referrals from self or family and friends (12%) is double that for Thurrock. Most young people (85%) were living with their parents and 6% were living in care.

The most commonly reported problem substance was cannabis (84%) followed by nicotine (48%), alcohol (28%) and cocaine (8%). For England reported substances were lower for nicotine (12%) and higher for cocaine (13%) and ecstasy (11%) and ketamine (5%).

In 2020/21, 19 young people, 40% of those in treatment had a co-occurring mental health and substance misuse problem, similar to the England proportion (42%). Of those identified 14 (74%) were identified as having mental health treatment.

In Thurrock for 2020/21, 26 of 29 (90%) young people who exited treatment left it successfully compared to 79% in England. In 2020 of the 20 young people who exited treatment successfully none re-presented to specialist services within 6 months.

7.6.2 Hidden harm

Hidden harm is an important focus for the children and young people's service, and a proportion of children at risk are identified through the adult services when parents or adult carers are assessed for treatment. Table 55 shows the proportion of adults entering drug and alcohol treatment services for Thurrock and England who live with children in 2020/21. There were similar rates of parents entering treatment with a drug problem in Thurrock (17%) compared to England (13%) and for alcohol 25% and 22% respectively.

Table 55: Number and proportion of adults presenting for drug or alcohol treatment by parental status, for Thurrock and England, 2020-21.

Parental Status	Thurrock Drugs (n)	Thurrock Drugs (%)	Thurrock Alcohol (n)	Thurrock Alcohol (%)	England Drugs (n)	England Drugs (%)	England Alcohol (n)	England Alcohol (%)
Parents living with children	17	17%	17	25%	10,071	13%	11,626	22%
Parents not with children	14	14%	9	13%	17,016	22%	9,389	18%
Other contact, living with children	1	1%	0	0%	3,434	4%	1,222	2%
Not parent - no contact with children	70	69%	43	62%	46,652	60%	28,974	55%
Missing / incomplete	0	0%	0	0%	1,097	1%	1009	2%

Source: Adult Drugs and Alcohol Commissioning Support Packs 2022/23

A proportion of parents in drug and alcohol treatment will be in contact with children's social care.

Children in Need are a group supported by children's social care, who have safeguarding, and welfare needs, including:

- Children on child in need plans
- Children on child protection plans
- Looked after children
- Disabled children

All of these children have needs identified through a children's social care assessment or because of their disability, meaning they are expected to require services and support in order to have the same health and development opportunities as other children.

The table below shows the proportion of children in need receiving help from social care along with those who received early help and those who are looked after children for Thurrock and England for the period 2021/22.

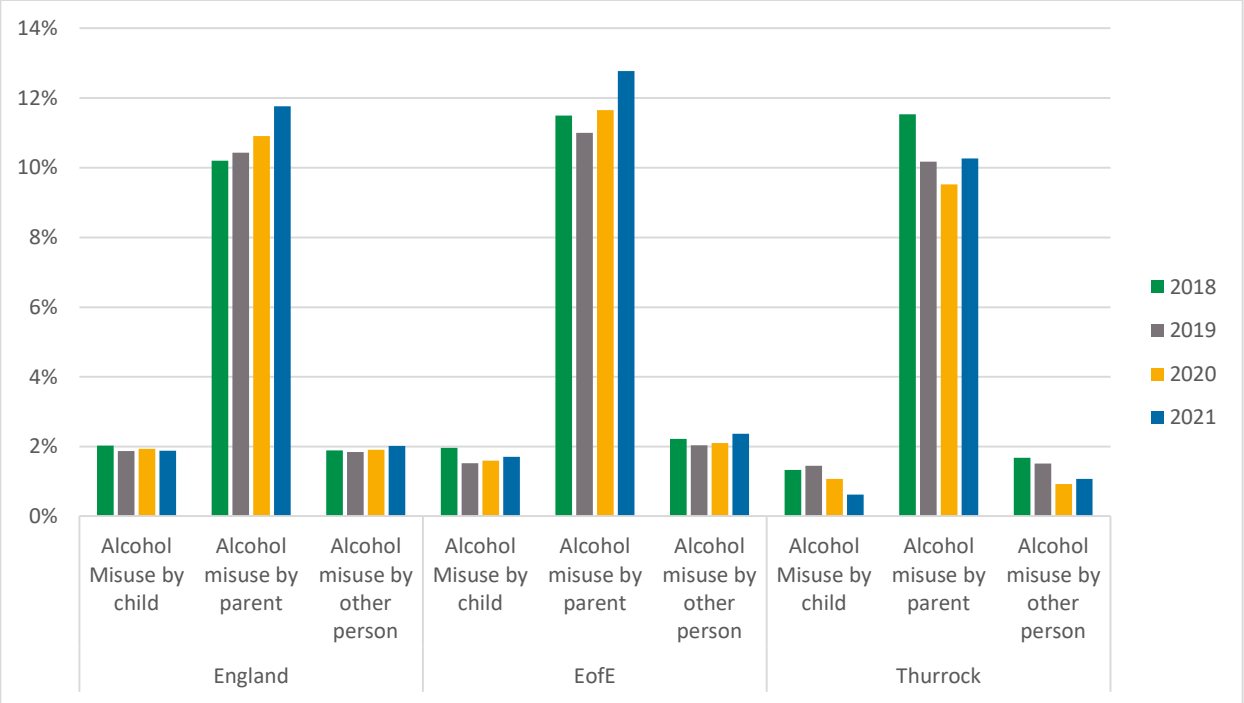
Table 56: Service users children receiving early help or in contact with children's social care

Contact with Children's Services	Latest period 2021/22		National Average
	%	N	
Early help	7.0%	5/71	6.3%
Child in need	12.7%	9/71	7.3%
Child protection plan in place	7.0%	5/71	11.8%
Looked after child	N/A	<5/71	6.8%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

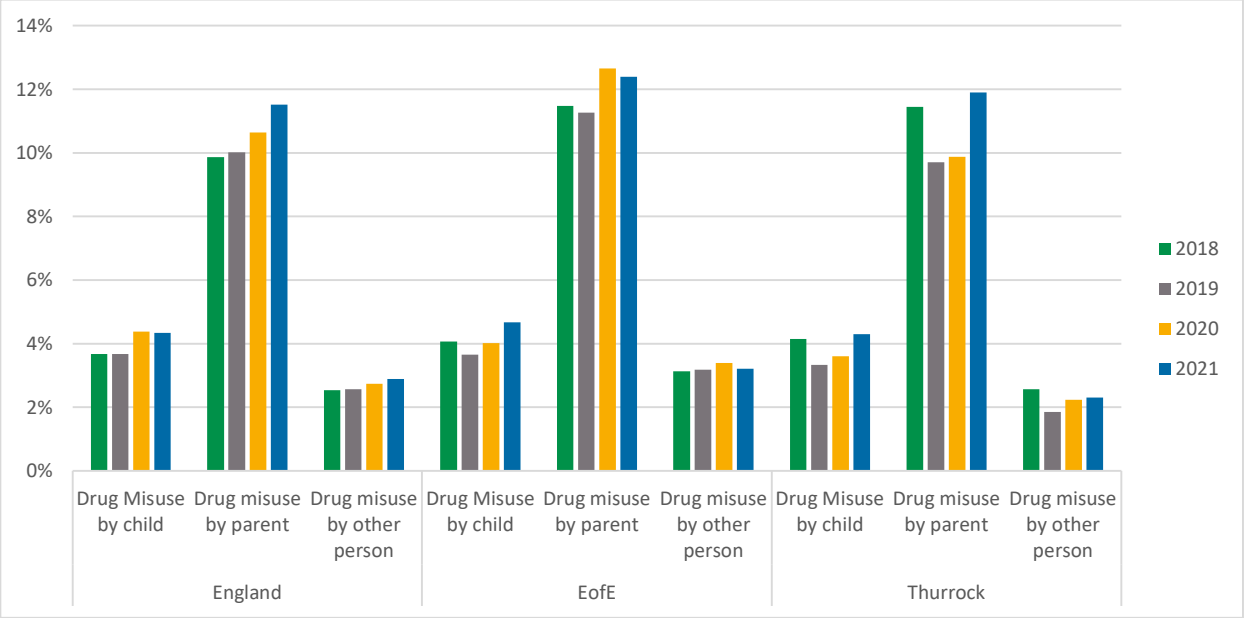
Of the total children in need assessments carried out since 2018 around 10-12% identify adult parents misusing, alcohol and a similar proportion misusing drugs in Thurrock, similar to the figures for East of England and England. Much smaller proportions were identified for children or another adult misusing drugs and alcohol. Figures 39 and 40 show the comparisons of rates of children in need assessments identifying drug and alcohol misuse between Thurrock, England, and East of England.

Figure 39: Proportion of Children in Need assessments highlighting alcohol misuse in the household as a factor, Thurrock, the East of England, and England, 2018 to 2021



Source: Department for Education. Children in Need Statistics. Characteristics of Children in Need, 2020/21

Figure 40: Proportion of Children in Need assessments highlighting drug misuse in the household as a factor, Thurrock, the East of England, and England, 2018 to 2021



Source: Department for Education. Children in Need Statistics. Characteristics of Children in Need, 2020/21

The outcomes for adults in treatment who live with children in Thurrock and England for 2021/22 are in Table 57. For adults in alcohol and non-opiate treatment and those in opiate only treatment a much higher proportion of people in Thurrock (61.1% and 16.7% respectively) compared to England (39.9% and 5.9% respectively) have a successful treatment completion. No confidence intervals are included and the small numbers in Thurrock mean it is unclear if these differences are important.

Table 57: Successful treatment completions of service users who live with children as a proportion of all service users in treatment who live with children under the age of 18

Substance Category	Latest period 2021/22		National Average
	%	N	
Opiate	16.7%	6/36	5.9%
Non-opiate	N/A	<5/10	43.6%
Alcohol	48.1%	13/27	42.9%
Alcohol and non-opiate	61.1%	11/18	39.9%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

7.6.3 CGL Wize Up: barriers, enablers, and gaps

Historically CGL Wize Up were considered by stakeholders to have provided a good service to Thurrock. However, the service is highly dependent on a small number of key staff members some of whom have been absent for some time, whose roles are being covered by agency and interim staff. The maintenance of the relationships between agencies and the work with schools and outreach activities has dwindled and there is concern that this is impacting on the visibility of the service. This includes a gap in the information, intelligence and CYP substance misuse expertise available to the range of partnership and multidisciplinary fora they would usually attend. In the community and schools, the lack of visibility makes it difficult to create a credible voice to facilitate the trusted relationships necessary for this type of service and to upskill teachers in having difficult conversations that may lead to referrals into the service.

There was concern in some areas that parents and young people were unaware how to find the information they needed that would answer their questions and fear of the consequences of approaching services for support was considerable.

In the past, there have been several beneficial initiatives such as the 'Youth at Risk' group in schools, comprising a small cohort of pupils on the periphery at risk of exploitation. CGL Wize Up would provide information and a session for this group, but this is no longer possible. Another example of good practice includes when CGL Wize Up worked on campaign in schools about nitrous oxide. CGL Wize up provided expertise and information whilst the young people in school/college developed, posters, T shirts as part of their course within the curriculum.

Work to build the visibility and integration of the young people's substance misuse service with other organisations is essential in order to meet their aims. Areas for further work include working closely with the adult team to produce a more integrated young people's pathway to the adults and other services, working with schools and other agencies more closely and focussing on peer mentor and family support.

From a broader perspective it is important that young people have other avenues to explore other than substance misuse and investing in community-based projects offering a variety of experiences is important.

7.7 Adult Mental Health Services

The 2022-2026 strategy for adults and older adults 'Better Care Together Thurrock: The Case for Further Change' outlines the proposed Thurrock integrated primary and community mental health service model at PCN level. The model has been implemented in one PCN area and will be rolled out to the remaining three. The model brings together clinicians from primary, community and secondary care, users of services, carers, families, voluntary sector organisations, public health specialists, and commissioners. This includes representatives from IVT. The aim of the new service model will be to apply the following approach to how people will be offered services:

- Earlier intervention rather than later (replacing thresholds)
- Provide a coordinated approach to deal with multiple issues in a timely way
- Focus on reducing need for reliance on future services

The mental health team and IVT work closely together as they progress with integrating services. Currently operational processes between the services about general collaborative working are being agreed which will also be aligned with primary care. Along with the drug and alcohol service, the IAPT service is delivered by IVT with the same commissioners and governance structure, this enables a close working relationship between services.

7.7.1 People with co-occurring conditions and complex needs

People with substance misuse challenges frequently have mental health problems alongside other difficulties such as with housing, employment, and relationships. People with co-occurring conditions and complex needs represent a significant proportion of those seen by the drug and alcohol service. Table 58 shows the proportion of adults in treatment for drug and alcohol misuse who have a co-occurring mental health condition in 2020/21. The rates across Thurrock, and England are similar as confidence intervals overlap, however, those in the East of England appear to be lower than those in England.

Table 58: The proportion (%) of service users entering drug or alcohol treatment identified as having, and in treatment for a mental health need, for England, East of England, and England in 2020/21

Area	Co-occurring mental health and drug treatment needs			Co-occurring mental health and alcohol treatment needs		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
England	74	72.7	75.2	83.5	82.1	84.8
EofE	71	70.6	71.4	80.4	80.0	80.8
Thurrock	63.8	52.0	74.1	79.2	65.7	88.3

Source: OHID Co-occurring substance misuse and mental health issues Fingertip's tool data provided by NDTMS
CI – confidence interval

When these rates are analysed by substance type there is a higher proportion of people with mental health problems having treatment for non-opiate misuse (86.4%) in Thurrock compared to England (68.5%). In contrast, mental health issues were identified in only 49.1% of people treated for opiate misuse in Thurrock compared to 63.5% of those in England. It is unclear if these are important differences as confidence intervals are not available.

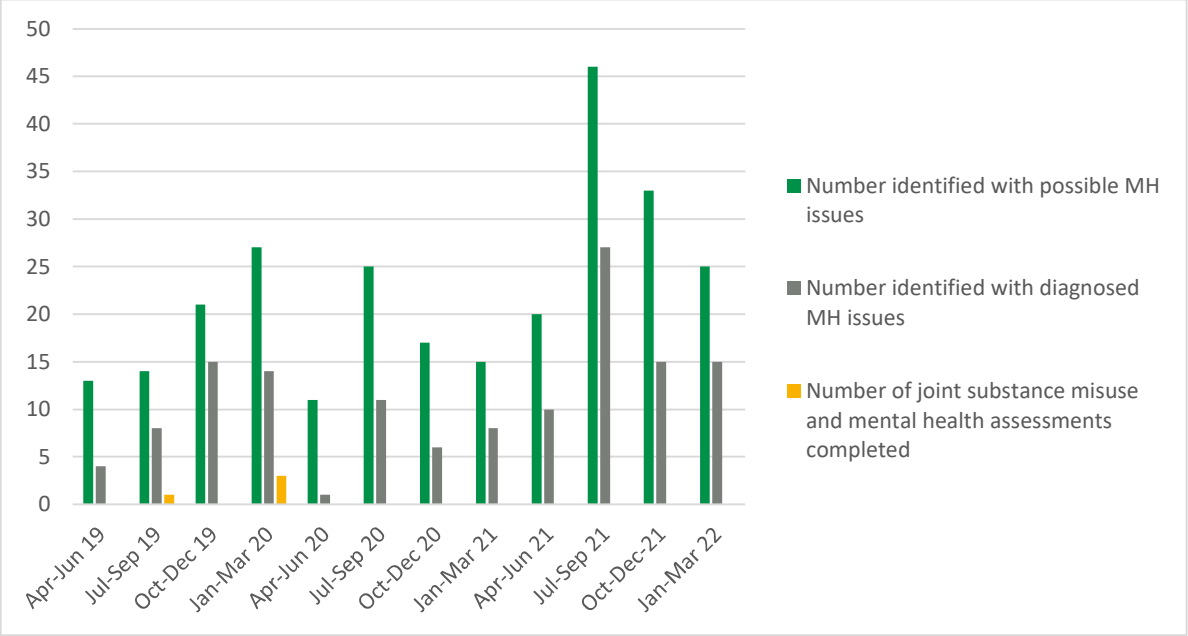
Table 59: Service users entering treatment identified as having a mental health treatment need

Substance Category	Latest period 2021/22		National Average
	%	n	
Opiate	49.10%	26/53	63.50%
Non-opiate	86.40%	19/22	68.50%
Alcohol	76.10%	51/67	68.30%
Alcohol and non-opiate	68.30%	28/41	74.30%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

Services face challenges in effectively working together largely due to a traditional SLA contracting arrangement. This leads to separate multiple assessments, referrals, and differing thresholds for people to be able to access services. In addition, waiting lists in any of the services results in delays and a lack of joined up support for individuals. This is frustrating for both service users and professionals. For example, the figure below shows the number of people with alcohol issues seen by the Alcohol Liaison Service who were identified with a possible mental health problem or where one was already diagnosed. Very few joint assessments have taken place since 2019. This may be largely due to the challenges of the pandemic, but even prior to the pandemic in 2019, only a very small proportion of assessments were jointly completed.

Figure 41: Number of individuals seen by the Alcohol Liaison Service identified with possible mental health issues or diagnosed with mental health issues and for whom joint assessments were completed by quarter, April – June 2019 to January to March 2022



Source: ALS Hospital Based Alcohol Interventions – Thurrock Only

The table below shows the proportion of people with an identified mental health treatment need who are being supported by the drug and alcohol services and whether they are in receipt of mental health support. In Thurrock 58.1% of people in drug and alcohol treatment were receiving support compared to 73.2% nationally. The gap appears to be associated with receiving mental health treatment from GPs, which shows a 20% difference between England and Thurrock.

Table 60: Service users identified as having a mental health treatment need and receiving treatment for their mental health

Service user mental health treatment type	Latest period 2021/22		National Average
	%	N	
Already engaged with the Community Mental Health Team/other mental health services	11.3%	14/124	19.2%
Engaged with IAPT (Improving Access to Psychological Therapies)	5.6%	7/124	1.7%
Receiving mental health treatment from GP	38.7%	48/124	58.3%
Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem	2.4%	3/124	1.1%
Has an identified space in a health-based place of safety for mental health crises	0.0%	0/124	0.6%
Treatment need identified but no treatment being received/Declined to commence treatment for their mental health need/Missing	41.9%	52/124	26.8%

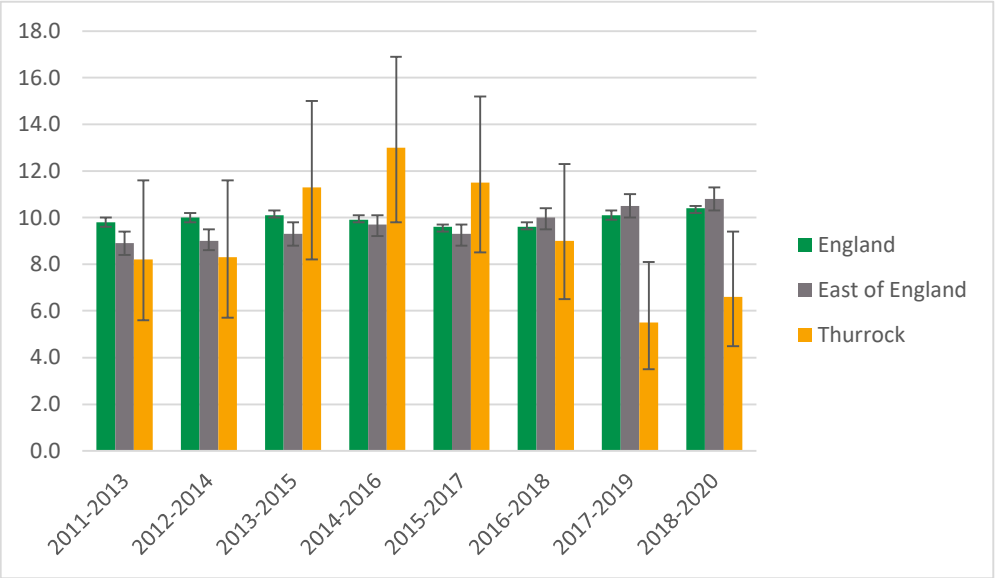
Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

7.7.2 People who take their own lives

People who take their own lives frequently have mental health problems and associated substance misuse issues. Drugs and alcohol are known to play a role in a significant proportion

of suicides nationally. Figure 42 shows that the rate of suicide in Thurrock in the past have been similar to those in England and the East of England, but in 2019 and 2020 they were considerably lower.

Figure 42: Age-standardised suicide rates per 100,000 population for Thurrock, East of England, and England, rolling three-year aggregates, deaths registered 2001 to 2020



Source: Office for National Statistics. Suicides in England and Wales by local authority

All local authorities are recommended to undertake suicide audits and develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data. An update of the Essex suicide prevention strategy in 2019 reports that in 2017 83% of suicides of people aged 18 to 25 years involved drugs and alcohol, whilst in those aged over 25 years, 31% had a history of alcohol misuse and 21% had a history of misuse of drugs. In 2020 there were 14 suicides in Thurrock. Real Time Suicide Surveillance for Southend Essex and Thurrock is drawn from Sudden Death Forms completed at the time of an incident and in 2021/22 129 suspected suicides were reported. The second most common method accounting for 33 suspected suicides was death by drugs, either over the counter and prescription medicines or illicit substances. There were 12(9%) people with substance misuse problems known to Essex police reported as a risk factor in their suicide. However, there are likely to be other people who took their own lives with substance misuse problems not known by the police, so this figure is likely to be under reported and may be closer to the figures reported in the 2019 suicide prevention strategy.

Exploring how data could be captured and analysed in future suicide audits to better understand the role that alcohol and drug misuse play in such deaths would be beneficial. In addition, compiling data about the role of drugs and alcohol for people who attempt suicide would be helpful, but may be a complex task as this information is held across a range of data sets with different reporting structures.

To improve awareness of suicide there is a recommendation that training is offered to agencies that in contact with those likely to be at higher risk in order to intervene to reduce the likelihood of suicide being attempted. This is planned for IVT staff.

7.7.3 People with severe mental illness

People with a diagnosed severe mental illness registered with Thurrock GP practices are offered an annual health check. As part of this health check people are asked about their alcohol consumption and tobacco use. An optional component to the health check is to ask people about illicit drug misuse and a medication review.

The table below shows the completion rates for each of the health check elements for health checks completed between June 2021 and May 2022. Of 1,324 people having a health check 780 (59%) all six elements were completed. Around 81% were asked about alcohol consumption and 45% about the use of illicit drugs.

7.7.4 SMI health check

Table 61: Physical health checks completed in primary care on patients registered on GP practice serious mental illness registers, June 2021 - May 2022

Type of Check	Name	Count	%
Completed Health Checks	All SMI health check components completed	780	59%
SMI Register	SMI register excluding patients 'in remission'	1,324	100%
Mandatory Components			
BMI	Measurement of weight	1,105	83%
BP	Blood pressure	1,103	83%
Blood Lipid	Blood Lipid/Cholesterol / QRISK	943	71%
Blood Glucose	Blood Glucose test	998	75%
Alcohol	Assessment of Alcohol Consumption	1,066	81%
Smoking	Assessment of smoking status	1,148	87%
Optional Components			
Meds Review	Medicines reconciliation and review	1,022	77%
Illicit Drugs	Use of illicit substance/non-prescribed drugs	594	45%

Source: Public Health Team, Thurrock Council

Where the health check flags a concern the follow up interventions by the GP are recorded. Table 62 shows the proportion of follow ups completed. This shows that 70 of the 594 who were asked about illicit drug use, gave a response which indicated they were eligible for follow up support, yet only 11 had a read code of a follow up action completed (i.e., a referral). Similarly with alcohol use, 33 of the 1,066 who were asked about alcohol consumption, were deemed eligible for support, but only 12 had a read code of follow up support.

Table 62: Follow up interventions received by primary care patients on GP practice SMI registers receiving a physical health check for drugs and/or alcohol misuse

Substance Category	Interventions Required & Completed	Count	%
Alcohol	Follow-up interventions required	33	2.5%
	Follow-up interventions completed	12	36.4%
Substance Misuse	Follow-up interventions required	70	5.3%
	Follow-up interventions completed	11	15.7%

Source: Public Health Team, Thurrock Council

It is unclear why so many people completing the health check were not asked about illicit drug use or the reason why the GP follow up rate is so low. It is possible GPs have not coded their response correctly such as a referral to IVT or specialist advice. However, from the IVT data it is

clear that in 2020/21 in total (i.e., not just people with severe mental illness) there were fewer than 5 referrals for drug misuse and a total of 5 referrals for alcohol misuse.

7.7.5 Adult mental health services: barriers, enablers, and gaps

The working relationship between the adult mental health services and the drug and alcohol services is good, however, there are some barriers to enabling the best outcomes for people. Despite IVT staff being open to new ways of working, the limitations of the SLA mean that sometimes they are not able to offer the support they would like to. For example, when someone is referred but does not want to engage with the drug and alcohol service there is little else, they are able to offer to foster future possible engagement. Another limitation is that data collection systems differ between IVT, primary care and mental health services, so the data cannot be readily linked making it difficult to obtain an overview of a person's health, care, and wellbeing activity. It is also difficult for the services to coordinate efforts for joint assessments as waiting times in the mental health services are considerably longer than in the drug and alcohol service.

Due to the substantial proportion of people with co-occurring conditions there was a suggestion that each team explore training in each other's specialist area, for example mental health training around working with people who have had trauma or are a suicide risk and drug and alcohol training in areas that would be helpful for the mental health team.

Some other parts of the population are underrepresented in the mental health and drug and alcohol misuse services. People from the black and minority communities and people from the travelling community are less likely to present to services due to stigma and the perception that services are not tailored for their needs or understand their culture.

The mental health team reflected on the issues that had risen during the pandemic which were primarily about people presenting with acute mental health difficulties who were new to the service. Prior to the pandemic, if people required admission for a mental health problem they are often known to the service and there was an understanding of the problem and the usual trajectory of the episode. However, during the pandemic admissions were needed more frequently for people with no prior history known to the services. This was challenging when people were misusing drugs and alcohol and suddenly had no access to it on the ward resulting in a risk of abuse of staff and other patients.

As the integration of services into systems continues to be implemented, it will be possible to build stronger relationships with all the relevant services. This will help the drug and alcohol teams to develop further their outreach service to people in the community and in reach services to those in other settings when they need support.

7.8 Thurrock Housing and Homeless Service

The Thurrock Housing Strategy 2022-2027 aligns with other key council strategies including the Health and Wellbeing strategy 2022-2026, Better Together Thurrock the case for further change (adult health and care) and the Brighter Futures Strategy (children and young people's health and care). With a focus on integration, the housing strategy has reframed the approach to support households interacting with the council, to move away from dealing with issues in isolation by disconnected teams, to develop a strengths-based 'whole person' approach. This connects the wider system of adult social care, children's services, public health, NHS teams, voluntary and faith sector, and other assets within the community. The council have also developed a housing resident engagement strategy which ensures the establishment meaningful engagement with residents in the future based on resilient and respectful partnerships formed between the housing department and those who access the services.

The Housing Strategy 2022-2027 also incorporates the previously developed Homelessness Prevention and Rough Sleeping Strategy (2020-2025). There are four strategic priorities focussed on health and wellbeing, partnership and collaboration provision and accessibility and customer excellence. The Housing Strategy 2022-2027 aims to:

- Redefine and simplify pathways for vulnerable households to access health and wellbeing services across the borough, especially in relation to mental health
- Increase awareness of the physical impact of homelessness and work with partners to improve access to primary care services for those experiencing rough sleeping
- Explore opportunities to deliver improved services to armed forces veterans who are homeless or at risk of homelessness
- Review and revise the existing joint protocol for supporting those at risk of homelessness as a result of fleeing domestic and sexual abuse

The housing services are provided to adults, including young care leavers. The advice and support cover tenancy management, problems with anti-social behaviour, safeguarding, sheltered housing, hostels, and temporary accommodation. The team carry out homeless assessments, rent collection, leasehold management, repairs, and resettlement support to applicants.

Agencies within Thurrock have identified a cohort of individuals who have mental illness, and or behavioural challenges, which despite multiple attempts, have not achieved improved outcomes or stability using mainstream statutory services. In the majority, if not all of cases the individual has a diagnosed mental illness, high usage of multiple statutory services, behaviour that causes disruption to their local community, inability or unwillingness to acknowledge and act upon the impact that their behaviour has on others, and present a risk to themselves and along with distressed (usually described as challenging) behaviour that negatively impacts their quality of life, and the ability of all agencies to meet their needs within the mainstream service offer. Anecdotal evidence from frontline workers in mental health services, housing, the police, and adult social care all indicate the individuals are people who require a different approach to the current options available and/or the current practice applied. The risks associated with their needs remaining unmet are significant to the individual due to increased vulnerability to sanctions e.g., criminal or eviction, the community due to anti-social behaviour, disproportionate use of services reducing capacity and statutory services due to the risk of harm to individuals and ongoing ineffective use of resources. All agencies involved are keen to avoid punitive measures and develop a new approach to providing care, support, and treatment in the community.

There are currently two pilot initiatives in development based in the Housing department managed by the Strategic Lead for Housing Operations. One is focussed on people living in supported accommodation (Supported Living Plus) and the other focussed on those living in social or council accommodation (Housing First). Adults with complex needs who are unlikely to engage with services are in many cases, in contact with housing officers and they may be the first person who can see that immediate support is needed. This immediate support is not always available if there are thresholds the person has to meet before they can access the relevant services. Both the Supported Living Pilot and Housing First pilots will access a multi-disciplinary personalised support team to meet the requirements of individuals irrespective of their formal diagnosis or willingness to engage with statutory services. The team will be a small, multi-disciplinary and highly specialised in their field, who will bring together expertise to devise bespoke high intensity support and care plans. They include a clinical psychologist lead, specialist mental health housing officer, a substance misuse outreach worker, and a local area coordinator

They will work closely with the Adult Mental Health Social Work Team, Community Led Support Teams, Local Area Coordinators, local Police, the Older People's Mental Health Team, the Community Mental Health Team, and all other agencies that are relevant to providing support to the individual. The aim is to meet the need of the individual in an adequate and timely way, whilst reducing the anticipated service costs, such as the likelihood of a failed tenancy, multiple calls to emergency services and deteriorating physical and mental health.

There is a Housing Mental Health and Homelessness Forum which works with a range of partners including IVT. It provides an opportunity for colleagues to network and explore opportunities to discuss concerns and identify opportunities to support residents and colleagues.

The table below shows the housing situation for people entering drug and alcohol misuse treatment from 2015/16 to 2020/21. Just prior to the pandemic (2019/2020) the proportion of people with a housing problem (10%) entering treatment was within the range the previous four years (range 9-17%) whilst those with an urgent problem (10%) were the highest for the same period (range 5-10%). Over the first year of the pandemic the proportion with a housing problem was again similar to previous years (9%) whilst those with an urgent problem had dropped to the lowest over the previous five years due to the government policy of supporting people into accommodation during the pandemic.

Table 63: Housing situation for new presentations entering treatment, 2015/16 to 2020/21

Housing Situation	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
No Problem	355 (83%)	300 (78%)	135 (66%)	235 (82%)	170 (80%)	150 (88%)
Housing Problem	40 (9%)	65 (17%)	20 (10%)	35 (12%)	20 (10%)	15 (9%)
Urgent Problem (no fixed abode)	30 (7%)	20 (5%)	15 (7%)	15 (5%)	20 (10%)	5 (3%)
Other	5 (1%)	0	0	0	0	0
Unknown	0	0	35 (17%)	0	0	0
Total	**430**	**385**	**205**	**285**	**210**	**170**

Source: NDTMS ViewIt Adults

A comparison between Thurrock and England of accommodation status for people entering drug treatment shows they are similar with around 15% of people with housing difficulties in 2020/21 (Table 64).

Table 64: Accommodation status of adults in drug treatment at the start of treatment, for Thurrock and England, 2020-21.

Housing Status	Thurrock (n)	Proportion of new presentations	England (n)	Proportion of new presentations
Urgent problem (No Fixed Abode)	5	5%	6,308	8%
Housing Problem	15	15%	11,244	14%
No housing problem	81	79%	60,244	77%
Other	0	0%	31	0%
Missing / Incomplete	<5	N/A	443	1%

Source: Adult Drug Commissioning Support Pack 2022/23

For those entering treatment for alcohol misuse there are far fewer housing difficulties reported in both Thurrock (1%) or England (10%) than for those entering drug treatment (20% and 22% respectively). Table 64 shows that in Thurrock approxamitely 1% of people had housing problems and no one had an urgent problem, whilst in England 7% a housing problem and a further 2% had an urgent issue.

Table 65: Accommodation status of adults in alcohol treatment at the start of treatment for Thurrock and England, 2020-21

Housing Status	Thurrock (n)	Proportion of new presentations	England (n)	Proportion of new presentations
Urgent problem (no fixed abode)	0	0%	1,055	2%
Housing Problem	<5	~ 1%	3,886	7%
No housing problem	68	99%	46,983	90%
Other	0	0%	<5	~ 0%
Missing / Incomplete	0	0%	295	1%

Source: Adults Alcohol Commissioning Support Pack 2022/23

7.8.1 Housing and homelessness services: barriers, enablers, and gaps

The partnership working between housing, mental health services and drug and alcohol services is important as currently there is a gap in how services work together to identify and support residents in need. It is hoped the pilot initiatives Housing First and Supported Living Plus will lead to more opportunities for joint working with mental health and the drug and alcohol services. Sharing of information and improving communication between teams, would be beneficial, for example:

- Helping housing officers to understand the drug and alcohol treatment service referral process
- Upskilling housing officers in the areas of criminal justice
- Knowing the support available from family social workers
- For staff with housing duties understanding alcohol and drug awareness and harm reduction approaches would be helpful in order to directly support residents

There have been occasions when it has not been possible access support through the IVT single point of contact and as the system becomes more integrated it will be important to ensure there is an easy communication flow. Ideally, the housing department would benefit considerably by having someone from the drug and alcohol team co-located with the team to provide support and guidance. In addition, understanding how joint solutions will work practically with case studies would support the change in the way of working.

For people who are homeless with co-occurring conditions who have not ever engaged with services, it is challenging as health is not their highest priority. Many of this group visit the soup kitchen regularly at a particular time each week and that might be a key place for services, including drug and alcohol services to meet with people and informally build relationships. However, it is important to recognise that this is 'their' space and that they have some say in how and when services enter it.

7.9 Thurrock Probation Service

The CSP have a statutory duty to assist with reducing reoffending which is one of the CSP action plan priorities for 2022/23. Partners such as the police, probation and IVT work together to support offenders to make changes in their lives which lead to a change in behaviour. A high proportion of people who reoffend are misusing substances at the time of the offence or offending to fund their need for drugs and alcohol. Of those entering treatment in 2021, 47% of people with opiate misuse, 43.4% with non-opiate misuse, 40.6% of people with combined alcohol and non-opiate misuse and 22.7% of people misusing alcohol were recorded as committing an offence in the previous two years.

The probation service work with people on their caseload who have court mandated requirements or who have been identified as needing support with alcohol or drug misuse. The probation service delivers some of the interventions around attitudes and thinking behaviour while IVT deliver other interventions such as treatment. IVT will provide the drug rehabilitation requirements for people whose offending is linked to drug and alcohol misuse. In the pre-sentence period people need to agree to engage with IVT and this condition becomes part of their community service. There is information exchange between probation and IVT including results of drug testing, in addition to reporting on engagement with treatment. For offenders with alcohol misuse issues and dependency there is no testing. In addition, some people who leave prison on license will have a special condition of their release to engage in drug rehabilitation. In these cases, referrals to IVT can be made pre-release to ensure they can access services as soon as possible following release.

Table 66 shows the proportion of those in treatment who were in contact with the criminal justice system in 2021/22 in Thurrock and in England. The proportions of those in Thurrock are similar to England for Opiate and non-opiate substance types but are 0% for alcohol and alcohol plus non opiate for Thurrock compared to 6.5% and 11.7% for England.

Table 66: Proportion of the treatment population in contact with the criminal justice system

Substance Category	Latest period 2021/22		National Average
	%	n	
Opiate	12.9%	19/147	18.5%
Non-opiate	N/A	<5/31	11.1%
Alcohol	0.0%	0/<5	6.5%
Alcohol and non-opiate	0.0%	0/6	11.7%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22

Table 67 below shows the proportion of people released from prison with a substance misuse treatment need who successfully engaged with community based structured treatment on release. Overall, the proportion is greater in Thurrock (60%) than for England (37.3%).

Table 67: Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

	Latest period 2021/22		National Average
	%	n	
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	60.0%	12/20	37.3%

Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Q4 2021/22 Latest period: 01/01/2021 to 31/12/2021

7.9.1 The Probation Service barriers enablers and gaps

The relationship between IVT and the probation service is very good with someone from the probation service spending a day a week co-located with IVT. This is helpful for joint planning, exchanging information and simplifies things for people on probation. The probation service has limited office space, so it is not possible to have people co-located on their premises.

There is always an inherent tension between people who have an enforcement mentality and people who want to provide multiple opportunities to improve and change. The perception is that it can be difficult to get the balance right and judge when someone has insight into their own behaviour and is willing to change versus ticking the boxes to avoid further penalties.

There is a long-standing trend of decreasing numbers of community sentence treatment requirements for engagement in drug, alcohol, or mental health treatment services. Those

numbers are reducing partly as a consequence of the rehabilitation activity requirement having been introduced. This is a generic requirement which is broad and easier to use rather than having a specific assessment for a specialist intervention at the pre-sentence stage. Data indicates there are more Class A drug users and problematic drinkers than the number of people with court mandated treatment requirements. It may be an erosion of trust about whether community orders work so there may need to be some work showing how it can make a difference to reoffending and the seriousness of reoffending.

It is important that there is an increase in the number of people coming through the courts who are treated for alcohol and substance misuse. In order to do this more members of staff are needed and an improvement in the understanding of how community orders work for those sentencing offenders.

There is a dearth of data about the adult probation service, so it is difficult to understand the needs of offenders. Having a systematic way of collecting information in relation to people with co-occurring conditions in the criminal justice system would be very helpful.

Better premises would be beneficial for co-location and cross agency working and mentoring. This would be useful especially for people with co-occurring conditions who would benefit from the support alongside the social navigator service.

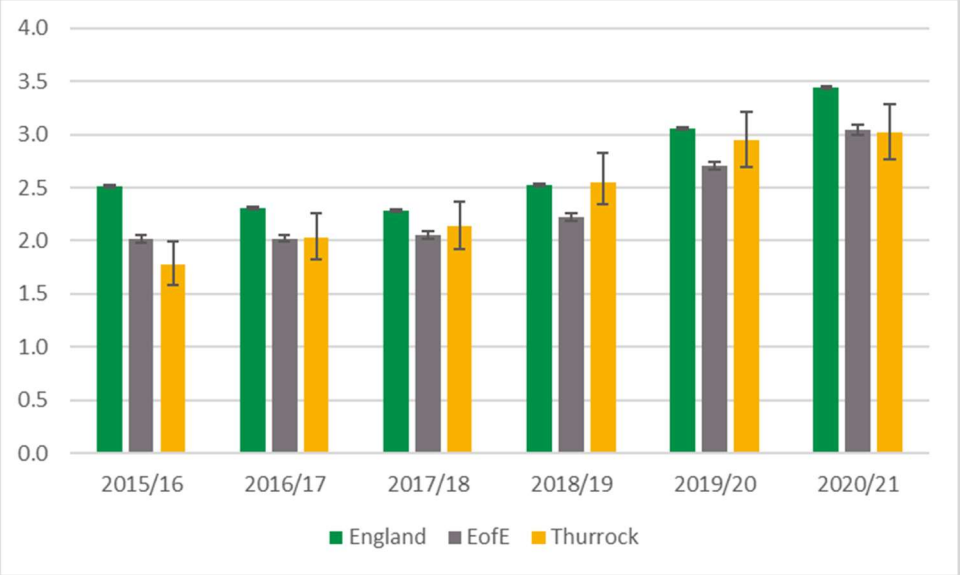
7.10 Essex Police

The Essex police and crime plan 2021-2024 outlines how they aim to work with local partners to deliver a more effective strategy so more people enter treatment and recover from alcohol and substance misuse. This entails improving the accessibility of addiction and substance misuse services, improving the criminal justice journey of addicted offenders, and working with partners to intervene when the early signs of addiction or vulnerability are spotted.

Essex police and IVT work together to identify people who may benefit from receiving support to manage drug and alcohol misuse. For example, a Blue Light Project worker sits on Locality Action Groups with a focus on anti-social behaviour. The project worker will carry out joint visits with the Anti-Social Behaviour team or Local Area Coordinators in order to engage with people. IVT community connectors have also been part of the ‘Safer Streets’ project including a focus on Grays High Street where a public space protection order bans drinking in order to reduce anti-social behaviour. At the launch of the project IVT, visited Grays High Street, built relationships with other members of the enforcement team, and talked to people who would have been ticketed for breaching the protection order and were asked to visit the nearby IVT offices with enforcement officers instead.

IVT are also currently working with the police to be able to visit people in custody following an offence who are identified as likely to benefit from IVT support.

Figure 43: Rates per 1,000 for drug offences, Thurrock compared to East of England and England, 2015/16 to 2020/21



Source: Home Office – Police recorded crime

Figure 43 shows the rate per 1,000 population of police recorded drug offences in Thurrock increased from around 1.7 per 1,000 population to 3.0 per 1,000 population. Drug crime rates per 1,000 population have also increased in the East of England region and in England over this period, but Thurrock has seen a slightly bigger increase over this time period.

7.10.1 County lines

The gangs and organised criminal networks exporting illegal drugs in and around Thurrock known as County Lines (because they use mobile phones as their deal line) has been described in two recent reports; the 2019/20 annual report by the Director of Public Health - Youth Violence and Vulnerability: the crime paradox and a public health response; and the Children's partnership strategy for 2021-2026 - Brighter Futures: developing well in Thurrock.

The Brighter Futures strategy draws heavily on the 2019 annual public health report which includes young people aged 10-24, spanning the transition period between the young people and adults' substance misuse treatment services. There are a range of risk factors predictive of someone becoming involved with serious youth violence and gang involvement, including family dysfunction, individual behaviour or cognitive issues, exclusion from education, criminality, and substance misuse.

Thurrock's proximity to London, transport links and comparatively lower rent has resulted in displacement of gang associated children and adults into the borough from the capital. There has been a 33% increase from 2017/8 to 2018/19 reported by the Gang Related Violence Operational Group. With this increase there has been a shift in ethnicity with an increase from 19.1% to 28.4% of people who are white gang members between 2017/18 and 2018/19 with a concomitant 10% decrease in the proportion of Black/Black British gang members from 66.7% to 56.8% respectively.

There is limited data available to understand the full connection between youth violence, gangs, and drugs as there is no linked data set between the Youth Offending Service, drug treatment services and police data.

As a proxy for the trend in gang related crime and trafficking, Table 68 shows the number and proportion of children in need assessments which indicated some involvement between 2018 and

2021. Trafficking is recorded where a child is moved for reasons of exploitation whether or not the child has been deceived. Involvement in gangs is recorded where a child is part of a street or organised crime gang for whom crime and violence are a core part of their identity. The proportion of children recorded in gangs varies between 2.9% and 3.7% of all children in need assessments whilst trafficking is recorded in 0.7% to 1% of cases. Despite the proportions of children identified as being involved in trafficking or gangs through the assessments being similar across the years, the number of assessments undertaken has more than doubled and the number of cases increased by 70%.

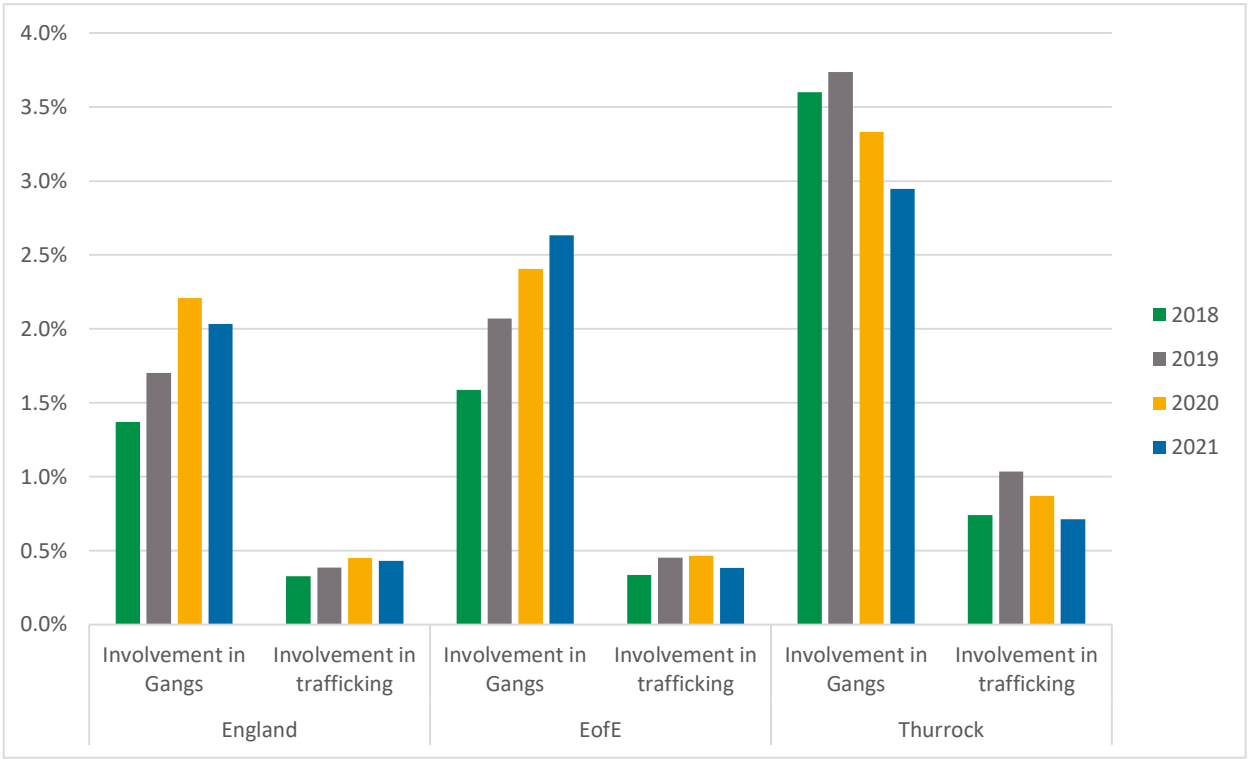
Table 68: Number and proportion of Children in Need assessments highlighting involvement in gangs or trafficking in the household as a factor for Thurrock, 2018 to 2021

Year	Number		Percentage of Assessments	
	Involvement in Gangs/total No assessments	Involvement in trafficking/total no assessments	Involvement in Gangs	Involvement in trafficking
2018	73/2,027	15/2,027	3.6%	0.7%
2019	119/3,216	33/3,216	3.7%	1.0%
2020	134/4,060	35/4,060	3.3%	0.9%
2021	124/4,276	30/4,276	2.9%	0.7%

Source: Department for Education. Children in Need Statistics. Characteristics of Children in Need, 2020/21

Figure 44 compares the Thurrock figures for the proportion of children in need assessments reporting gangs or trafficking involvement with East of England and England. Overall children in need assessments for Thurrock report a higher involvement in gangs than the East of England region or England for all years from 2018. Trends in proportions of children in need assessments recording trafficking involvement for Thurrock are also higher for all years than the East of England or England.

Figure 44: Proportion of Children in Need assessments citing involvement in gangs or trafficking as a factor, Thurrock, East of England, and England, 2018 to 2021



Source: Department for Education. Children in Need Statistics. Characteristics of Children in Need, 2020/21

The total number of people with police recorded crimes relating to drugs between 2015/16 and 2020/21 is shown in Table 69. The number of recorded crimes for drug trafficking has more than doubled since 2015/16 as has possession of cannabis, whereas possession of controlled drugs excluding cannabis has fallen from 21% to 9% of total drugs offences over the same period.

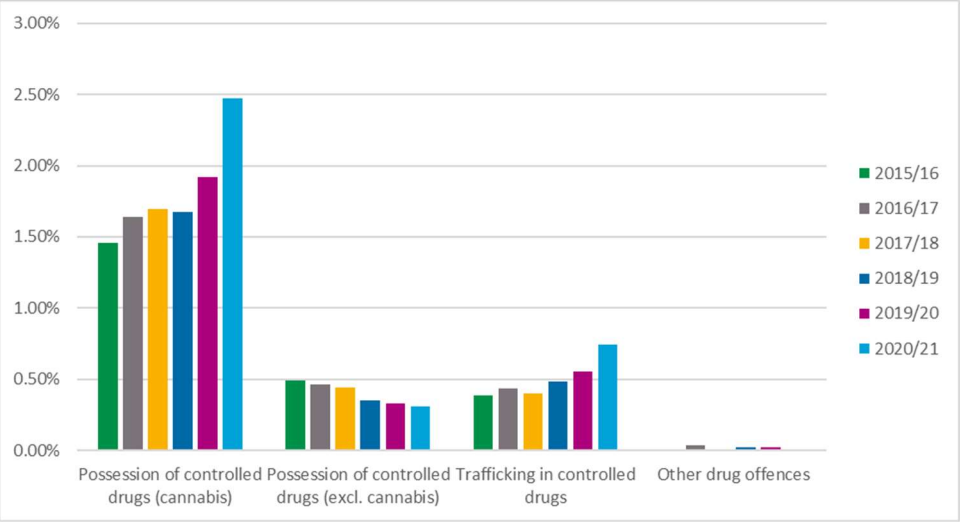
Table 69: Number of police recorded crimes relating to drugs, 2015/16 to 2020/21

Total Number of Police Record Crime Related to Drugs, all Thurrock						
Type of Drug Offence	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Possession of controlled drugs (cannabis)	181	214	243	289	346	369
Possession of controlled drugs (excl. cannabis)	61	60	63	61	59	46
Trafficking in controlled drugs	48	57	57	84	100	111
Other drug offences	0	5	1	3	4	1
Total	**290**	**336**	**364**	**437**	**509**	**527**

Source: Home Office - Police recorded crime

Figure 45 shows more clearly the change in the proportions of drug offences as a percentage of total recorded crime between 2015/16 and 2020/21.

Figure 45: Trend in number of drug related offences, 2015/16 to 2020/21



Source: Home Office - Police recorded crime

Figure 45 shows that cannabis possession has accounted for an increasing proportion of total recorded crime in Thurrock since 2015/16. In 2015/16 cannabis possession accounted for just under 1.5% of all crime in Thurrock but this increased to nearly 2.5% during 2020/21. In contrast possession of controlled drugs other than cannabis has declined since 2015/16. Trafficking in controlled drugs offences have increased in Thurrock since 2017/18 but still account for less than 1% of total crime.

Thurrock Council has set out the strategic approach to address the challenge of increasing County Lines activity in the Brighter Futures children's partnership strategy. The aims focus on both universal population-based approaches and targeted mechanisms to support people to make different life choices. The key strategic aim involving the drugs and alcohol teams includes creating a locality based multi-disciplinary panel that can address risk factors strongly associated with serious youth violence and gang involvement by:

- Sharing intelligence across stakeholders from children's social care, health providers, Brighter Futures, young people and adult drug and alcohol treatment services, education, schools, community safety, housing, the police, local area coordinators and relevant third sector organisations
- Undertaking rapid operational action to reduce and mitigate risks through enforcement activity, community development, estates management
- Addressing identified drug availability/dealing within neighbourhoods
- Further develop surveillance to identify the most at-risk children and families and intervene with tailored intervention packages
- Deliver targeted and tailored primary prevention for populations of greater need

Current activity where IVT and the police collaborate include advice sought from IVT about vulnerable people identified by Essex Police via Operation Raptor. Typically, this group of vulnerable people are used by gangs and supplied with drugs and alcohol whilst gang members take over their accommodation and finances (known as cuckooing).

A further initiative is Operation Cloud involving the police texting all contacts on burner phones associated with gang activity seized by police, advising people of alcohol and drug misuse support services available to them with the message; 'Your drug supply has been cut have you thought about now's a good time to enter treatment'. It is unclear as yet whether this has resulted in people engaging with either the children's and young peoples or adult substance misuse services.

7.10.2 Essex Police; barriers, enablers gaps

There are very good working relationships between IVT and the police in relation to gang related violence and anti-social behaviour. The collaboration between the police, probation and IVT around the integrated offender management programme is also working well with consistency across the county.

Further collaboration in line with Thurrock's strategic aims such as the development of a reporting mechanism to capture intelligence about dealers and other criminal activity associated with drugs and alcohol is important. This was especially noted by the Trading Standards team who consider that they would benefit from understanding the areas where alcohol is not being sold appropriately which would support investigative work and a coordinated response. Further targeting of drug dealers' customers would also be beneficial.

A systematic collection of information about the initiatives implemented has been suggested to evaluate which approach works best to achieve Thurrock's strategic aims. Other suggestions included supporting people coming out of prison by determining the best way to help them move away from the environment and the circumstances that drew them into offending in the first place. This could be a central rehabilitation facility that people could go to after prison to be treated for substance misuse and mental health issues, where they could work through housing and employment needs.

7.11 Thurrock Council Violence Against Women and Girls (VAWG)

Members of the Thurrock Community Safety Partnership led by the Violence Against Women and Girls (VAWG) coordinator have developed a strategy informed by local priorities and Southend, Essex, and Thurrock Domestic Abuse Board[63] for 2020-2023. The strategy focusses on the following types of VAWG:

[63] Southend Essex and Thurrock Domestic Abuse Board Strategy 2020-2025

- Sexual violence abuse and exploitation
- Stalking
- Sexual harassment
- Modern day slavery and human trafficking
- Domestic violence and abuse
- Female genital mutilation
- Forced marriage
- 'Honour' based abuse

These issues disproportionality affect women and girls although the VAWG strategy[64] includes men and boys who also experience harm.

Alcohol and drug misuse increase the likelihood and severity of domestic violence and abuse and there is a frequent co-existence between them. Perpetrators are more than likely to have been drinking at the time of assault and women who have experienced extensive physical and sexual violence are more than twice as likely to have a problem with alcohol than those with little experience of being abused[65,66]. Victims can be turned away from refuges due to their alcohol needs, with only 26% of refuges reporting that they "always" or "often" accept women who use alcohol or other drugs.[67] In addition, the harm for children witnessing domestic abuse or experiencing it themselves is significant. Around 37% of cases where a child was seriously hurt or killed between 2011 and 2014 involved parental alcohol use as a documented factor.[68]

The Domestic Abuse Act in 2021 introduces a new statutory duty on local authorities to ensure people who have experience domestic abuse and reside in refuges have their needs met including support from drug and alcohol misuse services.

In Thurrock both IVT and the CYP drugs and alcohol service are members of the VAWG Strategic Board. Drug and alcohol support was identified as a need for residents of Refuge in the recently completed statutory domestic abuse needs assessment. This resulted in a new relationship between IVT and Refuge staff, with group sessions planned and a view to hold a drop-in service in the future.

7.11.1 VAWG: barriers, enablers, and gaps

Despite being in the very early stages of strengthening the relationship between VAWG and IVT it is working well.

It's important to improve collection and linkage of data where people have revealed they are a perpetrator and there are children and women in refuge. This could initiate a whole family approach to support.

Other areas to focus on in the short to medium term include:

- Ensuring there is broad communication of how the referral process works
- Ensure staff working with women are trained and used to working effectively with people with trauma

[64] Thurrock violence against women and girls' strategy 2020-2023
[65] Home Office (2020) Domestic abuse - draft statutory guidance framework.
[66] Women's Aid, the nature and impact of domestic abuse
[67] Against Violence and Abuse (2014) Case by Case: Refuge provision in London for survivors of domestic violence who use alcohol and other drugs or have mental health problems, p.17
[68] Department of Education (2016) Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014

- Continue to strengthen the relationship with the Children and Young People's substance misuse service which was also identified as an action in the Thurrock domestic abuse HNA
- Work with services to plan how to collect data which could be used to see how the service was being used

Ideally, there would be further investment into specialised support in the refuge for drug and alcohol users which would cover those with co-occurring conditions and complex needs. People are likely to hide their drug or alcohol habit if they know they cannot stay at the local refuge, and yet there needs to be adequate safeguarding strategies in place for all the residents.

7.12 Thurrock Youth Offending Service (YOS)

The youth offending team become involved with a young person up to the age of 18 if they are arrested by the police, are charged with a crime involving a court appearance or are convicted of a crime and given a sentence. The Thurrock YOS is based in Corringham, close to the town centre. It is fully staffed with experienced permanent workers and a number of seconded staff from the Probation Service, Inspire Youth, Children and Adolescent Mental Health Services (CAMHS), Drug and Alcohol Service, Essex Police and Speech and Language Therapists. The Team also has a specialist Gangs and Child Exploitation Worker, who works alongside Children's Social Care

The work of Thurrock YOS set out within their strategic plan for 2021-24 is directly linked to the priority to reduce overall levels of crime and anti-social behaviour in line with the local Community Safety Partnership targets. There is also a close alignment to the local Public Health plan around reducing violence and vulnerability.

Young people are screened for drug and alcohol misuse and those that require support will be referred to the children and young people's substance misuse service who are co-located with them in Thurrock.

7.12.1 Youth Offending Service: barriers, enablers, and gaps

Currently the challenge for the YOS is that the one co-located worker for the children's substance misuse service has been absent due to sickness. Usually, referrals are very straightforward and the YOS reported a very good relationship with the Children and Young People's Substance Misuse Service which met the needs of the young adults referred to them. Young people did not always engage with the service as some do not perceive they have a problem, but they are offered support if they are ready to change their behaviour.

The YOS does not routinely link with IVT and people who are aged 18 may continue to be under the children's and young people's service despite this service only being commissioned to support those up to the age of 17. The reluctance to transfer people to the adult service is partly due to a perception that:

- They would be supported more appropriately by the children's service due to their level of maturity
- The adult service is structured differently and most young adults entering the service would receive limited treatment for less complex drug and alcohol misuse which might not meet their whole needs
- There is a view that young adults would not be seen quickly due to waiting list length

No priorities or preferences about changes to the service were suggested.

7.13 Thurrock Individual Placement Support Service

The charity Open Road is currently commissioned by Thurrock Council to support people back into work who were referred to IVT for support. Two workers from Open Road are co-located with IVT and work with people who are not in work, but keen to get back into employment. They need to show motivation and commitment to work with the employment specialist who makes connections with employers and offers benefits counselling. This is a new one-year pilot which will then be evaluated.

Tables 70 and Table 71 show the employment status of adults at the start of treatment for drugs and alcohol respectively compared to England in 2020/21. A higher proportion of people were in employment who were treated for alcohol misuse in Thurrock (41%) compared to those receiving drug treatment (33%) and both these proportions were higher than for England (drugs =21% alcohol = 36%).

Table 70: Employment status of adults in drug treatment at the start of treatment, for Thurrock and England, 2020-21.

Employment Status	Thurrock		England	
	Total adults	% New presentations	Total adults	% New presentations
Regular employment	34	33%	16,590	21%
Unemployed / economically inactive	52	51%	39,349	50%
Unpaid voluntary work	0	0%	106	0%
Long term sick or disabled	11	11%	16,132	21%
In education	<5	N/A	779	1%
Not stated / missing	<5	N/A	4,324	6%
Other	<5	N/A	990	1%

Source: Adult Drug Commissioning Support Pack 2022/23

Proportions of people who were unemployed or economically inactive were very similar in Thurrock and England for drugs (51% vs 50% respectively) and alcohol (both = 41%).

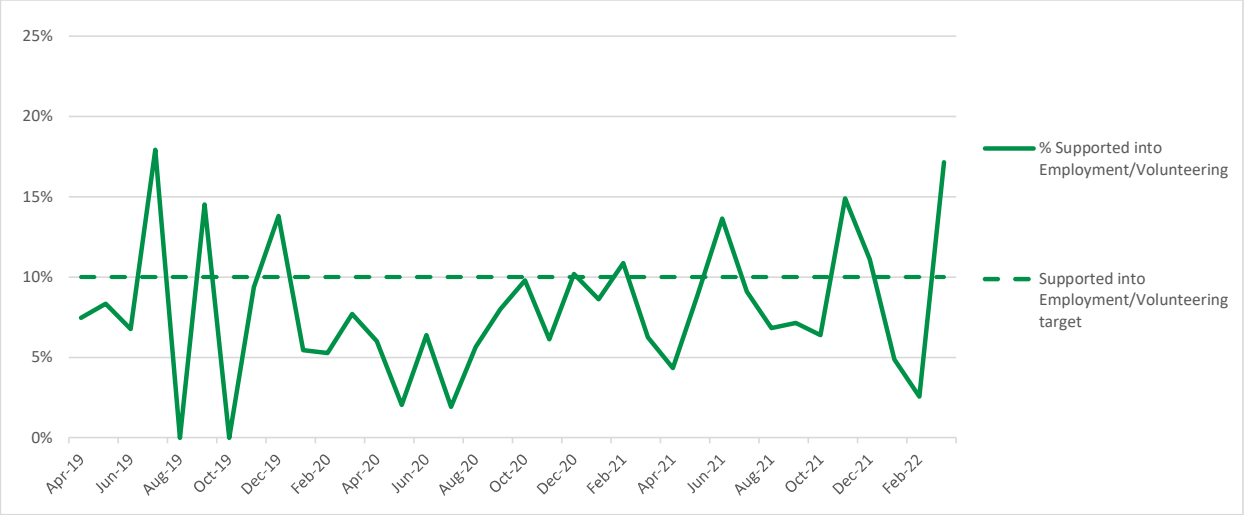
Table 71: Employment status for alcohol only adults at the start of treatment for Thurrock and England, 2020-21

Employment Status	Thurrock Total adults	Thurrock (%)	England Total adults	England (%)
Regular employment	28	41%	18,793	36%
Unemployed / Economically inactive	28	41%	21,436	41%
Unpaid voluntary work	<5	N/A	121	0%
Long term sick or disabled	11	16%	9,278	18%
In education	0	0%	355	1%
Other	<5	N/A	646	1%
Missing / Incomplete	0	0%	1,591	3%

Source: Adults Alcohol Commissioning Support Pack 2022/23

The figure below shows the proportion of people who have been supported into employment of those who were eligible to receive support since August 2019. This shows variable success at meeting the target of getting 10% people into work prior to the Open Road support worker co locating with IVT (February 2022). It is hoped that there will be a sustained increase in people supported into work as the pilot continues.

Figure 46: Percentage of service users eligible for employment/volunteering support successfully entered into employment/volunteering



Source: Inclusion Vision Adults Drug and Alcohol Service Key Performance Indicators 2019/20 to 2021/22

7.13.1 IPS service: barriers, enablers, and gaps

This service has only been in place for a few months, so it is unclear how effective it will be. People must be ready to work mentally and physically and be prepared to put considerable effort in working with Open Road to secure a job. This requires confidence in understanding the strengths and limitations of their own skills and the ability to communicate those effectively. There were no reports available about the planned and actual interventions carried out by Open Road and how much they are making a difference to people. Hopefully the evaluation planned for the end of the pilot will provide the information required about whether it is effective.

7.14 Working with Primary Care

With the move to integrated medical centres based on a PCN footprint outlined in Better Care Together Thurrock, it is planned that a whole range of services will sit alongside primary care including the drug and alcohol misuse treatment services. Currently GPs contact IVT if they need advice to support a patient, or to make a referral, but this is very infrequent. There is no primary care lead for drugs and alcohol misuse in Thurrock.

GP practices screen patients for alcohol misuse, often on joining the practice and then periodically and during NHS health checks. Table 72 shows the alcohol intake recorded following screening, for people with high alcohol consumption between July 2021 and June 2022 in Thurrock. Males accounted for over 70% of those with high alcohol intake, whether for units per week, units per day, and spirits per week. Those that score over 20 when screened with AUDIT-C have the highest risk of dependency and of those with this score 92% were male.

Table 72: Number of people screened in Thurrock between July and 2021 and June 2022 with higher levels of consumption

Units of alcohol per person	Male	Female	Total
>14 units per week	818 (73%)	308 (27%)	1,126
>2 units per day	137 (70%)	58 (30%)	195
>14 units a week and >2 a day	74 (71%)	30 (29%)	104
Spirits intake >14 units per week	8 (100%)	0 (0%)	8
AUDIT C score of >20	47(92%)	4 (8%)	51

Source: Thurrock CCG, GP practice data

Table 73 shows the numbers of people screened who were recorded with higher levels of alcohol consumption by PCN. It is unknown the total number of screens completed for each PCN. Grays has the highest number of people recorded as consuming over 14 units of alcohol per week, over two units of alcohol per night, over 14 units of spirits per week and those with an AUDIT C score of over 20. Either GP practices in Grays PCN have been screening much higher numbers of people in total, which would lead to identifying a higher number of people with increased alcohol consumption, or there are more people in Grays who consume higher levels of alcohol. It may be a combination of both factors especially as there has been problems with anti-social behaviour linked to drinking in public leading to a ban on consuming alcohol on Grays High Street.

Table 73: Numbers of patients recorded as having higher levels of alcohol consumption for following screening by Thurrock GPs between July 2021 and June 2022

PCN	>14 units per week	>2 units per day only	>14 units a week and >2 a day	Spirits intake >14 units per week	AUDIT C score of >20
Grays PCN	371	40	33	5	31
Aveley, South Ockendon and Purfleet (ASOP) PCN	283	20	12	3	11
Stanford le Hope and Corringham PCN	329	16	40	0	3
Tilbury and Chadwell PCN	184	15	19	0	6
Total	**1,177**	**91**	**104**	**8**	**51**

Source: , Thurrock CCG, GP practice data

Once people have been identified as consuming higher levels of alcohol there are a range of different types of interventions open to GPs. These include lifestyle advice, health education about alcohol, brief interventions, and referral to specialist treatment service.

Table 74 shows the number of patients in Thurrock who received alcohol education through their GP practices and referral to specialist treatment services between July 2021 and June 2022. Nearly 40% of people were offered lifestyle advice whilst nearly 15% received brief interventions for excessive alcohol consumption.

Table 74: Number of patients receiving different types of alcohol misuse intervention in Thurrock between July 2021 and June 2022

Alcohol intervention	Thurrock all ages	Thurrock (%)
Health education – alcohol	302	19.2%
Advice on alcohol consumption	327	20.6%
Patient advised about alcohol	101	6.4%
Lifestyle advice regarding alcohol	608	38.5%
Referral to specialist alcohol treatment service	6	0.4%
Brief intervention for excessive alcohol consumption completed	237	14.9%
Total	**1,581**	**100**

Source: Thurrock CCG, GP practice data

Table 75 shows the number of interventions by age group for those offered support of which the highest proportion came from the 45 to 54 age group (21.5%). In total of those receiving an intervention 54% were men. Of the six referrals for specialist treatment five were male, three were people aged 35 to 44, and one person was referred from each of the age groups, 45 to 54, 55 to 64 and 75 plus.

Table 75: Number of patients receiving alcohol intervention by age band for Thurrock between July 2021 and June 2022

Age bands	Number of patients	(%)
0-17	25	1.6%
18-24	75	4.7%
25-34	163	10.3%
35-44	213	13.5%
45-54	341	21.5%
55-64	320	20.2%
65-74	266	16.8%
75+	178	11.2%
Total	**1,581**	**100%**

Source: GP practice data, Thurrock CCG

The table below shows the number of interventions by PCN and the crude rate of interventions per 100,000 population for each PCN. The rates of interventions per population will be dependent on the number of screens carried out, whether all the interventions are recorded and differences in the alcohol misuse rates within each PCN footprint.

Table 76: Number of patients receiving alcohol intervention by Thurrock PCNs between July 2021 and June 2022

PCN	Number of patients	Registered population	Interventions Per 100,000 population between Jul 2021-Jun 2022
Aveley, South Ockendon and Purfleet (ASOP) PCN	275	40,372	681
Grays PCN	560	73,519	762
Stanford le Hope and Corringham PCN	418	32,744	1,276
Tilbury and Chadwell PCN	328	37,906	865
Thurrock	**1,581**	**184,541**	**857**

Source: Thurrock CCG, GP practice data

7.14.1 Prescribing

Prescribing in the community for drug and alcohol misuse is predominantly through IVT for opioid dependency and via the GP practice for alcohol dependency

There were only 18 prescriptions for methadone prescribed by Thurrock PCNs between April 2018 and March 2022 whilst IVT are currently prescribing medication for opioid dependency to 85 service users

In contrast GP practices prescribed 843 items to treat alcohol dependency between April 2018 and March 2022 and currently IVT are not prescribing any similar items. If GPs refer a patient to IVT for treatment they will continue with the prescribing role, however only 6 people were referred to specialist alcohol services between July 2021 and June 2022. Table 77 shows the items prescribed for alcohol dependency by PCN between April 2018 and March 2022.

Table 77: Prescribing PCN and number of items prescribed for alcohol dependency between July 2021 and June 2020

Prescribing PCN	Prescriptions for medications to treat alcohol dependency
Grays PCN	254
Aveley, South Ockendon and Purfleet (ASOP) PCN	480
Stanford le Hope and Corringham PCN	36
Tilbury and Chadwell PCN	70
Out of hours	2
Unknown PCN	1
Total	**843**

Source: GP practice data, Thurrock CCG

7.14.2 Primary care; barriers, enablers, and gaps

Primary care carries out a range of prevention activities focussed on screening for alcohol misuse, providing advice and brief intervention. Most people identified as being dependent on alcohol by a GP will be treated in primary care. Of 51 people identified as likely to be dependent on alcohol due to an AUDIT C score of over 20, around 6 were referred to specialist treatment services. In contrast IVT had 67 new referrals for alcohol misuse none of which were from primary care. Although primary care is focussing on prevention and IVT focusses on people with complex needs it will be helpful for the services to build stronger relationships when the integrated medical

centres are in place. In addition to alcohol misuse, IVT can also support GPs and patients with addiction issues with over the counter and prescription drugs. Currently the use of AUDIT C and the proportion of interventions offered to residents varies between the 4 PCNs. It is unclear if this pattern is a genuine reflection of the need in the population or whether there is scope for practices to focus on using the Making Every Contact Count (MECC) approach to the opportunistic delivery of healthy lifestyle conversations.

7.15 Working with Secondary Care

People requiring admission to hospital for alcohol and drug related problems will predominantly go to Basildon University Hospital, part of Mid and South Essex NHS Foundation Trust. Table 78 shows the hospital admissions for people over and under 18 years of age by PCN for:

- Admissions for wholly drugs attributable conditions
- Admissions with a primary diagnosis of drug related mental and behavioural disorders
- Admissions with a primary diagnosis of poisoning by drug misuse

This shows that there has been a considerable increase in the number of people with conditions wholly attributable to drugs and those with a drug related mental health disorder between 2018/19 and 2020/21 and a subsequent decrease in 2021/22.

Table 78: Number of drug related hospital admissions for those aged ≤17 and ≥18 years of age for 2018/19, 2019/20 and 2021/22

Admission type	PCN	Apr 2018 to Mar 2019		Apr 2019 to Mar 2020		Apr 2020 to Mar 2021		Apr 2021 to Mar 2022	
		≤17	≥18	≤17	≥18	≤17	≥18	≤17	≥18
Admissions for wholly drugs attributable conditions	Stanford le Hope and Corringham PCN	0	<5	<5	<5	0	8	0	<5
	Aveley, South Ockendon and Purfleet (ASOP) PCN	<5	5	0	12	<5	22	0	6
	Grays PCN	<5	6	<5	16	<5	33	<5	7
	Tilbury and Chadwell PCN	0	<5	0	5	0	22	0	7
	Thurrock	**<5**	**19**	**<5**	**40**	**<5**	**91**	**<5**	**26**
Admissions with a primary diagnosis of drug related mental and behavioural disorders	Stanford le Hope and Corringham PCN	0	0	0	<5	0	8	0	<5
	Aveley, South Ockendon and Purfleet (ASOP) PCN	0	<5	0	9	<5	22	0	6
	Grays PCN	<5	5	0	14	<5	33	0	7
	Tilbury and Chadwell PCN	0	<5	0	5	0	20	0	6
	Thurrock	**<5**	**14**	**<5**	**32**	**<5**	**86**	**<5**	**24**
Admissions with a primary diagnosis of poisoning by drug misuse	Stanford le Hope and Corringham PCN	0	<5	<5	<5	0	0	0	0
	Aveley, South Ockendon and Purfleet (ASOP) PCN	<5	<5	0	<5	0	0	0	0
	Grays PCN	0	<5	<5	<5	0	0	<5	0
	Tilbury and Chadwell PCN	0	<5	0	0	0	<5	0	<5
	Thurrock	**<5**	**5**	**<5**	**8**	**0**	**5**	**<5**	**<5**

Source: Thurrock Council based on coding from PHE Local Alcohol Profiles for England (LAPE)

Table 79 shows the hospital admissions for people over and under 18 years of age for:

- Admissions for wholly alcohol attributable conditions
- Admissions with a primary diagnosis of alcohol related mental and behavioural disorders
- Admissions with a primary diagnosis of poisoning by alcohol misuse

Overall, in Thurrock the number of alcohol related conditions and admissions for those with a co-occurring mental health and behaviour disorders were similar over the 4 years for those under 18 and over 17 years of age from April 2018 to March 2022. In 2018/19 people from Grays accounted for a much higher proportion of admissions (44%) for people with a primary diagnosis of alcohol related mental and behavioural disorders compared to the other 3 PCNS. By 2021/22 although the numbers of people in Thurrock with this type of admission remained similar the split by PCN had changed with three of the four PCNS with similar numbers of admissions.

Table 79: Number of alcohol related hospital admissions for those aged ≤17 and ≥18 years of age for 2018/19, 2019/20 and 2021/22

Admission type	PCN	Apr 2018 to Mar 2019		Apr 2019 to Mar 2020		Apr 2020 to Mar 2021		Apr 2021 to Mar 2022	
		≤17	≥18	≤17	≥18	≤17	≥18	≤17	≥18
Admissions for wholly alcohol attributable conditions	Stanford le Hope and Corringham PCN	0	12	0	16	0	18	0	22
	Aveley, South Ockendon and Purfleet (ASOP) PCN	<5	45	0	40	0	33	0	36
	Grays PCN	<5	54	0	51	0	53	<5	50
	Tilbury and Chadwell PCN	<5	36	<5	25	0	32	0	42
	Thurrock	**<5**	**162**	**<5**	**143**	**0**	**146**	**<5**	**173**
Admissions with a primary diagnosis of alcohol related mental and behavioural disorders	Stanford le Hope and Corringham PCN	0	7	0	7	0	12	0	7
	Aveley, South Ockendon and Purfleet (ASOP) PCN	<5	16	0	12	0	19	0	23
	Grays PCN	<5	43	0	34	0	36	<5	25
	Tilbury and Chadwell PCN	<5	20	<5	19	0	11	0	26
	Thurrock	**<5**	**97**	**<5**	**80**	**0**	**88**	**<5**	**100**
Admissions with a primary diagnosis of poisoning by alcohol misuse	Stanford le Hope and Corringham PCN	0	0	0	0	0	0	0	0
	Aveley, South Ockendon and Purfleet (ASOP) PCN	0	0	0	0	0	0	0	0
	Grays PCN	0	0	0	0	0	0	0	0
	Tilbury and Chadwell PCN	0	0	0	0	0	0	0	0
	Thurrock	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Source: Thurrock Council based on coding from PHE Local Alcohol Profiles for England (LAPE)

7.15.1 Alcohol Liaison Service

Essex County Council commission an Alcohol Liaison Service (ALS) provided by Phoenix Futures based in Basildon University Hospital, part of Mid and South Essex NHS Foundation Trust. Thurrock Council contribute £27,000 annually for the service. The scope of the service includes:

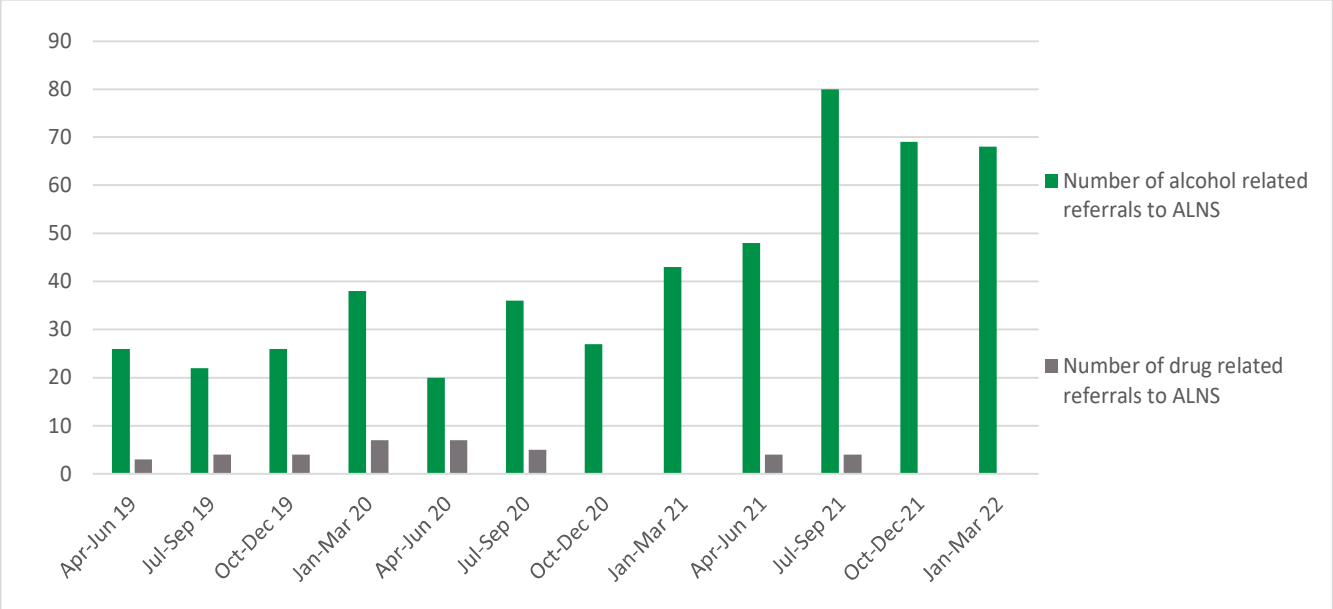
- Alcohol specialist intervention with inpatients as required.
- Training in identification and brief advice (IBA) within appropriate hospital departments to enable identification and response to alcohol issues at all levels.
- Professional input to the establishment and strengthening of an effective pathway for acute inpatients requiring alcohol services.
- Support for an alcohol champion within the acute setting.

Interventions with identified patients will include:

- Liaison, advice, and support to hospital medical staff regarding the care and detoxification of patients admitted where alcohol dependence is a co-morbidity.
- Assessment to and provision of brief interventions/extended brief intervention for harmful drinkers where appropriate, or referral to external organisations.
- Support for relatives/carers of patients referred.
- Referral and signposting for patients into other specialist alcohol specific services post discharge.

One alcohol liaison nurse specialist (ALNS) works with the inpatient wards and two alcohol liaison practitioners work in Accident and Emergency (A&E) department, emergency assessment unit (EAU), clinical decision unit (CDU) and acute medical unit (AMU). As people come into hospital, they are screened with Alcohol Use Disorders Identification Tool C (AUDIT C) screening questionnaire. Ideally all people would be screened, but the team do not provide a 24 hour a day service. Some clinical staff are trained in AUDIT C to screen people when ALS staff are not available, but whether this happens or not is contingent on the priorities and demands on clinical staff time. Figure 47 shows the number of referrals made to the ALNS following screening. Prior to the pandemic this was around 25 per quarter which had increased to 80 per quarter by July to September 2021.

Figure 47: Number of alcohol and drug referrals to ALNS by quarter April – June 2019 to January to March 2022



Source: ALS Hospital Based Alcohol Interventions – Thurrock Only

Following screening people who drink moderately may receive brief advice about the safe number of units to drink, the benefits of having days from drinking whilst people with hazardous or harmful drinking levels will receive extended brief advice which may result in signposting or referral to IVT. People dependant of alcohol will be seen by the Alcohol Liaison Nurse Specialist to check if they are in treatment and on a detox programme. Where IVT know that their service users are coming into hospital they can flag this to the ALS team. For people who are referred the Alcohol Liaison Nurse Specialist follows up with a call to check on whether the person has taken up the opportunity of treatment.

Table 80 shows the number of interventions the ALS and A&E staff carried out over the last 3 years. In 2019/20 A&E staff were carrying out a higher proportion of brief interventions than the ALS staff. At that time there were no A&E alcohol practitioners only the alcohol liaison nurse who focussed on inpatients. With the pandemic and the change in priorities A&E staff stopped the alcohol screening and brief interventions and the ALS staff were limited to largely working from home and contacting people by phone. In 2021/22 there has been a marked increase in delivering all interventions by ALS staff who now have 2 alcohol practitioners working in A&E. The alcohol screening and interventions by staff in A&E has not yet recovered to pre-pandemic levels. Compared to 2019/20 there has been a doubling of people referred for treatment for alcohol misuse in 2021/22.

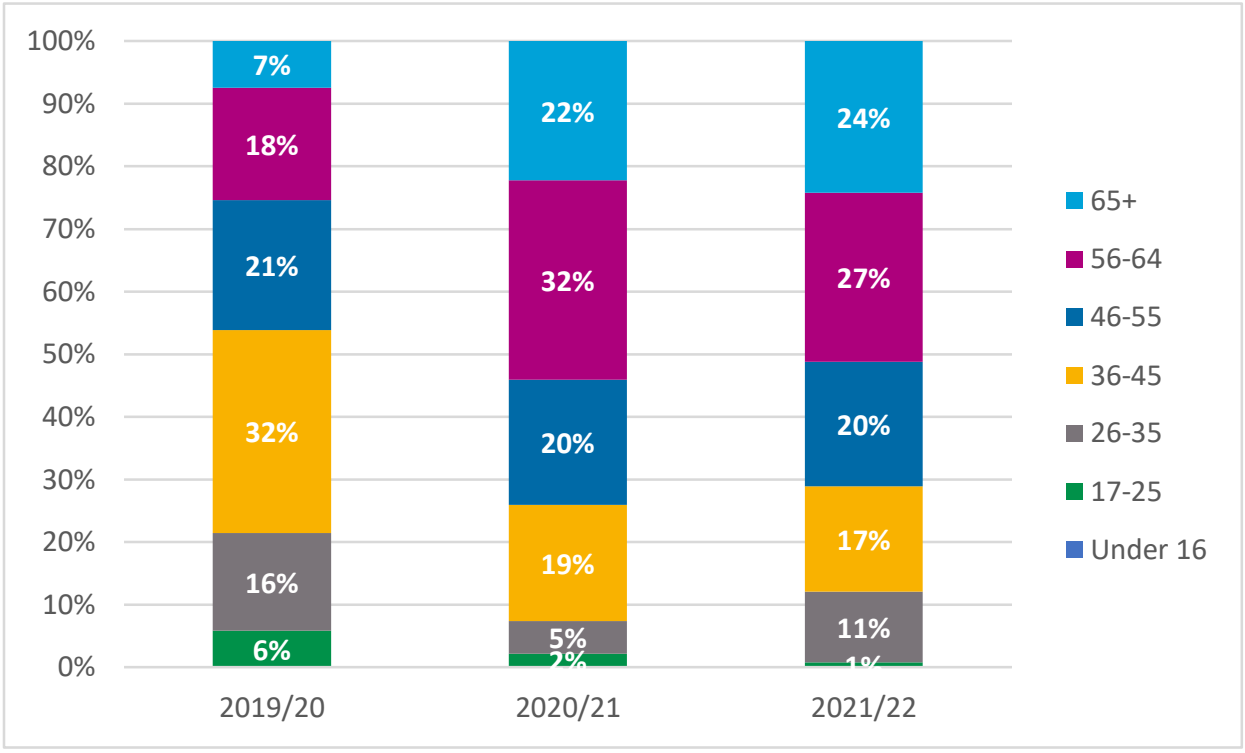
Table 80: Number of interventions completed by ALNS and A&E staff in 2019/20, 2020/21 and 2021/22

Intervention	2019/20			2020/21			2021/22		
	A&E staff	ALNS	Total	A&E staff	ALNS	Total	A&E staff	ALNS	Total
Don't Bottle It Up	0	0	0	0	0	0	0	0	0
Brief Intervention	84	39	123	<5	55	58	12	95	107
Extended Brief Intervention	18	45	63	0	48	48	10	93	103
Prescribing support (patients)	<5	68	70	0	64	64	7	97	104
Prescribing support (staff)	0	87	87	0	78	78	12	143	155
Signpost to Treatment System	82	36	122	<5	127	130	20	245	265
Referral to Treatment System	<5	62	63	0	68	68	15	126	141
Signpost / Referral to Other Support Service	18	15	33	0	16	16	0	23	23
Relatives supported	<5	22	23	0	13	13	<5	25	29
Intervention declined	0	21	21	0	49	49	<5	55	58

Source: ALS Hospital Based Alcohol Interventions – Thurrock Only

Figure 48 shows the ages of the people screened by A&E and ALS staff. Prior to the pandemic in 2019/20 just over 50% of people seen were 45 and under but in 2020/21 this dropped to around 25% and increased slightly to 30% in 2021/22. The impact of the pandemic meant people coming into A&E were unlikely to be screened although the service did continue for those admitted which were likely to be an older cohort of unwell people.

Figure 48: Percentage of individuals seen by alcohol staff by age group, 2019/20, 2020/21 and 2021/22



Source: ALS Hospital Based Alcohol Interventions – Thurrock Only

Table 81 shows the number of people who started and completed an alcohol detox programme during 2019/20, 2020/21 and 201/22. Double the people have started and completed an alcohol detox in 2021/22 compared to the previous 2 years.

Table 81: Number of alcohol detoxes started and completed in 2019/20, 2020/21 and 2021/22

Detox Status	2019/20	2020/21	2021/22
Number starting alcohol detox in hospital	43	43	94
Number completing alcohol detox in hospital	42	43	94
Number completing alcohol detox in community	0	0	0
Number discharged during detox against ALNS advice	8	0	<5

Source: ALS Hospital Based Alcohol Interventions – Thurrock Only

People who are repeatedly admitted or come into A&E can be referred to the High Intensity User (HIU) service by the ALS. This service commissioned by Mid- Essex CCG in 2020/21 to ease winter pressures, works specifically with individuals from Mid and South Essex system hospitals. People who are referred are contacted by the HIU worker who will provide support in the key areas of their life that lead them to repeatedly use emergency services. Examples of the areas where support might be available includes mental health, housing, drugs and alcohol misuse, or financial difficulties. The HIU worker will facilitate improvements in these key areas for the person and act as a single point of contact for support. The service aims to work intensively and offer a consistent and persistent approach and will therefore keep the cohort relatively small (10-15 individuals at any one time) in to ensure that the individuals are supported adequately to address all their complex needs. All issues that lead to frequent attendances, are addressed rather than focusing on alcohol in isolation. It is unclear whether any Thurrock residents have as yet been referred to the HIU service.

Table 82 shows the data available about re-presentations and people with alcohol problems who frequently attend the hospital. There has been a substantial impact on the ALS and the accurate

gathering of data due to the shift in priorities during the pandemic. More than double the individuals re-presented in A&E within one month in 2020/21 compared to 2019/20, but none were identified as having an alcohol problem. No individuals were identified as re-presenting to A&E within one month during 2021/22 despite 17 in 2019/20 and 43 in 2020/21.

Table 82: Number of re-presentations, readmissions, and frequent attenders, 2019/20, 2020/21 and 2021/22 for Thurrock residents

Representations, readmissions, and frequent attenders	2019/20	2020/21	2021/22
Number of individuals re-presenting to A&E staff within 1 month*	17	43	0
Number of re-presentations to A&E staff within 1 month*	25	43	0
Number of individuals re-admitted within 1 month	9	0	<5
Number of alcohols related re-admissions within 1 month	8	0	0
Number of frequent alcohol attenders	14	0	0
Number of contacts with alcohol frequent attenders	22	0	0
Number of frequent attenders - hospital definition	<5	0	0

*Will not capture those who re-present outside of A&E alcohol practitioners working hours
Source: ALS Hospital Based Alcohol Interventions – Thurrock Only

7.15.2 Secondary care: barriers enablers and gaps

The Alcohol Liaison Service (ALS) cover residents from a range of local authorities who become patients at Basildon University hospital.

IVT are developing the relationship with the ALS with more work to be done for the referral process to be smoother. The challenges are currently that:

- Referrals are not timely - sometimes they are not received from the ALS until after the person has been discharged from hospital when they are no longer concerned about their alcohol misuse
- When people are contacted about the referral sometimes, they did not know they were being referred
- When IVT clients are admitted to hospital this is not always flagged to IVT by the ALS
- Referral data from the ALS does not match the referrals received by IVT

IVT felt that the two newly appointed ALS staff members were proactive and the relationship with them was working well which may result in a smoother referral process.

IVT are exploring two changes in pathways involving the ALS. The first is where a patient requires detox following admission to hospital. It may be possible to start the detox programme in hospital then free up their bed by continuing the process in the community. The second change involves potentially greater use of the High Intensity User service. This focusses on people with complex needs who are frequently admitted to hospital or call emergency services. For people who meet the criteria for this service and have alcohol misuse problems IVT can refer to their alcohol misuse workers who have the resources to meet with people in the community. There is the potential for the ALS, IVT and HIU to coordinate how they work with this group of patients.

8 Summary and Recommendations

The prevention and reduction of drug and alcohol misuse is included in strategies of a broad range of agencies involved in health, care, and the criminal justice system in Thurrock. However, there is no overarching strategy that brings all those elements together. The Department of Health have asked local authorities to develop a Combating Drugs Partnership (which can include alcohol) which would see all the agencies develop and implement a joint strategic approach. This will support Thurrock's current integration plans and the human learning system perspective to service provision. The facilitation of closer relationships between services, removal of barriers to accessing them and a focus on what is important to the resident aims to improve outcomes for all residents misusing drugs and alcohol but especially those with co-occurring conditions and complex needs.

The strategic transformation of alcohol and drugs misuse prevention and treatment provision is underway. In supporting this the HNA has identified some additional recommendations for consideration by services.

Area	Finding	Recommendations
Strategy		
National drug and alcohol strategy	New national guidance has been produced about implementing a Combatting Drugs Partnership (CDP), that takes responsibility for the agreement of a local drugs and alcohol strategy delivery plan that reflects the national strategic priorities. Activities of the group include producing an HNA, a strategy and establishing processes to collect metrics required for National Combating Drugs Framework.	Ensure action plan is put in place to meet national timeline for set up of CDP, completion of HNA, development of strategy and process to collect relevant metrics.
Local alcohol strategy (CLeaR)	The CLeaR recommendations from the 2019 peer assessment have yet to be implemented.	Ensure the CLeaR recommendations are included in the CDP agenda (as it covers both drugs and alcohol) and are part of delivering the local plan.
Commissioning	The current service level agreements for substance misuse services are limited in scope and constrain staff in what they can do to engage and support individuals in the most effective ways.	When the current contract ends, re-commission a systems level drugs and alcohol service in line with Thurrock Councils' ambition to use a human learning system approach to service delivery..
Partnership working		
Harm minimisation	There is considerable unmet need concerning use of drugs and alcohol in Thurrock. In terms of the proportion of the population affected this is greatest for young people's use of cannabis and adult alcohol misuse. However, there is considerable unmet need for all types and combinations of drug and alcohol misuse.	Implement a whole systems approach to harm minimisation, particularly around the areas of cannabis use in young people and alcohol use at a population level. This requires a collaborative approach combining the following sectors; community; health; social care; police; environment and voluntary organisations
Suicide awareness	Substance misuse is an important factor in many suicides. Teams from substance misuse, housing, and homeless services working with people known to use drugs or misuse alcohol are not trained to pick up signs of someone with an increased risk of suicide	Suicide awareness training should be carried out with all agencies working with individuals considered to be at higher risk of suicide. The need for training should be captured in future service specifications for both the Adult and Young Persons' Substance Misuse services.
Working together	Teams that work together do not always understand the limitations of each other's remit and the best way of working together.	Ensure that service and role specifications outline how support will work between agencies for people with complex needs i.e. they have substance misuse problems co-occurring with one or more challenges concerning, housing, mental health, physical health, and the criminal justice system.

What does integration really mean?	With a new way of working it will be important to be able to clearly describe how integration will work across teams, to wider professional groups and service users.	The CDP should facilitate development of case studies for how integration will work across teams with bespoke versions disseminated to wider groups of professionals and service users, including but not limited to those in health, social care, housing and the police.
Relationship building	The relationship between drug and alcohol prevention and treatment services and partners in health was not strong.	The CDP should facilitate relationship building between drug and alcohol prevention and treatment services and primary and secondary care. There should be an increase in the number of referrals arising from health settings into the relevant drug and alcohol services.
Service development		
Transition between young peoples and adults services	The difference in approach between the young peoples and adults' services mean that when young people move to an adult service and the statutory support changes, it can be a difficult transition.	The commissioner should ensure the successful integration of a transition worker into the adult drug and alcohol service where the remit is to develop a seamless pathway between children and young peoples and adult services and to develop an approach tailored to the needs of young adults.
Cross working between teams	There is an aspiration towards a Human Learning System approach to providing services, however working in siloed teams is still prevalent.	The Thurrock Mental Health Transformation Board should foster a culture of collaboration and cross-working between Adult Mental Health Services, Housing, Homeless services and substance misuse services in line with a human learning systems approach. This could for example involve upskilling of housing officers in mental health and substance misuse awareness and training.
Alcohol liaison service	The Alcohol Liaison Service has not returned to pre-pandemic activity levels. In some part this is due to clinical staff having less time to screen patients for alcohol misuse when ALS are unavailable.	Through joint working with Essex County Council, the commissioner should facilitate a move towards an ALS where all individuals are screened, regardless of availability of specialist ALS staff. The short-term ambition should be for the ALS to return to activity levels seen pre-pandemic.
High Intensity User Service (HIU)	The HIU was implemented as a way of reducing winter pressures in 2020 in Basildon Hospital. It is unclear whether any referrals of Thurrock residents have been made.	The commissioner should ascertain if Thurrock residents identified as a high intensity users of secondary care services by the ALS are referred to the HIU service and if not, how the HIU service can be utilised
Information and evaluation		
Data sharing	It is not possible to see all the contacts an individual has had with different agencies so decisions are made with partial information which may not result in the most effective outcome for individuals.	Facilitated by the CDP, all relevant partners should develop sustainable systems of data sharing for staff working with service users so they have access to a full picture of the engagement and interventions recorded from all health, care, and criminal justice organisations

Intelligence sharing	Intelligence sharing between agencies is limited and it is not possible to link important information which would enable better outcomes for individuals whilst reducing harm and criminal activity.	As part of the CDP, develop an approach to intelligence sharing between agencies. This includes, but is not limited to, information sharing between the Local Authority, Police, Prison and Probation service, and the Integrated Care Board
Evaluation	There is little evaluation of any initiatives to reduce harm from drug and alcohol misuse so it isn't clear what is working well and what is less effective.	Rapid evaluation of local interventions relevant to alcohol and substance misuse should be undertaken, with priority given to those in receipt of grant funding. The outcomes of initiatives should be determined to establish if they are making a difference and how, or if resources could be better directed elsewhere
Topics to explore	Several questions have arisen during this HNA. These include:	The relevant commissioner (mental health or substance misuse services) should explore these questions with relevant partners and report the outcomes to the CDP. This will inform future decision making concerning reducing inequalities and improving the quality of services.
	What is the relationship between suicide (and attempted suicide) and drug and alcohol misuse?	
	Why has there been a reduction in referrals to the substance misuse service over the past 5 years?	
	In addition to Black ethnic groups which other groups are under represented in treatment services and what are the specific barriers to access?	
	What is the reason for the reported low levels of follow up by GPs of those with severe mental illness who have a positive screen for alcohol or drug misuse?	
Service Users		
Co production	The CDP will need to include people who have been affected by drug related harm. NHS England and the DHSC has recently published statutory guidance on the legal public involvement duties of the integrated care system, describing ways to include community and service users in co designing and co-producing services.	The commissioner should develop a methodology for ongoing co-production of the local alcohol and drugs strategy delivery plan, system specification, service development and for the exploration of the experience of service users in line with a human learning systems approach. This should include the IVT volunteer coordinator and the service user involvement lead, as well as service users who have indicated a willingness to be contacted in the future for this purpose.
Service user wellbeing	The need for support for the wellbeing of service users as they recover and post -recovery was emphasised with a focus on outdoor community activities that could be for the benefit of all.	The commissioner, in partnership with providers, should explore options for service users to carry out purposeful activities with a community action approach for the benefit of all.

List of Abbreviations

Abbreviation	Stands For
ALS	Alcohol Liaison Service
BOLD	Better Outcomes through Linked Data
CCG	Clinical Commissioning Group
CDF	Combating Drugs Framework
CDP	Combating Drugs Partnership
CLeaR	Challenge services, Leadership and Results
CSP	Community Safety Partnership
CYP	Children and Young People
DHSC	Department for Health and Social Care
DOMES	Drug Outcome Monitoring Executive Summaries
EBI	Extended Brief Intervention(s)
EBTP	Evidence Based Treatment Pathway(s)
EofE	East of England Region
GP	General Practitioner
HIU	High Intensity User
HLS	Human Learning Systems
HNA	Health Needs Assessment
HWB	Health and Wellbeing Board
IBA	Interventions and Brief Advice
ICD10	International Classification of Diseases 10th Edition
IDACI	Income Deprivation Affecting Children Index
IMD	Index of Multiple Deprivation
ISARMS	Integrated Support, Advice, Referral, and Mentoring Services
IVT	Inclusion Visions Thurrock
LAG	Local Action Group
LAPE	Local Alcohol Profiles for England
LSOA	Lower Super Output Area
MDMA	3,4-Methylenedioxymethamphetamine
NDTMS	National Drug Treatment Monitoring Service
NELFT	NHS Northeast London Foundation Trust
NICE	National Institute for health and Care Excellence
NOMS	National Offender Management Service
NRM	National Referral Mechanism
OCG	Organised Crime Gang(s)
OCU	Opiate and/or crack Cocaine User(s)
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
OTC	Over The Counter
PCN	Primary Care Network
PFA	Police Force Area
PHE	Public Health England
POM	Prescription Only Medicine(s)
SEND	Special Educational Needs and Disability
SLA	Service Level Agreement
SPH	Solutions for Public Heath
TICA	Thurrock Integrated Care Alliance
UEMHC	Urgent and Emergency Mental Health Care
UNODC	United Nations Office on Drugs and Crime
YOS	Youth Offending Service(s)

Appendices

8.1 Appendix 1: Questionnaire for professional stakeholders

Thurrock Council Alcohol and Substance Misuse, Health Needs Assessment
Questions for Stakeholder semi structured interviews

INTERVIEW DETAILS

Date:

Name(s):

Organisation:

Role(s):

Questions

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1 Can you briefly describe your role(s) in relation to alcohol and substance misuse services in the Thurrock LA area (adult, CYP or both)?

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2 Could you briefly describe the service(s) your organisation provides, and the catchment population served by your service (adult, CYP or both)? Have you got a doc of overview of services in Thurrock?

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3 What do you think are the strengths of the drug and alcohol misuse services for adults and for children and young people in Thurrock?

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4 What do you think are the main challenges in respect of drug and alcohol services for adults and for children and young people in Thurrock?

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5 Are there any significant risks/gaps Thurrock faces in terms of the current and future provision of drug and alcohol misuse services for adults and for children and young people –

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6 What are your views on current service accessibility to the range of culturally diverse groups in Thurrock (adult, CYP or both)?

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7 How effective is multi-disciplinary working and/or collaboration with other teams or services that are working with adults and/or children and young people with drug and alcohol misuse problems?

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8 Do you have any comments on the committee/ governance structure for services for drug and alcohol misuse? What is good and what could be improved?

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9 COVID-19 will have had an impact on many services for drug and alcohol misuse over the past two years. Is there any important learning, good and/or bad, that can be built on from this experience?

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10 What do you consider to be the single most important strategic priority for action currently in respect of services drug and alcohol misuse in Thurrock (adult, CYP or both)?

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11 If you had any amount of funds to spend to meet your key priorities how would you spend it?

Any further comments?

8.2 Appendix 2: Roles of people agreeing to participate in Semi-Structured Interviews

The HNA team would like to thank all the people who contributed their time and energy to talk to us or complete a questionnaire about their role, their views of the drug and alcohol services and the needs of the Thurrock population.

Role	Organisation
Head of Mental Health Commissioning	Mid and South Essex Integrated Care System
Regional Young Person Manager (South)	Change Grow Live Wize-up
Thurrock Community Safety Partnership Manager	Thurrock Council
Contracts Lead	Inclusion Visions
Service Manager	Inclusion Visions Thurrock
Regional Director	South Essex Probation Delivery Unit
Violence Against Women and Girls Coordinator	Thurrock Council
Operations Manager Thurrock Youth Offending Team	Thurrock Youth Offending Team
Trading Standards Manager	Thurrock Council
Strategic Lead – Public Health (Public Mental Health & Vulnerable Populations)	Thurrock Council
Corporate Director for Adults, Housing and Health	Thurrock Council
Strategic Lead Public Health	Thurrock Council
Police Sergeant	Essex Police
Narcotics Anonymous volunteer link with IVT	Volunteer
Alcohol Liaison Nurse	Phoenix Futures
Senior Hospital Alcohol Liaison Practitioner	Phoenix Futures
Rough Sleeper Coordinator	Thurrock Council
Partnership Director	Thurrock Council
Strategic Lead - Housing Solutions	Thurrock Council

8.3 Appendix 3: Questionnaire for drug and alcohol service users

Drug and alcohol service users' voices

Aim: To ask people using the drug and alcohol service what the barriers and enablers they experienced in accessing the service

Setting: Staff to ask people appropriately nearing the end of an appointment if they are willing to answer a few questions about how they have found the service. The answers will be anonymised but will really help in working out how to improve the service. Under the Data Protection Act 2018 there is a legal duty to protect any personal information collected from people. Responses may be described in the report, but it will be impossible to identify individuals from the description.

PLEASE EMAIL QUESTIONNIARES TO xxx AS SOON AS POSSIBLE AFTER THEY HAVE BEEN COMPLETED. Thank you – to both service users and staff for your time and effort in answering the questions.

Data items in blue are likely to be able to be collected from patient records and those in yellow will be questions asked of people.

Question	Response
Patient number: 01 *(we just need a unique number for each person –**NOT** NHS number/ hospital number or other number that could be linked to other info about the person)*	
Age band choose from one of these: 10-14, 15- 19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89	
Gender:	
What type of drug or alcohol issue are they being treated for- choose from one of these? • Alcohol only • Opiate • Non opiate • Alcohol and non-opiate	
What kind of treatment are they receiving? • Structured • Unstructured	
Are they in contact and receiving support from other agencies including: • Housing Solutions • Mental health services • Open road • Probation • Young offenders service • Police • Refuge • Other (state which)	

- None of these

1. Could you contact the service when you needed to?

e.g., to make an appointment, ask a question or get a response to an enquiry

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

If you couldn't contact the service, why was this?
Bullet points:

2. Could you use the service when you needed it?

e.g., appointments were available at convenient times, any transport or childcare issues, any disability or access issues

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

If you had difficulty accessing the service, can you say why? NA

Bullet points:

3. Do you think the COVID-19 pandemic had an effect on how you were able to use the service?

e.g., staff availability, use of phone/digital appointments

1	2	3	4	5
Very negative effect	Some negative effect	Neutral	Some positive effect	Very positive effect

What were these effects:

Bullet points:

4. Did you receive what you expected from the service (e.g., advice, treatment?) and was it satisfactory?

1	2	3	4	5
Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Completely satisfied

Can you tell us about any improvements that you think would help make the service better for people? NA

Bullet points:

Is there anything else you'd like to say about your experience with the service?
Bullet points:

5. Would you be happy to be contacted in the future (later this year) to have a conversation about what you think the best drug and alcohol treatment service would look like?

For details about our full range of services, please contact us:

www.ardengemcsu.nhs.uk

@ardengem

contact.ardengem@nhs.net