

Health Overview and Scrutiny Committee

Briefing on the Public Health Commissioned Substance Misuse (Drug and Alcohol) System response to Covid-19

1. Purpose

The paper provides a summary of how ECC and key partners have driven the substance misuse response to Covid-19, as well as the impact experienced so far. It will also outline the plans being formulated for the future and how demand is expected to develop.

2. Headline points

The principal points to note from this briefing are as follows;

- Commissioned NHS and voluntary sector services continue to run, following the implementation of agreed business continuity plans and sensitive to Covid-19 guidance on safe practice
- Available capacity across the commissioned treatment and support system impacted by the temporary restrictions and relevant guidance on community (group and face-to-face) activity has been reprioritised to support the Covid-19 response
- Commissioned providers within the substance misuse system have had relatively low impact on capacity due to sickness and isolation and whilst there has been some increase in demand for substance misuse specialist support demand has not increased to the point where there is insufficient supply
- Priority attention has been given to activity which will most directly maintain safe services and individual service user risk has been assessed in light of the new operating models
- Based on research, anecdotal feedback from providers and service users and expert opinion, it is anticipated the height of demand for substance misuse support will be after the immediate threat of Covid-19 abates. Work is underway to coordinate how the Council and other commissioning partners respond to that, both within specialist and non-specialist services, and within public health messaging
- There is a certain amount of anecdotal information suggesting that alcohol consumption had increased and drug taking patterns have changed during lockdown although at present little evidence to support any particular view. We continue to explore various sources of information

3. Outline of response

3.1. Commissioned specialist services

The Council, and specifically the Public Health function, has a lead commissioning responsibility for the provision of evidence based substance misuse interventions ranging from education and prevention to specialist treatment and ongoing recovery services funded from within an identified element of the Public Health Grant.

These obligations are covered via the following commissioned services:

All Age Recovery Co-ordination Service – This service provided by Open Road and The Children's Society, continues to operate effectively operating risk assessed but limited face to face provision and significant online and tech enabled services and support across the County, ensuring that the support needs of those individuals engaged in treatment are met and that the approved approach to a recovery focussed model are delivered. The service has been able to provide significant flexibility during the crisis due to the move to these online and virtual options. This has been well received by most service users of all ages and is seen to be a positive step change in the available support routes available..

Specialist Treatment and Recovery Service (STARS) – This service is the specialist clinical provision providing prescribing of substitute and ameliorative medications to drug and alcohol users as well as Home/Community Detoxification and links to Inpatient detoxification available through dedicated bed spaces provided by the Trust is provided by Essex Partnership University NHS Foundation Trust (EPUT). It has continued to operate a full service via the usual referral routes. The locality teams, working closely with the rest of the specialist system, are operational and continue to maintain face to face provision where demand indicates the need (operating to agreed standards throughout the crisis) and virtual engagement where this is not assessed as needed. As commissioners we have maintained the focus of the STARS service on maintaining safe provision, risk assessing individual need and preventing any avoidable drug and alcohol related deaths.

In addition to its own provision of specialist services the STARS provision manages the Pharmacy engagement with Drug and Alcohol users and has ensured the maintenance of appropriate dispensing and support provision effectively to ensure safe and appropriate provision of prescribed, controlled drugs (e.g. Methadone and Buprenorphine).

Essex Alcohol Recovery Community – This service, provided by Phoenix Futures across Essex, provides to non-clinical support and treatment to Alcohol clients linking closely to the whole system and specifically the STARS provision for dependent drinkers. The service has maintained its services during the crisis shifting the majority of its engagement and support to virtual channels. This is a relatively new provision as the contract has only been operating for one year and some difficulties have been experienced due to the crisis although these have been dealt with well by the provider. Their online group work programmes have been well received and many service users have reflected positively on the flexibility of being able to access support at more suitable times.

Community Rehabilitation and Intensive Psychosocial Interventions Service – These services, provided by Action on Addiction, deliver two Community Rehabilitation projects (SHARP - located in Braintree and Wickford for the whole county to access) and 1:1 Psychosocial Interventions to high need service users with drug misuse issues. The two SHARP projects have had to significantly change to way treatment is provided as attendance at the two centres has had to be cancelled during the crisis. The programmes

were reviewed and moved to online and virtual provision supported by individual resources sent to service users for self-completion at home. This has been supported by online 1:1 support delivered by the focal counsellors. The Psychosocial provision has also moved to online provision utilising evidence-based counselling techniques to maintain services.

3.2. Recovery Support and associated provision

Public Health commissioners have ensured that the dedicated support provided to service users in recovery have been maintained as effectively as possible within the restrictions placed by the current crisis. Futures in Mind (a community support function commissioned across Mental Health and Substance Misuse have continued to provide virtual engagement and support provision to their existing client base across Essex although it has been significantly more difficult to operate the full range of diversionary activities. The provider (Phoenix Futures and MIND) has ensured all available capacity is deployed safely on 'business as usual' work or is engaged in the Covid-19 response.

In addition, the specialist services have engaged to support the Rough Sleeping agenda across Essex. They have been working closely with Housing Related Support and Criminal Justice services to provide the necessary capacity to ensure that rough sleepers accommodated under the Government's "Everyone In" programme during the crisis presenting with substance misuse issues have been supported safely and effectively.

3.3. Community and non-specialist response

All available support options have been made clear to the Essex Wellbeing Service (EWS). Essex Recovery Foundation (the developing commissioning and development charity set up by ECC PH Commissioners in partnership with service users and wider community) have been active in developing community engagement support through its membership and have been successful in attracting some additional funding to support this community engagement during the crisis.

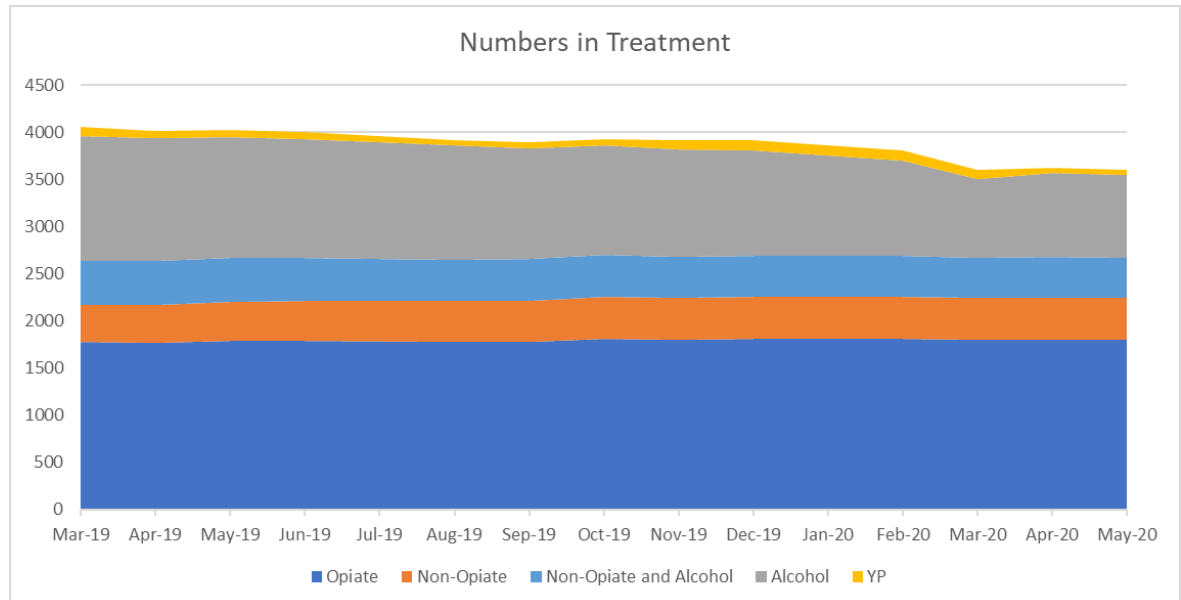
3.4. Population self-management and messaging

Information has been supplied to the Essex Wellbeing Service and Care Navigators in order to support good advice to people on personal wellbeing. In addition, communications have been distributed through the developing Essex Recovery Foundation (ERF) and the service user networks that have been developed by the Recovery Advisory Committee of this charity.

4. Impact to date

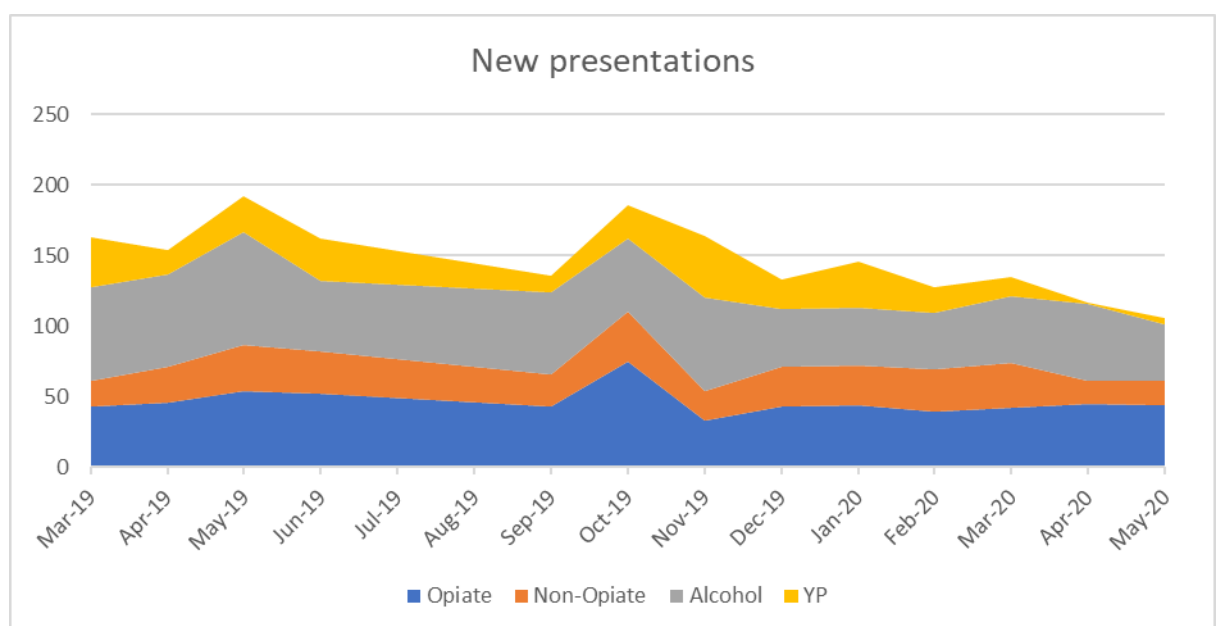
4.1 Service Impact

Numbers in Treatment is a good gauge to ascertain if there are any large drops in individuals being supported through the substance misuse services. Although there has been a drop, there are some initial signs that numbers are starting to increase again.



4.2 New Presentations

Although there has been an overall drop in new presentations across Essex for individuals needing support with substance misuse, it has not fallen as significantly as was feared when the crisis first started, and lockdown commenced. This helps to highlight that although services are not being delivered in the usual way, there are still people who are able to engage and get support if needed.



The apparent and significant reduction in presentations of Young People to treatment is as a result of schools being closed (and a high proportion of referrals are from this source) and the fact that referrals through Youth Offending Teams has reduced due to reductions in crime being committed throughout lockdown.

4.3 Drug Related Deaths (DRDs)

Nationally there has been a notable rise in Drug Related Deaths, and this is an area that has been getting steadily worse year on year following a period of reduction and stabilisation. However, in Essex it appears the number of deaths has decreased compared to last year, as detailed in the table below:

	Mar	Apr	May	TOTAL
2019	5	1	2	8
*2020	2	3	1	6

*The figures stated above are deaths of individuals within service and not confirmed DRDs as in some of these cases the cause of death from the coroner will not have been received yet.

It is felt, across the system, that the approach that providers have taken to effective risk assessment of individuals as we entered lockdown and new ways of working has ensured safety wherever possible.

4.4 Case Study Feedback from a Worker

“When she began engaging with Service she was alcohol dependent, experiencing withdrawals and drinking 5 bottles of wine daily. Several months later she has reduced her alcohol use to around 2-3 times weekly, drinking 1 bottle of wine each time, we considered an ambulatory detox however she was adamant she wanted to try a reduction plan herself first. We created one to very slowly reduce her intake and monitor her symptoms. It worked very well.

The client attends SMART group every week, she was doing so in person but now is doing so online, this was something she had never wanted to participate in but now she is doing me proud being confident and outspoken in our group. She suffers with various mental/physical health issues so regularly gets blood tests and outpatient consultation for these, at the beginning of March she informed me that her blood tests showed vast improvement and she was congratulated by her consultant for whatever changes she had made. She now takes her medication as prescribed and reports for the first time in a while she is feeling much better overall. She is engaging with multiple different services to proactively address other issues such as housing and debt. I am extremely proud of her.”

5. Future planning

There is a growing recognition that Covid-19 and the economic and social shockwaves that it has triggered is having significant psychosocial impacts. It is likely that the global impact will be to shift the wellbeing status of whole populations in a negative direction. It is well known and historically evidenced that substance misuse and associated behaviours increase in times of economic downturn and it is felt that the post Covid 19 transition and predicted recession

will be no different. It is, therefore, likely that we will see an increase in presentations to drug and alcohol treatment services and an increase in associated complexity of those presentations (e.g. co-existing Mental Health, Housing, Employment and criminal justice issues).

Academic research from previous emergencies also suggests that the height of demand for support as a result of these impacts will occur after the immediate crisis abates (in this case, as transmission risk falls and lockdown restrictions ease), with some evidence suggesting that this peak will occur in between 2- and 36-months' time.

During the Covid-19 emergency ECC Public Health commissioned substance misuse services have demonstrated an ability to effectively meet significant challenges and to operate flexibly in complex and challenging times. The crisis has served to further highlight some of the assets and opportunities that might be mobilised as part of solution(s) to these impacts. Amongst these are:

- The utilisation of community volunteers and neighbourhood-based support offers
- The use of technology for efficient remote working
- The focus of partners and providers on strong collaboration to achieve common goals.
- Routes and channels for strong population self-care messaging

A response in Essex has already commenced. Local and countywide forums, groups and programmes are in progress to help address these impacts.

The Essex Substance Misuse Commissioning Group chaired by Public Health and comprising all relevant partners across the county continues to monitor service provision and identify opportunities to ensure services meet demand effectively. This commissioning function also includes, as key members, representatives of the Essex Recovery Foundation - ERF (the charity created by ECC as an independent commissioning and development function). It is the stated intention that ERF, and thereby the community, will ultimately take a greater role in planning and commissioning services. We will seek to ensure that much of the work they have supported during the current crisis will be expanded and prioritised within strategy development work to build on the positive changes to engagement, treatment and support that have been witnessed and that lessons are learned.