‘From Harm to Hope’ Health Needs Assessment Nottinghamshire

Nottinghamshire County Council

Public Health

Substance Misuse Team

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OFFICIAL SENSITIVE

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Glossary

Acquisitive Crime: Acquisitive crime is a high-volume offence type and covers all crimes where an offender derives material gain from the offence.

County Lines: County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Class A drugs: Class A drugs are deemed to be the most harmful types of drugs which is why they are usually dealt with as being the most serious of all the drug classes. Drugs that have been given a Class A classification under the Misuse of Drugs Act 1971 include drugs such as cocaine, crack cocaine, ecstasy and heroin. If found guilty of an offence, sentencing for Class A drugs can be severe and involve long term imprisonment.

LSOA: This acronym stands for Lower Super Output Area. It is a geographically defined boundary. LSOAs have an average population of 1500 people or 650 households.

MSOA: This acronym stands for Middle Super Output Area. MSOA's are larger geographically defined areas when compared to LSOA's. MSOAs have an average population of 7500 residents or 4000 households.

Nominals: Nominals are individuals believed involved in criminal activity.

OCU: This means opiate or crack user and refers to the use of opiates and/ or crack cocaine. It does not include the use of cocaine in 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.

PHOF: This acronym stands for Public Health Outcomes Framework. The framework has four overarching domains: wider determinants, health improvement, health protection and healthcare and premature mortality. The PHOF data tool examines a wide range of indicators that help us understand trends in public health.

Polydrug Use: Polydrug use is the use of more than one drug, often with the intention of enhancing or countering the effects of another drug.

Prevalence: Prevalence is the proportion of a particular population found to be affected by a medical condition (typically a disease or risk factor) at a specific time.

Structured treatment: Structured drug and alcohol treatment consists of a comprehensive package of concurrent or sequential specialist drug and alcohol-focused interventions. It addresses multiple or more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone. All interventions must be delivered by competent staff, within appropriate supervision and clinical governance structures.

Unmet need: Unmet public health needs refers to needs currently not addressed by the health care systems for availability or accessibility reasons.

Wider Determinants of health: As described by the World Health Organisation, wider determinants of health include social and economic environment, physical environment, and a person's individual characteristics and behaviours. These determinants make people healthy or not and include environmental, social, and economic factors. They can also be

referred to as social determinants of health or primordial prevention. For more information use this link: Broader determinants of health | The King's Fund (kingsfund.org.uk)

Out of Court Disposal terms:

Adult Caution (Simple Caution): A simple caution may be issued where there is evidence that the offender has committed an offence, the offender admits to the offence, it is not in the public interest to prosecute, and the offender agrees to being given the caution.

Cannabis/ Khat Warning: A cannabis or khat warning may be given where the offender is found in possession of a small amount of cannabis or khat consistent with personal use and the offender admits the elements of the offence. The drug is confiscated, and a record of the warning will be made on local systems. The warning is not a conviction and should not be regarded as an aggravating factor when sentencing for subsequent offences. Khat is a green-leafed shrub that is similar to marijuana or cannabis.

Community Resolution: Community resolution is an informal non-statutory disposal used for dealing with less serious crime and anti-social behaviour where the offender accepts responsibility. The views of the victim (where there is one) are considered in reaching an informal agreement between the parties which can involve restorative justice techniques.

PND (Penalty Notice for Disorder): Penalty notices may be issued as an alternative to prosecution in respect of a range of offences. Unlike conditional cautions, an admission of guilt is not a prerequisite to issuing a penalty notice. An offender who is issued with a penalty notice may nevertheless be prosecuted for the offence if he or she: asks to be tried for the offence; or fails to pay the penalty within the period stipulated in the notice and the prosecutor decides to proceed with charges.

Youth Caution: A Youth Caution may only be given if the police are satisfied that it would not be in the public interest to prosecute or to offer a Youth Conditional Caution. Before a Youth Caution can be administered the following criteria must be met: the constable decides that there is sufficient evidence to charge the young person with an offence; the young person admits to the constable that they committed the offence, and constable does not consider that the young person should be prosecuted or given a youth conditional caution in respect of the offence.

Youth Conditional Caution: A Youth Conditional Caution is a formal warning that is kept on record by the police and contains at least one condition that the young person has to meet / complete. An individual may receive this for a more serious first offence or for a subsequent offence.

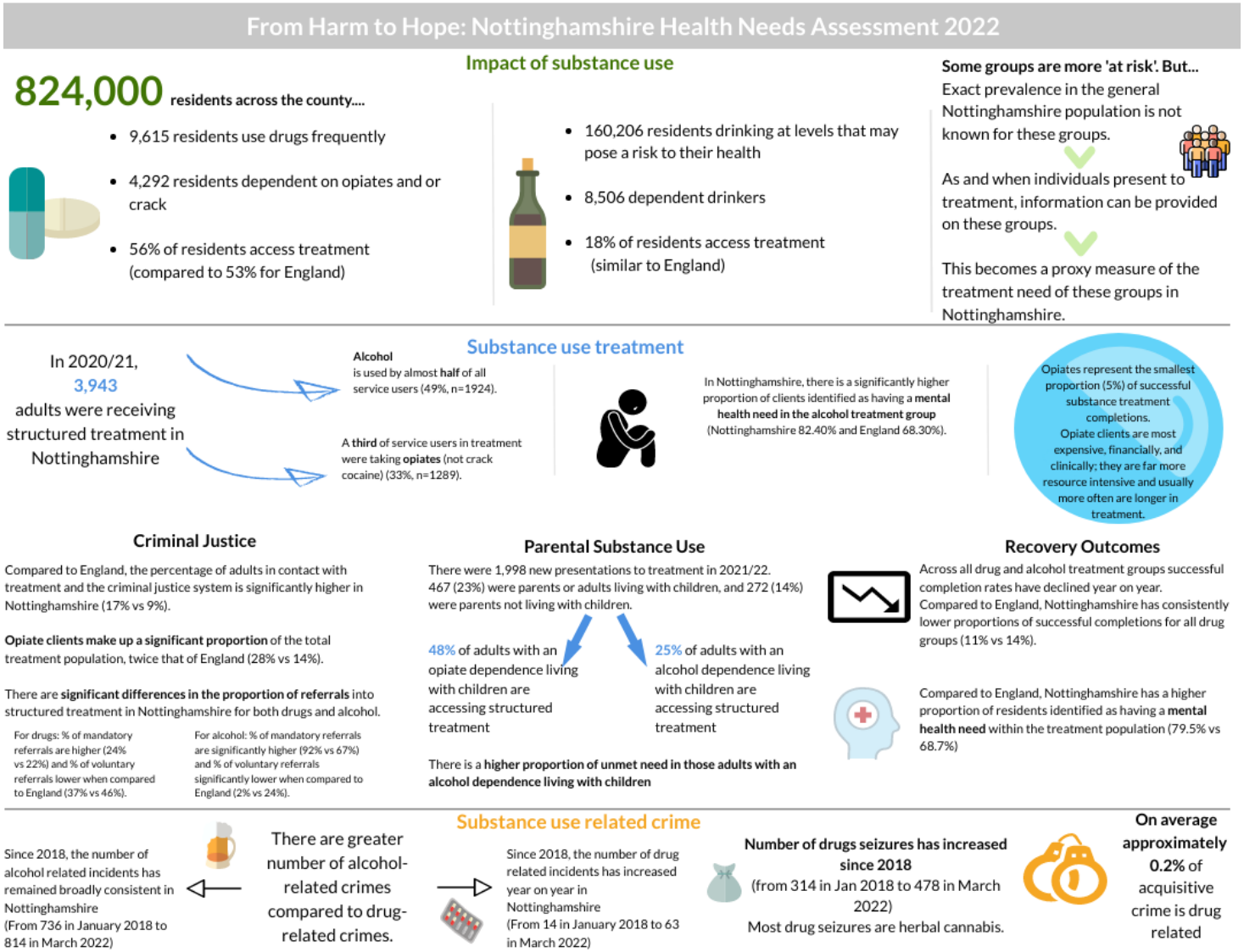
Youth Restorative Disposal: It holds 10- to 17-year-olds to account for minor crime and disorder. YRD is an option for low-level incidents, where guilt is admitted and where there is a practical option for an apology or for the young person to put right the harm or loss they have caused. It aims to strike the right balance between addressing the offence and providing support for young people in encouraging them to not commit further instances of crime or anti-social behaviour.

Key Points and Recommendations

Key Point(s)	Recommendation
For 2021/22, Nottinghamshire has a higher proportion of service users identified as having a mental health need within its treatment population for opiates, non-opiates, alcohol and alcohol and non-opiates (all treatment groups) when compared to national figures. Overall, the treatment group identified as having the greatest mental health need in Nottinghamshire were those who were in treatment for alcohol and non-opiates (84.2%). Nationally service users in the alcohol and non-opiates treatment group also have the greatest mental health need, however the proportion is 9.9% lower when compared with Nottinghamshire. There is a significantly higher proportion of service users identified as having a mental health need in the alcohol treatment group in Nottinghamshire when compared to the national figure, there is a 14.1% difference between the proportion for Nottinghamshire and the proportion nationally (Nottinghamshire 82.40% and England 68.30%).	Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.
There has been an increase in the proportion of acquisitive crime with a drugs marker over time, with peaks in August 2020 and January 2021, however no more than 0.5% of acquisitive crime has been flagged with a drugs marker. Overall, in Nottinghamshire, there is a greater number of alcohol-related crime (with an alcohol maker) compared to drug-related crime (with a drugs marker), however this could be due to inconsistencies within police recording.	Local Police data quality and reporting requires improvement to demonstrate a relevant picture of need in Nottinghamshire.
Nottinghamshire has a lower proportion of unmet need for adults with opiate dependence living with children (52%) when compared to both England (58%) and the benchmark (62%). This suggests that within Nottinghamshire, 48% of adults with an opiate dependence living with children are accessing structured treatment, this is 10% higher compared to the benchmark and 6% higher when compared to England. Nottinghamshire has a lower proportion of unmet need for adults with alcohol dependence living with children (75%) when compared to both England (79%) and the benchmark (82%). This suggests that within Nottinghamshire, 25% of adults with an opiate dependence living with children are accessing structured treatment, this is 7% higher compared to the benchmark and 4% higher when compared to England. However, despite this, Nottinghamshire has a higher proportion of unmet need in those adults with an alcohol dependence living with children when compared to those with an opiate dependence.	Early identification of need and easy access to support and treatment for alcohol is required across the health and social care system. There needs to be sufficient capacity in the system to deliver this.
The number of incidents where drugs were found increased across all prison establishments between 2017/18 and 2019/20 before mostly decreasing in 2020/21. The exception is HMP Lincoln where number of incidents continued to increase. Similarly, there is a significant disparity between the prisons with regards to the number of alcohol incidents and distilling equipment incidents.	Systemised approach to drug and alcohol testing within and across prison settings is required to identify those with a substance use need and strengthen current prison to community pathways.

There are significant disparities in the proportion of referrals to the Criminal Justice Integrated Teams (structured treatment) in Nottinghamshire for both drugs and alcohol. For drugs the proportion of mandatory and referred assessments are higher and the proportion of voluntary referrals lower when compared to England. Whereas for alcohol, the proportion of mandatory referrals are significantly higher and voluntary significantly lower when compared to England. Of the Criminal Justice cohort, the average proportion of successful completions is 19.5% but what is not known is the successful completion rate of those cohorts split by mandatory treatment versus voluntary treatment.	Criminal Justice pathways require evaluation to determine the impact of both mandatory and voluntary approaches on substance use treatment outcomes.
Nottinghamshire has a higher proportion of service users who are categorised as parents living with children for both all in treatment and for new presentations but have lower rates of unmet need for both alcohol (Nottinghamshire 75%, Benchmark 82%, and England 79%) and opiates (Nottinghamshire 52%, Benchmark 62%, and England 58%) compared to the benchmark and England. Furthermore, MASH enquiries may reflect the pressures within children's social care and social care may not be asking the right questions regarding substance use in a family.	Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues.
Across Nottinghamshire there is great variation between the districts in the number of adults with parenting responsibilities and a substance use problem, a child with substance use issues themselves or a child exposed to substance use in their home environment.	Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
The proportion of Child and Family assessments completed where alcohol abuse was a parental factor has marginally decreased by 1.8% between 2020/21 Q1 and 2021/22 Q4. On average in 2021/22, 10.4% of child and family assessments that were completed recorded alcohol abuse as a parental factor. The proportion of assessments completed where drug abuse was a parental factor has significantly decreased by 4.7% between 2020/21 Q1 and 2021/22 Q4.	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate. Particular focus should be on children services so that parental substance use can be identified to mitigate the impact of that on the child(ren)/family unit.

Infographic



Executive Summary

The Government's 10-year drug strategy 'From Harm to Hope' requires local areas to develop a Health Needs Assessment (HNA). The purpose of the HNA is to understand where the baseline need, partnership working, activity and performance are at present and looks at possible explanations for this situation and any trends. A set of recommendations is also included which will guide the future partnership activity.

Nottinghamshire Demographics:

To help understand and contextualise the substance use need and activity within Nottinghamshire, it is important to outline the Nottinghamshire population profile.

There are 824,800 residents and overall, the county has an older age profile when compared to England. There are more residents aged over 50 years and fewer residents aged 15-44 years. The greatest proportion of residents are aged between 50 and 60 years, accounting for around 15% of the population. Overall, there is a smaller ethnic minority population (excluding white minorities) compared to England, with 93% identifying as white in 2021. 152,351 residents have a disability (20% of the population) which is 3% higher than that for England (17%).

Wider determinants of health and social inequalities are known to be linked with health harming behaviour such as substance use. Each district of Nottinghamshire has some areas of higher deprivation, though these are more consistently focused in the North and West of the county (in Ashfield, Mansfield, and Bassetlaw). The most deprived LSOA in the county is situated in the Carr Bank Ward in the district of Mansfield. The full socio-economic impact of COVID-19 on Nottinghamshire residents is not yet known, though a COVID Impact Assessment is currently being undertaken.

Impact of substance use in Nottinghamshire:
There is no such thing as a 'typical' substance user as people experiment with or use substances at different points in their life for many different reasons. Anyone can be at risk of developing a health harming behaviour such as substance use during their life. Risk factors include adverse life events and adverse childhood experiences (ACE's). Addiction, in particular, occurs when a behaviour that a person finds a temporary pleasure, escape or relief in starts to have negative consequences, but the person cannot give that behaviour up despite those negative consequences. The behaviour will be acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.

Evidence suggests that there are certain groups in the population who are particularly at risk of developing substance use issues, although it is important to note that those groups are not mutually exclusive, and any individual's personal experience will be unique to them. The Nottinghamshire Substance Misuse JSNA (Joint Strategic Needs Assessment) has identified eleven groups and sub-groups of the population most at risk of substance use; however, the evidence of those who are most 'at risk' is strongest around ACE's, those living in deprived areas, those people with mental health issues and those who are in the criminal justice system. This HNA describes what is known about these groups, although it is not possible to generate definitive prevalence estimates for these groups in the general Nottinghamshire population. Where these individuals present to treatment, information can be provided about these groups and in turn this becomes a substitute measure of the treatment need in Nottinghamshire.

Prevalence and unmet need

It is estimated in Nottinghamshire that there are 9,615 residents who use drugs frequently, although this is likely to be an under-estimate due to the hidden nature of some substance use.

Estimates suggest that there are 4,292 residents who are dependent on opiates and or crack in Nottinghamshire. Within any one year, 48% of these residents' access treatment compared to 47% for England as a whole.

There are estimated to be 8,506 dependent drinkers in Nottinghamshire. 18% of these residents' access treatment within any one year.

In addition, there is estimated to be 160,206 Nottinghamshire residents who are drinking at levels that may pose a risk to their health. This means regularly drinking more than 14 units of alcohol a week.

Vulnerable groups

Findings from the Nottinghamshire 'Health and Homelessness' JSNA have estimated that around 62% of the homelessness cohort (628 homeless people) in Nottinghamshire use cannabis, the most common drug of choice; however it is likely that a number are combining alcohol consumption with polydrug use.

The number of incidents where drugs were found increased across all prison establishments between 2017/18 and 2019/20 before mostly decreasing in 2020/21. The exception is HMP Lincoln where the number of drug incidents continued to increase.

A & E attendances, hospital admissions and co-morbidities

In Nottinghamshire, A&E attendances for drug overdose have remained reasonably constant between April 2019 and May 2022.

In Nottinghamshire, A&E attendances for alcohol have remained reasonably stable over time between April 2019 and March 2022.

Nottinghamshire has a statistically significantly worse rate for admissions for alcohol-related conditions for all persons (535 per 100,000) compared to England (456 per 100,000).

The rate for admissions for drug related mental health and behavioural disorders in Nottinghamshire has been consistently lower than that for England.

Nottinghamshire has a small number of hospital admissions for assaults by sharp objects.

Mortality from Drugs and alcohol

Since 2001, Nottinghamshire has had a statistically significant lower rate of drug use deaths, when compared to England. However, particularly since 2011 the trend line for both Nottinghamshire and England have increased over time. Furthermore, in Nottinghamshire, drug poisoning deaths have increased between 2011 and 2021.

Since 2017-18, the proportion of deaths in drug treatment for all drug groups has been lower in Nottinghamshire when compared to England. For the most current year 2020-21, the data shows that the proportion of drug deaths for those in treatment in England is 0.4% higher than that for Nottinghamshire.

Alcohol-related mortality in Nottinghamshire is significantly lower than England (37.8 per 100,000 compared to 33.5 per 100,000, respectively). While Bassetlaw, Ashfield, Broxtowe,

Mansfield, Gedling and Newark and Sherwood are statistically similar to England, Rushcliffe is significantly lower than England.

Nottinghamshire has a similar rate of alcohol-specific deaths (11.0 per 100,000) compared to England (10.9 per 100,000). Alcohol specific mortality is statistically significantly worse in Mansfield, particularly for males (25.9 per 100,000).

Mortality from chronic liver disease is statistically worse in Mansfield, particularly for males (24.0 per 100,000). Females' mortality from chronic liver disease is statistically worse in Nottinghamshire (11.7 per 100,000).

For the most current year 2020-21, the data shows that the proportion of alcohol deaths for those in treatment in Nottinghamshire is 0.18% higher than that for England. In Nottinghamshire, more males than females died in alcohol treatment; although locally deaths in males are 0.93% higher when compared to England.

Substance use treatment in Nottinghamshire

Change Grow Live (CGL) deliver all substance use treatment and recovery services for all ages across all seven Districts of Nottinghamshire. It is commissioned by Nottinghamshire County Council and the Office of the Police and Crime Commissioner (OPCC).

In 2020/21, National Drug Treatment Monitoring System (NDTMS) reported a total of 3,943 adults receiving structured treatment in Nottinghamshire. Individuals can access treatment for either problematic drug use, alcohol, or both. Alcohol is used by almost half of all service users (49%, n=1924). In 2020/21 a third of service users in treatment were taking opiates (not crack cocaine) (33%, n=1289).

In Nottinghamshire, 5% of the successful completions are in the opiate treatment group. This is the same as England. The alcohol treatment group constitutes 36%, non-opiates 32% and alcohol & non opiate 30% of successful completions. These other substance treatment groups are similar to England (alcohol (37%), non-opiates (36%) and alcohol & non opiate (33%)[1]. Opiates represent the smallest proportion of successful substance treatment completions. Service users who are in treatment for opiates are most expensive, financially, and clinically; they are far more resource intensive and usually more often are longer in treatment.

There is a significantly higher proportion of service users identified as having a mental health need in the alcohol treatment group in Nottinghamshire when compared to the national figure, there is a 14.1% difference between the proportion for Nottinghamshire and the proportion nationally (Nottinghamshire 82.40% and England 68.30%).

Characteristics of those in treatment

In 2020/21, over half of adults in treatment (51%) were in treatment for opiate use, while nearly 1 in 3 (32%) were in treatment for alcohol. The majority of children and young people cited using cannabis the most (82%), followed by alcohol (22%). Across all adult substance treatment categories, there are more males than females in structured treatment. In 2020/21, over two thirds (69%) of children and young people in structured treatment were male.

[1] NDTMS Commissioning and Support Pack

The vast majority of service users are White British (87.9%) or are from 'Other White' ethnic backgrounds (5.1%). The vast majority of children and young people have identified as 'White British' (75%).

Behaviour and emotional disability accounted for the greatest proportion of adult service users (44.3%), followed by no disability (43.8%).

As at 10/08/2022, CGL's homeless current caseload amounted to 252 individuals; this suggests that around a tenth of service users who were coming into the service for structured treatment at that time disclosed as having no fixed abode or have housing problems. The majority of the homeless current caseload are in treatment for opiates (76.6%).

The treatment population profile broadly reflects the demographic profile for Nottinghamshire for age and ethnicity. There are more men in treatment than women compared to the Nottinghamshire demographic which is more evenly split. However, from the evidence within the Nottinghamshire Substance Misuse JSNA, men are more likely to be 'at-risk' of substance use.

Criminal Justice

In recent years, referrals from prison have decreased yet those from the probation service have increased. Furthermore, this data covers the pandemic period and subsequently there may be some data quality issues with the significant decrease in arrest referrals between 2019/20 and 2021/22.

The proportion of adults in the criminal justice system in contact with structured treatment is significantly higher at 17% for Nottinghamshire when compared to 9% for England. In Nottinghamshire, residents with an opiate dependence make up a significant proportion (28%) of the total treatment population, this is twice the total proportion for England (14%).

There are significant disparities in the proportion of referrals to the Criminal Justice Integrated Teams (structured treatment) in Nottinghamshire for both drugs and alcohol. For drugs, the proportion of mandatory and referred assessments are higher and the proportion of voluntary referrals lower when compared to England. For alcohol, the proportion of mandatory referrals are significantly higher and voluntary significantly lower when compared to England.

For 2020/21, the greatest proportion of youth justice referrals into structured treatment were by the Youth Offending Team in Nottinghamshire (80%), this is similar to that for England (84%), with the majority being male referrals.

Between 2015/16 and 2019/20, Nottinghamshire was statistically significantly worse when compared to England for Adults with a substance use treatment need who successfully engage in community-based structured treatment following release from prison for Nottinghamshire (PHOF C20). However, during this period, both Nottinghamshire and England have increased the percentage of those who successful engaged in structured treatment. Data for the most recent year 2020/21, shows that Nottinghamshire is statistically similar to England with 35.8% engaging with structured treatment following release compared to 38.1% for England.

Parental substance use

Nottinghamshire had a total of 1,998 new presentations to treatment in 2021/22. Of those, 467 (23%) were parents or adults living with children, and 272 (14%) were parents not living with children. Of new presentations to treatment in Nottinghamshire, 1259 (63%) were not a parent or had no contact with children.

Nottinghamshire has a lower proportion of unmet need for residents with opiate dependence living with children (52%) when compared to both England (58%) and the benchmark (62%). This suggests that within Nottinghamshire, 48% of residents with an opiate dependence living with children are accessing structured treatment, this is 10% higher compared to the benchmark and 6% higher when compared to England.

Nottinghamshire has a lower proportion of unmet need for residents with alcohol dependence living with children (75%) when compared to both England (79%) and the benchmark (82%). This suggests that within Nottinghamshire, 25% of residents with an alcohol dependence living with children are accessing structured treatment, this is 7% higher compared to the benchmark and 4% higher when compared to England. However, despite this, Nottinghamshire has a higher proportion of unmet need in those residents with an alcohol dependence living with children when compared to those with an opiate dependence.

Treatment and Recovery Outcomes

In England, successful structured treatment completions for all drug and alcohol treatment groups have been declining year on year. Nottinghamshire has consistently lower proportions of successful completions compared to England. For all drug groups (excluding alcohol), despite proportions declining year on year for England, Nottinghamshire's proportion increased between 2019/20 and 2020/21 from 10% to 11%, respectively. However, this is still 3% lower when compared to England for the year 2020/21.

Since the start of the covid pandemic, the overall number of residents presenting into treatment continues to be over the contract value for all substances. The service has had to manage those already in treatment in addition to new service users coming into treatment and explains why there are lower successful completions overall. As at quarter 2 2022/23 the service is 31% overcapacity (7% overcapacity for opiates, 61% overcapacity for alcohol. 302% overcapacity for non-opiate and 43% overcapacity for non-opiate and alcohol) It is anticipated that the increase in demand is going to continue.

Nottinghamshire has a similar proportion (26%) when compared to the national average (24%) of service users working more than 10 days in the last 28 days at exit for opiate service users. For non-opiate service users Nottinghamshire has a higher proportion (42.1%) of service users working more than 10 days in the last 28 days at exit compared to the national average (36.4%).

For 2021/22, in Nottinghamshire, a higher proportion of non-opiate service users (96.1%) have no reported housing need compared to opiate service users (90%), this also holds true nationally where a greater proportion of non-opiate service users (96.2%) have no reported housing need compared to opiate service users (95.9%). This is similar to the national average for no reported housing need for non-opiates, however, is worse than the national average for opiate service users, indicating that there is a greater need in Nottinghamshire for this treatment group.

For 2021/22, Nottinghamshire has a higher proportion of service users identified as having a mental health need within its treatment population for opiates, non-opiates, alcohol and alcohol and non-opiates (all treatment groups) when compared to national figures. Overall, the treatment group identified as having the greatest mental health need in Nottinghamshire were those who were in treatment for alcohol and non-opiates (84.2%). Nationally service users in the alcohol and non-opiates treatment group also have the greatest mental health need, however the proportion is 9.9% lower when compared with Nottinghamshire.

Substance use related crime

The number of drug related incidents has increased year on year in Nottinghamshire since 2018 with a peak in February 2021, followed by a decline in early 2022. The number of drug possession incidents has increased over time since 2019 with peak in May 2020 before a decline from 2021 onwards. The number of drug trafficking incidents has increased, since 2019 with a peak in April 2020 and a decline from 2021.

There has been an increase in the proportion of drug related acquisitive crime over time with peaks in August 2020 and January 2021. 0.5% of acquisitive crime is drug related. The number of drugs seized has increased over time since 2018, with a decrease throughout 2021. Most drug seizures are herbal cannabis.

The number of alcohol related incidents has remained broadly consistent over time but with a peak in July 2020 and a significant dip between August to November 2020. Overall, there is a greater number of alcohol-related crime (with an alcohol maker) compared to drug-related crime (with a drugs marker), however this could be due to inconsistencies within police recording.

County Lines drug imports into Nottinghamshire have been mainly concentrated to the north of the county. Between 2017 and February 2022 there have been 13 lines, 12 of which have been closed. County Lines drug exports into Nottinghamshire are spread throughout the county. Between 2018 and 2021 there have been 11 lines, 9 of which have been closed.

Office for National Statistics (ONS) data shows the number of police recorded crimes for headline offences by Community Safety Partnership (CSP) areas in Nottinghamshire. For the year ending March 2022, there was a total of 57,477 recorded crimes in Nottinghamshire. The highest recorded crime categories were ‘violence against the person’ (20,718 records), followed by ‘theft offences’ (18,461 records). A total of 1,626 drug offences were recorded; therefore, drug offences accounted for 2.8% of total recorded crime.

<u>Overarching recommendations</u>

1. To deliver the ambitions of ‘From Harm To Hope’ the members of the Nottinghamshire Combating Substance Misuse Partnership (hereafter The Partnership) (see section 3.4) must own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.

In particular, priority areas are:

- individuals experiencing co-existing mental health and substance use issues
- individuals in the criminal justice system
- individuals who are drinking alcohol at health harming levels
- individuals who are experiencing multiple disadvantages for example Substance Misuse (SM), homelessness, Domestic Violence (DV)
- children and young people whose parents are misusing substances
- individuals leaving prison who have substance use issues
- more evidence-based prevention activity for those who are at risk of substance use.

2. Ensure the voice of lived experience informs all parts of the strategy taking particular focus of those with protected characteristics.

Specific Recommendations for From Harm to Hope Priorities

Deliver a world-class treatment and recovery system

1. Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.

2. Local Police data quality and reporting requires improvement to demonstrate a relevant picture of need in Nottinghamshire.

3. Early identification of need and easy access to support and treatment for alcohol is required across the health and social care system. There needs to be sufficient capacity in the system to deliver this.

4. Systemised approach to drug and alcohol testing within and across prison settings is required to identify those with a substance use need and strengthen current prison to community pathways.

5. Criminal Justice pathways require evaluation to determine the impact of both mandatory and voluntary approaches on substance use treatment outcomes.

6. Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance use problem, seek help and successfully address it.

Achieve a generational shift in demand for drugs

7. Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues.

8. Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.

The Partnership's fourth ambition the Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants

9. Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.

10. Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate. Particular focus should be on children services so that parental substance use can be identified to mitigate the impact of that on the child(ren)/family unit.

1. Introduction

1.1 What is a health needs assessment?

A Health Needs Assessment (HNA) is a systematic approach to understanding the needs of a population. A health needs assessment can be used as part of wider planning and deploying of resources so that the most effective support for those in the greatest need can be delivered. From a public health perspective, need is seen as the 'ability to benefit', which means that there must be effective interventions available to meet the need. Furthermore, within public health practice, assessing the health needs of local populations typically involves considering not just their physical and mental health and well-being, but the wider determinants or social factors, such as housing and employment opportunities[2].

1.2 Health Needs Assessment: From Harm to Hope

A Health Needs Assessment (HNA) is required under the new national From Harm to Hope Strategy (FHTH). According to the guidance for local delivery partners, this process of comprehensively assessing data and trends should be undertaken first in 2022 and then conducted at least once every three years. There should be continual use of data by the partnership to assess and review need and impact. The Partnership should focus on bringing together the three priorities in the strategy to understand potential interactions, synergies, and dependencies.

1.3 Nottinghamshire County commissioned substance use treatment service

Since 2014, Change Grow Live (CGL) have delivered all substance use treatment and recovery services across Nottinghamshire. Since 2020 they have mobilised an integrated all age substance use treatment and recovery service which incorporates drug and alcohol services and support for all ages and to families where appropriate. The contract length is from 2020-2024, with options to extend the contract for 2024-2026 and 2026-2028 subject to performance.

The service offers support for individuals as well as children and family members impacted by someone else's substance use. It is free and confidential with bases in Mansfield, Worksop and County South (Monday-Friday 9:00-17:00 with some weekend and evening provision).

2. Scope and methodology of the HNA

2.1 Aims and objectives

This HNA is an initial assessment of evidence and data to better understand the local issues and patterns of substance use-related harm.

The HNA aims to understand the baseline of where local need, partnership, activity, and performance are at present and looks at possible explanations for this situation and any trends. The HNA aims to present the findings to the Partnership to ensure that the Partnership brings together the priorities outlined in the FHTH strategy.

An objective of the HNA is to make recommendations to address the needs of those people who access substance use services and highlight potential areas for service improvement or partnership development to better meet these needs.

[2] Health Needs Assessment | SpringerLink

2.2 Methodology

In the guidance of FHTH for local delivery partners, part of the assessment of data, intelligence and other evidence should outline how progress will be measured with key data sources identified where possible and appropriate. The National Combating Drugs Outcomes Framework Appendix 2 outlines the measures and where local areas will be held to account on progress against each metric. As outlined in the guidance we have gathered data outlined in Appendix 2 which covers metrics for reducing drug use, reducing drug related crime, reducing drug related harm, reducing supply, increasing engagement in treatment, and improving recovery outcomes.

A variety of data sources were used for this assessment, including Nottinghamshire Police, Public Health Outcomes Framework data from the Office for Health Improvement and Disparities (OHID), National Drug Treatment Monitoring System (NDTMS), Office for National Statistics (ONS) and the Emergency Care Dataset. Data sources have been cited throughout this assessment.

Analysis has also drawn upon other relevant partnerships work such as the Nottinghamshire Substance Misuse JSNA, Nottinghamshire's Drug Market Profile and draws together treatment data and other relevant data on prevalence and harm to form a basis for local need in relation to drug and alcohol treatment and recovery.

3. National Policy and local implementation

3.1 National Drug Strategy 2021- From Harm to Hope (FHTH)

The Government's new Drugs Strategy: From Harm to Hope (FHTH) was published in December 2021 to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm, and overall drug use. The three strategic priorities of the strategy are:

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

The 10-year strategy has an ambition to reduce overall use towards a historic 30-year low. Commitments are made across government to break drug supply chains while simultaneously reducing the demand for drugs by getting people suffering from addiction into treatment and deterring recreational drug use.

Across England over the next 10 years, the strategy aims to create:

• a further 54,500 new high-quality treatment places
• 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
• a treatment place for every offender with an addiction
• 30,000 new treatment places for non-opiate users and alcohol users
• a further 5,000 more young people in treatment
• 24,000 more people in long-term recovery from substance dependence
• 800 more medical, mental health and other professionals
• 950 additional drug and alcohol and criminal justice workers
• sufficient commissioning and co-ordinator capacity in every Local Authority (LA).

Full details of the Government's new Drugs Strategy can be accessed here: From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

The 10-year strategy is also the formal response to the Independent Reviews of Drugs led by Dame Carol Black and accepts all her key recommendations. Dame Carol was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government's thinking on what more can be done to tackle the harm that drugs cause. Part 1 was published on 27 February 2020 and provides a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. Part 2 was published on the 8 July 2021 and focuses on drug treatment, recovery, and prevention.

3.2 Part 2 Dame Carol Black Review

Part 2 of Dame Carol Black's review for the Government focusses on prevention, treatment, and recovery. Part 2 of the review made it clear that the drug treatment and recovery system in England was not able to operate to the standard needed to address current challenges and is in need of urgent repair. The report proposed changes to commissioning, strengthened accountability and increased funding for treatment services, as well as improvement in housing and employment support which is central to helping someone who may need to access services for support with drugs and or alcohol. In addition to the additional investment, a whole system approach was advocated with greater co-ordination, transparency, and accountability at a national level, flowing down to the local level.

3.3 Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG)

As a result of the publication of the strategy and the financial commitments to achieve the governments ambition of a world class treatment system, local authorities have been allocated a grant over the next three years. The Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) is to be used to directly address the aims of the treatment and recovery section of the FHTH drug strategy. The additional grant money has been allocated to local authorities to increase numbers of residents into treatment, addressing priority two of the FHTH strategy. As set out in the FHTH strategy and the Public Health Grant (PHG) agreement letter, eligibility for this additional grant funding will be dependent on the local authority sustaining its funding of drug and alcohol treatment at a level no less than in 2020/21.

The grant is for a three-year period (April 2022 to March 2025). The indicative amount for Nottinghamshire is £5.6m over those three years with £850k committed this financial year and a further £4.6m indicated (£1.6m for 2023/2024 and £2.7m for 2024-2025).

The SSMTRG allocation for 2022-2023 has focused on posts to support unmet need across the county for example bolstering the criminal justice team to support those through custody and residents coming out of prison, providing additional capacity within primary and secondary care to identified residents with alcohol problems early and referring into treatment. There is also a focus on young people who are being exploited and who may have emerging substance use issues and increasing the number of psychologists within the service to support a trauma informed way of working.

3.4 Nottinghamshire Combating Substance Misuse Partnership (The Partnership)

As part of bolstering governance and accountability locally, all local areas are required to develop a Combating Substance Misuse (Partnership). Guidance published outlines how local areas in England should deliver the transformative ambition set out in the 10-year drugs strategy and provides clarity on the mechanisms that central government will draw upon to track and support delivery.

The Partnership is a multi-agency forum that is accountable for delivering the following outcomes:

a. Reducing Drug Use

b. Reducing Drug- Related Crime

c. Reducing Drug-Related deaths and harm

The Partnership provides a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. There is a nationally set Outcomes Framework with which to report back to OHID on progress.

The Partnership is a multi-agency forum accountable for delivering the outcomes within local areas. It provides a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. Key membership of the group includes elected members, local authority officials, National Health Service (NHS), Jobcentre Plus, substance use treatment providers, police, Office of the Police and Crime Commissioner (OPCC), National Probation Service, people affected by substance use harm and prisons.

The Partnership has a Senior Responsible Officer (SRO) who reports to central government and hold delivery partners to account. The SRO is a key local 'system integrator' responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework.

For the Governance structure of the Partnership, please see Appendix A.

3.5 Local implementation: a fourth strategic priority

In addition to implementing the three strategic priorities of the 'FHTH' strategy, in Nottinghamshire, the Combating Substance Misuse Partnership will also cover a fourth priority, namely the Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants. This recognises the wider reasons for people misusing drugs and alcohol.

The Partnership will work together to provide the strategic direction needed to change the conditions that lead to substance use (the Bigger Picture) and to improve outcomes for substance users. Its work will be strategic taking opportunities of system leadership to improve the efficiency and effectiveness of multiagency working for prevention and response.

3.6 National Alcohol Strategy

The National Alcohol Strategy 2012 focusses on reducing the number of people drinking excessively and making 'less risky' drinking the norm.

The strategy includes commitments to:

- consult on a minimum unit price for alcohol
- consult on a ban on the sale of multi-buy alcohol discounting
- introduce stronger powers for local areas to control the density of licensed premises including making the impact on health a consideration for this
- pilot innovative sobriety schemes to challenge alcohol-related offending.

There has been no updated National Alcohol Strategy since 2012.

4. Prevalence of drug and alcohol use in Nottinghamshire: General Population

4.1 Key Summary

- Figures suggest that in Nottinghamshire there are 9,615 individuals using drugs frequently, although this is likely to be an under-estimate due to the hidden nature of some substance use.

- Nottinghamshire has lower levels of unmet need for crack, opiates and OCU when compared to England, with opiates the lowest proportion of unmet need at 44%. This represents that an estimated 47% of crack dependent, 56% of opiate dependent and 48% of OCU dependent residents in Nottinghamshire are accessing treatment.

- Figures suggest that in Nottinghamshire there are 8,506 dependent drinkers. Alcohol represents the greatest unmet need, where it is estimated that only 18% of alcohol-dependent residents in Nottinghamshire are accessing treatment.

4.2 Drug use prevalence estimates

It is difficult to estimate how many people across Nottinghamshire are using substances, not least because of the clandestine nature of some substance use. The most reliable data comes from those in contact with treatment services, which does not necessarily reflect actual need in the community.

However, local need can be synthetically modelled, by applying a national percentage (see %'s below in table 2) that is representative of Nottinghamshire to calculate an estimate based on the population size.

4.2.1 Drugs Use Estimates

The best available estimates indicate that in Nottinghamshire:

- **9,615** residents use drugs frequently (Table 2)
- there is a cohort of **4,292** who use opiates and/or crack problematically (Table 3)
- it is estimated that 56% of the opiate/crack population is in treatment at some point in the year
- it is estimated that **665** 10 to 17 years olds use substances. (http://beta.roi.nice.org.uk/CYP).

Table 2: Synthetic estimates of drug use in Nottinghamshire[3]

	In their lifetime:	In the last year:	In the last month:	Use frequently
16–59-year-olds (all drugs)				
Any drug	159,320 *(35.0%)	42,600 *(9.4%)	23,347 *(5.1%)	9,615 *(2.1%)
Class A drugs	71,864 *(15.8%)	15,396 *(3.4%)	6,500 *(1.4%)	---

[3] Source: 2019/20 Crime Survey for England and Wales

New Psychoactive Substances	10,536 *(2.3%)	1,556 *(0.3%)	---	---

*(national percentages are applied to the Nottinghamshire population)

Use of new psychoactive substances such as Mamba and Spice (synthetic cannabinoid receptor agonists (SCRA)) remains prolific among vulnerable cohorts. The overt use of these substances in local town and city centres continues to give rise to significant community concern and personal health risks. The number of SCRA-related incidents recorded by Police fell during the 2020 lockdown period before rising to pre-Coronavirus levels in September 2021. SCRA remains the most commonly seized drug after cannabis and are likely to remain readily available on account of their profitability and ease of production[4].

4.2.2 Prevalence of Opiate and/or Crack Use (OCU) and unmet need

The most up to date prevalence estimates for Opiate and/ or Crack Users (OCUs) date from 2016-17. Collectively, they have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance. These prevalence estimates give an indication of the numbers of OCUs in Nottinghamshire who are in need of specialist treatment.

Rates of unmet need provides the proportion of those not currently in treatment. Drug treatment numbers for 2020-21 have been used to calculate the rate of unmet need.

- In Nottinghamshire the prevalence of opiate users is estimated to be 5.1 per 1,000 and is lower than the England average at 7.3 per 1,000.
- In Nottinghamshire the prevalence of crack use is estimated to be 3.3 per 1,000 and is lower than the England average at 5.1 per 1,000.
- Nottinghamshire has lower levels of unmet need for crack, opiates and OCU when compared to England, with Opiates the lowest proportion of unmet need at 44%. This represents that an estimated 47% of crack dependent, 56% of opiate dependent and 48% of OCU dependent residents in Nottinghamshire are accessing treatment.
- A local comparators average has been calculated in addition to the NDTMS table below, please see appendix B. The local comparators average for unmet need is higher than that for both Nottinghamshire and England.
  When compared to Nottinghamshire, for crack the local comparator average unmet need is 7% higher, for opiates the unmet need it is estimated to be 8% higher and for OCU the unmet need it is estimated to be 5% higher.
  When the local comparators average is compared to Nottinghamshire, prevalence is 1.6 per 1,000 higher for Crack, 0.3 per 1,000 higher for opiates, and 0.2 per 1,000 lower for OCU.

[4] Nottinghamshire Substance Misuse JSNA

Table 3: Estimated dependent drug users, prevalence of Opiate, Crack and OCU rate per 1,000 of the population aged 15–64-year-olds and unmet need for England and Nottinghamshire[5].

Type	Area	Prevalence Estimated (Rate per 1,000)	Unmet need (%)
Crack	Nottinghamshire	1,673 (3.3)	53%
Crack	England	180,748 (5.1)	58%
Opiates	Nottinghamshire	3,608 (5.1)	44%
Opiates	England	261,294 (7.3)	47%
OCU	Nottinghamshire	4,292 (8.4)	52%
OCU	England	313,971 (8.9)	53%

4.3 Alcohol prevalence estimates

4.3.1 Alcohol Use

The best available estimates indicate that in Nottinghamshire:

- **160,206** adults drink at levels that pose a risk to their health
- **8,506** adults are estimated to have alcohol dependency
- around 19,310 of those drinking at levels that may harm their health are 60+ years old
- adults who abstain from alcohol has reduced from 94,131 to 82,073
- it is estimated that there are **5114** young people (10–17-year-olds) who are drinking at increasing and higher risk levels (http://beta.roi.nice.org.uk/CYP).

Table 4: Synthetic estimates of alcohol consumption in Nottinghamshire[6]

Drinking behaviour in adults:	Estimates:
Adults who abstain from drinking alcohol	82,073 *(12.5%)
Adults binge drinking on heaviest drinking day	112,276 *(17.1%)
Adults drinking over 14 units of alcohol a week	160,206 *(24.4%)
Number of dependent drinkers (See Note below)	8,506 (CI: 6,868–10,881)

*(national percentages are applied to the Nottinghamshire population)

Note: The estimates for dependent drinkers are based on the 2014 Adult Psychiatric Morbidity Survey with further analysis by the University of Sheffield on the methodology. These estimates are published on GOV.UK for all local authorities in England including Nottinghamshire.

[5] Source: NDTMS

[6] Source: JSNA Substance Misuse Young People and Adults June 2022

4.3.2 Prevalence of alcohol dependence and unmet need

Table 5 estimates the numbers of people with an alcohol dependence in England and in Nottinghamshire. The most up to date prevalence estimates for alcohol dependence date from 2018-19. The prevalence estimate gives an indication of the number of adults that are in need of specialist alcohol treatment. Rates are based on the population of alcohol dependent adults potentially in need of specialist treatment.

Table 5 also shows the rate of unmet need for alcohol only and provides a proportion of those not currently in treatment. Alcohol treatment numbers for 2020-21 have been used to calculate the rate of unmet need.

- In Nottinghamshire the prevalence of alcohol is estimated to be 13.0 per 1,000 and is lower than the England average at 13.7 per 1,000.
- Nottinghamshire has a greater unmet need for alcohol compared to drugs.
- The unmet need for alcohol in Nottinghamshire is 82%, this is the same for England. This represents that only an estimated 18% of alcohol-dependant residents in Nottinghamshire are accessing treatment. However, both nationally and locally, the unmet need for people who have an alcohol dependence is much higher when compared to crack, opiates and OCU people's unmet need. (Please see table X).
- A local comparators average has been calculated in addition to the NDTMS table below, please see Appendix B. The unmet need for the local comparators average is 82%, the same for Nottinghamshire and England.
- The estimated prevalence rate per 1,000 is 16.3 for the local comparators average, which is 3.3 per 1,000 higher than that for Nottinghamshire (13.0).

Table 5: Estimated alcohol prevalence rate per 1,000 of the population and unmet need for England and Nottinghamshire[7].

Type	Area	Prevalence Estimated (Rate per 1,000)	Unmet need (%)
Alcohol	Nottinghamshire	8,506 (13.0)	82%
Alcohol	England	602,391 (13.7)	82%

4.4 Acceptability of drug use

A YouGov study was conducted between 21-24 September 2021, on a sample of 2,717 adults aged 16 and above. From this national survey, it has highlighted drugs are widely used in the UK. 1 in 12 people say they currently take recreational drugs. However, 81% think drug abuse is a big problem in the UK, indicating that it is not widely accepted in society.

[7] Source: NDTMS

Key points from the YouGov National Survey Data[8]

- Four in ten Britons (39%) say they have taken either hard (14%) or soft (38%) recreational drugs. This applies more to men (42%) than women (35%). Eight percent of Britons say they currently take recreational drugs.
- Nine out of ten (93%) Britons who say they have had experience with drugs have tried cannabis. Cocaine is the second most commonly tried drug (34%), while ecstasy comes third (27%), followed by MDMA (24%), amphetamines (23%) and hashish (23%).
- Among Britons who tried drugs, around half (47%) say their overall experience has been mostly positive, while a fifth (21%) say it was mostly negative, and 25% say it was both positive and negative.
- Eight in ten Britons (81%) think drug abuse is a big problem in the UK. Half of Britons (53%) see drugs as a big problem in their local area. Just 5% of Britons think the government is doing enough to fight drug abuse in their local area.
- Four in ten Britons (40%) think that UK drug laws are too soft, while a fifth (19%) think they are too strict.
- A plurality of Britons (44%) say drug addiction is equally caused by both circumstances beyond personal control and personal choices. Three in ten (31%) think it's primarily down to personal choices, and 16% that it's primarily down to uncontrollable circumstances.
-

5. Local population and protected characteristics

To help understand and contextualise the substance use need and activity within Nottinghamshire as there is a such a high estimated level of unmet need, it is important to outline the Nottinghamshire population profile. The health and health care needs of a population cannot be measured or met without knowledge of its size and characteristics. Population data should be used to improve access to services, reduce inequalities and identify areas for focus and prioritisation.

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of age**,** disability (physical or mental, including long-term conditions), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (these are known collectively as "protected characteristics"). The new Integrated Care Boards (ICB's) are legally required to reduce inequalities in access to and outcomes of health services; therefore, it is important to know about our communities in Nottinghamshire and their needs.

There is no national prevalence data to challenge and inform whether locally the system is meeting the needs of residents who are part of protected characteristic groups. Without prevalence rates for specific sub-sections, it is difficult to know whether people's needs are being met. Although the true extent of population treatment need in Nottinghamshire's communities may not be known (and therefore not fully known whether particular groups are under-represented in treatment), we can to a certain degree, triangulate demography with those who share protected characteristics traits and characteristics of service users who are

[8] Source: The YouGov Big Survey on Drugs | YouGov

already accessing structured drug and alcohol treatment services to identify where the need or gaps are.

5.1 Local population (demographics)

This chapter will explore the demographics of residents in Nottinghamshire with protected characteristics. At the time of writing, data from the 2021 census was not available for all demographic indicators. Where appropriate, data from the 2011 census has been used and other sources of official statistics, if the 2021 census data was unobtainable. Once the latest census data becomes available, this chapter will be updated accordingly.

According to the 2021 census, there are 824,800 individuals who are usually resident in Nottinghamshire (rounded figure). Back in 2011, census data calculated there were 785,800 individuals who were usually resident in Nottinghamshire (rounded figure). This is an increase of 39,000 people or 4.96%.

5.1.1 Local Population Key Summary

- To help understand and contextualise the substance use need and activity within Nottinghamshire, it is important to outline the Nottinghamshire population profile.

- Nottinghamshire 824,800 residents and overall, the county has an older age profile when compared to England. In Nottinghamshire there are more residents aged over 50 years and fewer residents aged 15-44 years. The greatest proportion of residents are aged between 50 and 60 years, accounting for around 15% of Nottinghamshire's population.

- Nottinghamshire has a lower minority ethnic population (excluding white minorities) than England, with 93% identifying as White in 2021.

- In Nottinghamshire, the greatest proportion of residents identify or affiliate as Christian (46.3%), almost as many had no religion and 5.6% did not answer.

- In Nottinghamshire based on information from the 2011 census, 152,351 residents have a disability, or 20% of the population in Nottingham. This is 3% higher than that for England (17%).

- Wider determinants of health and social inequalities are known to be linked with substance use, accessing services and improved treatment outcomes. Each district has some areas of higher deprivation, though these are more consistently focused in the north and west of the county in Ashfield, Mansfield and Bassetlaw. The most deprived LSOA lies within Mansfield district.

- In addition to the health impact of COVID-19, there are wide range socio-economic impacts, yet to be fully understood or realised.

5.1.2 Age-sex distribution

The population pyramid below (figure 1) shows the population breakdown in comparison to the England age and sex profile for both males and females.

The age distribution of Nottinghamshire residents is older than the England population, with more residents aged over 50 years and fewer residents aged 15-44 years. The greatest proportion of residents are aged between 50 and 60 years, accounting for around 15% of

Nottinghamshire's population. Please see Appendix C for a table which breaks down the population by age and sex.

In Nottinghamshire, there are 420,000 females and 404,800 males (rounded figures). Within each district there are a similar number of all persons (range: n=110,500-126,300). Population of females is largest in Ashfield, smallest in Mansfield and the population of males is largest in Ashfield and smallest in Broxtowe and Mansfield.

Figure 1: Nottinghamshire and England populations ages by sex (2021)[9]

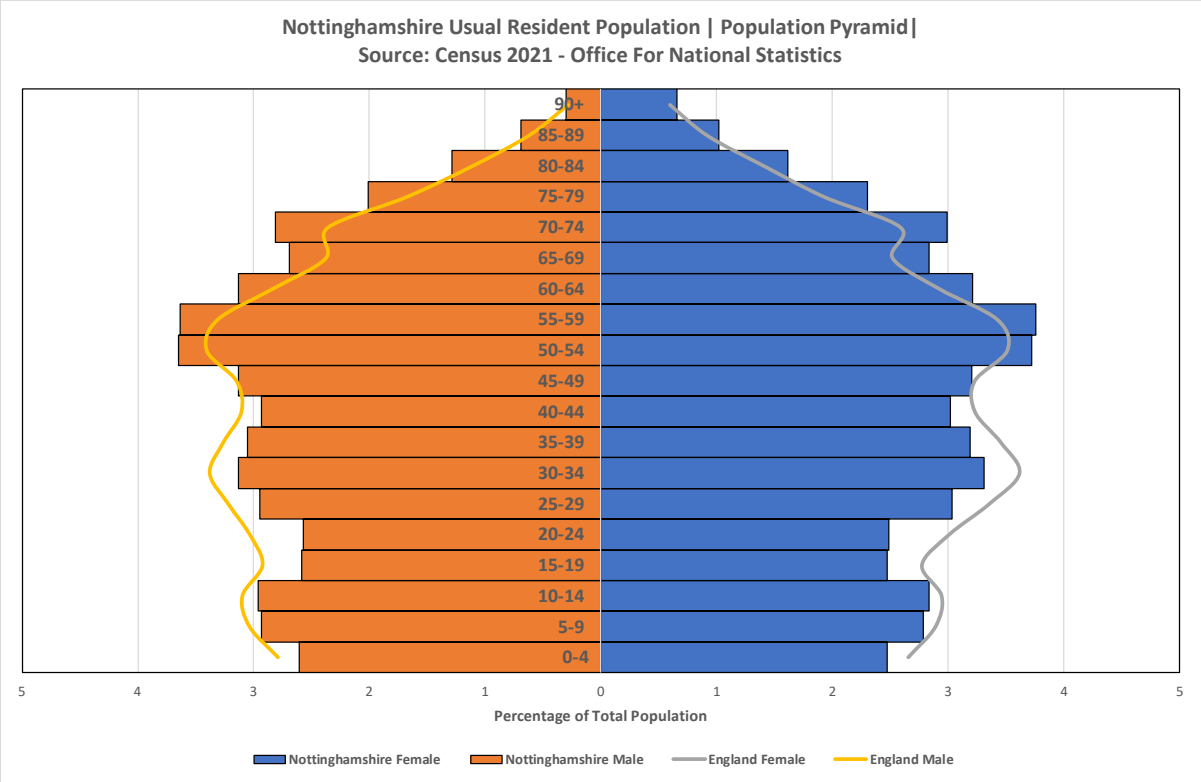


Table 6: Age-sex breakdown for Nottinghamshire's seven districts (2021)[10]

	All persons	Females	Males
Ashfield	126,300	64,400	61,900
Bassetlaw	117,800	59,400	58,400
Broxtowe	110,900	56,500	54,400
Gedling	117,300	60,400	56,900
Mansfield	110,500	56,100	54,400
Newark and Sherwood	122,900	62,500	60,500
Rushcliffe	119,000	60,700	58,300

[9] Source: 2021 Census

[10] Source: 2021 Census

5.1.3 Ethnicity

Table 7 shows the data from the 2021 census which outlines Nottinghamshire's ethnic groups and background.

Table 7: Broad ethnic groups for Nottinghamshire and England, total number and %[11]

Broad Ethnic Groups	Nottinghamshire	%	England	%
Total	824,820		56,490,048	
White	767,224	93.0	45,783,401	81.0
Mixed/multiple ethnic groups	17,103	2.1	1,669,378	3.0
Asian/Asian British	24,523	3.0	5,426,392	9.6
Black/African/Caribbean/Black British	9,932	1.2	2,381,724	4.2
Other ethnic group	6,038	0.7	1,229,153	2.2

Table 8: Ethnic groups for Nottinghamshire and England, total number and %[12]

Ethnic Group	Nottinghamshire	%	England	%
Total: All usual residents	824,820		56,490,048	
White: English, Welsh, Scottish, Northern Irish or British	729,289	88.4	41,540,791	73.5
White: Irish	4,019	0.5	494,251	0.9
White: Gypsy or Irish Traveller	732	0.1	64,218	0.1
White: Roma	564	0.1	99,138	0.2
White: Other White	32,620	4.0	3,585,003	6.3
Mixed or Multiple ethnic groups: White and Asian	4,601	0.6	474,190	0.8
Mixed or Multiple ethnic groups: White and Black African	1,806	0.2	241,528	0.4
Mixed or Multiple ethnic groups: White and Black Caribbean	7,203	0.9	499,310	0.9
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	3,493	0.4	454,350	0.8
Asian, Asian British or Asian Welsh: Bangladeshi	888	0.1	629,567	1.1
Asian, Asian British or Asian Welsh: Chinese	3,890	0.5	431,165	0.8
Asian, Asian British or Asian Welsh: Indian	10,344	1.3	1,843,248	3.3
Asian, Asian British or Asian Welsh: Pakistani	5,013	0.6	1,570,285	2.8

[11] Source: 2021 Census

[12] Source: 2021 Census

Asian, Asian British or Asian Welsh: Other Asian	4,388	0.5	952,127	1.7
Black, Black British, Black Welsh, Caribbean or African: African	5,255	0.6	1,468,474	2.6
Black, Black British, Black Welsh, Caribbean or African: Caribbean	3,268	0.4	619,419	1.1
Black, Black British, Black Welsh, Caribbean or African: Other Black	1,409	0.2	293,831	0.5
Other ethnic group: Arab	1,554	0.2	320,203	0.6
Other ethnic group: Any other ethnic group	4,484	0.5	908,950	1.6

The greatest proportion of individuals living in Nottinghamshire are from an ethnically White background (93.0%), this proportion is higher than that for England (81.0%). Asian/ Asian British account for 3.0% of Nottinghamshire's population, this proportion is lower than that for England (9.6%).

When breaking this down further into ethnic groups, the greatest proportion of individuals living in Nottinghamshire are ethnically White: English/Welsh/Scottish/Northern Irish/British accounting for 88.4% of the population, this is significantly higher when compared to England (73.5%). Nottinghamshire has a smaller proportion of ethnic individuals across all ethnic groups when compared to England. The smallest ethnic group in Nottinghamshire account for 0.1% of the population are White: Roma; this proportion is lower than for England where White: Gypsy or Irish Traveller are the smallest ethnic group.

Table 9: Broad Ethnic groups for Nottinghamshire's seven districts[13]

	Total	**White**	**Mixed/multiple ethnic groups**	**Asian/Asian British**	**Black/African/Caribbean/Black British**	**Other ethnic group**
Ashfield	126,299	120,147	2,059	1,968	1575	550
%		95.1%	1.6%	1.6%	1.2%	0.4%
Bassetlaw	117,803	113,620	1405	1,455	736	587
%		96.4%	1.2%	1.2%	0.6%	0.5%
Broxtowe	110,940	98,636	2,819	6,152	1,867	1,466
%		88.9%	2.5%	5.5%	1.7%	1.3%
Gedling	117,264	104,918	4,130	4,532	2,675	1,009
%		89.5%	3.5%	3.9%	2.3%	0.9%
Mansfield	110,482	104,712	1,544	2,234	1,174	818
%		94.8%	1.4%	2.0%	1.1%	0.7%
Newark and Sherwood	122,959	118,366	1,844	1,411	804	534
%		96.3%	1.5%	1.1%	0.7%	0.4%
Rushcliffe	119,077	106,827	3,303	6,775	1,095	1,077
%		89.7%	2.8%	5.7%	0.9%	0.9%

[13] Source: 2021 Census

The greatest proportion of those who are ethnically White are in Bassetlaw (96.4%), the smallest proportion of those who are ethnically White are in Broxtowe (88.9%).

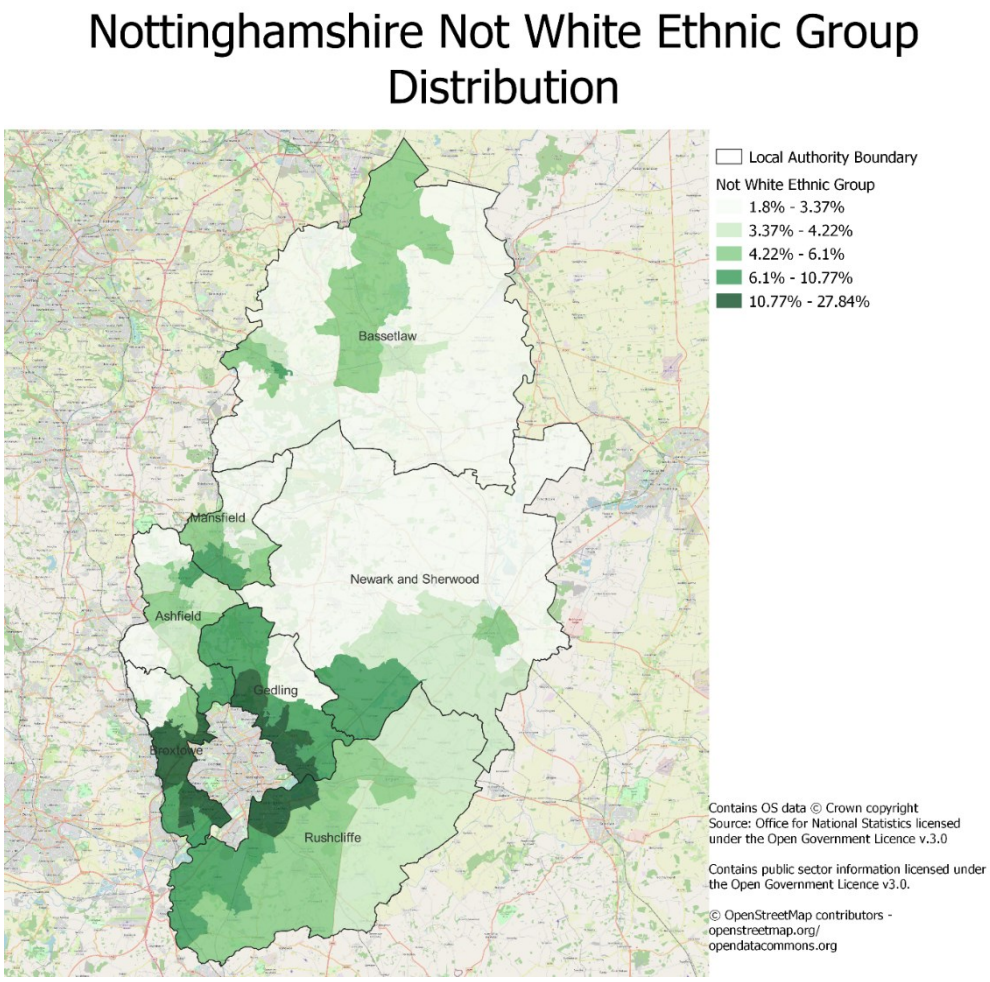
The greatest proportion of those who are ethnically Mixed/multiple ethnic groups are in Gedling (3.5%) and the smallest proportion of this broad ethnic group is in Bassetlaw (1.2%).

The greatest proportion of those who are ethnically Asian/Asian British are in Rushcliffe (5.7%) and the smallest proportion of this broad ethnic group are in Newark and Sherwood (1.1%).

The greatest proportion of those who are ethnically Black/African/Caribbean/Black British are in Gedling (2.3%) and the smallest proportion of this broad ethnic group are in Bassetlaw (0.6%).

The below map plots the distribution of non-white broad ethnic group by Middle Super Output Layer (MSOA) across Nottinghamshire. The darker the green colour, the more ethnically diverse the area is.

Figure 2: Nottinghamshire not white ethnic group distribution by MSOA[14]



[14] Source: ONS 2021 Census Nomis - Official Labour Market Statistics (nomisweb.co.uk)

5.1.4 Nationality/ Country of Birth

This is data is from the Annual Population Survey (APS) and more information on the country grouping can be found in appendix C.

Table 10: The population of Nottinghamshire by country of birth, July 2020 to June 2021[15].

	Nottinghamshire	+/- CI	%	England	+/- CI	%
All	819,000	Not applicable		55,944,000	Not applicable	
United Kingdom	760,000	59,000	92.8	47,164,000	403,000	84.3
Non-United Kingdom	59,000	16,000	7.2	8,761,000	173,000	15.7
European Union	34,000	13,000	4.2	3,084,000	103,000	5.5
European Union EU14	17,000	9,000	2.1	1,635,000	75,000	2.9
European Union EU8	14,000	8,000	1.7	970,000	58,000	1.7
European Union EU2	2,000	3,000	0.2	390,000	37,000	0.7
European Union Other	1,000	2,000	0.1	90,000	18,000	0.2
Non-European Union All	24,000	11,000	2.9	5,677,000	140,000	10.1
Other Europe	2,000	3,000	0.2	367,000	36,000	0.7
Asia	12,000	7,000	1.5	2,693,000	96,000	4.8
Middle East & Central Asia	Confidential	Confidential		328,000	34,000	
East Asia	3,000	3,000	0.4	339,000	34,000	0.6
South Asia	8,000	6,000	1.0	1,667,000	76,000	3.0
South East Asia	1,000	2,000	0.1	360,000	35,000	0.6
Rest of the World	10,000	7,000	1.2	2,617,000	95,000	4.7
Sub-Saharan Africa	7,000	5,000	0.9	1,428,000	70,000	2.6
North Africa	Confidential	Confidential		125,000	21,000	
North America	2,000	3,000	0.2	316,000	33,000	0.6
Central and South America	2,000	3,000	0.2	526,000	42,000	0.9
Oceania	No contacts	No contacts		223,000	28,000	

The majority of Nottinghamshire's population were born in the United Kingdom (92.8%), meaning that 7.2% are Non-United Kingdom. The greatest proportion of Non-United Kingdom are from the European Union, accounting for 4.2% of Nottinghamshire's population.

5.1.5 Sexual identity

Sexual identity is available at regional level. Due to the wide confidence intervals and the possibility that the location of people with non-heteronormative identities may be influenced

[15] Source: ONS - Population of the UK by country of birth and nationality: July 2020 to June 2021

by other sociodemographic factors, it is unlikely to be appropriate to model this to lower geographies. However, questions on this subject were included in the 2021 census questions and local information will be released in the near future.

Table 11a: Estimate population for East Midlands and England by sexual identity[16]

Sexual Identity	Year	East Midlands Estimate (000)	East Midlands CI+/-	England Estimate (000)	England CI+/-
Heterosexual or straight	2020	3,663	34	41,990	825
Gay or lesbian	2020	59	18	825	598
Bisexual	2020	50	20	598	286
Other	2020	23	10	286	1,295
Don't know or refuse	2020	74	19	1,295	41,990

Table 11b: Estimate percentage for East Midlands and England by sexual identity

Sexual Identity	Year	East Midlands Percentage	East Midlands CI+/-	England Percentage	England CI+/-
Heterosexual or straight	2020	94.6	0.9	93.3	0.3
Gay or lesbian	2020	1.5	0.5	1.8	0.2
Bisexual	2020	1.3	0.5	1.3	0.2
Other	2020	0.6	0.3	0.6	0.1
Don't know or refuse	2020	1.9	0.5	2.9	0.2

Definition of Category
Estimates are considered precise
Estimates are considered reasonably precise
Estimates are considered acceptable
Estimates are considered unreliable for practical purposes

The greatest proportion of individuals living in the East Midlands are heterosexual or straight, accounting for 94.6% of the population. It is estimated that around 59,000 residents in the East Midlands identify as gay or lesbian and a further 50,000 who identify as bisexual, accounting for 1.5% and 1.3% of the population respectively.

[16] Source: ONS Sexual orientation, UK

5.1.6 Religion

The data can be looked at from the 2021 census to understand people's religious affiliation and identification.

Table 12: Religious affiliation for Nottinghamshire districts, number, and percentage (2021)[17]

		Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Not Answered
Ashfield	Number	53,095	250	418	40	762	294	596	63,479	7,367
	%	42.0	0.2	0.3	0.0	0.6	0.2	0.5	50.3	5.8
Bassetlaw	Number	65,122	253	271	45	734	182	472	44,234	6,491
	%	55.3	0.2	0.2	0.0	0.6	0.2	0.4	37.5	5.5
Broxtowe	Number	46,644	475	1,215	122	2,545	1,037	540	51,966	6,396
	%	42.0	0.4	1.1	0.1	2.3	0.9	0.5	46.8	5.8
Gedling	Number	49,698	364	774	98	2,478	952	550	55,880	6,471
	%	42.4	0.3	0.7	0.1	2.1	0.8	0.5	47.7	5.5
Mansfield	Number	51,385	305	376	37	1,240	239	489	50,400	6,012
	%	46.5	0.3	0.3	0.0	1.1	0.2	0.4	45.6	5.4
Newark and Sherwood	Number	63,222	289	229	90	749	166	514	50,655	7,042
	%	51.4	0.2	0.2	0.1	0.6	0.1	0.4	41.2	5.7
Rushcliffe	Number	52,467	402	1,856	280	2,677	1,167	587	52,917	6,724
	%	44.1	0.3	1.6	0.2	2.2	1.0	0.5	44.4	5.6
Nottinghamshire	**Number**	**381,632**	**2,337**	**5,139**	**710**	**11,185**	**4,037**	**3,748**	**369,531**	**46,503**
	%	**46.3**	**0.3**	**0.6**	**0.1**	**1.4**	**0.5**	**0.5**	**44.8**	**5.6**
England	**Number**	**26,167,899**	**262,433**	**1,020,533**	**269,283**	**3,801,186**	**520,092**	**332,410**	**20,715,664**	**3,400,548**
	%	**46.3**	**0.5**	**1.8**	**0.5**	**6.7**	**0.9**	**0.6**	**36.7**	**6.0**

In Nottinghamshire, the greatest proportion of individuals identify or affiliate as Christian (46.3%), almost as many had no religion (44.8%) and 5.6% did not answer. As a proportion, there are significantly fewer individuals in Nottinghamshire who identify or affiliate as Muslim (1.4%) compared to England (6.7%). Similarly, as a proportion, there are significantly fewer Hindu in Nottinghamshire (0.6%) compared to England (1.8%).

5.1.7 Pregnancy and maternity

Table 13 shows the number of live and still births and the fertility rate in Nottinghamshire broken down by district. The Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year throughout their childbearing lifespan.

In 2021, in England and Wales there were 624,828 live births of which 7,905 live births in Nottinghamshire (1.27%). According to the Office of National Statistics, within the Nottinghamshire population, around 1.3% of women were pregnant at any one time during 2021, this is similar to England (1.4%). In 2021 with the majority of live births in Nottinghamshire were to UK-born mothers (84.2%).

[17] Source: ONS 2021 Census Nomis - Official Labour Market Statistics (nomisweb.co.uk)

Table 13: Number of live births, TFR, number of stillbirths and still birth rate, Nottinghamshire districts (2021)[18]

	Number of live births	Total Fertility Rate (TFR)	Number of stillbirths	Stillbirth rate (stillbirths per 1,000 live births and stillbirths)	Stillbirth rate Unreliable count
Ashfield	1,305	1.59	3	2.3	[u]
Bassetlaw	1,110	1.76	5	4.5	[u]
Broxtowe	989	1.37	5	5.0	[u]
Gedling	1,102	1.48	8	7.2	[u]
Mansfield	1,146	1.70	5	4.3	[u]
Newark and Sherwood	1,205	1.75	4	3.3	[u]
Rushcliffe	1,048	1.47	3	2.9	[u]
Nottinghamshire	**7,905**	**1.58**	**33**	**4.2**	
England	**595,948**	**1.62**	**2,451**	**4.1**	

[u] = low reliability

Table 14: The number of live births (numbers) by country of birth of mother and area of usual residence in Nottinghamshire and England (2021)[19]

	Nottinghamshire	England
Number of live births	**7,905**	**595,948**
Live births to UK-born mothers	6,660	419,779
Live births to non-UK-born mothers Total	1,244	176,123
Live births to non-UK-born mothers Percentage of all live births	**15.7%**	**29.6%**
Live births to non-UK-born mothers Mother's country of birth-EU	669	61,501
Live births to non-UK-born mothers Mother's country of birth-New EU	545	42,818
Live births to non-UK-born mothers Mother's country of birth-Rest of Europe (non-EU)	74	11,815
Live births to non-UK-born mothers Mother's country of birth- Middle East and Asia	272	60,720
Live births to non-UK-born mothers Mother's country of birth Africa	153	28,570
Live births to non-UK-born mothers Mother's country of birth Rest of World	76	13,517

More information on the country grouping can be found in Appendix C.

[18] Source: ONS - Births in England and Wales: summary tables
[19] Source: ONS - Parents' country of birth

5.1.8 Disability

An individual is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities[20].

The first two pieces of data use national data to explore disability characteristics. Table 15 shows the national prevalence of disability by age group and year and table 16 shows a national breakdown of disabilities by type.

Table 15: National prevalence of disability by age group and year, over time[21]

Year	**All people**	Sample size	**Working-age adults**	Sample size	**State Pension age adults**	Sample size	**Children**	Sample size
2010/11	**19%**	57,990	**15%**	31,719	**45%**	12,488	**6%**	13,783
2011/12	**19%**	47,791	**16%**	26,441	**45%**	9,918	**6%**	11,432
2012/13	**19%**	46,471	**16%**	25,411	**43%**	9,811	**7%**	11,249
2013/14	**19%**	46,218	**16%**	25,333	**42%**	9,828	**7%**	11,057
2014/15	**20%**	44,819	**17%**	24,673	**45%**	9,645	**7%**	10,501
2015/16	**21%**	43,699	**18%**	23,991	**44%**	9,360	**7%**	10,348
2016/17	**22%**	44,145	**19%**	24,274	**45%**	9,573	**8%**	10,298
2017/18	**21%**	42,904	**18%**	23,839	**44%**	9,486	**8%**	9,579
2018/19	**21%**	43,149	**19%**	23,835	**44%**	9,431	**8%**	9,883
2019/20	**22%**	43,344	**19%**	24,264	**46%**	9,292	**8%**	9,788
2020/21	**22%**	21,254	**21%**	11,581	**42%**	5,695	**9%**	3,978

Table 16: National breakdown of disabilities by type (2020/21)[22]

2020/21	Percentage of Disabled People
Mobility	46%
Stamina/breathing/fatigue	33%
Dexterity	23%
Mental health	29%
Memory	11%
Hearing	10%
Vision	9%
Learning	11%
Social/behavioural	8%
Other	23%
Sample size	5,026

National prevalence of disability has increased by 3% in all people between 2010/11 and 2020/21. However, the prevalence in state pension age adults has decreased by 3% between

[20] Definition of disability under the Equality Act 2010 - GOV.UK (www.gov.uk)
[21] Source: Family Resources Survey: financial year 2020 to 2021 - GOV.UK (www.gov.uk)
[22] Source: Family Resources Survey: financial year 2020 to 2021 - GOV.UK (www.gov.uk)

2010/11 and 2020/21. In 2020/21, the majority of people who had a disability was due to mobility (46%).

Table 17: Percentage of people in Nottinghamshire and England whose day-to-day activities are limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months[23].

Age	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark and Sherwood	Rushcliffe	Nottinghamshire	England
All categories: Age	22%	21%	18%	19%	23%	20%	15%	**20%**	**17%**
Age 0 to 4	2%	2%	2%	3%	2%	2%	1%	**2%**	**2%**
Age 5 to 9	5%	4%	4%	5%	5%	4%	3%	**4%**	**4%**
Age 10 to 14	7%	5%	5%	5%	7%	6%	3%	**5%**	**5%**
Age 15 to 19	6%	6%	5%	6%	6%	6%	4%	**6%**	**5%**
Age 20 to 24	7%	6%	5%	6%	7%	6%	5%	**6%**	**5%**
Age 25 to 29	7%	7%	6%	6%	8%	7%	4%	**7%**	**6%**
Age 30 to 34	9%	8%	7%	7%	9%	8%	5%	**8%**	**7%**
Age 35 to 39	12%	10%	8%	9%	13%	9%	6%	**10%**	**9%**
Age 40 to 44	14%	13%	9%	11%	16%	11%	8%	**12%**	**12%**
Age 45 to 49	18%	16%	13%	13%	20%	15%	9%	**15%**	**14%**
Age 50 to 54	23%	21%	17%	17%	26%	19%	12%	**19%**	**18%**
Age 55 to 59	31%	27%	22%	23%	34%	25%	17%	**25%**	**23%**
Age 60 to 64	38%	33%	29%	29%	41%	31%	21%	**31%**	**28%**
Age 65 to 69	46%	42%	36%	34%	48%	35%	27%	**38%**	**35%**
Age 70 to 74	55%	51%	46%	46%	57%	46%	38%	**48%**	**44%**
Age 75 to 79	67%	62%	57%	57%	68%	58%	50%	**60%**	**55%**
Age 80 to 84	77%	74%	70%	73%	77%	71%	67%	**73%**	**69%**
Age 85 and over	90%	86%	85%	85%	88%	84%	82%	**85%**	**83%**

In Nottinghamshire based on information from the 2011 census, 152,351 residents have a disability, or 20% of the population in Nottingham. This is 3% higher than that for England (17%). Nottinghamshire has a greater proportion of residents who have a disability across most age groups, most notably for those aged 70-74, those aged 75-79 and those aged 80-84 years.

Please refer to Appendix C for a table showing the numbers of residents in Nottinghamshire and England whose day-today activities are limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months based on information from the 2011 census results.

Personal Independent Payment (PIP) helps with some of the extra costs caused by long-term disability, ill-health or terminal ill-health. From 8th April 2013 DWP started to replace Disability Living Allowance for working aged people with PIP. In Nottinghamshire there are 42,661 residents claiming PIP, with the highest numbers of individuals living in Ashfield (8,078

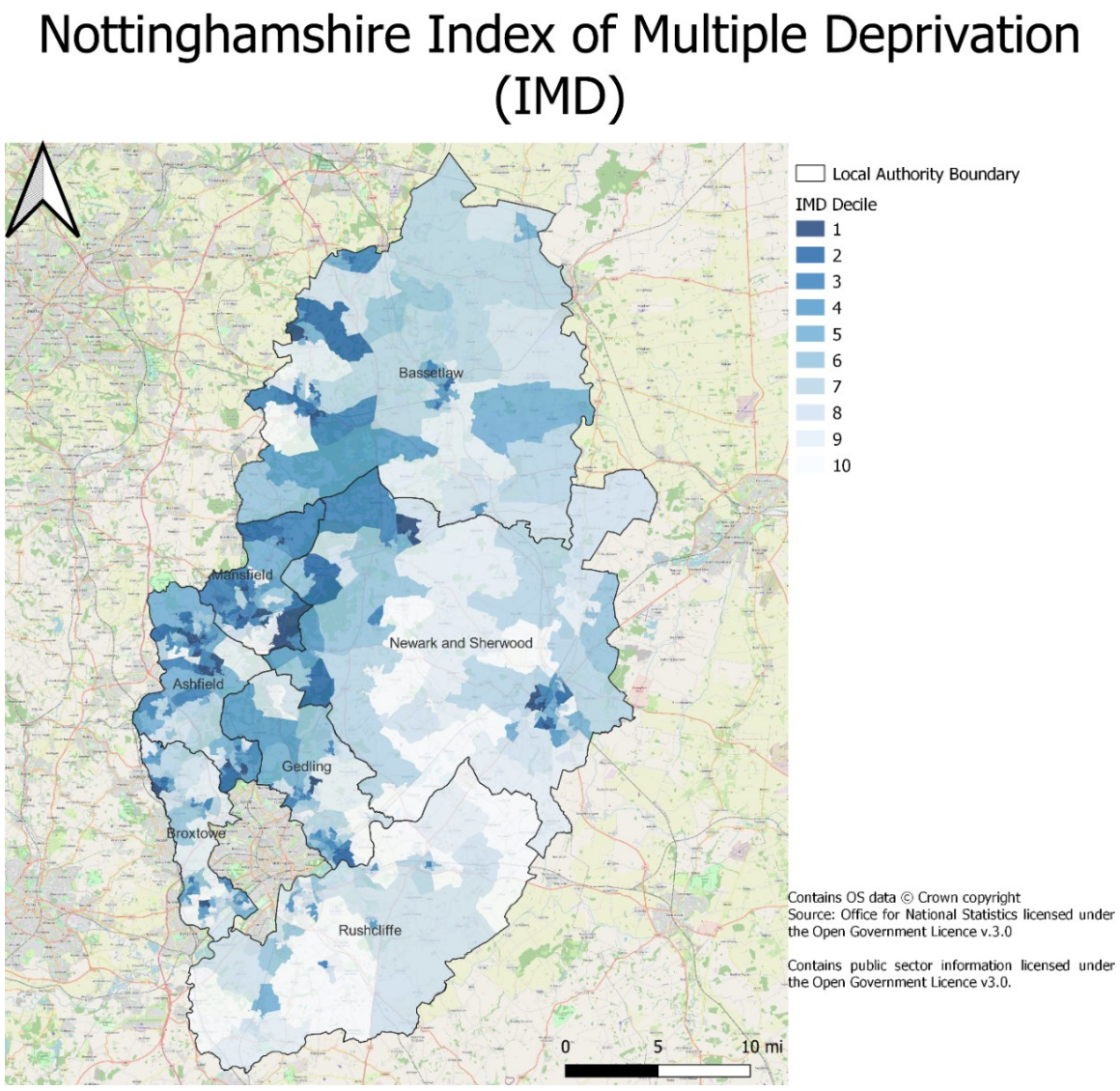
[23] Source: ONS 2011 Census Nomis - Official Labour Market Statistics (nomisweb.co.uk)

individuals) and 7,789 individuals living in Mansfield. For a further breakdown and detail please see Appendix C for PIP caseload in Nottinghamshire and its districts.

5.1.9 Deprivation

The Index of Multiple Deprivation (2019) combines information from seven domains to produce an overall relative measure of deprivation. LSOA's are fixed statistical geographies of about 1,500 people designed by the Office for National Statistics (ONS). Every LSOA (Lower Super Output Area) in England is given a score for each of the domains and a combined score for the overall index. This score is used to rank all the LSOAs in England from the most deprived to the least deprived and allowing the identification of how deprived areas are relative to others[24].

Figure 3: Index of Multiple Deprivation (IMD 2019 decile) for Nottinghamshire



The map above shows the distribution of deprivation by the overall index of multiple deprivation, employment, income, and the health and disabilities domains. The darker the blue colour the more deprived an area is. An IMD decile is a dimension which places the

[24] English Indices of Deprivation 2019 FAQs (publishing.service.gov.uk)

deprivation scores of individual areas into one of ten groups of equal frequency, ranging from the 10% most deprived areas to the 10% least deprived areas.

Nottinghamshire is ranked 101 out of 151 Upper Tier Local Authorities in England in the overall index, 1 being the most deprived. Mansfield is ranked 46 out of 317 Lower Tier Local Authorities (Local Authority District) in England (using an average score measure) which puts Mansfield in the top 20% of most deprived districts in the country.

In Nottinghamshire there are 31 LSOA's in the 10% most deprived LSOAs in England, an increase from 25 in 2015 and the same as in 2010. LSOA's are concentrated in the districts of Ashfield (12 LSOAs), Mansfield (10), Bassetlaw (5), Newark & Sherwood (3) and Gedling (1). There are 79 LSOAs in the 20% most deprived LSOAs in England, an increase from 2015 but below 104 in 2010.

The most deprived LSOA lies within Mansfield district and falls within the Carr Bank Ward; it also lies within the Newgate and Car Bank MSOA (Middle Super Output Area). It is ranked the 36th most deprived out of the 32,844 LSOAs in England, in 2015 this LSOA was the 16th most deprived.

There are many wider societal determinants which are associated in heightened risk of drug or alcohol dependence. Social factors, including housing, employment, and deprivation, are associated with substance use and these social factors moderate drug treatment outcomes. Being in employment and being in good physical health can increase the chances of successful substance use treatment, whilst substance use can also impact on employment, and health. Having housing problems or living in an area of higher deprivation can reduce the chances of successful treatment[25]. For maps showing employment deprivation, income deprivation and health and disability deprivation, please see appendix C.

5.2 Protected characteristics and substance use

Anyone could be at risk of developing a substance use problem during their lives, although certain groups in the population are at higher risk. It is important to note that individuals do not fit into 'one' group and may potentially span across multiple or even most of the groups.

The Nottinghamshire Substance Misuse JSNA has identified eleven groups and sub-groups of the population most at risk of substance use; however, the evidence of those who are most 'at risk' is strongest around Adverse Childhood Experiences (ACE's), those living in deprived areas, those people with mental health issues and those who are in the criminal justice system. There is some evidence to suggest that men, older people, ethnicity and sexual orientation have been identified as 'at risk' of substance use, however the overall evidence is weaker in these groups or populations.

The JSNA also identifies the wider vulnerabilities of young people, where the highest percentage of young people with vulnerability factors for Nottinghamshire included mental health treatment need, self-harm, affected by others' substance use and NEET (not in employment, education, or training). For further details please refer to the JSNA.

In 2016, Public Health England (PHE) conducted a literature review into substance use and people with learning disabilities. It is difficult to attach a figure or prevalence estimate, however, as increasing numbers of people with learning disabilities are living more independently in local communities, they are more likely to have access to alcohol and other

[25] Health matters: preventing drug misuse deaths - GOV.UK (www.gov.uk)

drugs and, therefore, there's a need for appropriate services to support those who use substances. Overall, the evidence indicated that people with learning disabilities are less likely to use substances than the general population. However, PHE identified increased risk in those who: have borderline to mild learning disabilities; are young and male; or have mental health problems. Interviews with people with learning disabilities who were misusing alcohol or drugs showed that the main reasons for this could be described as 'self-medicating against life's negative experiences. Furthermore, research suggested that children with learning disabilities are more likely to experiment at an early age with potentially harmful levels of alcohol[26].

The prevalence of substance use in the populations described above is not known in Nottinghamshire so it is difficult to know whether those with protected characteristics and substance use issues are accessing treatment. Although the true extent of population treatment need in Nottinghamshire's communities may not be known, CGL adapt and respond appropriately to the needs as and when residents present to their services, for example, a tailored offer specific to women including a pregnancy pathway and training staff on awareness of domestic abuse in the LGBTQ+ community.

5.3 Characteristics of adult service users in drug and alcohol treatment services

5.3.1 Key Summary

- In 2020/21, over half of adults in treatment (51%) were in treatment for opiate use, while nearly 1 in 3 (32%) were in treatment for alcohol. The majority of children and young people cited using cannabis the most (82%), followed by alcohol (22%).

- Across all adult substance treatment categories, there are more males than females in structured treatment. In 2020/21, over two thirds (69%) of children and young people in treatment were male.

- The vast majority of service users are White British (87.9%) or are from Other White ethnic backgrounds (5.1%). The vast majority of children and young people have identified as 'White British' (75%).

- Behaviour and emotional disability accounted for the greatest proportion of adult service users (44.3%), followed by no disability (43.8%).

- The treatment population profile broadly reflects the demographic profile for Nottinghamshire for age and ethnicity. There are more men in treatment than women compared to the Nottinghamshire demographic which is more evenly split. However, from the evidence within the Nottinghamshire Substance Misuse JSNA, men are more likely to be 'at-risk' of substance use.

5.3.2 Data Caveats

The data in this section is taken from NDTMS ViewIt and the 'Adult Partnership activity report' which provides detailed information on adults 18 to 99 in specialist treatment for substance use. Please note that ViewIt figures are based on the final cut of the data which is used for annual statistics and the activity reports are based on a slightly different cut and data, hence the slight difference in overall numbers in treatment.

[26] Substance misuse in people with learning disabilities: reasonable adjustments guidance - GOV.UK (www.gov.uk)

Please note when reviewing NDTMS data in this section, the Recovery partnership was a consortium of providers (led by Notts Healthcare Trust) who delivered Nottinghamshire's drug and alcohol services between 2012 and 2014. CGL then won the tender in 2014. Furthermore, due to non-consent from some service users, NDTMS does not capture all service users.

5.3.3 Numbers in treatment-trends

In 2020/21, NDTMS reported a total of 3,943 adults receiving structured treatment in Nottinghamshire. Individuals can access treatment for either problematic drug use, alcohol, or both.

Over half of adults in treatment (51%) were in treatment for opiate use, while nearly 1 in 3 (32%) were in treatment for alcohol.

Figure 4: Proportion of adults in treatment (%), 2009/10- 2020/21, Nottinghamshire[27]

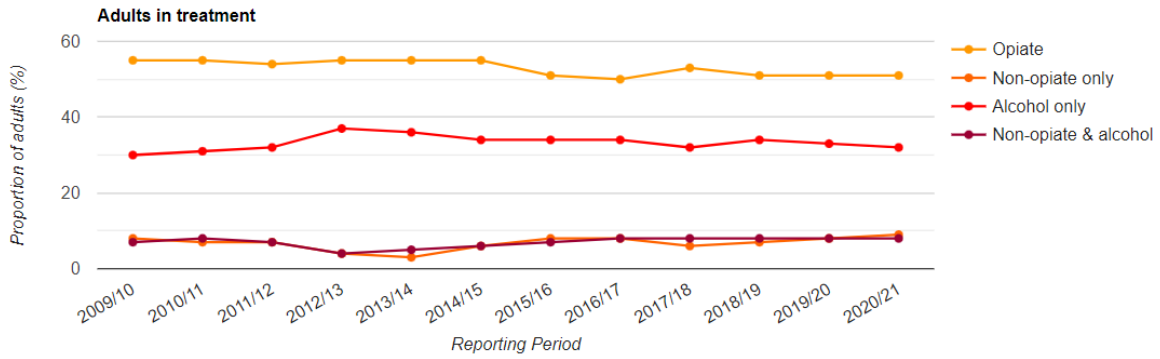


Table 18: Number of adults in treatment, 2009/10- 2020/21, Nottinghamshire[28]

Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Opiate	2571	2611	2538	2418	2362	2304	2262	2217	2075	1940	1971	2019
Non-opiate only	367	331	311	160	140	260	368	351	253	267	294	357
Alcohol only	1437	1460	1484	1647	1542	1418	1499	1477	1254	1271	1252	1271
Non-opiate & alcohol	339	359	331	184	213	234	302	358	318	298	316	296

5.3.4 Substance use profile (all in treatment)

The distribution of substances used by all individuals in treatment is shown in Tables 19 and 20 below. This substance use profile defines service user by groups of substance use and relates to any use within a service user's journey. A service user may therefore be categorised by one or more groups and as a result the totals in this table will be greater than the number of service users presented in the previous section. To prevent deductive disclosure, all numbers under 5 have been supressed.

Alcohol is used by almost half of all service users (49%, n=1924). In 2020/21 a third of service users in treatment were taking opiates (not crack cocaine) (33%, n=1289). This is lower than in 2017/18, when 37% of service users reported using opiates. Opiate and crack cocaine use among service users had been decreasing in the last decade, however since 2017/18 this has increased year on year and in 2020/21, 19% (n=730) reported its use during treatment.

[27] Source: NDTMS View It

[28] Source: NDTMS View It

Table 19: Number of adult service users in treatment by substances use type, 2009/10 to 2020/21, Nottinghamshire[29]

Substance Use	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Opiate and crack cocaine	789	849	817	742	717	684	645	611	620	664	723	730
Opiate (not crack cocaine)	1782	1762	1721	1676	1645	1620	1617	1606	1455	1276	1248	1289
Crack cocaine (not opiate)	37	32	28	15	11	18	28	34	45	44	62	63
Cannabis	1239	1265	1170	905	874	874	923	921	768	671	649	702
Cocaine	376	374	347	223	197	202	264	320	288	325	372	345
Benzodiazepine	395	405	388	347	316	282	262	236	209	190	196	188
Amphetamine (not ecstasy)	781	864	789	680	610	670	656	574	454	357	312	287
Ecstasy	98	81	59	36	26	33	32	27	24	21	27	30
Mephedrone	-	14	5	19	32	77	80	41	15	6	3	5
NPS	-	-	-	-	0	11	62	62	60	81	80	78
Hallucinogen	20	12	18	11	4	7	8	15	7	12	11	9
Alcohol	2308	2433	2445	2496	2375	2246	2358	2363	2037	1935	1931	1924
Other	47	57	55	54	59	56	49	47	38	41	45	63

Table 20: Proportion of adult service users in treatment by substances use type, 2009/10 to 2020/21, Nottinghamshire[30]

Substance Use	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Opiate and crack cocaine	17	18	18	17	17	16	15	14	16	18	19	19
Opiate (not crack cocaine)	38	37	37	38	39	38	36	36	37	34	33	33
Crack cocaine (not opiate)	1	1	1	0	0	0	1	1	1	1	2	2
Cannabis	26	27	25	21	21	21	21	21	20	18	17	18
Cocaine	8	8	7	5	5	5	6	7	7	9	10	9
Benzodiazepine	8	9	8	8	7	7	6	5	5	5	5	5
Amphetamine (not ecstasy)	17	18	17	15	14	16	15	13	12	9	8	7
Ecstasy	2	2	1	1	1	1	1	1	1	1	1	1
Mephedrone	-	0	0	0	1	2	2	1	0	0	0	0
NPS	-	-	-	-	0	0	1	1	2	2	2	2
Hallucinogen	0	0	0	0	0	0	0	0	0	0	0	0
Alcohol	49	51	52	57	56	53	53	54	52	51	50	49
Other	1	1	1	1	1	1	1	1	1	1	1	2

5.3.5 Gender of service users (all in treatment)

Table 21: Substance use category by gender 2020/21, Nottinghamshire[31]

	Male		Female		
Substance Category	**N**	**Proportion of gender**	**n**	**Proportion of gender**	**Total n**
Opiates	1492	74%	527	26%	2019
Non-opiates only	246	69%	111	31%	357
Alcohol & non-opiates	217	73%	79	27%	296
Alcohol only	729	57%	542	43%	1271
Total	**2684**		**1259**		**3943**

From a total of 3,943 service users for 2020/21 in Nottinghamshire, there were 1,259 females (31.9%) and 2,684 (68.1%) males in structured treatment.

[29] Source: NDTMS View It
[30] Source: NDTMS View It
[31] Source: NDTMS View It

Almost a third (32.2%) are receiving treatment for alcohol only. However, across all substance categories, there are more males than females in structured treatment.

5.3.6 Age of service users (all in treatment)

The data in this section shows the age of each person in treatment. Age is calculated at treatment start or at the start of the reporting year for people already in treatment.

The chart below shows the proportion of service user within each age group, by financial year for all substance types combined. It can be seen that proportionally; service users are now older than they were in 2014/15.

Figure 5: Age distribution trend, as a proportion by age group and year (all substance types), Nottinghamshire[32]

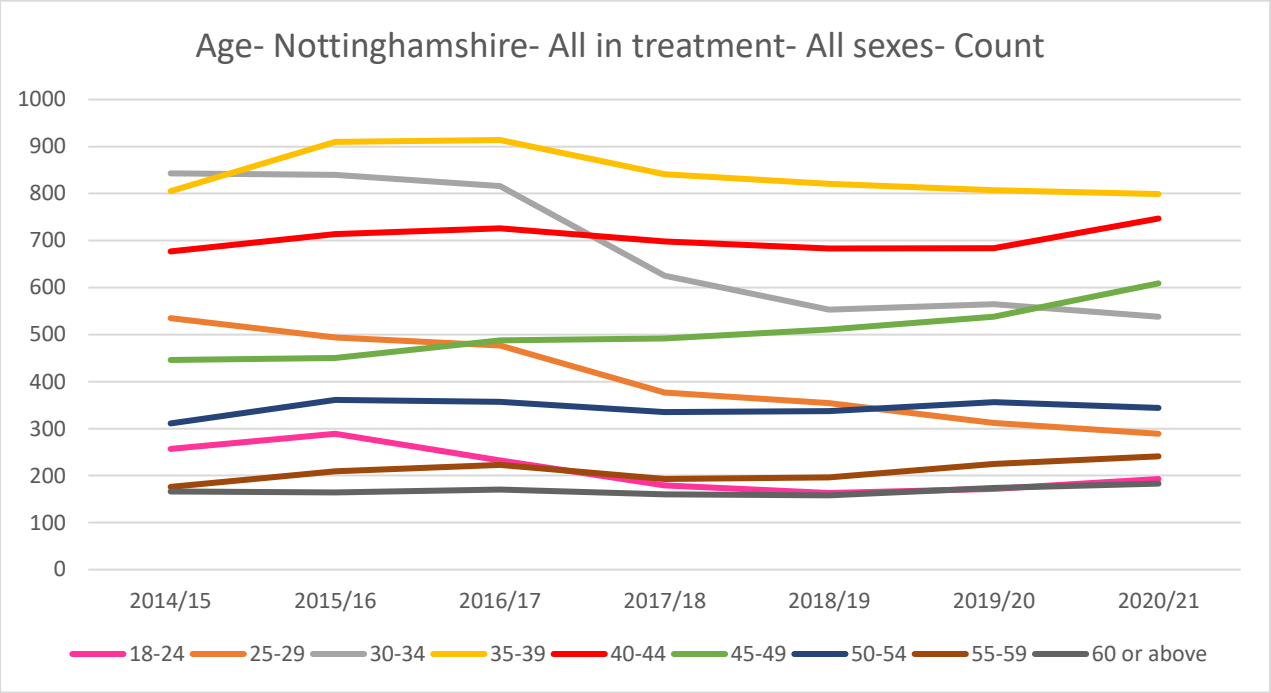


Table 22 below shows the proportion of all service users in treatment by substance type and age group for the financial year 2020/21.

The age group with the highest proportion for opiate treatment are in the 35-39- and 40-44-year age groups, where these groups account for 26% each, respectively of the total service users who are in treatment for opiates. For non-opiate only the greatest proportion of service users who are in structured treatment are in the 18–24-year age group. For Alcohol only, the greatest proportions of service users who are in structured treatment are in the 45-49- and 50-54-year age group. For non-opiate and alcohol, the greatest proportion of service users who are in structured treatment is in the 30–34-year age group.

[32] Source: NDTMS View It

Table 22: Proportion (%) of all service users in treatment 2020/21 by substance type and age group[33]

Age Group	Opiate (%)	Non-opiate only (%)	Alcohol only (%)	Non-opiate & alcohol (%)
18-24	2	**27**	3	11
25-29	5	19	5	19
30-34	13	24	10	**20**
35-39	**26**	14	14	19
40-44	**26**	6	14	10
45-49	17	5	**18**	10
50-54	17	5	**18**	10
55-59	4	1	12	5
60+	2	1	11	2

5.3.7 Ethnicity (all in treatment)

Table 23: Ethnic proportions and count of all service users in treatment 2020/21 Nottinghamshire[34]

Ethnicity (all in treatment)	**1 Apr 2020- 31 Mar 2021**	
	No.	**%**
White British	3448 / 3922	87.9%
White Irish	25 / 3922	0.6%
Other White	199 / 3922	5.1%
White & Black Caribbean	31 / 3922	0.8%
White & Black African	*/ 3922	*
White & Asian	8 / 3922	0.2%
Other Mixed	7 / 3922	0.2%
Indian	15 / 3922	0.4%
Pakistani	* / 3922	*
Bangladeshi	5 / 3922	0.1%
Other Asian	6 / 3922	0.2%
Caribbean	8 / 3922	0.2%
African	11 / 3922	0.3%
Other Black	9 / 3922	0.2%
Chinese	* / 3922	*
Other	9 / 3922	0.2%
Not stated	121 / 3922	3.1%
Missing / inconsistent	13 / 3922	0.3%

[33] Source: NDTMS View It

[34] Source: NDTMS Adult Partnership Activity Report *To prevent deductive disclosure, all numbers under 5 have been supressed.

The denominator is the total number of individuals in treatment in the reporting time period.

The vast majority of service users are White British (87.9%) or are from Other White ethnic backgrounds (5.1%).

5.3.8 Religion (new treatment journey)

This data includes all service users starting a new treatment journey in the reporting time period, the first non-blank religion code reported in the journey. If two different codes are reported with the same triage date (and this is the earliest triage of the journey) this is recorded as inconsistent. The response "patient religion unknown" cannot cause inconsistency.

The denominator is the total number of service users starting a new treatment journey in the period. The vast majority of service users said that they had no religion (59.8%), however of those that have a religion, the highest proportion of service users identified as Christian (18.3%).

Table 24: Religion proportions and counts for new treatment journey 2020/21, Nottinghamshire[35]

Religion (new treatment journey)	**1 Apr 2020- 31 Mar 2021**	
	No.	**%**
Baha'i	0 / 1651	0.0%
Buddhist	* / 1651	*
Christian	302 / 1651	18.3%
Hindu	* / 1651	*
Jain	0 / 1651	0.0%
Jewish	* / 1651	*
Muslim	8 / 1651	0.5%
Pagan	7 / 1651	0.4%
Sikh	* / 1651	*
Zoroastrian	0 / 1651	0.0%
Other	33 / 1651	2.0%
None	988 / 1651	59.8%
Declines to disclose	* / 1651	*
Patient religion unknown	296 / 1651	17.9%
Missing / Inconsistent	5 / 1651	0.3%

5.3.9 Sexuality (new treatment journey)

This data includes all individuals starting a new treatment journey in the reporting time period, the first non-blank sexuality code reported in the journey. If two different codes are reported with the same triage date (and this is the earliest triage of the journey) this is recorded as inconsistent. The response "Not stated" cannot cause inconsistency.

[35] Source: NDTMS Adult Partnership Activity Report *To prevent deductive disclosure, all numbers under 5 have been supressed.

The denominator is the total number of individuals starting a new treatment journey in the period. The vast majority of service users identified as 'Heterosexual' (82.5%).

Table 25: Sexuality proportions and counts for new treatment journey 2020/21, Nottinghamshire[36]

Sexuality (new treatment journey)	**1 Apr 2020- 31 Mar 2021**	
	No.	**%**
Heterosexual	1362 / 1651	82.5%
Gay/Lesbian	40 / 1651	2.4%
Bi-Sexual	23 / 1651	1.4%
Person asked and does not know or is not sure	* / 1651	*
Not stated	108 / 1651	6.5%
Other	* / 1651	*
Missing / inconsistent	111 / 1651	6.7%

5.3.10 Marital status

Unfortunately, NDTMS do not provide information on this characteristic. However, CGL have provided us with a marital status breakdown below for the year 2020/21.

Table 26: Marital status proportions and counts for all service users who were in treatment, 2020/21, Nottinghamshire[37]

Marital Status	**Count**	**%**
Divorced	136	4.6%
In a relationship (not living together)	51	1.7%
In civil partnership	48	1.6%
Married	400	13.6%
Other	3	0.1%
Separated	89	3.0%
Separated, but still legally married / in a same-sex civil partnership	47	1.6%
Single	1599	54.5%
Widowed	41	1.4%
With a partner	519	17.7%
	2933	**100.0%**

Please note that some service users are not included in the above figures. As the marital status field is not mandatory for NDTMS therefore CGL only have data for some service users. Percentages are only on those that data is available for as there are over 1200 individuals who CGL did not record marital status for.

[36] Source: NDTMS Adult Partnership Activity Report *To prevent deductive disclosure, all numbers under 5 have been supressed.
[37] Source: CGL

The majority of individuals coming into structured treatment are single (54.5%) followed by 17.7% who said they were with a partner.

5.3.11 Disability (new treatment journey)

Of those starting a new treatment journey in the reporting period, NDTMS captures if an individual has cited any of the listed disabilities in any episode of their latest treatment journey. The categories are not mutually exclusive, and no response is necessary (i.e., a service user can be counted in more than one disability category or no categories at all). This means that the total sum across all categories may equal more or less than the number of new treatment journeys.

Table 27: Disability proportions and counts for new treatment journey 2020/21, Nottinghamshire[38]

Disability (new treatment journey)	**1 Apr 2020- 31 Mar 2021**	
	No.	**%**
Behaviour and emotional	732 / 1651	44.3%
Hearing	10 / 1651	0.6%
Manual dexterity	21 / 1651	1.3%
Learning disability	82 / 1651	5.0%
Mobility and gross motor	157 / 1651	9.5%
Perception of physical danger	* / 1651	*
Personal, self-care and continence	9 / 1651	0.5%
Progressive conditions and physical health	197 / 1651	11.9%
Sight	8 / 1651	0.5%
Speech	* / 1651	*
Other	47 / 1651	2.8%
No disability	723 / 1651	43.8%
Not stated	0 / 1651	0.0%

A disability can be physical or mental and includes long-term conditions. Behaviour and emotional disability accounted for the greatest proportion of service users (44.3%), followed by no disability (43.8%).

[38] Source: NDTMS Adult Partnership Activity Report *To prevent deductive disclosure, all numbers under 5 have been supressed.

5.3.12 Pregnancy (female new treatment journey)

For all women starting a new treatment journey in the reporting time period, whether or not they were pregnant when they were first triaged for treatment. The denominator is the total number of women starting a new treatment journey in the period.

Table 28: Pregnant proportion and count for female new treatment journey 2020/21, Nottinghamshire[39]

Pregnant (female new treatment journey)	**1 Apr 2020- 31 Mar 2021**	
	No.	**%**
Pregnant	7 / 586	1.2%

Of all female's new treatment journey, 1.2% were pregnant when they were first triaged.

5.4 Characteristics of young people users in drug and alcohol treatment services

5.4.1 Data Caveats

The data in this section is taken from NDTMS View It and the 'Children and Young People quarterly activity report' which, for children and young people, reflects specialist treatment activity reported for those with problems around both alcohol and drug use. Children and Young People are those who are aged under 18. Please note that some categories have been omitted due to the low numbers of children and young people involved.

Please note when reviewing NDTMS data in this section, the Recovery partnership was a consortium of providers (led by Notts Healthcare Trust) who delivered Nottinghamshire's drug and alcohol services between 2012 and 2014. CGL then won the tender in 2014. Furthermore, due to non-consent from some children and young people (CYP), NDTMS does not capture all CYP, although there are very few of these.

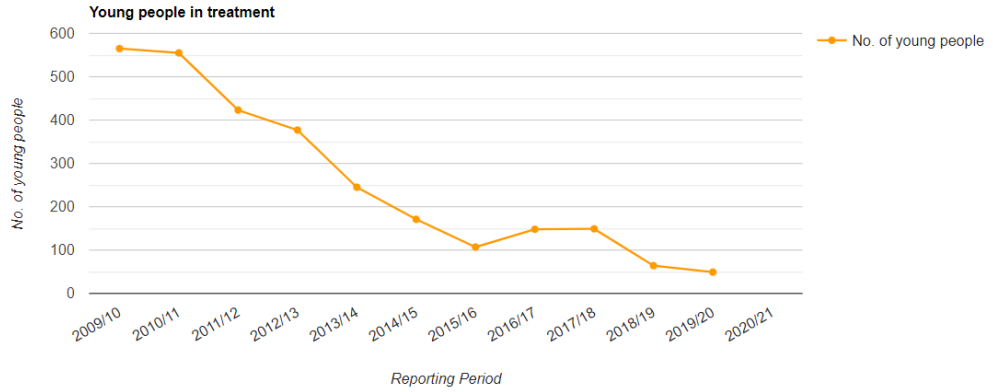
5.4.2 Number in treatment

NDTMS has recorded 49 children and young people were in treatment during the latest data period available in 2019/20. Over the last decade the number of children and young people in treatment significantly decreased from 565 in 2009/10 to 49 in 2019/20, a 91.3% decrease during this period.

The local Young People contract with CGL started in October 2018. CGL data illustrates that there are considerable numbers of Young People accessing the service but are not necessarily accessing care-planned treatment, these are not reportable through NDTMS. Furthermore, with the impact of the pandemic, there were reduced referrals and the focus shifted to maintaining ongoing support through increasing contact for children, young people, and families as well as increasing contact with other partnership services.

[39] Source: NDTMS Adult Partnership Activity Report

Figure 6: Number of children and young people in treatment, Nottinghamshire, 2009/10-2020/21[40]



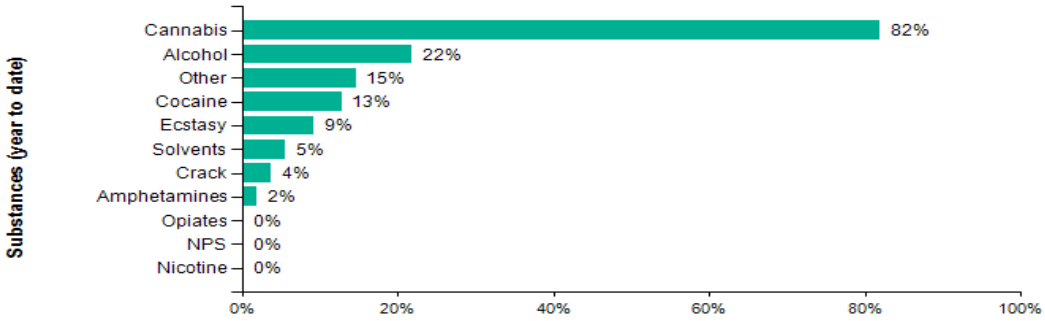
No. of young people in treatment	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
No. of young people in treatment	565	555	423	377	245	171	107	148	149	64	49	-

Although NDTMS have unfortunately not updated their View It tool for children and young people for 2020/21, we were able to contact NDTMS directly to obtain key data. Data from NDTMS suggests that for 2020/21, 71 children and young people were in structured treatment.

5.4.3 Substance use profile

Figure 7 below shows the substances that have been cited by children and young people receiving structured treatment in Nottinghamshire for any episode in the year. Please note that an individual may have cited more than one problematic substance so percentages may sum to more than 100%.

Figure 7: Proportion of children and young people service users in treatment by substances use type, 2020/21, Nottinghamshire[41]



The majority of children and young people cited using cannabis the most (82%), followed by alcohol (22%). This is similar to national substance profiles, where in 2020/21, 89% of children and young people in structured treatment cited using cannabis. Nationally, 41% cited using alcohol, this is both higher than the baseline at 27% and Nottinghamshire at 22%, however this was still the second most cited substance in 2020/21.

[40] Source: NDTMS ViewIt
[41] Source: NDTMS Children and young people quarterly activity report

5.4.4 Gender of children and young people receiving specialist treatment

The majority of children and young people in treatment services in Nottinghamshire were male. In 2020/21, over two thirds (69%) of children and young people in treatment were male.

Table 29: Gender of children and young people receiving treatment in Nottinghamshire, 2020/21[42]

Gender	1 Apr 2020- 31 Mar 2021	
	No.	%
Female	17/55	31%
Male	38/55	69%

5.4.5 Age of children and young people receiving specialist treatment

The number and percentage of service users in each age group. Age is taken at the start of treatment (earliest intervention start date in the treatment journey / episode), or the start of the current financial year (1 April), whichever is later.

Table 30: Age of children and young people receiving treatment in Nottinghamshire, 2020/21[43]

Age	1 Apr 2020- 31 Mar 2021	
	No.	%
Under 13	0/55	0%
Aged 13 to 14	5/55	9%
Aged 15	11/55	20%
Aged 16	22/55	40%
Aged 17	17/55	31%
Aged 18	0/55	0%

In 2020/21, most of the children and young people who were receiving treatment were aged 16 (40%), followed by children and young people aged 17 (31%).

5.4.6 Ethnicity of children and young people receiving specialist treatment

The ethnicity of residents accessing services in the reporting period. Percentages are out of all in treatment year to date. If inconsistent information is given between records for the same triage date, then the ethnicity of that resident will be counted as inconsistent.

[42] Source: NDTMS Children and young people quarterly activity report
[43] Source: NDTMS Children and young people quarterly activity report

Table 31: Ethnicity of children and young people receiving treatment in Nottinghamshire, 2020/21[44]

Ethnicity	1 Apr 2020- 31 Mar 2021	
	No.	%
White British	41/55	75%
White Irish	0/55	0%
Other white	*	*
White & Black Caribbean	0/55	0%
White & Black African	0/55	0%
White & Asian	0/55	0%
Other Mixed	*	*
Indian	0/55	0%
Pakistani	0/55	0%
Bangladeshi	0/55	0%
Other Asian	0/55	0%
Caribbean	0/55	0%
African	0/55	0%
Other Black	0/55	0%
Chinese	0/55	0%
Other	*	*
Not stated	*	*
Missing / inconsistent	*	*

The vast majority of children and young people have identified as 'White British' (75%). The other 25% are a combination of the other ethnic categories, but specific percentages cannot be shown due to small numbers.

5.4.7 Substance specific and wider vulnerabilities

Many young people receiving specialist interventions for substance use have a range of vulnerabilities. Examples of the types of vulnerabilities / risks young people report having at the start of treatment include not in education, employment or training (NEET), in contact with the youth justice system, experience of domestic abuse and sexual exploitation.

[44] Source: NDTMS Children and young people quarterly activity report *To prevent deductive disclosure, all numbers under 5 have been supressed.

Table 32: Substance specific and wider vulnerabilities of children and young people (under 18) receiving treatment in Nottinghamshire, 2020/21[45]

Vulnerabilities	**1 Apr 2020- 31 Mar 2021**	
Substance use specific vulnerabilities	**No.**	**%**
Early onset**	24	80%
Injecting	0	0%
High risk alcohol user***	*	*
Opiate or crack user	*	*
Poly drug user	12	40%
Wider vulnerabilities		
Looked after child	6	20%
Child in need	*	*
Domestic abuse	7	23%
Mental health treatment need	21	70%
Sexual exploitation	*	*
Self-harm	10	33%
NEET	8	27%
Housing problems	0	0%
Parental status / pregnant	0	0%
Child protection plan	*	*
Anti-social behaviour / criminal act	5	17%
Affected by others' substance use	8	27%

Key:
Please note: Proportions are of all young people entering services for specialist substance use interventions in the year and may sum to more than 100% as an individual may have more than one recorded vulnerability.
*To prevent deductive disclosure, all numbers under 5 have been supressed.

**Early onset means substance use starting before age 15, either by the age of first use of their reported primary substance, a substance they are currently using (reported on an outcome form), or the young person's age.

***There are no safe drinking levels for under 15s and young people aged 16-17 should drink infrequently on no more than one day a week. This measure captures young people drinking on an almost daily basis (27+ days out of 28) and those drinking above eight units per day (males) or six units per day (females), on 13 or more days a month.

[45] Source: NDTMS

5.5 Treatment projections: numbers in alcohol and drug treatment

The number of individuals in treatment are projected to increase to 5,045 based on the submission to SSMTRG (Supplementary Substance Misuse Treatment and Recovery Grant) to bid for additional funding from OHID (Office for Health Improvement and Disparities).

In Nottinghamshire, due to increase in investments, numbers of adults in structured treatment are projected to increase from a base line in 2021-22 of 4,204 individuals to 5,045 individuals in 2024-25. This is an increase of 20% over a three-year period. For young people in treatment numbers are projected to increase from a base line in 2021-22 of 51 to 65 individuals in 2024-25. This is an increase of 27% over a three- year period.

Over a three- year period, the numbers in treatment for opiates are projected to increase by around 10%, for non-opiates numbers are projected to increase by around 25% and for alcohol numbers are projected to increase by around 26%.

Table 33: SSMTRG capacity increase baseline 2021-22 to Year 3 2024-25[46]

Capacity	Baseline 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
All adults "in structured treatment"	4,204	4,321	4,632	5,045
Opiates	2,021	2,067	2,183	2,223
Non opiates (combined non-opiate only and non-opiates and alcohol)	680	704	781	854
Alcohol	1,503	1,576	1,691	1,894
Young people "in treatment"	51	54	59	65

[NB These projections are now incorrect- they will be changed and amended once Nottinghamshire County Council (NCC) Public Health have spoken with OHID]

[46] Source: Nottinghamshire's Submission SSMTRG

6. Drug-related and Alcohol-related Crime

6.1 Key Summary

6.1.1 Drug-related and alcohol-related crime:

- Since 2018, the number of incidents with a drugs marker has increased year on year in Nottinghamshire with a peak in February 2021, followed by a decline into early 2022.

- The number of drug possession incidents in Nottinghamshire has increased over time, particularly since 2019. There is a peak in May 2020 before a decrease throughout 2021 and into early 2022.

- The number of drug trafficking incidents in Nottinghamshire has increased over time, particularly since 2019. There is a peak in April 2020 before overall incidents decrease throughout 2021 and into early 2022.

- There has been an increase in the proportion of acquisitive crime with a drugs marker over time, with peaks in August 2020 and January 2021, however no more than 0.5% of acquisitive crime has been flagged with a drugs marker. This would suggest that very few individuals are going into custody.

- The number of drugs seizures has increased since 2018, although this has since decreased throughout 2021. Most drug seizures are herbal cannabis.

- Three homicides have been flagged with a drug flag suggesting that there are very few drug- related homicides within Nottinghamshire

- The number of incidents with an alcohol marker has stayed somewhat stable. However, there is a peak in July 2020, before a sharp decrease between August to November 2020. The total number of incidents with an alcohol marker sharply increases between February and July 2021; although monthly totals in early 2022 are comparable to 2018 and 2019 monthly totals.

- Overall, in Nottinghamshire, there is a greater number of alcohol-related crime (with an alcohol maker) compared to drug-related crime (with a drugs marker), however this could be due to inconsistencies within police recording.

6.1.2 County Lines

- County Lines imports into Nottinghamshire have been mainly concentrated to the north of the county. Between 2017 and February 2022 there have been 13 lines, 12 of which have been closed. County Lines exports into Nottinghamshire are spread throughout the county. Between 2018 and 2021 there have been 11 lines, 9 of which have been closed.

- Data obtained from Nottinghamshire Police Digital Crime and Performance Pack shows that between April 2018 and March 2022, there have been 261 organised crime disruptions in Nottinghamshire. In the last financial year, April 2021 to March 2022, there have been 80 disruptions in Nottinghamshire.

- This needs assessment has highlighted the importance of data quality to support intelligence. **Recommendation: Local Police data quality and reporting requires improvement to demonstrate a relevant picture of need in Nottinghamshire.**

6.2 Background

In the UK using drugs is not a crime, however the possession, production, dealing and trafficking of drugs are illegal offence under the Misuse of Drugs Act (1971). Drug related crime can be broken down in drug offences, including the trafficking or possession of drugs, crimes committed under the influence of drugs, and acquisitive crime to fund substance use.

Much of the data presented in this section of the needs assessment has been provided by Nottinghamshire Police. Data points are presented from 2018 onwards to honour the introduction of a new crime recording system; data prior to 2018 is not strictly comparable and has therefore been excluded to reflect the changes in recording[47].

Reducing drug related crime is highlighted within The National Combating Drugs Outcomes Framework Appendix 2. We approached Nottinghamshire Police for data to support intelligence on drug related reoffending rates and public space protection orders. Nottinghamshire Police did not have the data available on their recording system and were therefore unable to provide data on these indicators.

Drugs Market Profile

Nottinghamshire County Council Public Health will continue to work in partnership with Nottinghamshire Police to ensure that the learning from this needs assessment and the Nottinghamshire Drug Market Profile are unified. The intelligence summaries within the drugs market profile suggest greater amounts of drug-related crime occurs in most areas than the crime data flags would indicate.

Nottinghamshire generally has relatively stable markets, with few shortages of the most common drugs. When shortages are reported they are usually short lived (less than a week) and then things return to normal. SCRA (Synthetic Cannabinoid Receptor Agonists) is the most commonly reported for shortages over the last 12 months and markets for its use do appear to be diminishing. There is an intelligence gap as to whether supply has impacted demand, or lack of demand has reduced the supply, but it's believed to be the former and is thought to be driven by China changing its laws on the chemicals used in the production of synthetics.

Nottinghamshire has active drug markets in most areas, with local dealers and organised crime groups operating in several of the same areas. There are known tensions between several of the groups that sometimes results in violence. Intelligence suggests that violence and threats of violence are often used against drug users with drug debts, often for relatively small sums of money.

Cuckooing occurs when dealers befriend vulnerable individuals and turn their homes into a place to keep and sell drugs. Cuckooing is known to occur particularly in the Ashfield area which is the area most impacted by County Line activity, although this type of offending is not confined to the area.

Although numbers are low, the risk from individuals purchasing tablets from over the internet should be considered as they are often counterfeit. An example of this would be Xanax which is supposed to contain alprazolam, however the majority of the tablets seized and tested in the area show them to contain Etizolam or Flualprazolam.

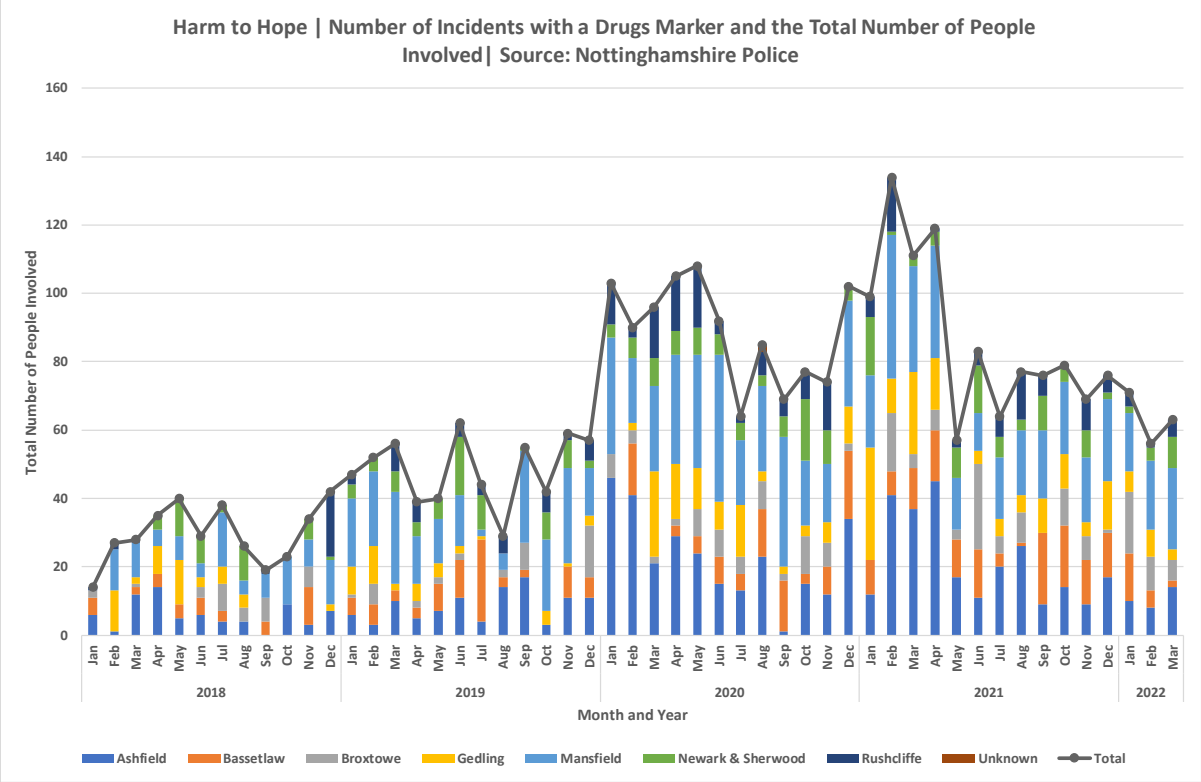
[47] Please note, data in this section is currently being updated

6.2 Recorded drug-related crime and offences in Nottinghamshire

6.2.1 Drugs marker incidents

Since 2018, the number of incidents with a drugs marker has increased year on year in Nottinghamshire with a peak in February 2021, followed by a decline into early 2022. A Drugs National Incident Category List (NICL) qualifier is a national manual marker placed on any occurrence by an officer to indicate whether drugs are or are not suspected to be of relevance to that record. It is a manual process completed by an inputting officer. It is often overlooked, and it is worth noting that an actual drugs offence (possession/supply) may not have a drugs marker ticked as it is deemed to be 'self-explanatory'. Therefore, a limitation is that not every drug crime will be included in this indicator as crimes such as possession of drugs are not automatically recorded.

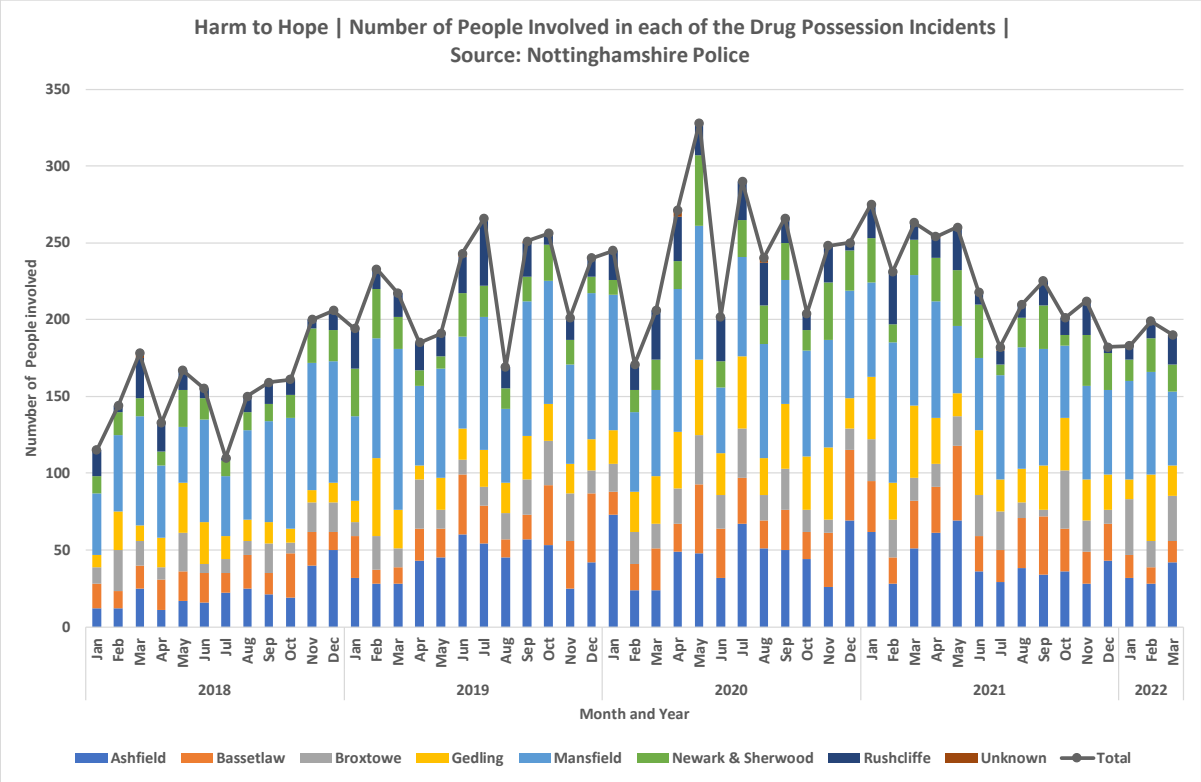
Figure 8: Number of incidents with a drugs marker and total number of people involved



6.2.2 Drug possession incidents

The number of drug possession incidents in Nottinghamshire has increased over time, particularly since 2019. There is a peak in May 2020 before a decrease throughout 2021 and into early 2022. Nottinghamshire Police have stated that there was a peak in cannabis possessions during May 2020 and that the peak is potentially linked to the period of pandemic restrictions which saw greater capacity for police proactivity and greater visibility of over drug use within communities. Nationally, Digital Crime and Performance Pack (DCPP) data saw a national spike in cannabis possession around the same period. A limitation with the drug possession incident data is that we are unaware of how it has been affected by targeted operations.

Figure 9: Number of people involved in drug possession incidents

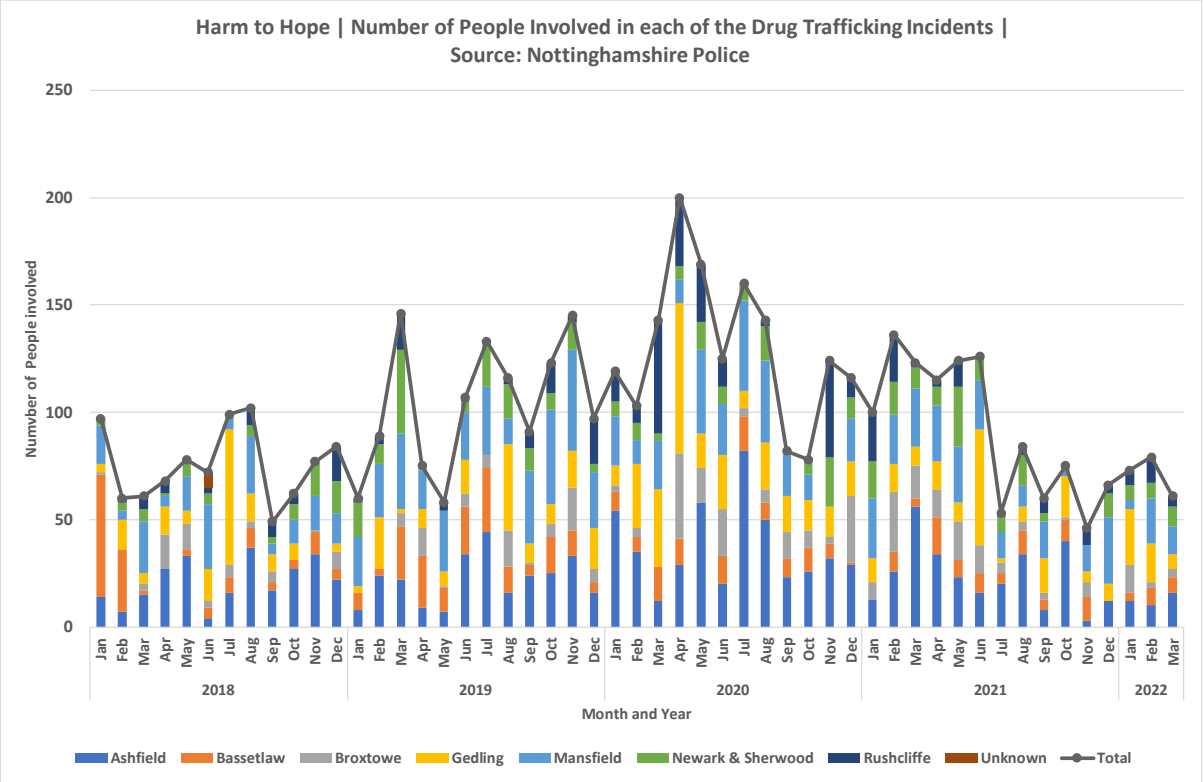


6.2.3 Drug trafficking incidents

The number of drug trafficking incidents in Nottinghamshire has increased over time, particularly since 2019. There is a peak in April 2020 before overall incidents decrease throughout 2021 and into early 2022. Nottinghamshire Police (the Force) have explained that the peak in April 2020 was due to covid restrictions, as the Force was able to target cannabis production and other supply offences that would fall into the trafficking category. DCPP data suggests that Nottinghamshire is comparable with other areas as other Forces saw similar increases and decreases.

Nottinghamshire Police have stated that there has been a strong focus on police targeting drug supply in Nottinghamshire which has led to some increases in trafficking offences and have suggested further work would need to be undertaken to understand the current decrease as there are numerous factors that could potentially be contributing to it.

Figure 10: Number of people involved in drug-trafficking incidents



6.2.4 Drug-related acquisitive crime incidents

A drugs marker (or a Drugs NICL qualifier) is a national manual marker placed on any occurrence by the officer to indicate whether drugs are or are suspected to be of relevance to that record.

There has been an increase in the proportion of acquisitive crime with a drugs marker over time, with peaks in August 2020 and January 2021, however no more than 0.5% of acquisitive crime has been flagged with a drugs marker, please see figure 11. This would suggest that very few individuals are going into custody. The number of acquisitive crimes with a drugs marker (shown in blue on the chart) are so small, that they do not display very well on figure 11. The number of acquisitive crime incidents with a drugs marker shows no more than 6 incidents per month, with the latest data point of March 2022 showing 1 incident, please see figure 12. For a more detailed break-down of acquisitive crime into number of acquisitive crime incidents by offence type please see Appendix D.

Nottinghamshire Police stated that intelligence suggested numerous drug users were able to run up debt for their suppliers when their acquisitive activity was curtailed by pandemic restrictions. Drug users with debts may have committed more acquisitive crime to settle debts. Throughout 2018 and 2019, the number of acquisitive crime incidents remained at a similar level, reaching just above 1500 incidents per month. Incidents have declined in early 2020 and have since slightly increased, although total incidents per month are below figures for 2018 and 2019.

Figure 11: Number of acquisitive crime incidents and proportion of acquisitive crime incidents with a drugs marker

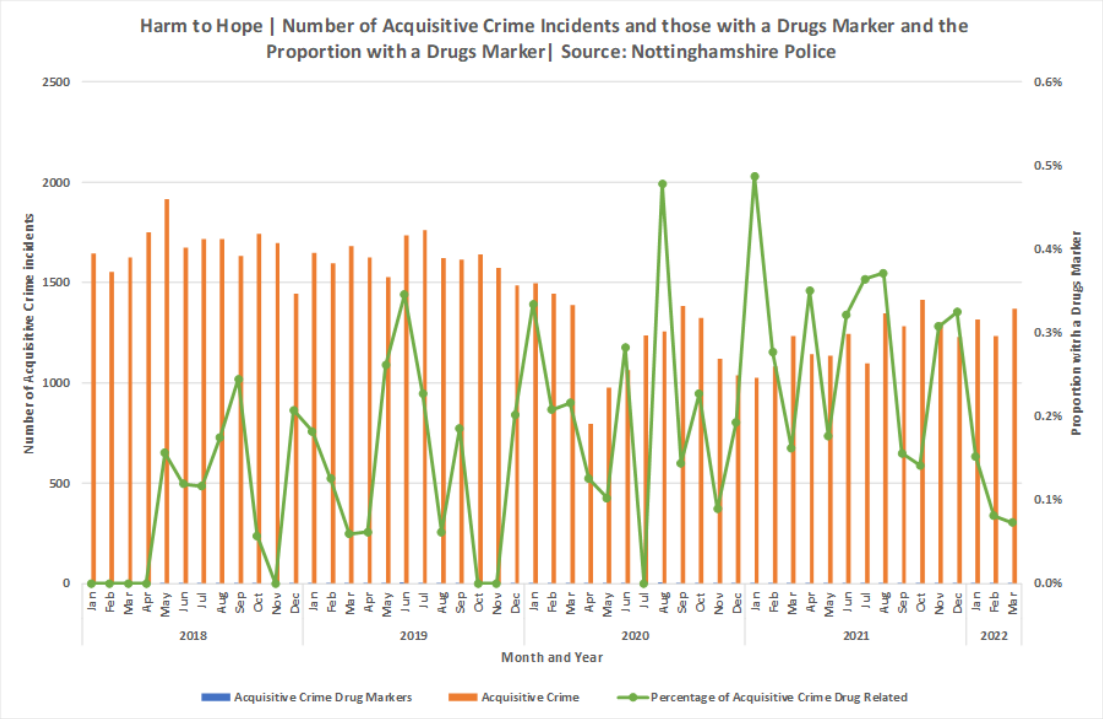
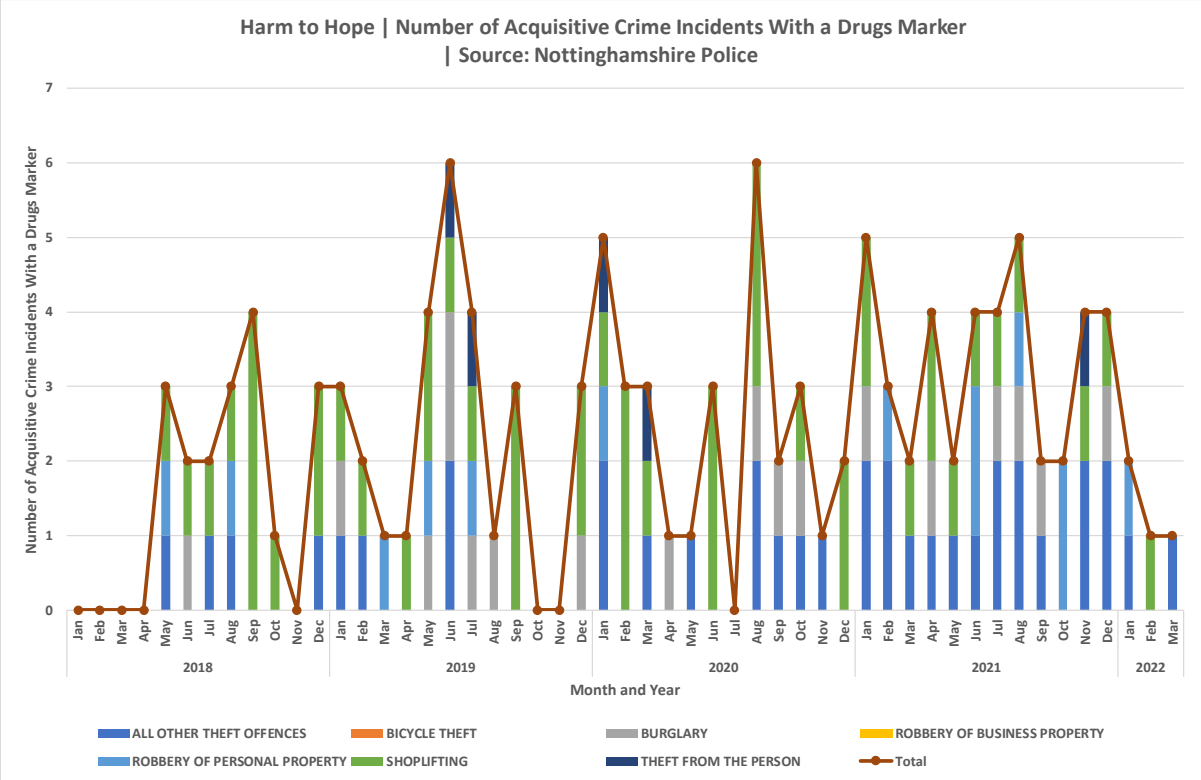
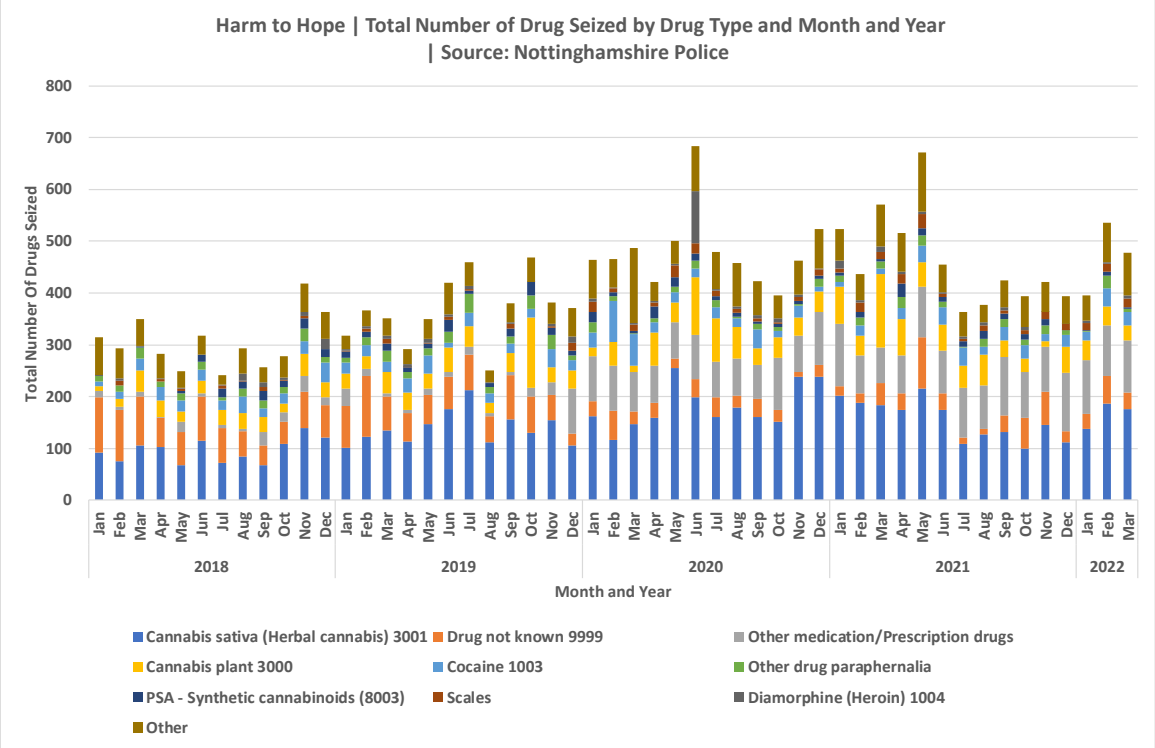


Figure 12: Number of acquisitive crime incidents with a drugs marker



6.2.5. Drug seizures

Figure 13: Number of drugs seized by drug type and month



The number of drugs seized has increased over time, although this has since decreased throughout 2021. Most drug seizures are herbal cannabis. Nottinghamshire Police have highlighted that police proactivity drives a lot of drug seizures which can often be linked to targeted operations as well as increased neighbourhood policing of anti-social behaviour and similar offending. Drug seizures are also sometimes impacted by major events which can result in a major concentration of people in an area and an increased police presence.

6.2.6 Drug-related homicide

Drug-related homicides are homicides that involve drug users or dealers or homicides that have been related to drugs in any way. An offence is 'drug-related' if any of the following variables are positive: victim illegal drug user; victim illegal drug dealer; suspect illegal drug user; suspect illegal drug dealer; victim has taken a drug; suspect has taken a drug; suspect had motive to obtain drugs; suspect had motive to steal drug proceeds or drug related. A limitation of this is that the criteria for assigning the drug-related flag is broad.

Table 34: Drug-related homicides in Nottinghamshire[48]

Date	Area	Offence	Drug Flag
07/04/2017	Mansfield	Murder	Y
07/04/2017	Mansfield	Murder	Y
04/04/2020	Newark & Sherwood	Death by Aggravated TWOC	Y

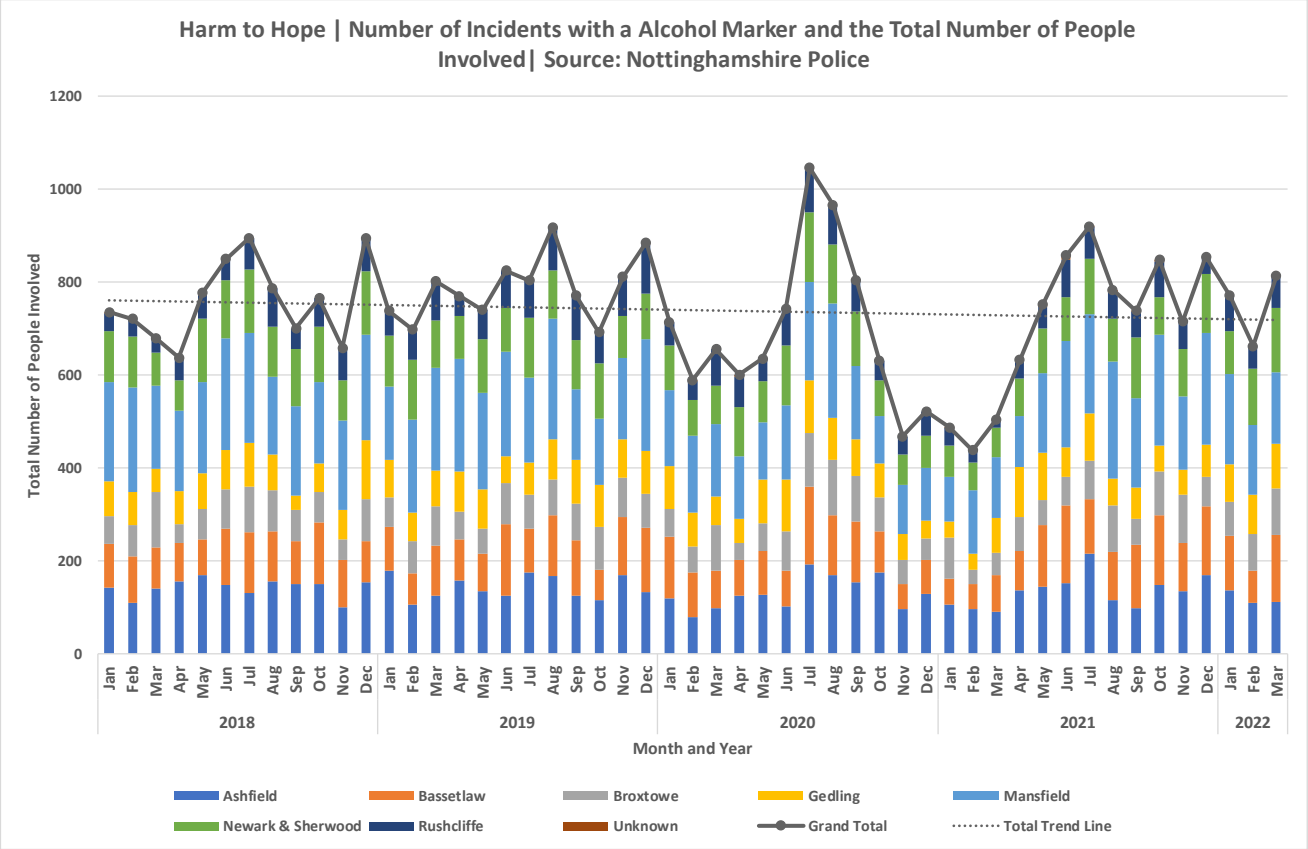
[48] Source: Nottinghamshire Police

Three homicides have been flagged with a drug flag suggesting that there are very few drug-related homicides within Nottinghamshire. Nottinghamshire Police have stated that homicides will rarely go unreported and will be subject to thorough investigation and profiling. Less activity is seen in Nottinghamshire for drug-related homicides when compared to the Force overall.

6.3 Recorded alcohol-related crime and offences in Nottinghamshire

6.3.1 Alcohol-related crime

Figure 14: Number of incidents with an alcohol marker and total number of people involved



The number of incidents with an alcohol marker has stayed somewhat stable. However, there is a peak in July 2020, before a sharp decrease between August to November 2020. The total number of incidents with an alcohol marker sharply increases between February and July 2021; although monthly totals in early 2022 are comparable to 2018 and 2019 monthly totals. Nottinghamshire Police have stated that between November 2020 and March 2021, incidents were impacted by pandemic restrictions and due to the reduction in use of the night-time economy during this time it is reflected in the peak and trough of the data.

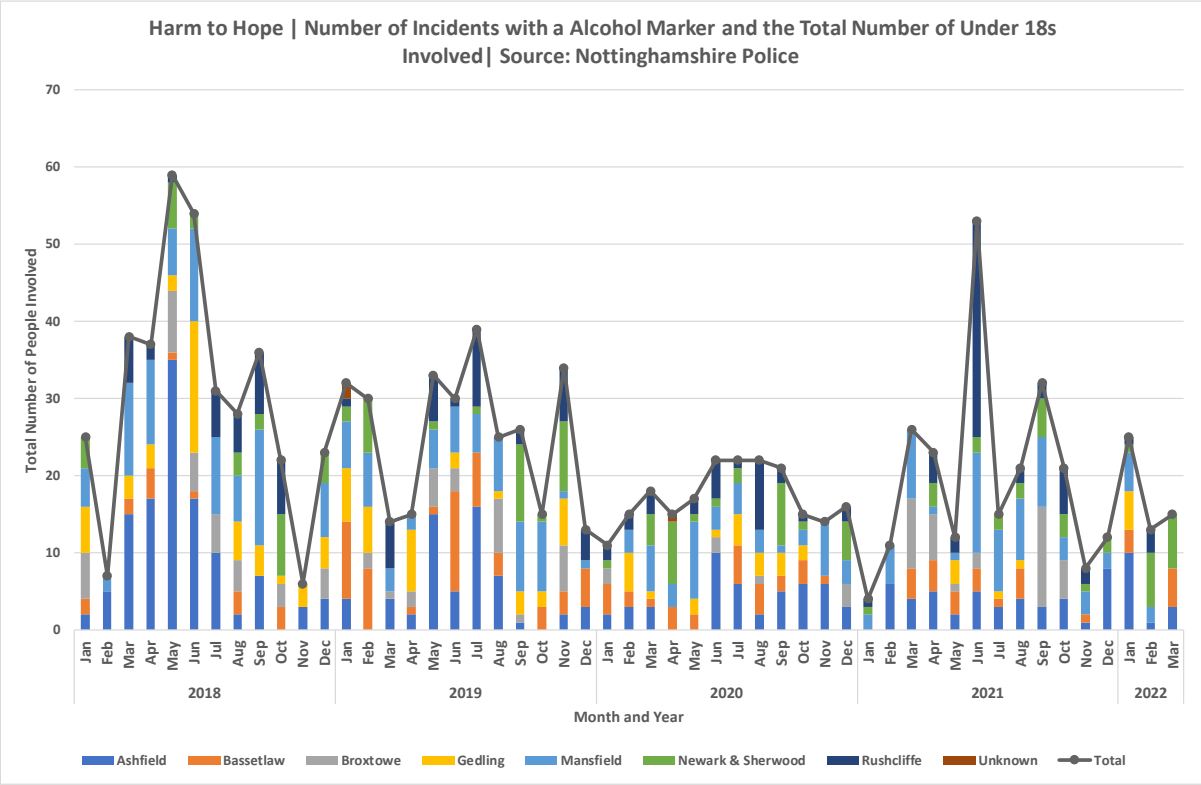
Nottinghamshire Police have said that the alcohol marker is reliant on the accuracy of crimes recorded. There is a potential that changes in the accuracy of recording may have occurred over time, however the general trends identified provide a relative indication of reality.

6.3.2 Underage alcohol offences and confiscations

The number of incidents with an alcohol marker of those under 18, sharply increased in early 2018, before sharply decreasing in early 2019. There is a further peak in June 2021, followed by a decline in offences in early 2022. Figures peak and trough between 10 and 40 people

month to month between 2019 and early 2021. In 2021, Rushcliffe had the greatest number of alcohol incidents. As with the above caveat, there is the potential that changes in accuracy of recording may have occurred over time.

Figure 15: Number of incidents with an alcohol marker and the total number of under 18s involved



6.4 County Lines, Organised Crime Gangs (OCGs) and drug purity

6.4.1 County Lines

According to the National Police Chiefs Council (NPCC), County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

The greatest number of County Lines continue to originate from the area covered by the Metropolitan Police (approximately 15% of individual deal lines), followed by the West Midlands Police (9%) and Merseyside Police (7%). Heroin and crack cocaine are drugs that are most commonly supplied through County Lines[49].

The latest National Crime Agency report on 'County Lines' drug exploitation and supply in 2017 assessed the issue of County Lines using information provided by all 43 territorial Forces in England and Wales. Thirty-eight (88%) of Forces reported evidence of County Lines, 25 (58%) Forces reported that local drug users were being used to transport drugs by being complicit or coerced and 61% of Forces reported exploitation of drug users. Nineteen Forces

[49] NCA Intelligence Assessment 2018 file (nationalcrimeagency.gov.uk)

provided data on the actual numbers of County Lines in their area. From this, and on the basis that there must be at least one line present in each Force that reported evidence of County Lines activity, a conservative estimate is that there are at least 720 lines across England and Wales. The actual number may well be considerably higher, as many of these areas are likely to have more than one line[50]. However, this figure is likely to represent a substantial underestimate as many regions will have several lines.

County Lines imports into Nottinghamshire have been mainly concentrated to the north of the county. Between 2017 and February 2022 there have been 13 lines, 12 of which have been closed. The latest line (February 2022) is still 'active'. Eight of those lines have been located in Newark, one has been located in Mansfield and four have been located in Ashfield. Since 2021 there has been more activity in Sutton in Ashfield. Newark is standard County Lines activity.

County Lines exports into Nottinghamshire are spread throughout the county. Between 2018 and 2021 there have been 11 lines, 9 of which have been closed. Two lines in 2021 remain 'active'. Locations of nominals involved throughout this period have been in Retford, Newark, Mansfield, Eastwood, Broxtowe, Arnold, and Kirkby in Ashfield, although eight lines have crossed into Nottingham City areas.

Nottinghamshire Police have stated that a better outcome involves the line being closed and nominals disrupted with all the relevant safeguarding taking place for any young people and vulnerable involved. It is important to ensure that the line doesn't change hands and get immediately reactivated.

6.4.2 Organised Crime Gangs (OCGs) and the Serious and Organised Crime Board

OCG's use phone lines to move and supply drugs and often use high levels of violence and intimidation to protect the 'county line' and maintain control. OCG's often target people who are lonely, isolated or have addiction issues. Dealers often convince the vulnerable person to let their home be used for drug dealing by giving them free drugs or offering to pay for food or utilities[51].

Police target various groups to disrupt their activities following a monthly assessment, with investigative resources allocated based on the threat and risk of the group's activities. OCG Management (OCGM) is managed locally and then reported regionally and monitored nationally. The same process for scoring and managing risk from OCG should be similar in all Forces, however this is subject to capacity and compliance standards in each Force

Data obtained from Nottinghamshire Police Digital Crime and Performance Pack shows that across the Force area between April 2018 and March 2022, there have been 261 organised crime disruptions covering both Nottinghamshire and Nottingham City. In the last financial year, April 2021 to March 2022, there have been 80 disruptions in Nottinghamshire. (Please see Appendix C). Nottinghamshire Police have stated that there is likely an under reporting of OCG disruptions as they are recorded centrally by the Force's 'Serious and Organised Crime Unit' (SOCU). As such there will be OCG disruptions undertaken by local policing that are not recorded on the Force's crime and intelligence platform and will not be reported to EMSOU (East Midlands Special Operation Unit) as a disruption which will be captured on the Agency and Partnership Management Information System (APMIS).

It is more difficult to quantify Prepare (intelligence), Protect (safeguarding) and Prevent (offender management) disruptions and as such it is believed activity that is happening in

[50] NCA County Lines Violence, Exploitation & Drug Supply 2017 file (nationalcrimeagency.gov.uk)
[51] County lines | Nottinghamshire Police

these areas of policing are sometimes not recorded or captured within the 'disruption' figures. The Force intends for Lead Responsible Officers (LROs) for each OCG to be principally responsible for the administration of recording disruptions and their reporting on a monthly basis to the SOCU for then onward dissemination to EMSOU and recording on APMIS. SOCU need to recruit to a police staff post to ensure process efficiency of this intention. Additionally, in the next 12 months, every Force, including Nottinghamshire Police, will be granted full use to APMIS and that will mean that LROs should be able to directly record disruptions onto this system, which should lead to more accurate and timely recording.

County Serious and Organised Crime Board

The aim of the Serious and Organised Crime (SOC) Board is to understand the impact organised crime is having on the local community in the area. It is designed to inform and support local multi-agency partnerships in tackling the issues that arise from organised criminality taking place in the area.

The SOC Board meets approximately 4 times a year and is supported by an annual document provided by the police at present, with any additional emerging trends raised at the meetings. This document is designed to provide strategic oversight and does not provide full details of offending. There is an ambition that moving forward the annual document will also provide evaluations of effective partnership working as well as Identifying emerging threats and trends of offending for priority areas.

At present the priorities are set via consultation with partners as well as incorporating the elements of Making Notts Safe Plan 2021-2025' – OPCC and the Force Control Strategy where they align with Serious and Organised criminality.

The current priorities for the County are:

- Human Trafficking And Modern Slavery
- The Criminal Exploitation And Offending Of Young People
- Serious And Acquisitive Crime (Burglary & Robbery)
- Organised Crime Groups Including Firearms And Travelling Criminality
- Substance Use
- Fraud Against the Vulnerable

The tactical groups for the above themes are expected to report/update into the SOC Board which in turn reports into the Safer Nottinghamshire Board. Due to a change in police leadership, there has been a delay on meetings for the last quarter however meetings will resume in December 2022.

There are currently 9 OCG that are geographically mapped to the County, 7 of which are involved in drug supply; however, we are also aware of City/OOF (Other Official Flows) OCG mapped members who offend on the area and account for 35 drug supply offences for 2021/2022. This includes 9 offences by members who have been archived. In comparison there have only been two supply offences to mapped members of County OCG.

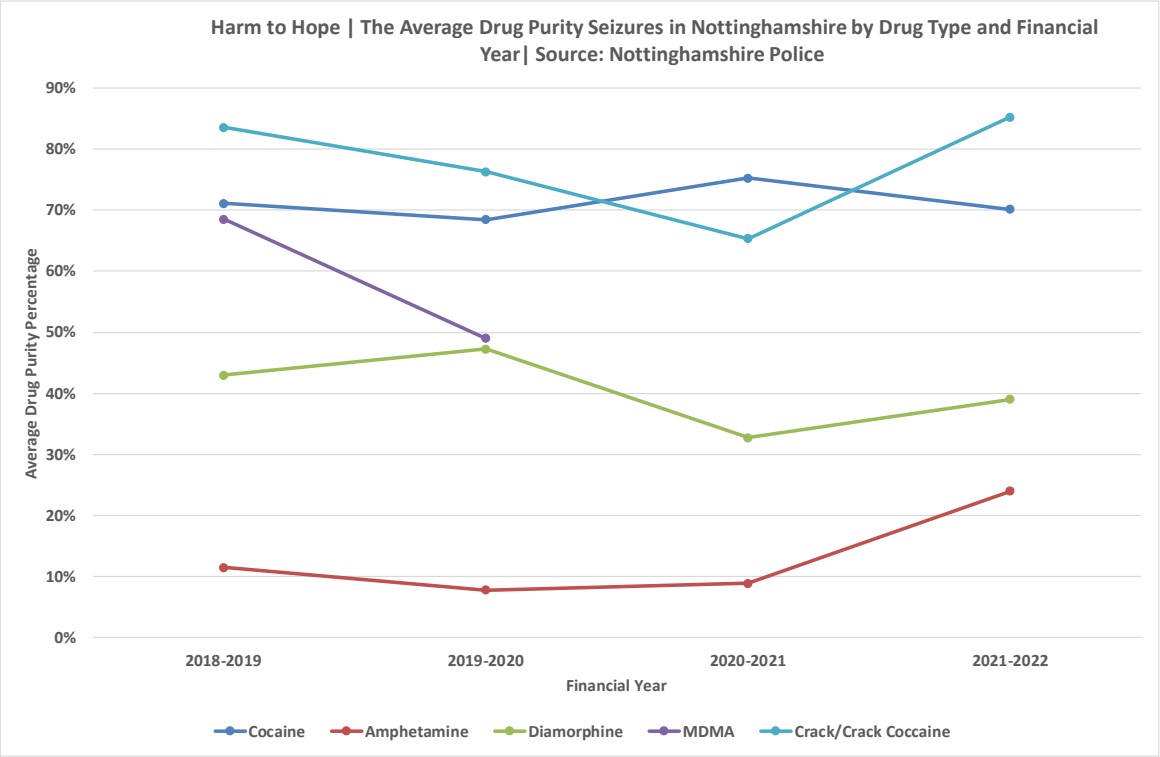
6.4.3 Drug purity

In Nottinghamshire, cocaine and crack cocaine typically have a purity between 70% and 85%. Purity of crack cocaine increased between 2020/21 and 2021/22 and has returned to purity levels recorded in 2018/19. Nottinghamshire Police have stated that drug purity on

diamorphine (heroin) and cocaine and crack decreased for a short period over lockdown and have subsequently returned to normal levels. Nottinghamshire normally features on the high end of purity for heroin, standard range for cocaine (as it is a two-tier market) and usual to high end for crack cocaine when compared to the national picture.

No street level drugs are tested for purity due to a service change in 2019. Furthermore, not all drugs are tested for purity and are only tested if requested as part of an investigation (such as for 'Possession of controlled drugs with intent to supply' [PWITS]) where the weight is above 1 gram. A special request may be made if there was a drug related death or series of drug related collapses.

Figure 16: Average drug purity seizures in Nottinghamshire by drug type



6.5 Neighbourhood Crime

Neighbourhood Crime is made up of domestic burglary, personal robbery, vehicle offences and theft from the person. Drug use can have an impact on the quality of life and the level of crime in an area. Neighbourhood crime data is survey based and as a result it can provide a fuller picture of the crimes being committed, as not all crimes may be reported. However, a limitation is that it is not possible to specify which crimes are drug related.

ONS data shows the number of police recorded crimes for headline offences by Community Safety Partnership (CSP) areas in Nottinghamshire. For the year ending March 2022, there was a total of 57,477 recorded crimes in Nottinghamshire. The highest recorded crime categories were 'violence against the person' (20,718 records), followed by 'theft offences' (18,461 records). A total of 1,626 drug offences were recorded; therefore, drug offences accounted for 2.8% of total recorded crime. For the raw data, please refer to Appendix C.

Community Safety Partnerships (CSP's) bring together a range of organisations to tackle issues within a certain CSP boundary. CSP's bring together organisations such as county

council's, borough councils, police, the OPCC, fire and rescue and primary care. Together the CSP works on building safter, stronger and more resilient communities. It is the responsibility of the CSP to highlight crime need in their respective CSP area and work together to address community safety issues. Within Nottinghamshire there are 5 CSP's but operate as 3. There is a statutory requirement to have a CSP in each district. The South Notts CSP, covers Gedling, Rushcliffe, and Broxtowe, it is the only one that has formally merged. Mansfield and Ashfield have a joint strategic group and also Newark and Bassetlaw have a joint strategic group (these form a Mid Notts and a North Notts CSP).

7. Vulnerable groups and substance use

7.1 Prisons and Criminal Justice System

7.1.1 Key Summary

Prisons

- The number of incidents where drugs were found increased across all prison establishments between 2017/18 and 2019/20 before mostly decreasing in 2020/21. The exception is HMP Lincoln where number of incidents continued to increase. Similarly, there is a significant disparity between the prisons with regards to the number of alcohol incidents and distilling equipment incidents.

- **Recommendation: Systemised approach to drug and alcohol testing within and across prison settings is required in order to identify those with a substance use need and strengthen current prison to community pathways.**

CJ treatment

- There are significant disparities in the proportion of referrals to the Criminal Justice Integrated Teams (structured treatment) in Nottinghamshire for both drugs and alcohol. For drugs the proportion of mandatory and referred assessments are higher and the proportion of voluntary referrals lower when compared to England. Whereas for alcohol, the proportion of mandatory referrals are significantly higher and voluntary significantly lower when compared to England.

- For 2020/21, the greatest proportion of youth justice referrals into structured treatment were by the Youth Offending Team in Nottinghamshire (80%), this is similar to that for England (84%), with the majority being male referrals.

- Data provided by CGL shows that in recent years, referrals from prison have decreased yet those from the probation service has increased. Furthermore, this data covers the pandemic period and subsequently there may be some data quality issues with the significant decrease in arrest referrals between 2019/20 and 2021/22.

- The proportion of CJIT adults in contact with treatment system is significantly higher at 17% for Nottinghamshire when compared to 9% for England. In Nottinghamshire, opiate service users make up a significant proportion (28%) of the total treatment population, this is twice the total proportion for England (14%).

- Of the Criminal Justice cohort, the average proportion of successful completions is 19.5% but what is not known is the successful completion rate of those cohorts split by mandatory treatment versus voluntary treatment.

- **Recommendation: Criminal Justice pathways require evaluation to determine the impact of both mandatory and voluntary approaches on substance use treatment outcomes.**

Prison continuity of care

- PHOF C20: Between 2015/16 and 2019/20, Nottinghamshire was statistically significantly worse when compared to England; although during this period, both Nottinghamshire and England have increased the percentage of those who successful engaged in structured treatment. Data for the most recent year 2020/21, shows that

Nottinghamshire is statistically similar to England with 35.8% engaging with structured treatment following release compared to 38.1% for England.

- Recent estimates suggest that over half of adults residing in secure settings were in contact with drug and alcohol treatment services during 2016–2017[52]. A report by the Centre for Social Justice in 2015 describes the drug problem in prisons as 'serious' with just under one third of residents admitting that it is easy to get drugs in prison, and almost a fifth reporting that they first took heroin inside prison[53].

7.1.2 Out of Court Disposals

Out of Court Disposals (OOCDs) are responses to crime that the police can administer locally without having to take the matter to court. They are also an opportunity to provide intervention and support to potential offenders at the early stages in criminal behaviour, diverting them into rehabilitative services to help reduce escalation of offending. Data in this section has been provided by the Office of the Nottinghamshire Police and Crime Commissioner (OPCC).

Table 35: OOCD for Nottinghamshire, Nottingham City (comparison) for 2021/22

Out Of Court Disposal	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark & Sherwood	Rushcliffe	County Total	City
Adult Caution	55	19	19	26	72	14	7	212	263
Adult Conditional Caution								3	10
Cannabis Warning	53	58	38	35	63	39	30	316	392
Community Resolution	41	8	10	24	33	23	15	154	342
PND	8	9	2	8	20	14	2	63	73
Youth Caution			2					4	9
Youth Conditional Caution/Restorative Disposal								3	23
Totals	**158**	**95**	**72**	**94**	**188**	**92**	**56**	**755**	**1112**

Please Note: Where the value is one or zero this have been removed from the table to avoid any personal identification and the Youth Conditional Caution/Restorative Disposal rows have been combined to avoid any personal identification.

Table 36: Proportion of OOCD for drug offences when compared against all offending types across the Force area.

Out of Court Disposal*	Count All Offence Types	Drug Offences as %
Adult Caution (Simple caution)	1213	39%
Adult Conditional Caution	157	8%
Cannabis Warning	711	100%
Community Resolution	2343	21%
PND (Penalty Notice for Disorder)	270	50%
Youth Caution	124	10%
Youth Conditional Caution	133	6%
Youth Restorative Disposal	93	19%

*Definitions of OOCD can be found in the glossary.

Table 35 shows OOCD for drug offences during 2021/2022 by County area. Nottingham City has been included for comparison purposes. In Nottinghamshire, the majority (n= 316, 42%)

[52] Exploring Substance Use in Prisons: A case study approach in five closed male English prisons (publishing.service.gov.uk) HM Prison & Probation Service (2020)
[53] CSJJ3090_Drugs_in_Prison.pdf (centreforsocialjustice.org.uk)

of OOCD are in the form of a Cannabis Warning. A Cannabis warning is a non-statutory disposal. A cannabis or khat warning may be given where the offender is found in possession of a small amount of cannabis or khat consistent with personal use and the offender admits the elements of the offence.

Further analysis shows that there were 690 drug possession offences and 65 relating to drug trafficking. The table below shows the offending by broad crime classifications, all bar one of the Class A supply offences were dealt with by way of Adult Caution, with the other one showing as a Community Resolution. A Community Resolution is the term for the resolution of a minor offence or anti-social behaviour incident through informal agreement between the parties involved. In general, this would be an unusual outcome for a supply offence, however investigation showed it was a group purchase of a small quantity of drugs to be shared by 4 friends for personal use only, within a night-time economy setting. None of the individuals had any prior offences and discretion was used appropriately for the outcome. It would have been a more usual outcome had the police reclassified to a possession offence, however the officers used their discretion to deal with it appropriately.

Table 37: Offending by broad crime classifications

Occurrence Type	Count
Class A: Supply	7
Class A: Possession	98
Class B: Supply	25
Class B: Possession	591
Cannabis production	32
Class C Other	3

Figure 17: OOCD for drug offences by outcome type and month 2021/22

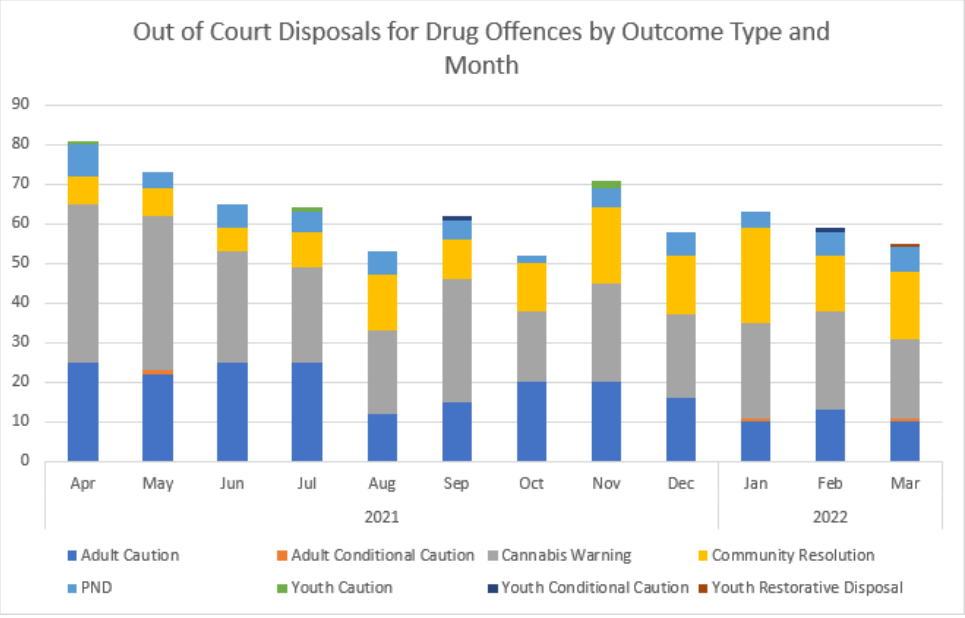
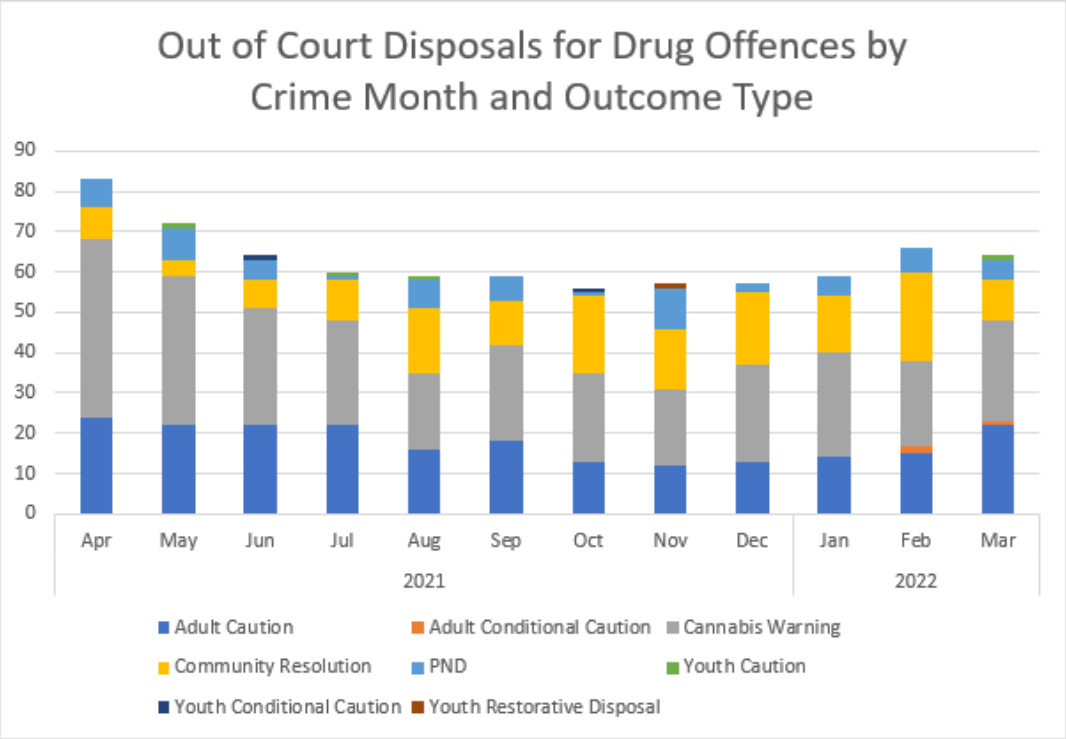


Figure 18: OOCD for drug offences by crime month and outcome type



At present Figure 18 OOCD by outcome date shows that there potentially could be more demand for diversions required in April, May and November, however if the requirement was to deal with an individual as soon as possible, then the crime date data (Figure 17) would suggest potentially increased demand in April, May, February and March.

In April 2023 legislation is to be introduced to establish three Out of Court Disposals to replace the existing 5 in use:

- Diversionary Caution – the equivalent to the current Conditional Caution, which allows police to set enforceable conditions within a specified time period. If breached, a prosecution for the original offence can be pursued. Conditions could be rehabilitative (e.g., engagement with mental health or substance abuse services), reparative (e.g. financial compensation, restorative justice process, formal apology) or punitive (e.g. unpaid work). Receiving this would form part of a criminal record. Diversionary cautions will become spent after 3 months, or, if earlier, when a prosecution is commenced due to non-compliance in line with the current conditional caution.
- Community Resolution – Community resolution is an informal non-statutory disposal used for dealing with less serious crime and anti-social behaviour where the offender accepts responsibility. The views of the victim (where there is one) are considered in reaching an informal agreement between the parties which can involve restorative justice techniques.
- Community Caution – further detail is awaited on this, however as all the new outcomes have conditions or diversionary requirements.

The impact of the new legislation cannot be fully assessed until the new system is introduced; it will began roll out in February 2023 in advance of the statutory changes being introduced on 01 April 2023.

OOCD projections

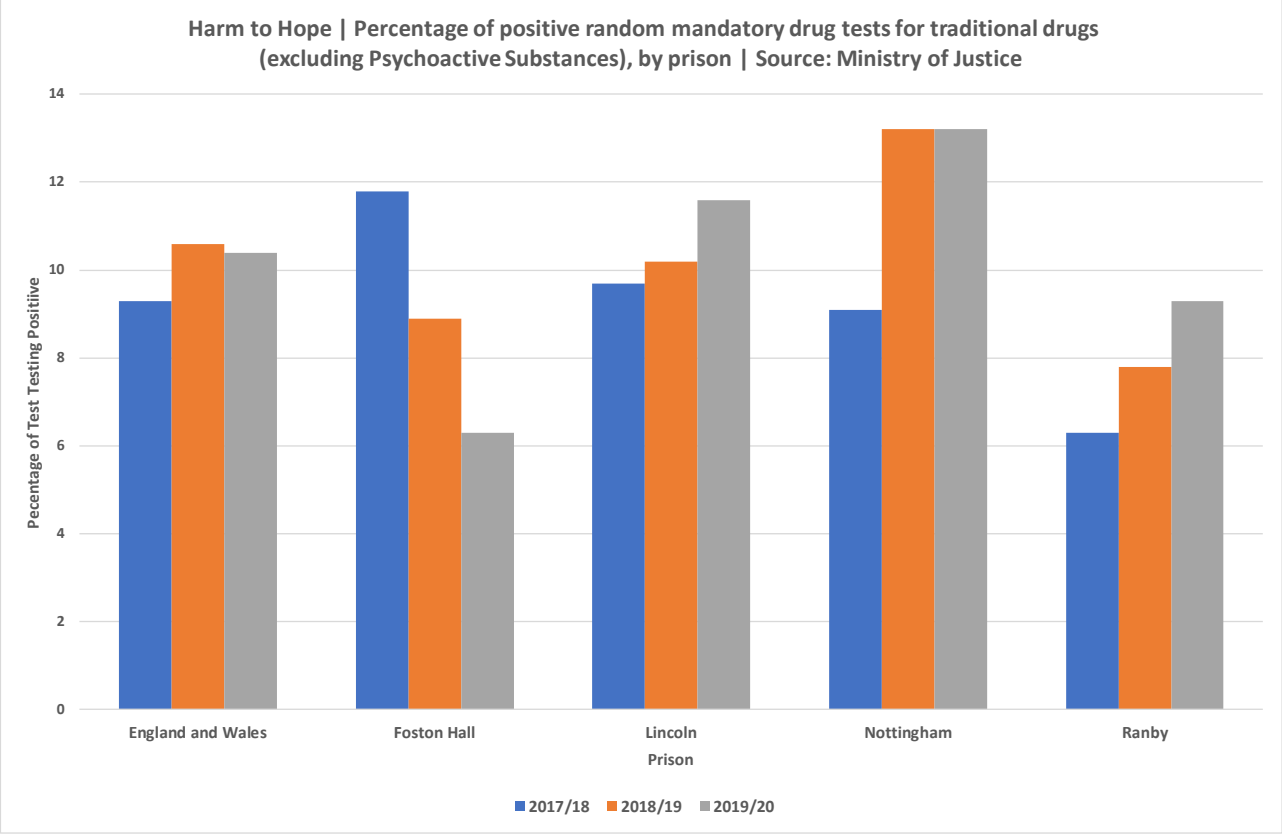
The Office of the Nottinghamshire Police and Crime Commissioner (OPCC) have confirmed the likely demand for drugs related OOCD. The numbers are lower than they would have expected, particularly for Nottinghamshire County, however the OPCC are confident that they are based on the best predictions they can currently make. The total OOCD for over a year for both City and County amount to 624, of which 346 are for Nottingham City and 278 are for Nottinghamshire County. These figures are based on number of drug possession markers.

This is a new regime and so the OPCC would ideally like initially to fund 18 months of activity, to give them a year's baseline data to assess future demand and give sufficient time to identify learning and put more tailored arrangements in place. The OPCC will be separately commissioning other OOCD activity too, this includes Changing Lives support for female offenders and, most likely, a similar offer for vulnerable male offenders. Having a range of support options available will enable Nottinghamshire Police to manage demand to providers so they do not overload any one service.

7.1.3 Drug testing in prisons

The majority of Criminal Justice referrals into Nottinghamshire community treatment services are received by HMP Foston Hall, HMP Lincoln, HMP Nottingham and HMP Ranby. Please see Appendix E for the proportion of referrals from these four establishments. The two main secure establishments for referrals are HMP Nottingham and HMP Ranby.

Figure 19: Percentage of positive random mandatory testing for traditional drugs[54]



[54] Source: HMPPS Annual Digest 2017/18, 2018/19 and 2019/20 NB: The Ministry of Justice define traditional drugs as 'controlled substances defined in the Misuse of Drugs Act 1971, such as opiates and cannabis.'

Due to covid, the latest data available for mandatory drug testing is for the year 2019/20. Mandatory Drug Testing (MDTs) for traditional drugs has decreased at Foston Hall, increased in Lincoln and Ranby and has also increased in Nottingham, however, is the same for 2018/19 and 2019/20. HMP Nottingham has the highest percentage of positive drug tests. Compared to England and Wales (10.4%) the percentage of positive random mandatory testing for traditional drugs in 2019/20 was lower in HMP Ranby (9.3%) and HMP Foston Hall (6.3%). This disproportion could be due to the type or category of the prison, for example HMP Nottingham is a remand prison, where individuals are held on remand or prison until their trial begins, whilst HMP Ranby is a training prison where they hold long-term and high-security prisoners; with this in mind, this may mean longer sentences depending on the type of prison. For a table of raw data pertaining to figure 19, please see Appendix E.

It is important to remember that although the prevalence has increased in the majority of prison settings, this could be due to increased testing over the three-year period. Prisons were contacted and asked to provide further data and insight into their respective drug and alcohol testing patterns for the last few years. Mandatory Drug Testing (MDT) data was provided by HMP Ranby, other prisons did not provide this type of data information.

HMP Ranby has alluded that due to the pandemic and restrictions that were in place there is little in the way of data. HMP Ranby provided MDT data for the financial years 2019/20, 2020/21 and 2021/22. The data shows no tests for the year 2021/22 and therefore there were no positive tests in 2021/22.

Prior to the pandemic in March 2020, data for the financial year April 2019 to March 2020 indicates that on average around 50 tests per month were completed of which an average of 13% were positive. Data for the financial year April 2020 to March 2021, tests were only completed in October, November, and December 2020; where the percentage of positive tests that were completed ranged from 4.4% to 10.6%, however the total number of tests during this three-month period averaged at 35 tests per month.

Although no data was provided by HMP Lincoln, it was highlighted by HMP Lincoln that MDTs were completely stopped throughout the pandemic and did not resume until March this year. HMP Lincoln have a new body scanner installed and this was initially only used for prisoners transferred in from other establishments, but it is now used for all new receptions. There have been a number of significant finds as a result of the use of the body scanner and this seems to have increased recently. Another major source of drugs into the prison has been via paper impregnated with illicit drugs disguised as legal paperwork. There have been a number of significant finds as a result of testing this mail. The substances found have included Buprenorphine, Ketamine, new psychoactive substances (NPS) and Cocaine. This method of bringing drugs into the jail seems to have been the most common route during the pandemic, according to the context provided by HMP Lincoln.

7.1.4 Drug incidents in prison

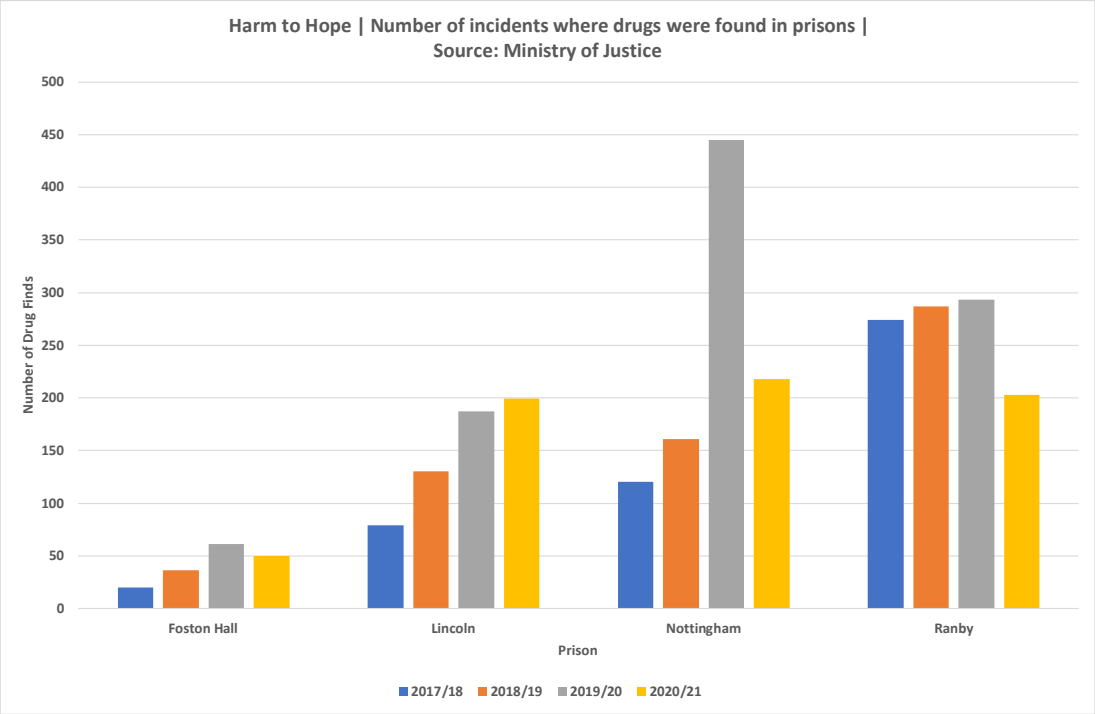
The number of incidents where drugs were found increased across all prison establishments between 2017/18 and 2019/20 before mostly decreasing in 2020/21. The exception is HMP Lincoln where number of incidents continued to increase. This decrease in incidents could be due to a decrease in testing at the prisons during the pandemic, therefore inconsistencies in testing year to year can affect the number of incidents. For a table of raw data pertaining to figure 20, please see Appendix E.

The number of incidents where drugs equipment was found in prison generally increased between 2017/18 and 2019/20 for HMP Foston, HMP Lincoln, HMP Nottingham, before decreasing in 2020/21. However, since 2017/18 incidents of drugs equipment found at HMP

Ranby has significantly decreased since 2017/18 and has decreased year on year. Please note that an 'incident' may have more than one piece of drugs equipment. For a table of raw data pertaining to figure 21, please see Appendix E.

Between 2017/18 and 2021/22, the greatest total weight of drugs found in prisons was HMP Ranby, followed by HMP Nottingham; the lowest total weight was at HMP Foston Hall. There is a large disparity in the total weight for each prison for example, in 2021/22, HMP Foston recorded 88.5g, while HMP Ranby recorded 1,623g.

Figure 20: Number of incidents where drugs were found in prisons[55]



Based on this data, it is difficult to make any conclusive assertions. This is the extent of the data that has currently been able to be collected from the prisons. To better understand the implications of this data/ prison activity further engagement is required from HMP Lincoln, HMP Ranby, HMP Foston Hall and HMP Nottingham to understand these trends and how the data presented associates with their respective prison populations. In the meantime, it is important to ensure that high quality substance use treatment services are in place within prisons for those who may need them.

[55] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20 and 2020/21

Figure 21: Number of incidents where drugs equipment was found in prisons[56]

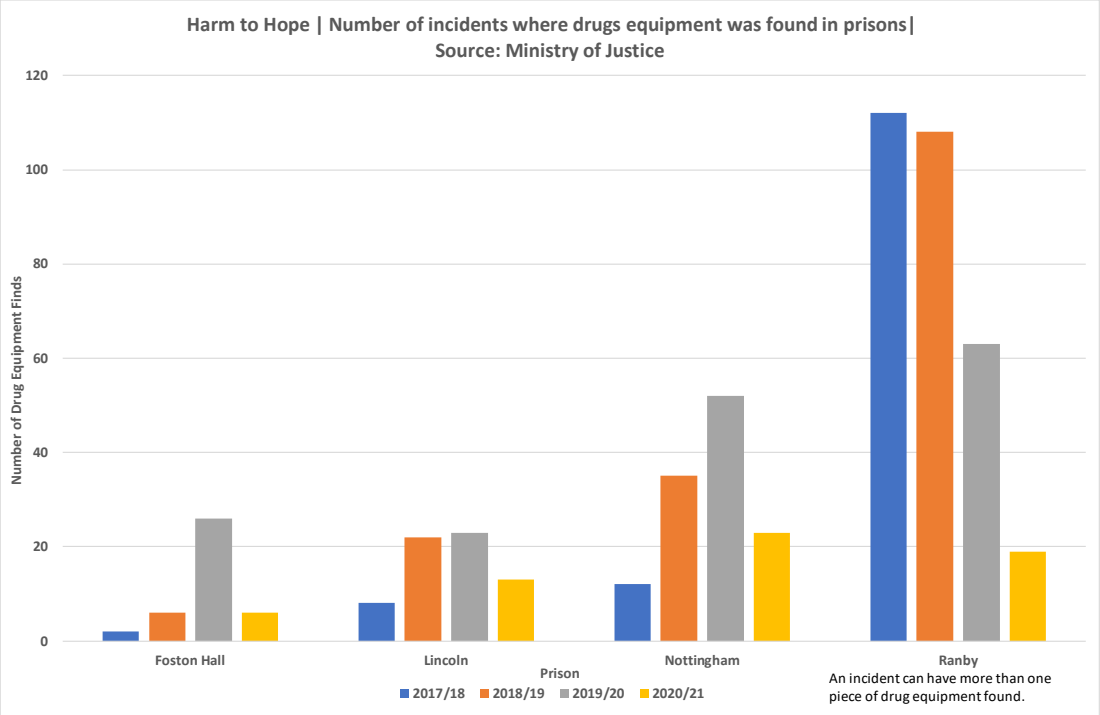
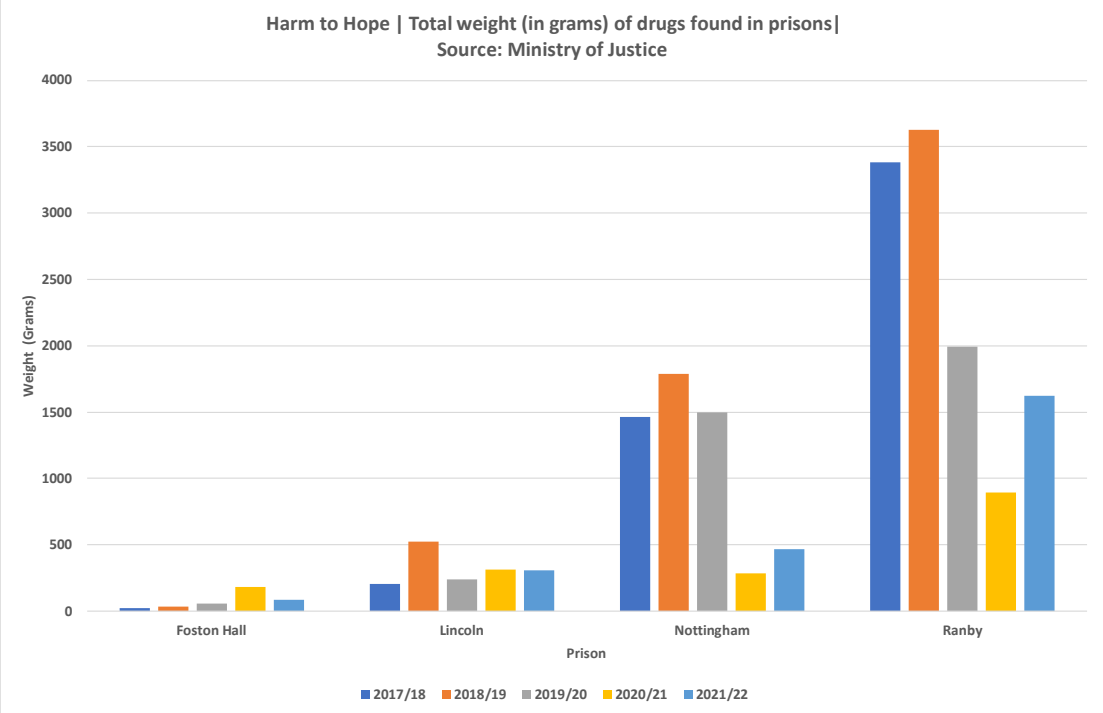


Figure 22: Total weight in grams of drugs found in prisons[57]



For a table of raw data pertaining to figure 22, please see Appendix E.

[56] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20 and 2020/21
[57] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20, 2020/21 and 2021/22

7.1.5 Alcohol incidents in prison

Figure 23: Number of incidents where alcohol was found in prisons[58]

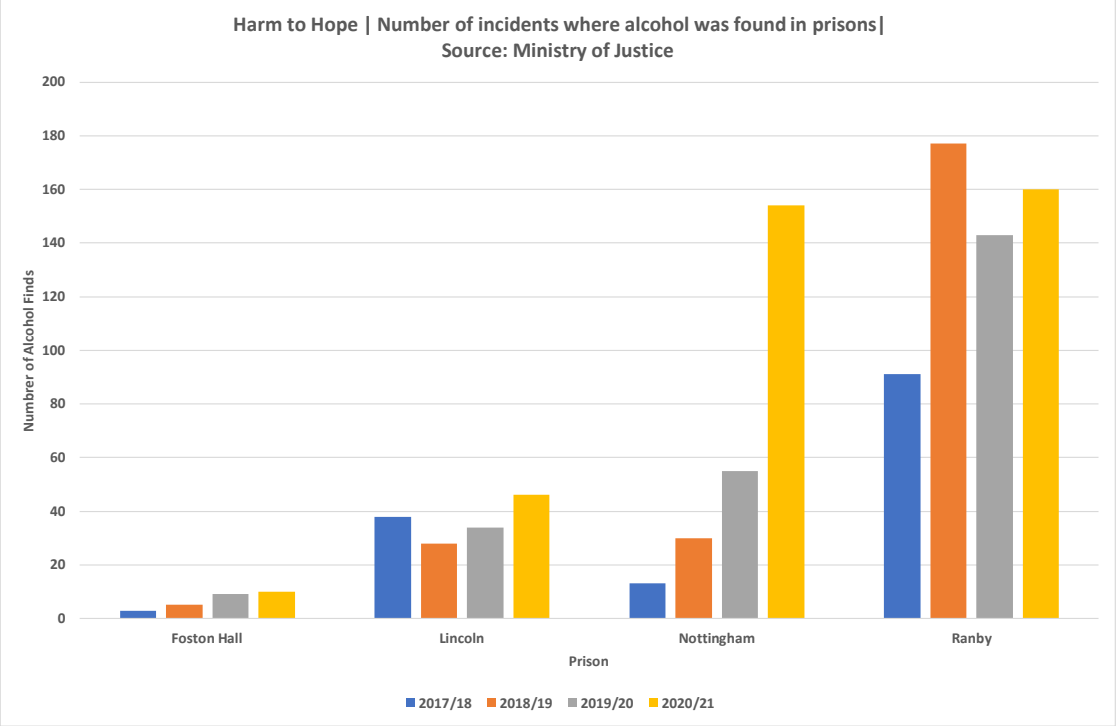
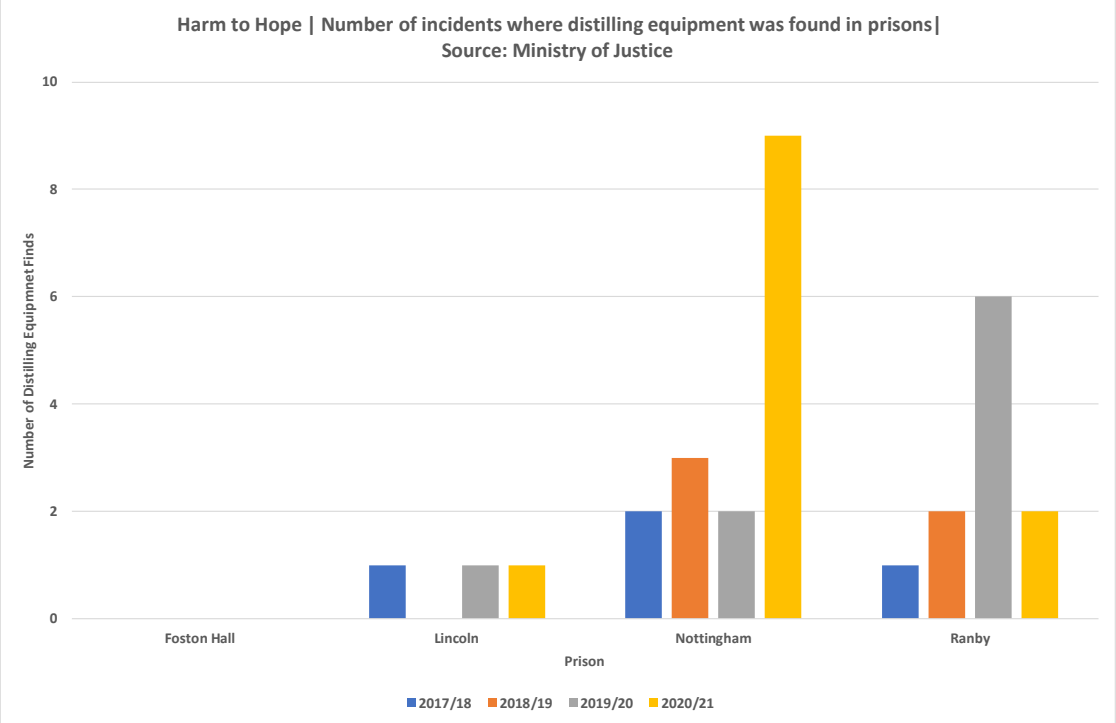


Figure 24: Number of incidents where distilling equipment was found in prisons[59]



[58] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20 and 2020/21
[59] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20 and 2020/21

Similarly, there is a significant disparity between the prisons with regards to the number of alcohol incidents and distilling equipment incidents.

The number of incidents where alcohol was found has generally increased between 2017/18 and 2020/21, most significantly at HMP Nottingham where the number of incidents in 2017/18 was 13 and in 2020/21 totalled 154 incidents. HMP Foston Hall has increased year on year however in 2017/18 3 incidents were recorded and in 2020/21, a total of 10 incidents were recorded. For the latest year 2020/21, the greatest number of incidents were at HMP Nottingham (154 incidents) and at HMP Ranby (160 incidents).

The number of distilling equipment incidents between 2017/18 and 2020/21 has been similar for HMP Lincoln, HMP Foston Hall recorded no distilling equipment incidents were found at the prison, HMP Nottingham has had a similar number of incidents between 2017/18 and 2019/20, however this has significantly increased in 2020/21 to 9 incidents and HMP Ranby saw an increase between 2017/18 and 2019/20, however saw a decrease in 2020/21.

For raw data tables pertaining to figures 23 and 24, please see Appendix E.

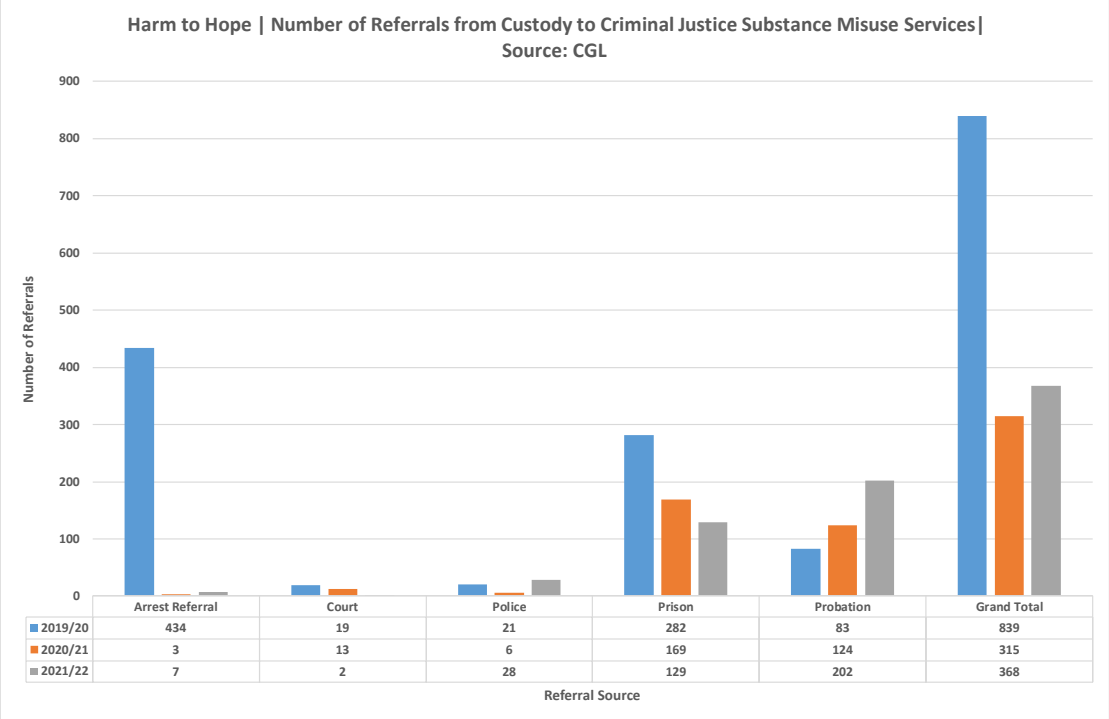
7.1.6 Access to treatment criminal justice (adults and young people)

Understanding referral pathways into treatment gives an indication of the level of referrals from various settings into specialist treatment.

This section shows the number of service users who were in contact with Criminal Justice Integrated Teams (CJIT) and community-based treatment in the period and referral pathway.

Please note that CJIT is a technical NDTMS term. In this context refers to the Criminal Justice team (within CGL) who engage with the criminal justice system in terms of custody, courts, prisons, and the prison to community pathways.

Figure 25: Number of referrals from custody to CGL

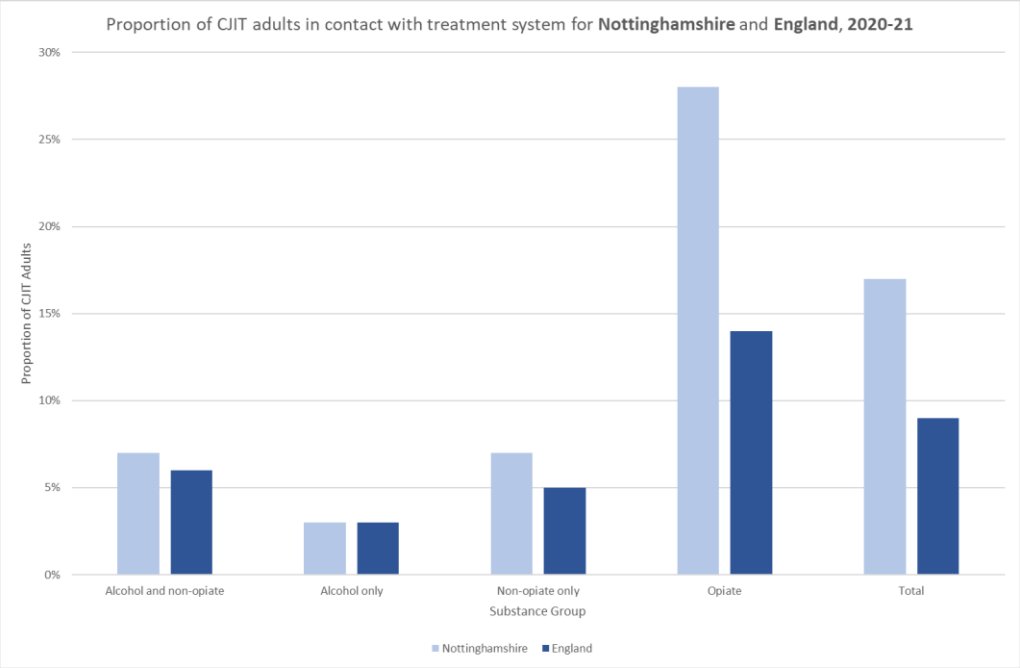


	Arrest Referral	Court	Police	Prison	Probation	Grand Total
2019/20	434	19	21	282	83	839
2020/21	3	13	6	169	124	315
2021/22	7	2	28	129	202	368

Figure 25 above shows the total number of referrals into CGL with custody-related referral sources for financial years (Apr-Mar) 2019/20, 2020/21 and 2021/22. Data provided by CGL shows that in recent years, referrals from prison have decreased yet those from the probation service has increased. This data covers the pandemic period and subsequently there may be some data quality issues with the significant decrease in arrest referrals between 2019/20 and 2021/22. Furthermore, referrals from court have seen a decline, possibly due to the pandemic as court sessions were being paused during this data period.

Due to the pandemic CGL were unable to go into the custody suites and fewer people were being arrested. Court activity was also minimal and therefore there were subsequently less referrals. Courts are now open and therefore there is an increase in referrals. During this time, there was also probation unification, it was the fourth major restructuring of probation services in 20 years.

Figure 26 and Table 38: Proportion of CJIT adults in contact with treatment system, 2020-21[60]



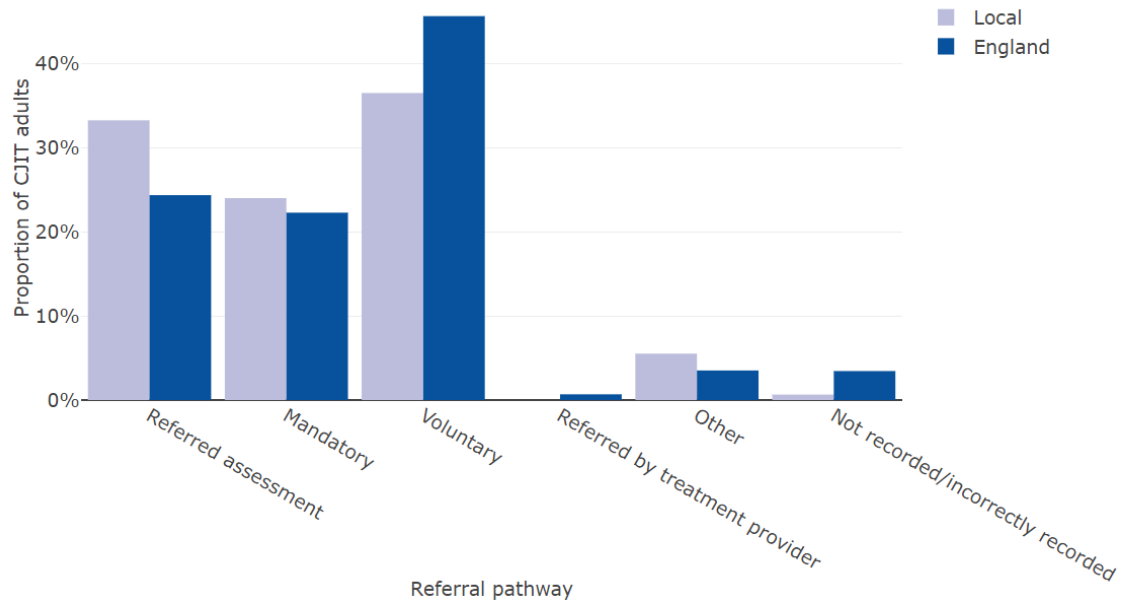
Area	Substance type	Number	% of total treatment population
Nottinghamshire	Alcohol and non-opiate	22	7%
Nottinghamshire	Non-opiate only	25	7%
Nottinghamshire	Opiate	569	28%
Nottinghamshire	Alcohol only	40	3%
Nottinghamshire	**Total**	**656**	**17%**
England	Alcohol and non-opiate	1,723	6%
England	Non-opiate only	1,296	5%
England	Opiate	19,207	14%
England	Alcohol only	2,182	3%
England	**Total**	**24,408**	**9%**

[60] Source: NDTMS Commissioning Support Pack

The proportion of CJIT adults in contact with treatment system is significantly higher at 17% for Nottinghamshire when compared to 9% for England. In Nottinghamshire, opiate service users make up a significant proportion (28%) of the total treatment population, this is twice the total proportion for England (14%).

Figure 27 and Table 39: Proportion of CJIT adults by referral pathway, 2020-21 – Drugs[61]

Figure 8.10.3 Proportion of CJIT adults by referral pathway for **Nottinghamshire** and **England**, **2020-21**.



Referral pathway	Nottinghamshire	England
Not recorded/incorrectly recorded	1%	3%
Mandatory*	24%	22%
Other	6%	4%
Referred by treatment provider	0%	1%
Referred assessment	33%	24%
Voluntary**	37%	46%

Definitions: *A mandatory referral pathway implies referral from probation services for an assessment by the CJIT. **Voluntary referrals refer to voluntarily referring following release from prison, or voluntarily referring following a cell sweep, or voluntarily referring from the liaison and diversion team or other voluntary reason.

For 2020/21, the proportion of referrals for drugs to the Criminal Justice Integrated Teams (structured treatment) in Nottinghamshire, mandatory and referred assessments were 2% and 9% higher, respectively, when compared to the national average; however voluntary referrals were 9% lower in Nottinghamshire compared to England.

For alcohol there is a disproportionate disparity in mandatory and voluntary referrals. Mandatory referrals were 25% higher and voluntary referrals 22% lower in Nottinghamshire compared to England.

To summarise, there are significant disparities in the proportion of referrals to the Criminal Justice Integrated Teams (structured treatment) in Nottinghamshire for both drugs and alcohol. For drugs the proportion of mandatory and referred assessments are higher and the

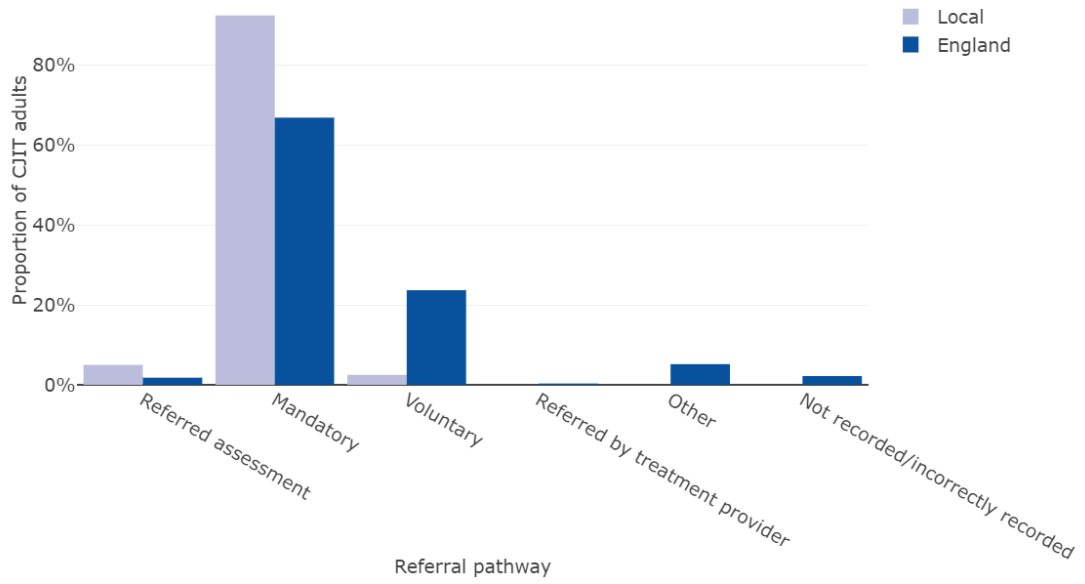
[61] Source: NDTMS Commissioning Support Pack

proportion of voluntary referrals lower when compared to England. Whereas for alcohol, the proportion of mandatory referrals are significantly higher and voluntary significantly lower when compared to England.

Of the Criminal Justice cohort the average successful completions is 19.5% but what we don't know is the successful completion rate of those cohorts split by mandatory treatment versus voluntary treatment.

Figure 28 and Table 40: Proportion of CJIT adults by referral pathway, 2020-21 – Alcohol[62]

Figure 9.6.3 Proportion breakdown of alcohol only CJIT adults by referral pathway for **Nottinghamshire** and **England**, **2020-21**



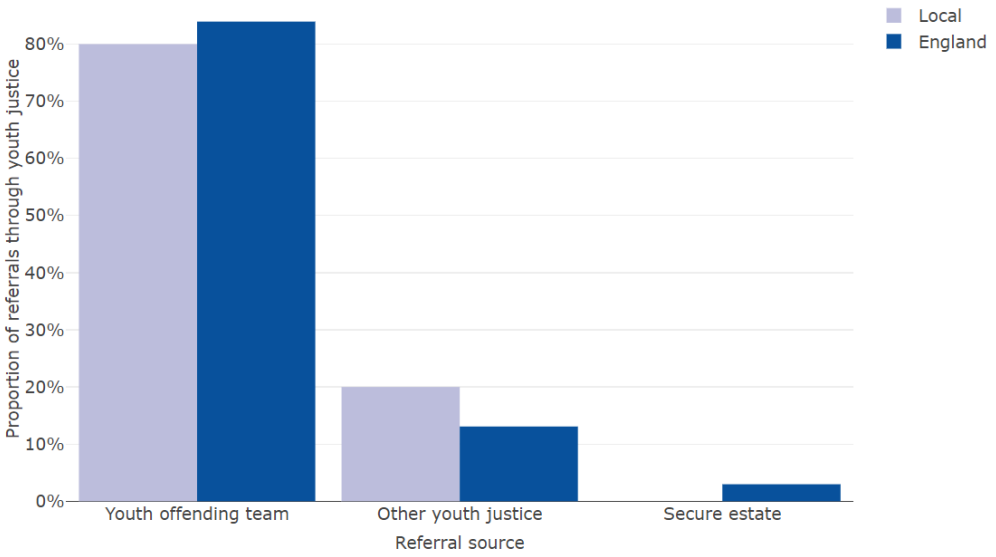
Referral pathway	Nottinghamshire	England
Not recorded/incorrectly recorded	0%	2%
Mandatory*	92%	67%
Other	0%	5%
Referred by treatment provider	0%	0%
Referred assessment	5%	2%
Voluntary**	2%	24%

Definitions: *A mandatory referral pathway implies referral from probation services for an assessment by the CJIT. **Voluntary referrals refer to voluntarily referring following release from prison, or voluntarily referring following a cell sweep, or voluntarily referring from the liaison and diversion team or other voluntary reason.

For 2020/21, the greatest proportion of youth justice referrals into structured treatment were by the Youth Offending Team in Nottinghamshire (80%), this is similar to that for England (84%), with the majority being male referrals. In Nottinghamshire, no referrals into structured treatment were made from Secure Estates, whereas for England 3% were from this referral source.

[62] Source: NDTMS Commissioning Support Pack

Figure 29 and Table 41: Breakdown of types of youth justice referrals for young people (under 18) for Nottinghamshire and England, 2020-21[63]



Area	Substance type	Number	Proportion of youth justice referrals	Male (%)	Female (%)
Nottinghamshire	Youth offending team	*	80%	75%	100%
Nottinghamshire	Other youth justice	*	20%	25%	0%
Nottinghamshire	Secure estate	0	0%	0%	0%
Nottinghamshire	**Total**	*			
England	Youth offending team	2,002	84%	85%	78%
England	Other youth justice	312	13%	12%	17%
England	Secure estate	71	3%	3%	5%
England	**Total**	**2,385**			

*Numbers have been suppressed to prevent deductive disclosure

CGL Criminal Justice (CJ) offer:

When the team is at capacity it will include a Project manager, Team Leader, 2 Engagement workers, 8.7 FTE Recovery coordinators, 1 female worker and 1 recovery motivator.

There is an Engagement worker based in the Mansfield courts 3-4 days per week and sits with probation offering feedback on Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement (ATR) suitability and engages with CJ service users through the court. Telephone assessments are completed over the phone for those Nottinghamshire residents that are attending Nottingham Court.

CGL are currently piloting an alternative DIP (Drug Intervention Programme) process and the service continues to work with the police around implementation of this. London South Bank University are evaluating this as part of the public health intervention responsive studies team.

[63] Source: NDTMS Young People Commissioning Support Pack

Custody is attended approximately 2 days per week in Mansfield however due to vacancies and waiting for vetting to come through for existing team to cover (there is no attendance face to face attendance at present). Referrals can still be sent from custody through to the secure mailbox. Naloxone is available for police custody staff to issue.

Those issued with conditional cautions are provided with 3 sessions for both drugs and alcohol.

The service is currently waiting for a female worker to start that will offer gender specific support to females and will provide an in-reach offer to Foston Hall. Vetting is under away for other members of the team which will enable prison in reach to HMP Nottingham and HMP Ranby. The work to streamline prison to community for those needed substance use support is a continued focus for the service.

There are a team of CJ recovery coordinators that co locate with probation in Mansfield. Other CJ recovery coordinators work with the other probation teams across the county for residents in County South, Bassetlaw and Newark. The team also support Integrated Offender Management (IOM) Service Users are supported by the CGL team. Multi-disciplinary meetings are attended. The substance use CJ team supports with RAR (Rehabilitation Activity Requirement) days that are recommended by probation.

In addition, CGL are currently piloting a new pathway for CJ service users with ADHD assessments if appropriate. This is completed by the psychologist. Pathways are in place with the local NHS trust for those that require prescribing.

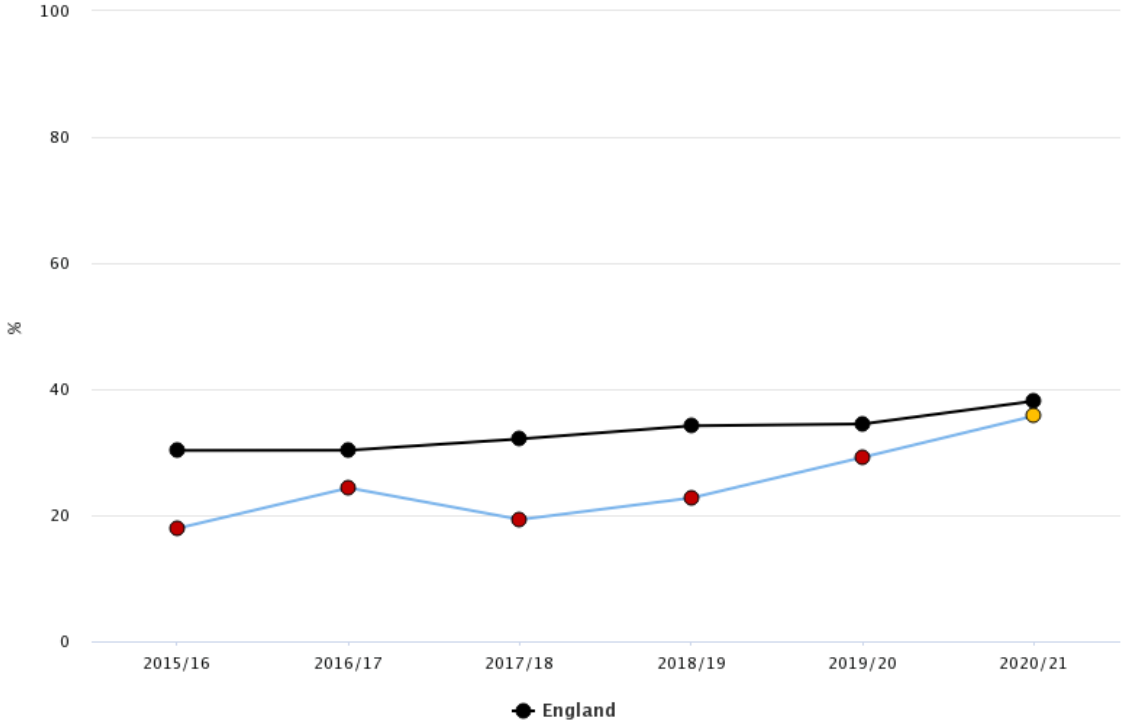
7.1.7 Prison continuity of care

Nottinghamshire Healthcare NHS Foundation Trust currently deliver healthcare services in prisons. Those services include mental health and substance use, commissioned by NHS England. Upon release, offenders in the community are generally expected to access the same healthcare services as the rest of the local population. Healthcare is commissioned by NHS England. However, an integrated care pathway from prison to the community is crucial for supporting recovery from substance use and reducing reoffending among people leaving custody[64]. Supporting access to and continuity of care through the prison estate, pre-custody and post-custody, into the community is one of 3 shared objectives in the 2018 to 2021 National Partnership Agreement for Prison Healthcare between the Ministry of Justice, Her Majesty's Prison and Probation Service, the Department for Health and Social Care, NHS England, and Public Health England (PHE).

The Public Health Outcome Framework (PHOF) C20 is a national indicator that measures continuity of care for adults (18+) with a substance use treatment need who are released from prison and are referred to, and subsequently engage with, a community treatment provider. The indicator measures the proportion of adults released from prison (into a Local Authority Area) with substance use treatment need who go on to engage in structured treatment interventions in the community within 3 weeks of release.

[64] Guidance for improving continuity of care between prison and the community - GOV.UK (www.gov.uk)

Figure 30: PHOF C20 - Adults with substance use treatment need who successfully engage in community-based structured treatment following release from prison for Nottinghamshire[65]

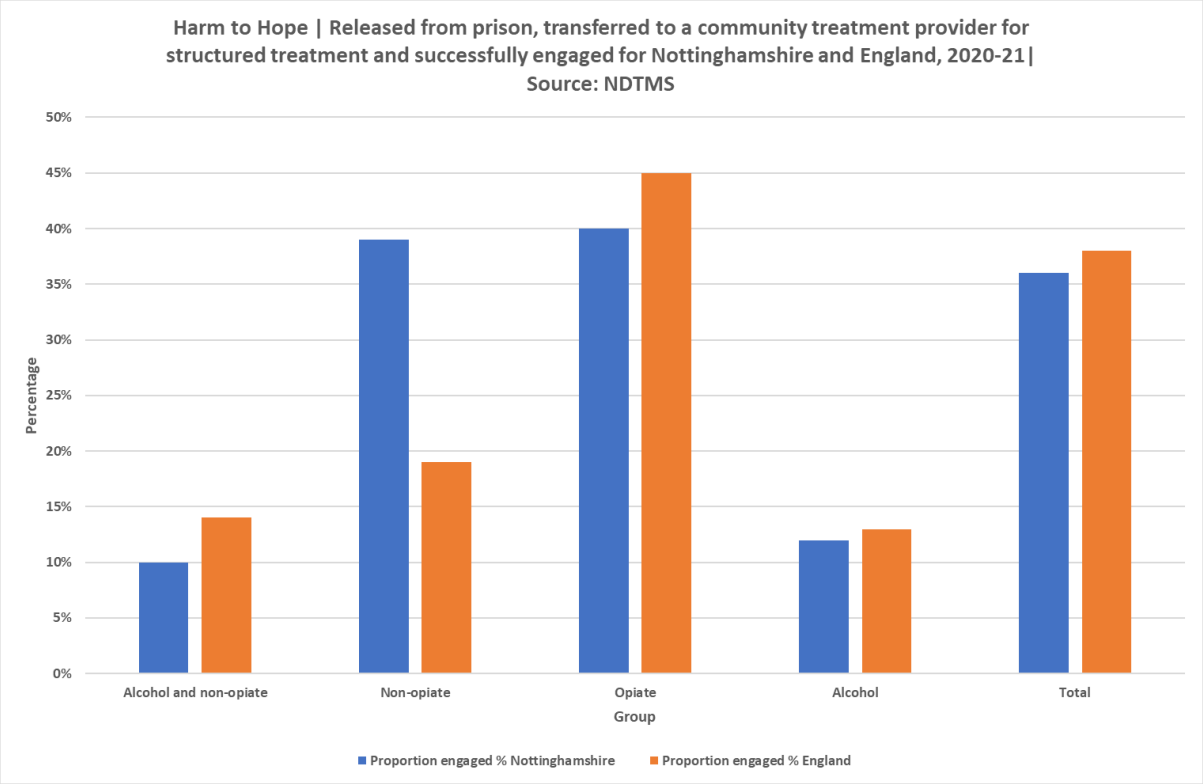


Between 2015/16 and 2019/20, Nottinghamshire was statistically significantly worse when compared to England; although during this period, both Nottinghamshire and England have increased the percentage of those who successful engaged in structured treatment. Data for the most recent year 2020/21, shows that Nottinghamshire is statistically similar to England with 35.8% engaging with structured treatment following release compared to 38.1% for England. Despite this increase, percentages of successful transfer from substance use treatment from prison to the community is low nationally (less than 40%).

Figure 31 and Table 42: Released from prison, transferred to a community treatment provider for structured treatment and successfully engaged for Nottinghamshire and England, 2020-21

Substance type	Transferred (n)		Engaged (n)		Proportion engaged %	
	Nottinghamshire	England	Nottinghamshire	England	Nottinghamshire	England
Alcohol and non-opiate	21	1,546	2	211	10%	14%
Non-opiate	23	1,332	9	248	39%	19%
Opiate	213	13,892	85	6,289	40%	45%
Alcohol	17	1,406	2	181	12%	13%
Total	**274**	**18,176**	**98**	**6,929**	**36%**	**38%**

[65] Source: Public Health Outcomes Framework - Data - OHID (phe.org.uk)



Of those that are successfully transferred, in Nottinghamshire, the highest proportion of those who are engaging in treatment for substance use are requiring treatment for non-opiates (39%). This is 20% higher than the proportion engaged in England. For England, the greatest proportion engaged in treatment are for opiates (45%).

However, Nottinghamshire has a lower proportion engaged in treatment for alcohol and non-opiate (4% less when compared to England), a lower proportion engaged in treatment for opiates (5% less when compared to England) and a lower proportion engaged in treatment for alcohol (1% less when compared to England).

Both nationally and locally, there is concern over the accuracy of NDTMS data from prison to community services. In Nottinghamshire, Public Health are working with the City and County community treatment providers and the four main referring prisons to Nottinghamshire and Nottingham City to audit data processing practices to ensure there is as much confidence as possible in the published NDTMS data. Work is also underway to review operational pathways particularly for non-opiate service users (including alcohol).

7.2 Children, young people, and families

7.2.1 Key Summary

- Nottinghamshire had a total of 1,998 new presentations to treatment in 2021/22. Of those, 467 (23%) were parents or adults living with children, and 272 (14%) were parents not living with children. Of new presentations to treatment in Nottinghamshire, 1259 (63%) were not a parent or had no contact with children.

- Nottinghamshire has a lower proportion of unmet need for adults with opiate dependence living with children (52%) when compared to both England (58%) and the benchmark (62%). This suggests that within Nottinghamshire, 48% of adults with an

opiate dependence living with children are accessing structured treatment, this is 10% higher compared to the benchmark and 6% higher when compared to England.

- Nottinghamshire has a lower proportion of unmet need for adults with alcohol dependence living with children (75%) when compared to both England (79%) and the benchmark (82%). This suggests that within Nottinghamshire, 25% of adults with an opiate dependence living with children are accessing structured treatment, this is 7% higher compared to the benchmark and 4% higher when compared to England. However, despite this, Nottinghamshire has a higher proportion of unmet need in those adults with an alcohol dependence living with children when compared to those with an opiate dependence.

- **Recommendation: Early identification of need and easy access to support and treatment for alcohol is required across the health and social care system. There needs to be sufficient capacity in the system to deliver this.**

- The proportion of Child and Family assessments completed where alcohol abuse was a parental factor has marginally decreased by 1.8% between 2020/21 Q1 and 2021/22 Q4. On average in 2021/22, 10.4% of child and family assessments that were completed recorded alcohol abuse as a parental factor. The proportion of assessments completed where drug abuse was a parental factor has significantly decreased by 4.7% between 2020/21 Q1 and 2021/22 Q4

- **Recommendation: Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate. Particular focus should be on children services so that parental substance use can be identified to mitigate the impact of that on the child(ren)/family unit.**

- Across Nottinghamshire there is great variation between the districts in the number of adults with parenting responsibilities and a substance use problem, a child with substance use issues themselves or a child exposed to substance use in their home environment.

- **Recommendation: Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.**

- Nottinghamshire is looking to implement behavioural insights to help understand why people make particular choices and how they react to environments.

- **Recommendation: Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance use problem, seek help, and successfully address it.**

7.2.2 Background

While the majority of young people do not use drugs, substance use can have a major impact on young people's health, their education, their families, and their long-term chances in life. In 2011 the Advisory Council on the Misuse of Drugs (ACMD) produced a report focused on children under the age of 16 in the UK who live with a parent or guardian who uses drugs. The ACMD estimated that between 250,000 and 350,000 children in the UK have a parent who is a problem drug user, which equates to approximately one child per problem drug user[66].

For a more recent estimate, according to the Children's Commissioner for England's data on childhood vulnerability, there were 478,000 children living with a parent with problem alcohol or drug use in 2019 to 2020. It is estimated that 4,266 children and young people in Nottinghamshire are affected by parental illicit drug use and between 13,271 and 21,565 affected by parental problematic alcohol use. The majority of these children will be under 10 years[67].

7.2.3 Family substance use prevalence and treatment need

Nationally, while parents make up 50% of people starting alcohol and drug treatment each year, however there is still an unmet support need for many. In England, alcohol and drug treatment data shows that an estimated 80% of alcohol dependent parents are not receiving treatment, and 60% of parents who are dependent on heroin are not receiving treatment[68].

In 2021/22 of all service users in treatment (n=4245), the proportion 'for all the children who live with a client' in Nottinghamshire was 35%, this is 8% higher when compared to England (27%).

Table 43: Proportion of parental status for all service users in treatment for Nottinghamshire and England 2021/22[69]

Parental status (all in treatment)	**21/22**	
	Nottinghamshire	**England**
All the children live with client	35%	27%
Some of the children live with client	5%	4%
None of the children live with client	37%	43%
Not a parent	22%	25%
Excluded	0%	0%

Nottinghamshire had a total of 1,998 new presentations to treatment in 2021/22. Of those, 467 (23%) were parents or adults living with children, and 272 (14%) were parents not living with children. Of new presentations to treatment in Nottinghamshire, 1259 (63%) were not a parent or had no contact with children.

[66] AMCD inquiry: 'Hidden harm' report on children of drug users - GOV.UK (www.gov.uk)
[67] Nottinghamshire Substance Misuse JSNA 2022
[68] Parents with alcohol and drug problems: adult treatment and children and family services - GOV.UK (www.gov.uk)
[69] Source: NDTMS Adult Partnership activity report 2021/22

Table 44: Proportion of new presentations family status, for Nottinghamshire and England 2021/22

Family status (new treatment journey)	21/22	
	Nottinghamshire	England
Parent living with own children	18%	16%
Other child contact - living with children	5%	4%
Parent not living with children	14%	15%
Not a parent / no child contact	63%	63%
Declined to answer	0%	2%

Data from NDTMS is used alongside the estimates of national and local prevalence for opiate dependence to provide estimates of the extent to which treatment need is unmet. The table below shows the estimated number of adults with opiate dependence living with children in 2014 to 2015. Rates per 1,000 are based on ONS mid-2019 population estimates (aged 18 to 64). At the time of writing, these are the best estimates we have available.

Table 45: Estimated number of adults with opiate dependence living with children, rates per 1,000 of the population and unmet treatment need for Nottinghamshire, Nottinghamshire's Benchmark Areas and England[70].

	Estimated number of opiate dependent adults living with children (2014 to 2015		Rate per 1,000 of the population			Number in treatment (2019 to 2020)		Unmet treatment need		
	Notts	England	Notts	Benchmark	England	Notts	England	Notts	Benchmark	England
Total	1,150	74,713	2	2	2	553	31,469	52%	62%	58%
Male	758	50,828	3	2	3	337	18,901	56%	68%	63%
Female	392	23,884	2	1	1	216	12,568	45%	50%	47%

Nottinghamshire has a lower proportion of unmet need for adults with opiate dependence living with children (52%) when compared to both England (58%) and the benchmark (62%). This suggests that within Nottinghamshire, 48% of adults with an opiate dependence living with children are accessing structured treatment, this is 10% higher compared to the benchmark and 6% higher when compared to England.

Table 46 below presents the estimated number of adults with alcohol dependence living with children in 2018 to 2019 in England and Nottinghamshire. Rates per 1,000 are based on ONS mid-2019 population estimates of adults aged 18 and over. At the time of writing, these are the best estimates we have available. Data from NDTMS is used alongside the estimates of national and local prevalence for alcohol dependence to provide estimates of the extent to which treatment need is unmet. Dependent opiate users who are also assessed as dependent

[70] Source: NDTMS Parents with problem alcohol and drug use: 2019/20

on alcohol are not included in the alcohol treatment calculations to avoid double counting with the rates of unmet need for opiate use treatment.

Nottinghamshire has a lower proportion of unmet need for adults with alcohol dependence living with children (75%) when compared to both England (79%) and the benchmark (82%). This suggests that within Nottinghamshire, 25% of adults with an alcohol dependence living with children are accessing structured treatment, this is 7% higher compared to the benchmark and 4% higher when compared to England. However, despite this, Nottinghamshire has a higher proportion of unmet need in those adults with an alcohol dependence living with children when compared to those with an opiate dependence. Considering this, it is recommended that an early identification of need and easy access to support and treatment for alcohol is required across the health and social care system.

Table 46: Estimated number of adults with alcohol dependence living with children, rates per 1,000 of the population and unmet treatment need for Nottinghamshire, Nottinghamshire's Benchmark Areas and England[71]

	Estimated number of alcohol dependent adults living with children (2018 to 2019)		Rate per 1,000 of the population			Number in treatment (2019 to 2020)		Unmet treatment need		
	Notts	England	Notts	Benchmark	England	Notts	England	Notts	Benchmark	England
Total	1,716	120,552	3	2	3	426	25,435	75%	82%	79%
Male	1,134	80,458	4	3	4	239	13,058	79%	86%	84%
Female	582	40,094	2	2	2	187	12,377	68%	75%	69%

7.2.4 Children's services and safeguarding

The term 'Toxic trio' describes a combined risk of domestic abuse, mental illness and substance use within a domestic household, and is an important indicator of children and young people at heightened risk of harm and neglect. These three issues are intrinsically linked.

In an analysis of 139 serious case reviews, between 2009-2011 (Brandon et al 2012)[72], – investigations showed that in over three quarters incidents (86%) where children were seriously harmed or died one or more of a "toxic trio" – mental illness, substance use and domestic abuse – played a significant part. These cases have all been identified as common features of families where harm to women and children occurs.

Multi Agency Safeguarding Hub (MASH) teams assess the risk to a child and decide on what to do best to protect that child. An enquiry is created when information is received about a child or family. The purpose of the MASH enquiry is to gather information from agencies within the MASH (police, health, social care, and early help) and external agencies, such as probation or schools.

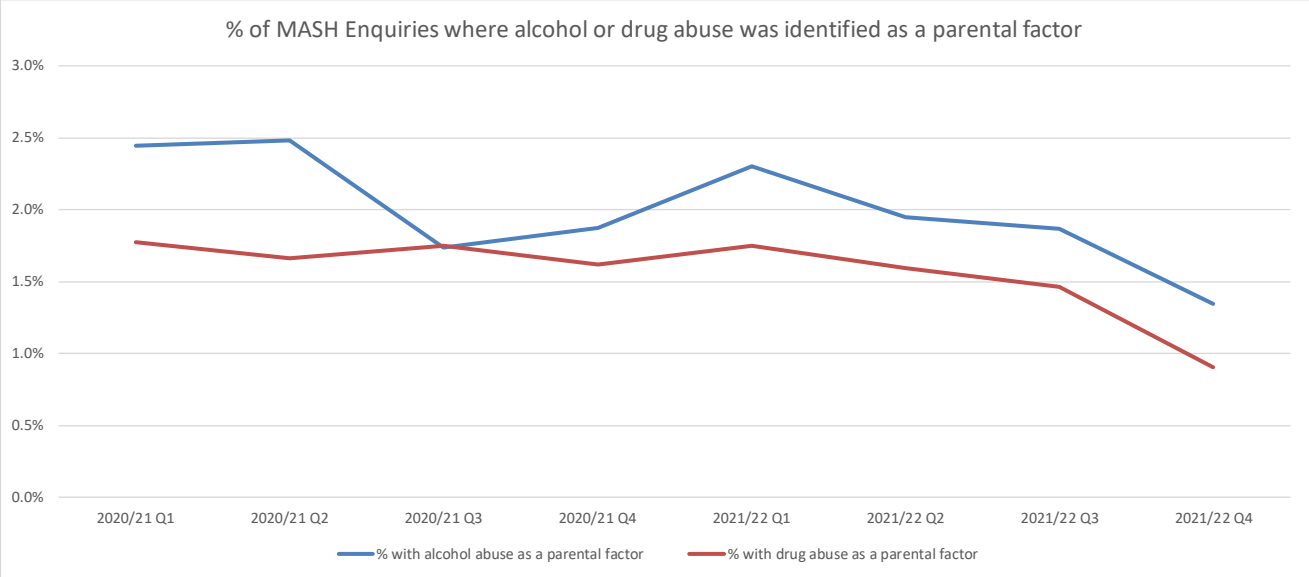
[71] Source: NDTMS Parents with problem alcohol and drug use: 2019/20

[72] Brandon, M., Sidebotham, P., Bailey, S., Belderson, P., Hawley, C., Ellis, C. and Megson, M. (2012), *New Learning from Serious Case Reviews: A Two Year Report for 2009-2011*, The Stationery Office, London

The data presented in this section was provided by Nottinghamshire County Council children's social care. The reduction in MASH enquiries may reflect the pressures within children's social care during the pandemic period; although children's social care has stated that it may be a little too early to firm any conclusions. Children's social care also stated that it could also be due to a reduction in socialising, difficulty in accessing supplies, less disposable income, or concerns regarding personal health.

The decrease in where alcohol or drug abuse was identified as a parental factor has significantly decreased throughout 2020/21 and 2021/22. This decrease could potentially reflect the fact that children have spent less time in school over the pandemic period and therefore less children have been identified through the MASH enquiries. Despite this, at the start of 2020/21, around 2% of MASH enquiries identified drug abuse as a parental factor and alcohol was slightly higher at 2.4% of enquiries being identified as alcohol abuse as a parental factor.

Figure 32 and Table 47: Proportion of MASH enquiries where alcohol or drug abuse was identified as a parental factor[73]



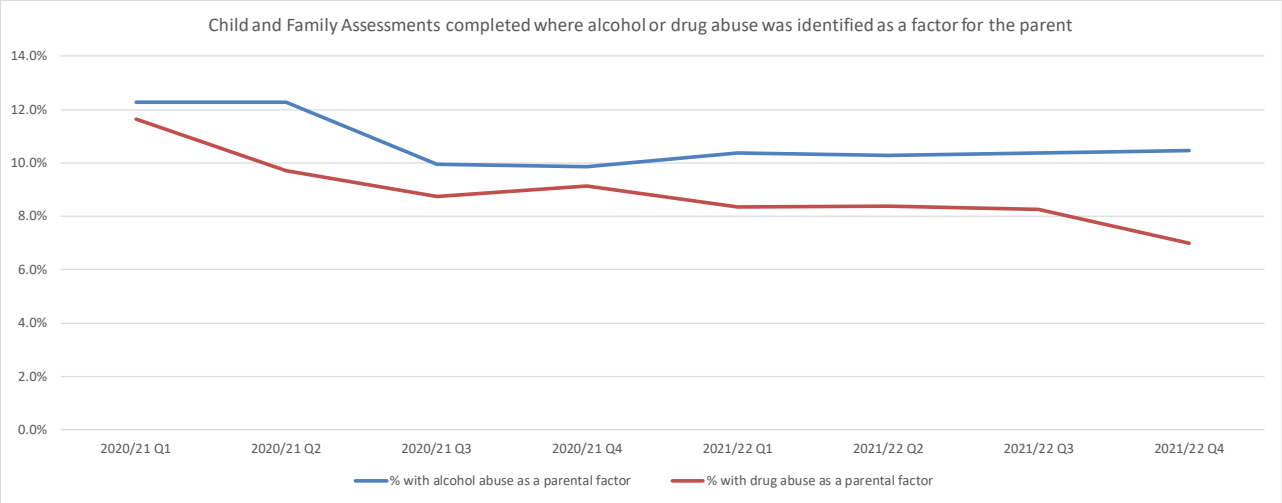
	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4
No. MASH Enquiries Completed	7,444	8,770	8,407	8,896	9,772	9,027	9,367	9,364
No. with alcohol abuse as a parental factor	182	218	146	167	225	176	175	126
% with alcohol abuse as a parental factor	2.4%	2.5%	1.7%	1.9%	2.3%	1.9%	1.9%	1.3%
No. with drug abuse as a parental factor	132	146	147	144	171	144	137	85
% with drug abuse as a parental factor	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	1.0%	1.0%

[73] Source: Nottinghamshire County Council

Child and family assessment are carried out by a social worker within the County Council. A social worker will meet with the family and discuss a child's development, how parents look after their child and about their wider family, community, and environment.

The proportion of assessments completed where alcohol abuse was a parental factor has marginally decreased from 2.4% in 2020/21 Q1 to 1.3% in 2021/22 Q4. On average in 2021/22, 10.4% of child and family assessments that were completed recorded alcohol abuse as a parental factor. The proportion of assessments completed where drug abuse was a parental factor has significantly decreased by 4.7% between 2020/21 Q1 and 2021/22 Q4. On average in 2021/22, 8% of child and family assessments that were completed recorded drug abuse as a parental factor.

Figure 33 and Table 48: Proportion of Child and Family Assessments completed where alcohol or drug abuse was identified as a factor for the parent[74]



	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4
No.C&F Assessments Completed	2,120	2,516	2,582	2,532	3,002	2,716	2,629	2,187
No. with alcohol abuse as a parental factor	260	309	257	250	311	279	273	229
% with alcohol abuse as a parental factor	12.3%	12.3%	10.0%	9.9%	10.4%	10.3%	10.4%	10.5%
No. with drug abuse as a parental factor	247	244	226	231	251	228	217	153
% with drug abuse as a parental factor	11.7%	9.7%	8.8%	9.1%	8.4%	8.4%	8.3%	7.0%

There were 168 referrals from social services to CGL from April 2021 to March 2022 compared to 2,011 parents identified by social services with having either alcohol or drug abuse as a parental factor.

To provide some additional context, the numbers for MASH domestic abuse have not decreased nor have they increased over time, although the data we have available is to June

[74] Source: Nottinghamshire County Council

2021. If MASH domestic abuse has not decreased but for substance use it has over time, then social care may not be asking the right questions regarding substance use in a family.

Please refer to Appendix F to see charts on the percentage of MASH decisions recording domestic abuse and the percentage of assessments competed where domestic abuse was identified as a factor for the parent, child, or family.

7.3 Families and safeguarding

Families and safeguarding is included as a supporting metric for improving recovery outcomes within the National Combating Drugs Outcomes Framework.

Parents' dependent alcohol and drug use can negatively impact on children's physical and emotional wellbeing, their development, and their safety. The impacts on children include physical maltreatment and neglect, poor physical and mental health, and development of health harming behaviours in later life[75].

Behavioural Insights use behavioural science to help understand why people make particular choices and how they react to environments, stimuli and interventions. This intelligence can be used to motivate and support people to recognise that they have a problem with drugs and/or alcohol and seek appropriate support, as well as in shaping the policies and services that relate to and support those with problem substance use. Nottinghamshire is considering exploring Behavioural Insights methodology to further enhance local services in motivating and supporting individuals to seek help. The Behavioural Insights Team generate and apply the best of behavioural science to inform policy, improve public services and deliver results for individuals and society, as well as support with building capacity and skills to apply behavioural science. Behavioural Insights Team (See Recommendation).

As more is understood about the impacts of parental problem alcohol and drug use on children, it becomes more important that all health, social care and support organisations take a whole family approach[76]. This is where action to protect children and enabling all children to have the best outcomes becomes integral to organisations' service delivery.

The data in this section has been provided by Nottinghamshire County Council Business Intelligence (BI) and their hub report which looks at 'Troubled Families Indicators'. Troubled Families Indicators are now referred to as the Positive Family Outcomes. This is a from that children's services use to identify which criteria from the Supporting Families Outcome Framework a family meets.

Troubled Families Indicator data looks at all of these forms completed on MOSAIC (a social care case management system) and all the MOSAIC steps they are completed on which includes steps from Early Help, Social Care, Children's Centres and Youth Justice services. The following information is based on these reports between 01/04/2017 and 21/03/2021 for Nottinghamshire only. Please note that information includes data which is suppressed due to figures being less than 5, to follow information governance (IG) standards. Business Intelligence have also added that there are likely effects of the pandemic, impacting reporting.

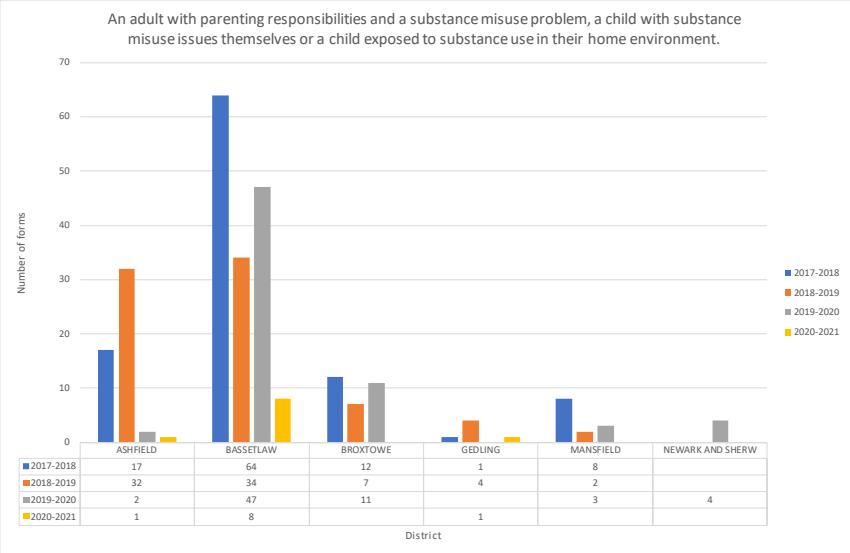
[75] Safeguarding and promoting the welfare of children affected by parental alcohol and drug use: a guide for local authorities - GOV.UK (www.gov.uk)
[76] A whole family, whole picture approach | Safelives

7.3.1 Substance use: parenting responsibilities, child themselves or child exposed

Across Nottinghamshire there is great variation between the districts in the number of adults with parenting responsibilities and a substance use problem, a child with substance use issues themselves or a child exposed to substance use in their home environment.

Bassetlaw District has observed the largest number returned forms which peaked in 2017/2018 (64 forms) and has since seen a significant reduction in 2020/21 (8 forms). No forms have returned for Rushcliffe.

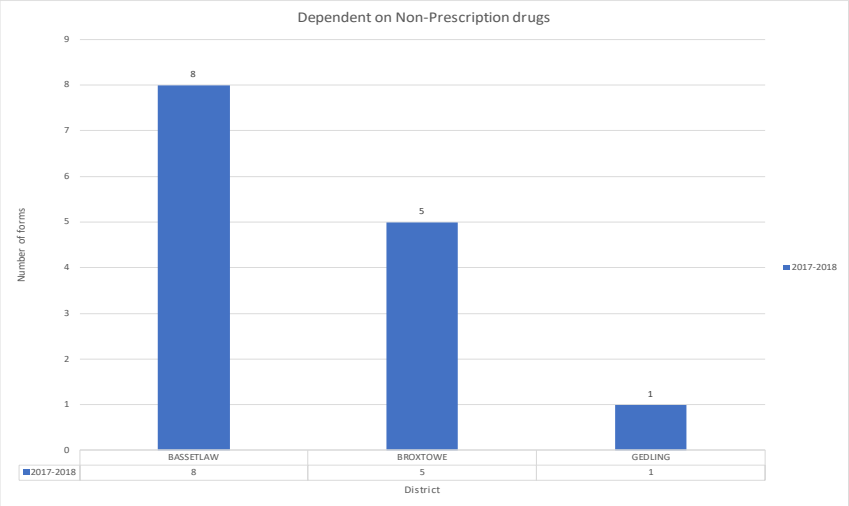
Figure 34: Substance use: parenting responsibilities, child themselves or child exposed[77]



7.3.2 Forms returned for dependency on non-prescription drugs, alcohol and receiving treatment for alcohol dependency

The number of returned forms for dependency on non-prescription drugs only highlights information recorded from 2017/2018. There is a low spread of number of returned forms from Bassetlaw District, Broxtowe Borough and Gedling Borough. (*IG issue).

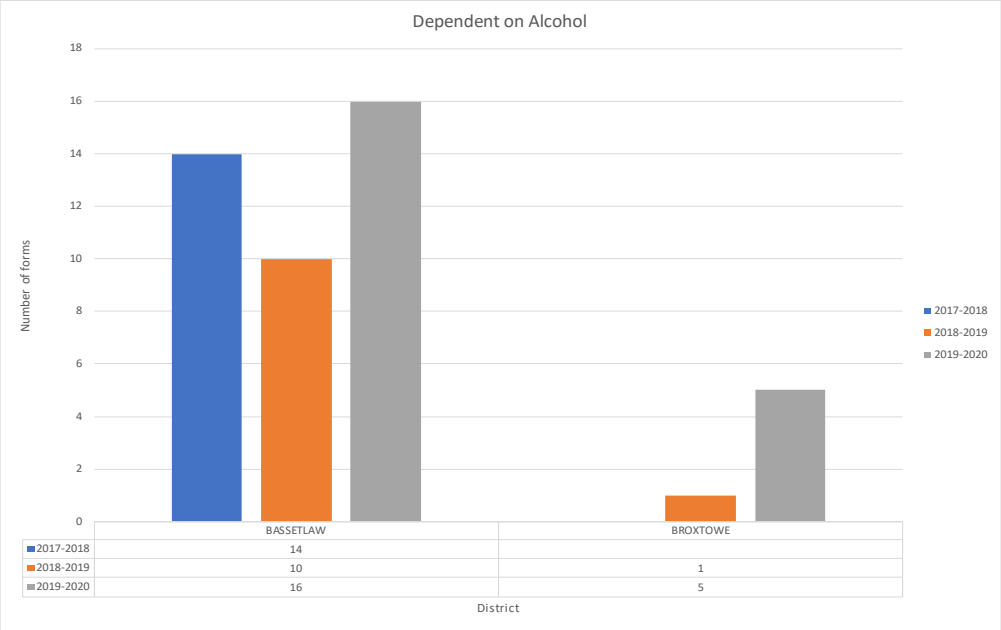
Figure 35: Forms returned dependent on non-prescription drugs[78]



[77] Source: NCC BI team
[78] Source: NCC BI team

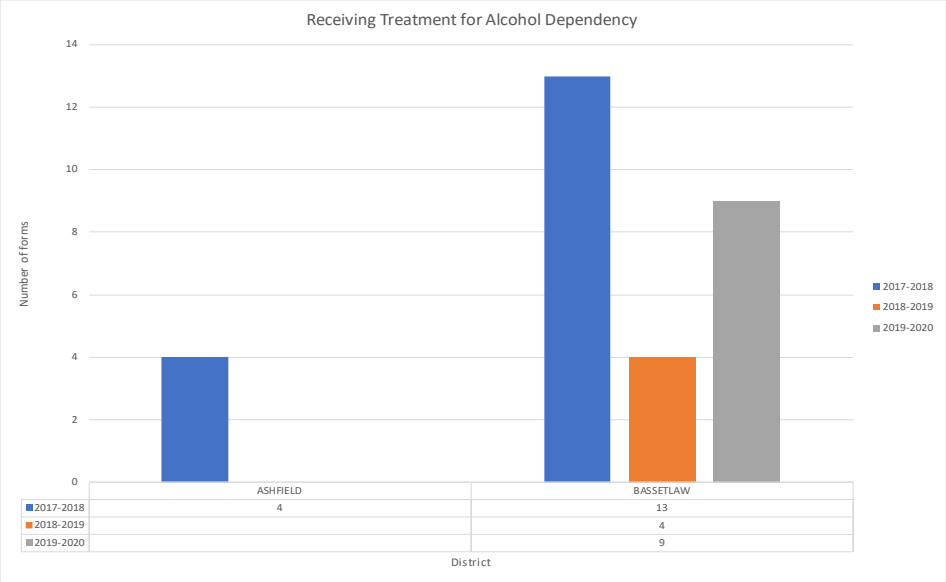
The number of forms returned highlighting the number dependent of alcohol is focused on primarily (with higher numbers) on Bassetlaw District which generally sees an increase until the end of 2019/2020, Broxtowe has some forms returned albeit with fewer totals (*IG issue).

Figure 36: Forms returned dependent on alcohol[79]



The number of forms returned highlighting those who were in treatment for alcohol dependency is highlight in the following table. Bassetlaw sees the great number of returns specifically in 2017/2018 albeit with a decrease in 2018/2019, the number of returned forms increased in 2019/2020 (to 9 forms). Ashfield District shows a small number of returned forms for 2017/2018 (a total of 4 forms) and no information following that financial year. (*IG issue).

Figure 37: Forms returned receiving treatment for alcohol dependency[80]

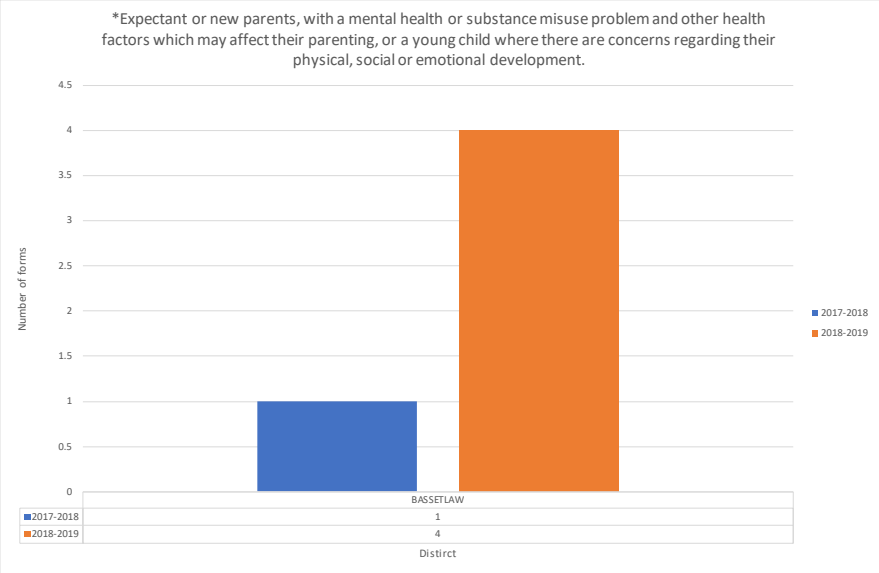


[79] Source: NCC BI team
[80] Source: NCC BI team

7.3.3 Expectant or new parents

Expectant or new parents, with a mental health or substance use problem and other health factors which may affect their parenting, or a young child where there are concerns regarding their physical, social or emotional development is highlighted in the following chart. The information obtained has returned results only for Bassetlaw District (*IG issue).

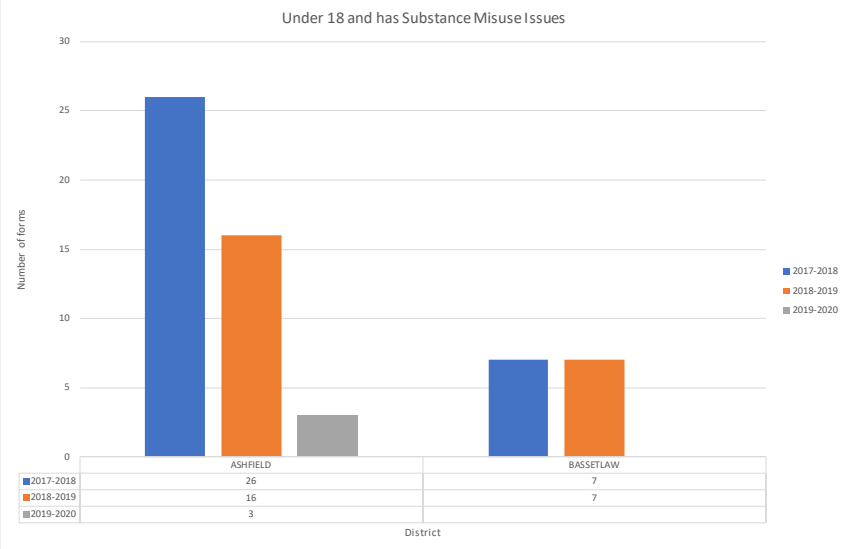
Figure 38: Expectant or new parents[81]



7.3.4 Substance use issues (under 18)

The number of forms returned by 'Step worker/teams' showing those under 18 years with a substance use issue is highlighted by form reporting for Ashfield and Bassetlaw only between 2017 –2020. Ashfield has the higher number of form reporting which decreased over the three-year period. Bassetlaw had a consistent number between 2017/2018-2019/2020, albeit with lower number compared to Ashfield District. (*IG issue).

Figure 39: Forms returned for those with substance use issues (under 18)[82]



[81] Source: NCC BI team
[82] Source: NCC BI team

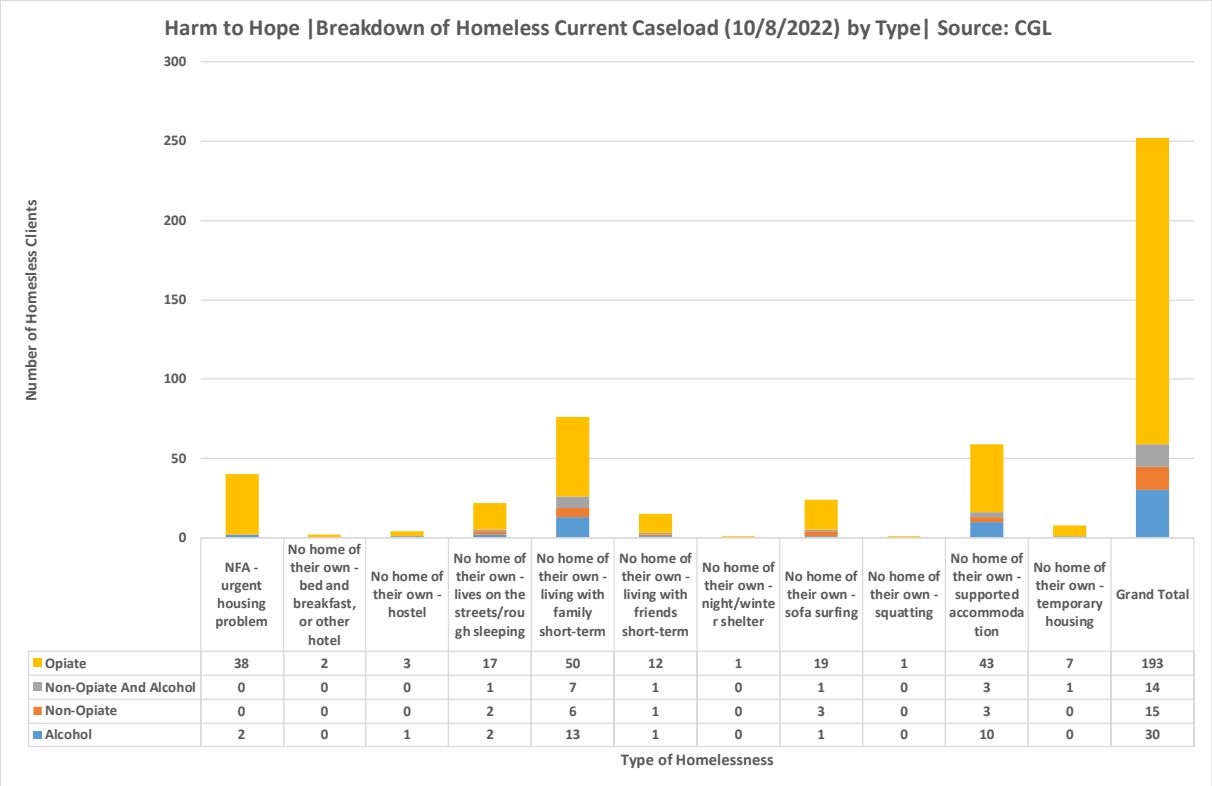
7.4 Drug use in the homelessness population

It is difficult to quantity the number of homeless individuals who use drugs and alcohol; however, there is evidence that drug and alcohol use rates tend to be higher among homeless people and there are well-documented barriers to health care for rough sleepers[83]. Nationally, the Crime Survey for England and Wales (CSEW) is recognised as a good measure of recreational drug use and for the drug types and population it covers. However, the CSEW does not cover some small groups such as those who are homeless or have no fixed abode.

Findings from our Nottinghamshire 'Health and Homelessness' JSNA have estimated that around 62% of the homelessness cohort (628 homeless people) in Nottinghamshire use cannabis, the most common drug of choice; however it is likely that a number are combining alcohol consumption with poly drug use.

As at 10/08/2022, CGL's homeless current caseload amounted to 252 individuals; this suggests that around a tenth of service users who were coming into the service for structured treatment at that time disclosed as having no fixed abode or have housing problems. Although CGL's homelessness caseload fluctuates year to year, the majority (around 80%) of the caseload are in treatment for opiates, please see appendix G for a further breakdown.

Figure 40: Breakdown of homeless current caseload for CGL Nottinghamshire as at 10/08/2022



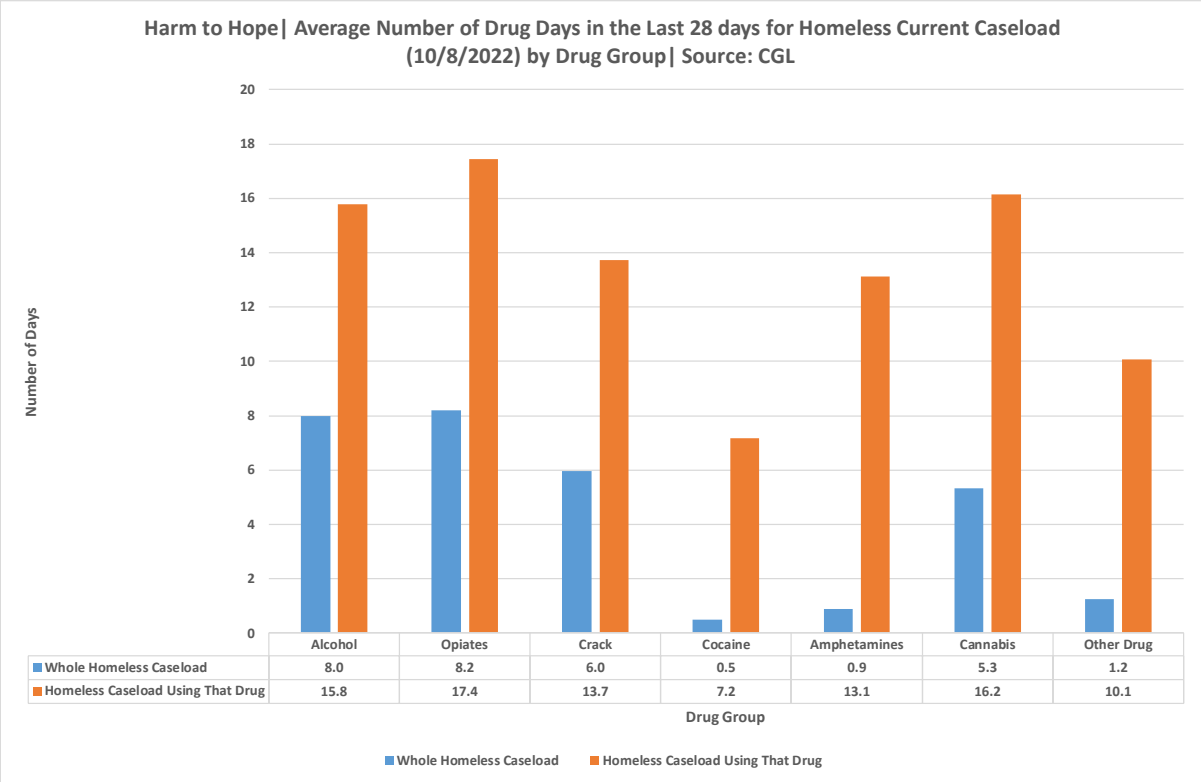
	NFA - urgent housing problem	No home of their own - bed and breakfast, or other hotel	No home of their own - hostel	No home of their own - lives on the streets/rough sleeping	No home of their own - living with family short-term	No home of their own - living with friends short-term	No home of their own - night/winter shelter	No home of their own - sofa surfing	No home of their own - squatting	No home of their own - supported accommodation	No home of their own - temporary housing	Grand Total
Opiate	38	2	3	17	50	12	1	19	1	43	7	193
Non-Opiate And Alcohol	0	0	0	1	7	1	0	1	0	3	1	14
Non-Opiate	0	0	0	2	6	1	0	3	0	3	0	15
Alcohol	2	0	1	2	13	1	0	1	0	10	0	30

The majority of the homeless current caseload are in treatment for opiates (76.6%), within that treatment group, most of the individuals are in the category 'no home of their own- living with family short-term', closely followed by 'no home of their own- supported accommodation'. Alcohol, non-opiate and alcohol and non-opiate have very low figures in comparison to those

[83] Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. & Watkins, D. (2015) Hard Edges: Mapping Severe and Multiple Disadvantage. (London: Lankelly Chase Foundation).

in treatment for opiates, although this could be due to the way drug users are classified for treatment as individuals are classed on highest clinical need.

Figure 41: Average number of drug days in the last 28 days for homeless current case load as at 10/08/2022



CGL record the number of days usage in the last 28 days from the homelessness current case load, figure 41 above is for the service users from the homelessness current caseload as at 10/08/2022. CGL have averaged these days of usage both with and without those that had zero usage for a particular drug type, by doing this frequency is shown for all service users and also only for those with usage in a particular category.

The average number of drug days in the last 28 days for the whole homeless caseload over time shows that opiates and alcohol are most frequently used, please see appendix G. In the homelessness population, figure 41 above, shows the average number of drug days in the last 28 days are mostly opiates followed by cannabis and alcohol. Alcohol and cannabis have high drug days usage which doesn't necessarily reflect in the homeless current caseload for individuals being treated for alcohol or non-opiates. It is worth noting that the alcohol data could be hidden within other data, such as within opiate users as mentioned above due to service users clinical need and the way service users are grouped within treatment.

7.5 Specific case-reviews

7.5.1 Key Summary

- Nottinghamshire will implement the Make Every Adult Matter framework (MEAM) into various work programmes to address the needs of those experiencing multiple disadvantages.

- **Recommendation: Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.**

- Nottinghamshire has a higher proportion of service users who are categorised as parents living with children for both all in treatment and for new presentations but have lower rates of unmet need for both alcohol (Nottinghamshire 75%, Benchmark 82% and England 79%) and opiates (Nottinghamshire 52%, Benchmark 62% and England 58%) compared to the benchmark and England. Furthermore, MASH enquiries may reflect the pressures within children's social care and social care may not be asking the right questions regarding substance use in a family.

- **Recommendation: Closer partnership working is required between substance use, domestic violence, mental health, and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues.**

7.5.2 Background

During the Covid pandemic, services worked together to enable service delivery in a way that kept staff and service users safe whilst ensuring those experiencing multiple disadvantages, particularly substance misuse, homelessness, and domestic violence, continued to be supported. This highlighted the effectiveness of a co-ordinated approach, and Nottinghamshire County Council wishes to build on this going forward. The Make Every Adult Matter (MEAM) approach helps local areas to deliver co-ordinated, flexible and sustainable services to address the needs of those experiencing multiple disadvantages, with seven principles that can be adapted for local needs.

7.5.3 Domestic Homicide Reviews (DHR's)

A Domestic Homicide Review (DHR) is a review into the circumstances around a death of an individual following domestic abuse. The purpose is to establish what can be learned from the death regarding the way in which local professionals and organisations work individually and together to safeguard victims. Each DHR aims to highlight ways of improving responses to domestic violence and to prevent further deaths. These reviews became law in April 2011.

There may be instances where perpetrators and victims intersect with other needs such as substance use, for example victims have may significant ACEs (Adverse Childhood experiences) e.g., experience family breakdowns, and alcohol and or substance use.

Within Nottinghamshire, it is not possible to extract high level data from the DHR's. The public health domestic abuse team have been asking for the CPS to complete a matrix, which includes substance use as a factor, but this has not happened to date. The team are following up and asking for this to be included on the template.

7.5.4 Prevention of Future Deaths (PFD): 'Dual Diagnosis'

After an inquest, the Coroner may issue a 'Prevention of Future Death' or 'Regulation 28' report. This happens especially where the coroner has heard evidence that further avoidable deaths could have happened if preventative action was not taken. The report is sent to the person or authority who have the power to make the changes that are stipulated. They have to respond to these within 56 days showing how they have made changes according to the

Coroner's recommendations, or how they intend to. All PFD reports and responses are sent to the Chief Coroner and are usually published on the Judiciary website.

'Dual diagnosis' means when someone is experiencing mental health illness and substance use issues concurrently. There have been 2 PFDs in Nottinghamshire over the last 6 years across the system in relation to requiring services to work together to support co-existing mental health and substance use.

In 2016, a Regulation 28 was served to three organisations, Nottinghamshire Health Care Trust, CGL and the Locality Director for Nottinghamshire Area Team (NHS England), Nottinghamshire County Council Public Health were also copied in as the commissioners of the substance use service in Nottinghamshire. There was a recommendation that services needed to work together and throughout 2017,2018 and 2019 meetings were in progress to develop a new pathway. In November 2020, Nottinghamshire Healthcare NHS Foundation Trust informed CGL of a proposal for a 'transformation workstream'.

In March 2021, the Coroner issued a PFD/ Regulation 28 after an inquest of an individual with co-existing mental health and substance use issues after it was concluded that there appeared to be ongoing failures to meet the needs of residents with co-existing mental health and substance use. At this point, the agreed pathway had not yet been implemented and plans were in place for a pathway to be mobilised.

A new service is now in place which is led by the trust and operates across Mid-Nottinghamshire and Nottingham City only at the moment. Three Advanced Clinical Substance Use Practitioners were recruited to work alongside 3 Community Psychiatric Nurses to deliver a service for residents that have co-existing mental health and substance use issues.

7.5.5 Child safeguarding

Since 2020, Nottinghamshire Safeguarding Children Partnership have identified that there have been 2 cases where substance use has been a factor.

The first review in July 2021, highlighted issues in how children and adult health and social services work together, as a mother was convicted of murdering her child. The mother had both substance use and mental health problems and these may have impacted the child's care. The review highlighted that better joint working was needed to improve access to expertise held within each service and improve the quality of assessment of adults with parental responsibilities. An improved assessment would help the implications of adult issues to be fully considered in relation to an adult's parental responsibility and appropriate help provided. The review also highlighted the negative impact of long waiting lists for service in adult mental health service.

The second review, in June 2022, also involved the death of a child through the neglect of the child's parents. The mother struggled with alcohol and drug use as did the father, although this was not officially disclosed by the father. CGL offered help and support to the mother who declined it as she did with family support. The mother did not consider her substance abuse a problem and asserted that she was controlling it. The mother's mental health was also poor although she was never diagnosed with a mental illness or disorder. As a consequence of this review, the Nottingham City and County multi-agency safer sleep steering group has since been working on developing and improving safer sleep policy and practice and have also developed a training package that incorporates learning from the National Panel's 2020 report which was also reflected in the review.

8. A&E attendances, hospital admissions and comorbidities

8.1 Key Summary

- In Nottinghamshire, A&E attendances for drug overdose have remained fairly static between April 2019 and May 2022.
- In Nottinghamshire, A&E attendances for alcohol have remained reasonably stable over time between April 2019 and March 2022.
- Nottinghamshire has a statistically significantly worse rate for admission episodes for alcohol-related conditions for all persons (535 per 100,000) compared to England (456 per 100,000).
- The rate for admissions for drug related mental health and behavioural disorders in Nottinghamshire has been consistently lower than that for England.
- In summary Nottinghamshire has a small number of hospital admissions for assault by sharp objects. This is illustrated by the factor that numbers are often suppressed.

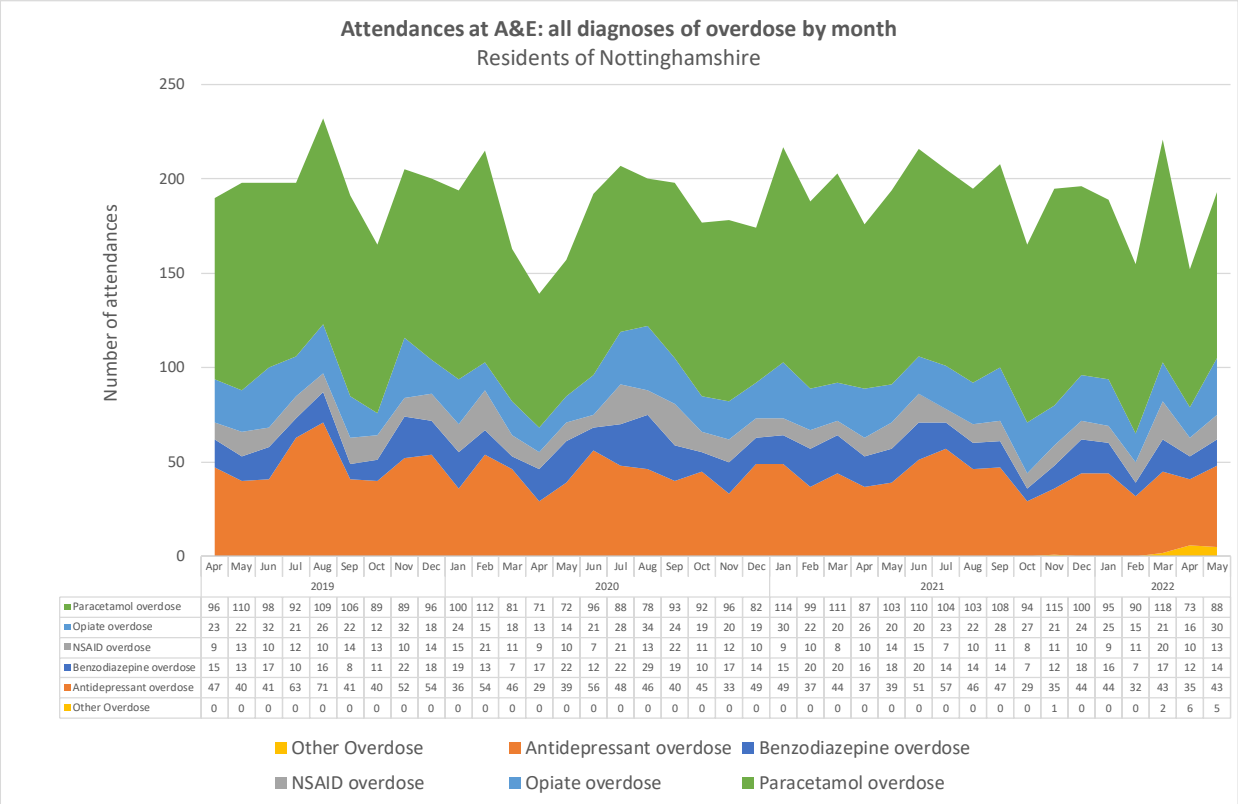
8.2 A&E attendances

8.2.1 A&E attendances for drug overdose in Nottinghamshire

In Nottinghamshire, A&E attendances for drug overdose have remained fairly static between April 2019 and May 2022. Total attendances per month usually peak at around 200; in May 2020 for example, there were 193 total attendances at A&E for drug overdose.

The highest proportion of attendances at A&E are due to paracetamol overdose, followed by antidepressant overdoses. In May 2020 for example, 45.6% of attendances were due to paracetamol overdose and 22.3% of attendances were due to antidepressant overdose.

Figure 42: Attendance at A&E all diagnoses of overdose by month[84]



	Apr 2019	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2020	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2021	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2022	Feb	Mar	Apr	May
Paracetamol overdose	96	110	98	92	109	106	89	89	96	100	112	81	71	72	96	88	78	93	92	96	82	114	99	111	87	103	110	104	103	108	94	115	100	95	90	118	73	88
Opiate overdose	23	22	32	21	26	22	12	32	18	24	15	18	13	14	21	28	34	24	19	20	19	30	22	20	26	20	20	23	22	28	27	21	24	25	15	21	16	30
NSAID overdose	9	13	10	12	10	14	13	10	14	15	21	11	9	10	7	21	13	22	11	12	10	9	10	8	10	14	15	7	10	11	8	11	10	9	11	20	10	13
Benzodiazepine overdose	15	13	17	10	16	8	11	22	18	19	13	7	17	22	12	22	29	19	10	17	14	15	20	20	16	18	20	14	14	14	7	12	18	16	7	17	12	14
Antidepressant overdose	47	40	41	63	71	41	40	52	54	36	54	46	29	39	56	48	46	40	45	33	49	49	37	44	37	39	51	57	46	47	29	35	44	44	32	43	35	43
Other Overdose	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	6	5

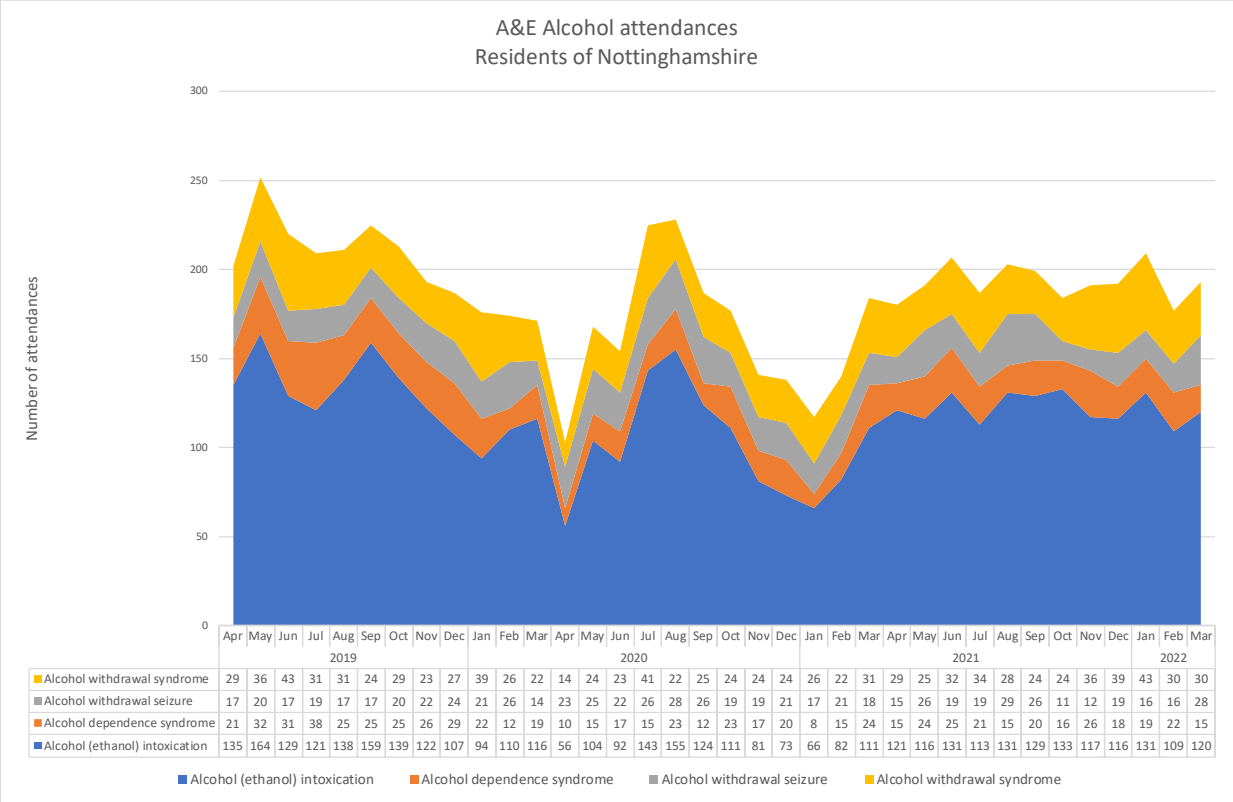
[84] Source: Emergency Care Dataset

8.2.2 A&E attendance for alcohol overdose in Nottinghamshire

In Nottinghamshire, A&E attendances for alcohol have remained reasonably stable over time between April 2019 and March 2022, although there are some noticeable decreases in March 2020 and January 2021. This is likely due to the closure of licensed establishments throughout the 'lockdown' periods. Total attendances per month usually peak at around 200; in May 2020 for example, there were 193 attendances at A&E for alcohol.

The greatest proportion of attendances at A&E are due to alcohol intoxication followed by alcohol withdrawal syndrome. In May 2020 for example, 62.2% of attendances were due to alcohol intoxication and 15.5% of attendances were due to alcohol withdrawal syndrome.

Figure 43: A&E alcohol attendances by month[85]



	Apr 2019	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2020	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2021	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2022	Feb	Mar
Alcohol withdrawal syndrome	29	36	43	31	31	24	29	23	27	39	26	22	14	24	23	41	22	25	24	24	24	26	22	31	29	25	32	34	28	24	24	36	39	43	30	30
Alcohol withdrawal seizure	17	20	17	19	17	17	20	22	24	21	26	14	23	25	22	26	28	26	19	19	21	17	21	18	15	26	19	19	29	26	11	12	19	16	16	28
Alcohol dependence syndrome	21	32	31	38	25	25	25	26	29	22	12	19	10	15	17	15	23	12	23	17	20	8	15	24	15	24	25	21	15	20	16	26	18	19	22	15
Alcohol (ethanol) intoxication	135	164	129	121	138	159	139	122	107	94	110	116	56	104	92	143	155	124	111	81	73	66	82	111	121	116	131	113	131	129	133	117	116	131	109	120

8.3 Hospital admissions

8.3.1 Hospital admissions for drug poisoning

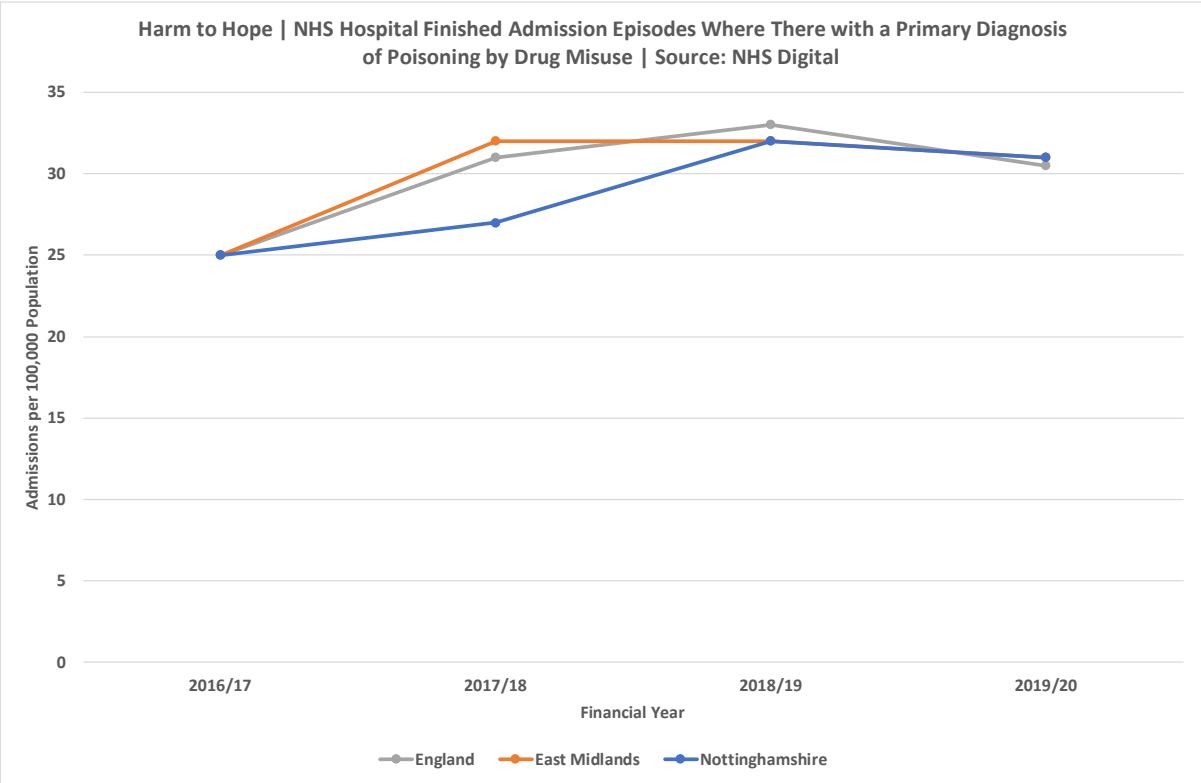
This section looks at the trend and variation where there was a primary diagnosis of poisoning by drug use. Across England there were 16,994 admissions for poisoning by drug use, a 6% decrease on 2018/19 (18,053), but 9% higher than in 2012/13 (15,580). This measure was subject to a methodological change in 2012/13 and so data is not comparable before then. The number of admissions for 2019/20 represents a rate of 31 per 100,000 population.

[85] Source: Emergency Care Dataset

For admissions relating to poisoning by drug use, Nottinghamshire appears to have followed the national and regional trends. Caution should be taken when interpreting the data due to data quality issues surrounding 2016/17 data, please see notes below.

Admissions for drug poisoning in Nottinghamshire have increased per 100,000 between 2016/17 and 2018/19, where admissions peaked at 32 per 100,000, before declining to 31 admissions per 100,000 of the population. Both the East Midlands and England in 2019/20 also observed 31 admissions per 100,000.

Figure 44: Hospital admission episodes where there was a primary diagnosis of poisoning by drug use[86]



The data includes private patients treated in NHS hospitals (but not private patients in private hospitals). England total may include a small number of admissions for persons of no fixed abode. Data excludes persons resident outside of England. The primary diagnosis is the first of up to 20 diagnosis fields in the Hospital Episode Statistics (HES) dataset and provides the main reason why the patient was in hospital.

For the year 2016-17, around one third of all records for Nottingham University Hospitals Trust were submitted to the Hospital Episode Statistics database without patient identifiers such as postcode. This means it was not possible to assign a 'Local Authority of Residence' to these admission records so they will not appear in this. This will mainly affect Nottingham and Nottinghamshire with a smaller impact on the surrounding areas and the East Midlands and England totals. The results for these Local Authorities should be interpreted with caution.

[86] Source: Statistics on Drug Misuse - NHS Digital

8.3.2 Hospital admissions for alcohol related conditions

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. These admissions to hospital are where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code. There are two measures used in Local Alcohol Profiles for England (LAPE) and elsewhere to assess this burden: the Broad and the Narrow measure. In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions

Only the 'Narrow' measure has been used for the purposes of this report. A definition of a Narrow measure is a measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. This represents a Narrower measure.

Table 49: Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000, all persons for England, Nottinghamshire and LTLA's 2020/21[87]

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	247,972	456	454	458
Nottinghamshire	–	4,525	535	519	551
Mansfield	→	754	692	643	743
Ashfield	–	704	552	512	594
Broxtowe	–	632	550	507	594
Gedling	–	664	548	507	592
Newark and Sherwood	–	640	502	464	543
Rushcliffe	–	586	474	436	514
Bassetlaw	→	543	448	411	488

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Nottinghamshire has a statistically significantly worse rate for admission episodes for alcohol-related conditions for all persons (535 per 100,000) compared to England (456 per 100,000). The majority of Nottinghamshire's Lower Tier Local Authorities (LTLA's), Mansfield, Ashfield, Broxtowe, Gedling and Newark and Sherwood have statistically worse rates compared to England, while Rushcliffe and Bassetlaw have statistically similar rates to England.

For males, admission episodes for alcohol related conditions are statistically significantly worse in Ashfield, Broxtowe, Gedling, and Mansfield when compared to England rate of 603 per 100,000. Bassetlaw, Newark and Sherwood and Rushcliffe have similar rates to that for England.

For females, admission episodes for alcohol related conditions are statistically significantly worse in all Nottinghamshire's LTLA's, when compared to England's rate (322 per 100,000). There is the exception of Bassetlaw, which has a similar rate of 345 per 100,000 when compared to England. This may indicate that these districts and boroughs are experiencing higher levels of alcohol harm.

8.3.3 Hospital admissions for drug related mental health and behavioural disorders

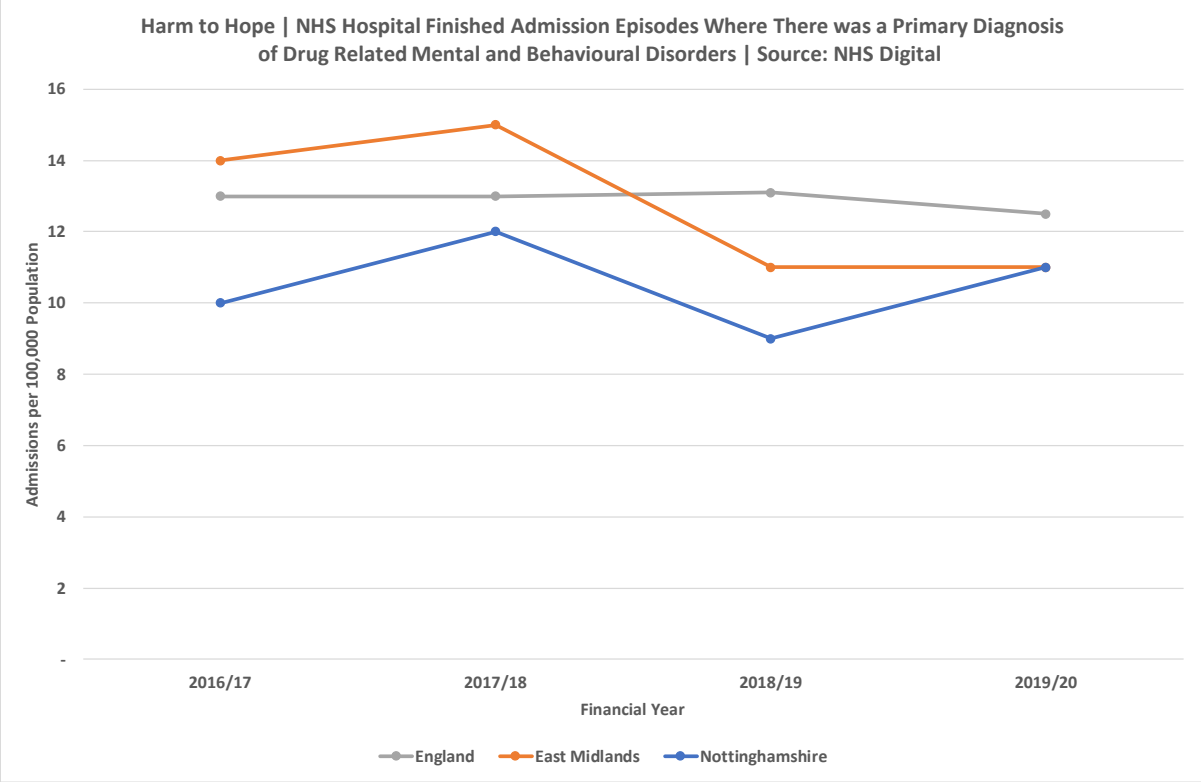
In England in 2019/20 there were 7,027 admissions for drug-related mental and behavioural disorders, a 5% decrease on 2018/19 (7,376), and 18% less than the highest recorded number of admissions of the time series, in 2015/16 (8,621). This was preceded by a period of mostly

[87] Source: Fingertips, UK Health Security Agency

increases; the current level still being 21% higher than 2009/10 (5,809). The number of admissions for 2019/20 represents a rate of 12.5 per 100,000 population[88].

The rate for admissions for drug related mental health and behavioural disorders in Nottinghamshire has been consistently lower than that for England and the same holds true for the East Midlands, although for the most recent data available for the year 2019/20 Nottinghamshire's rate has increased and is the same as for the East Midlands. The rate for Nottinghamshire in 2019/20 is 11 per 100,000.

Figure 45: Finished admission episodes where there was a primary diagnosis of drug related mental and behavioural disorders[89]



The data includes private patients treated in NHS hospitals (but not private patients in private hospitals). England total may include a small number of admissions for persons of no fixed abode. Data excludes persons resident outside of England. The primary diagnosis is the first of up to 20 diagnosis fields in the Hospital Episode Statistics (HES) dataset and provides the main reason why the patient was in hospital.

For the year 2016-17, around one third of all records for Nottingham University Hospitals Trust were submitted to the Hospital Episode Statistics database without patient identifiers such as postcode. This means it was not possible to assign a 'Local Authority of Residence' to these admission records so they will not appear in this. This will mainly affect Nottingham and Nottinghamshire with a smaller impact on the surrounding areas and the East Midlands and England totals. The results for these Local Authorities should be interpreted with caution.

[88] Part 1: Hospital admissions related to drug misuse - NHS Digital
[89] Source: Statistics on Drug Misuse - NHS Digital

8.3.4 Hospital admissions for assault by sharp object

This is a supporting metric in Appendix 2 of the National Combating Drugs Outcomes Framework but what is not known is whether these incidents are drug or alcohol related.
In summary Nottinghamshire has a small number of hospital admissions for assault by sharp objects. This is illustrated by the factor that numbers are often suppressed. Due to issues around confidentiality and rounding it is difficult to say with certainty the exact trend, however it does show that figures are relatively low within each district. Please see table 50 below. Data in red is provisional and may be incomplete or contain errors.

Table 50: Number of hospital admissions for assault by sharp object from 2012/13 to 2021/22 by districts in Nottinghamshire[90]

FAEs										
Description	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**
Ashfield	*	*	10	*	*	*	10	*	*	*
Bassetlaw	10	*	10	*	*	*	*	*	*	*
Broxtowe	*	*	*	*		*	*	*	10	*
Gedling	*	*	*	*	*	*	*	*	10	10
Mansfield	*	*	*	*	*	*	*	*	*	*
Newark And Sherwood	*	*	*	*	*	10	*	*	*	*
Rushcliffe	*		*	*	*	*	*	*	*	*

A finished admission episode (FAE) is the first period of admitted patient care under one consultant within one healthcare provider. FAEs are counted against the year or month in which the admission episode finishes. Admissions do not represent the number of patients, as a person may have more than one admission within the period. Count of Finished Admissions Episodes (FAEs) are where the external cause code3 was X994 - Assault with sharp object by local authority of residence, 2012-13 to 2021-22 (Provisional, Apr 21 – Mar 22).

In order to protect patient confidentiality '*' appears in the table above for all sub-national breakdowns, where it is possible to calculate a value between 1 and 7 from the data presented. All other sub-national data has been rounded to the nearest 5.

A cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects. Only the first external cause code which is coded within the episode is counted in HES. Recording of external cause is not mandatory and recording practice varies over time and regionally, care should be used when interpreting this data.

NB: Numbers in table 50 cannot be aggregated because of suppression. Furthermore, numbers are not published at Nottinghamshire level within the same data source.

[90] Source: (HES) Hospital admissions for assault by sharp object from 2012-13 to March 2022 - NHS Digital

8.4 Blood Borne Viruses (BBV): Hepatitis C

Blood borne viruses (BBV) are of particular concern amongst People Who Inject Drugs (PWID), with Hepatitis B, C and HIV the infectious diseases of particular concern due to their virulence and transmissibility by injection. Hepatitis C in particular is the focus of an international campaign to eradicate by 2030.[91]

Hepatitis C is most commonly associated with past or current injecting drug users and is a major cause of the UKs rise in mortality from liver disease. Chronic Hepatitis C can be treated with very effective antiviral medications, but there's currently no vaccine available.

People who have ever injected drugs are the group most affected by Hepatitis C Virus (HCV) in the UK, with over 90% of infections diagnosed in England thought to have been acquired through injecting drug use. In 2020, 60% of UAM (Unlinked Anonymous Monitoring) Survey participants in England, Wales and Northern Ireland had antibodies to HCV, indicative of being ever infected, an increase of 17% since 2011[92].

People are considered to have chronic HCV infection when they test positive for HCV ribonucleic acid (RNA) in addition to HCV antibodies. In England, Wales and Northern Ireland in 2020, 20% of people who injected drugs in the last year had chronic HCV. This is a significant decrease from 33% in 2016, when the level of chronic infection was at its highest, during the past decade, and from 28% in 2019[93].

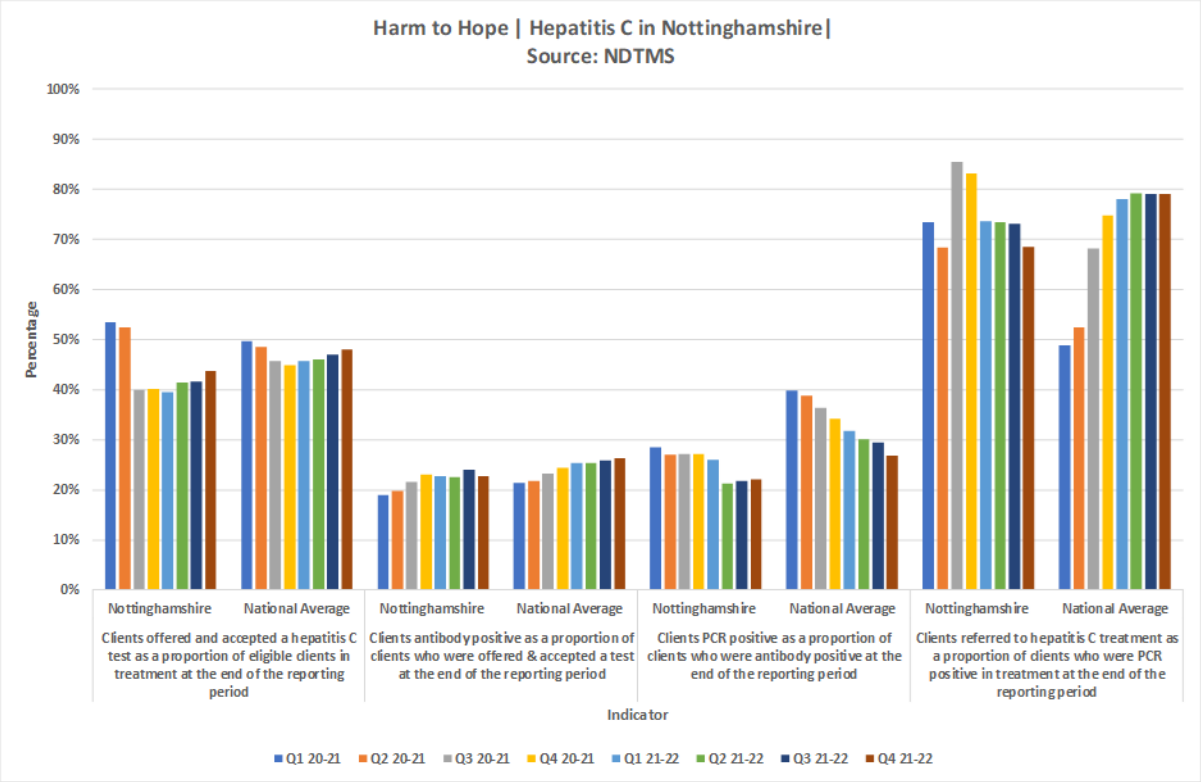
Hepatitis C in those who inject drugs is a key supporting metric for reducing drug related harm in Appendix 2 of the National Combating Drugs Outcomes Framework. In 2020/21, 42% of service users in Nottinghamshire who were eligible for a HCV test accepted one, compared to 41% nationally. Hepatitis C virus (HCV) testing and referral data will vary from area to area depending on local systems and pathways, the availability of test results to providers and where/how hepatitis C treatment is provided, so it needs to be assessed and understood locally more than compared to national figures.

Service users referred to Hepatitis C treatment as a proportion of service users who were PCR positive in treatment at the end of the reporting period in Nottinghamshire is on average 16.5% higher than the national average for the year 2021/22. This indicates that referrals for Hepatitis C treatment are higher from this group. Although data for 2021/22 suggests that referrals in Nottinghamshire are 6.6% lower than the national average for that year.

However, Nottinghamshire has a lower proportion of testing for Hepatitis C but also a lower proportion of antibody and PCR positivity when compared to the national average. A Polymerase Chain Reaction (PCR) is a test to detect genetic material from a specific organism such as a virus, in this instance HCV. Change Grow Live (CGL) who conduct the tests state that this could be due to a low prevalence but that an increase in testing would then mean increase in referrals for Hepatitis C treatment. As this period relates to the pandemic, CGL sent out postal BBV screening which meant CGL were reliant on those who access services to complete the test and post them back. With a reduction in face-to-face appointments through the pandemic, fewer tests were completed and therefore fewer positive cases and as such a subsequent reduction in referrals for Hepatitis C treatment.

[91] Elimination of hepatitis by 2030 (who.int)
[92] Hepatitis C in England and the UK - GOV.UK (www.gov.uk)
[93] Shooting Up: infections and other injecting-related harms (publishing.service.gov.uk)

Figure 51: Hepatitis C testing, antibody positive, PCR positive and service users referred for Hepatitis C treatment in Nottinghamshire



For a raw data table relating to figure 51 above, please refer to Appendix H.

9. Mortality from drugs and alcohol

9.1 Key Summary

- Since 2001, Nottinghamshire has had a statistically significant lower rate of drug misuse deaths, when compared to England. However, particularly since 2011 the trend line for both Nottinghamshire and England have increased over time. Furthermore, in Nottinghamshire, drug poisoning deaths have increased between 2011 and 2021.

- Since 2017-18, the proportion of deaths in drug treatment for all drug groups has been higher in England than in Nottinghamshire. For the most current year 2020-21, the data shows that the proportion of drug deaths for those in treatment in England is 0.4% higher than that for Nottinghamshire

- Alcohol-related mortality in Nottinghamshire is significantly lower than England (37.8 per 100,000 compared to 33.5 per 100,000, respectively). While Bassetlaw, Ashfield, Broxtowe, Mansfield, Gedling and Newark and Sherwood are statistically similar to England, Rushcliffe is significantly lower than England.

- Nottinghamshire has a similar rate of alcohol-specific deaths (11.0 per 100,000) compared to England (10.9 per 100,000). Alcohol specific mortality is statistically significantly worse in Mansfield, particularly for males (25.9 per 100,000).

- Mortality from chronic liver disease is statistically worse in Mansfield, particularly for males (24.0 per 100,000). Females' mortality from chronic liver disease is statistically worse in Nottinghamshire (11.7 per 100,000).

- For the most current year 2020-21, the data shows that the proportion of alcohol deaths for those in treatment in Nottinghamshire is 0.18% higher than that for England. In Nottinghamshire, more males than females died in alcohol treatment; although locally deaths in males are 0.93% higher when compared to England.

9.2 Drug related deaths

Drug misuse deaths and deaths from drug poisoning are two sperate indicators of mortality associated with substance use. A definition of each is provided below before reviewing the current data for Nottinghamshire.

Deaths classified as drug misuse must meet either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act 1971, this includes class A, B and C drugs and controlled prescribed medication. Information on the specific drugs involved in a death is not always available, therefore figures on drug misuse are underestimates.

Drug poisoning deaths involve a broad spectrum of substances, including controlled and non-controlled drugs, prescription medicines (either prescribed to the individual or obtained by other means) and over-the-counter medications. Deaths classified as a drug poisoning must have an applicable International Classification of Diseases (ICD) code assigned as the underlying cause of death; this is determined by international coding rules from the condition or conditions reported by the certifier, as recorded on the certificate. As well as deaths from drug abuse and dependence, Figures include accidents and suicides involving drug poisonings, and complications of drug abuse such as deep vein thrombosis or septicaemia from intravenous drug use. They do not include other adverse effects of drugs, for example, anaphylactic shock, or accidents caused by an individual being under the influence of drugs.

In England and Wales, most drug-related deaths are certified by a coroner following an inquest and cannot be registered until the inquest is completed, therefore the 'drug related death' cannot be registered until the inquest concludes. These inquests can take months or even years before the death is registered. In line with other mortality statistics, drug-related death figures are based on deaths registered in a particular year, rather than those occurring each year.

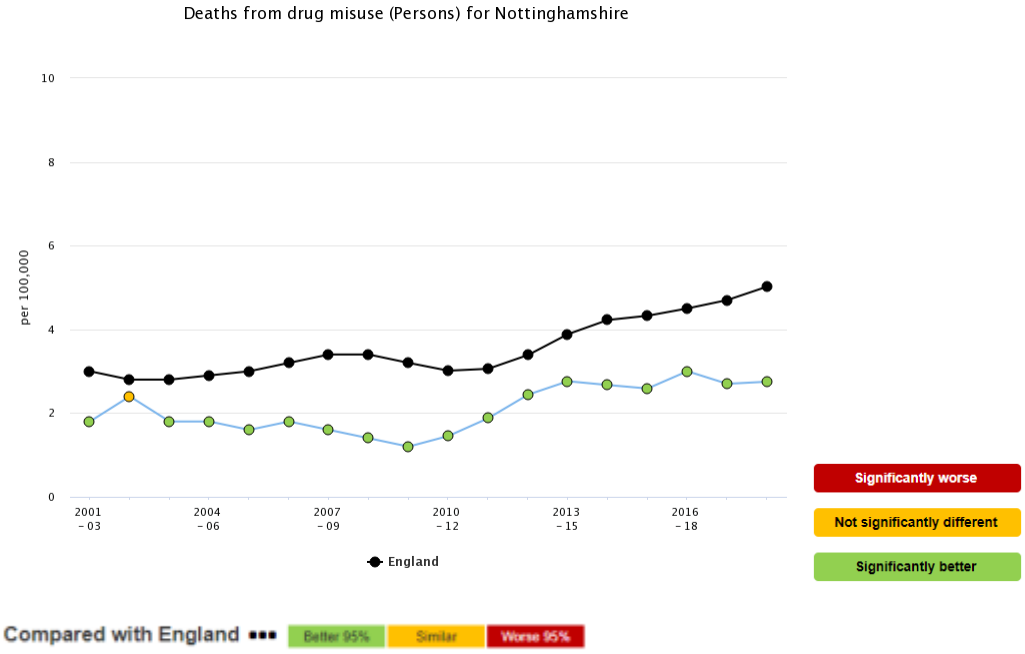
9.2.1 Deaths from drug misuse

Drug-related deaths are included as an indicator within the Public Health Outcomes Framework (PHOF) and figure 53 shows how Nottinghamshire compares with England between 2001-03 and 2018- 20.

Since 2001, Nottinghamshire has had a statistically significant lower rate of drug misuse deaths, when compared to England. However, particularly since 2011 the trend line for both Nottinghamshire and England have increased over time. Nottinghamshire currently has a lower rate of 2.8 deaths per 100,000 compared to England which has a rate of 5.0 deaths per 100,000.

Table 51 and Figure 53: Deaths from drug misuse, all persons, Nottinghamshire compared to England[94]

	Nottinghamshire						
Period		Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2014 - 16		62	2.7	2.0	3.4	3.0	4.2
2015 - 17		60	2.6	2.0	3.3	3.3	4.3
2016 - 18		69	3.0	2.3	3.7	3.6	4.5
2017 - 19		64	2.7	2.1	3.5	3.8	4.7
2018 - 20		65	2.8	2.1	3.5	4.0	5.0



[94] Source: UK Health Security Agency (UKHSA) PHOF

Deaths from drug misuse for males in Nottinghamshire has a statistically significant lower rate of drug misuse deaths when compared to England since 2014-2016. Nottinghamshire currently has a rate of 4.0 deaths per 100,000 males when compared to England which has a rate of 7.3 per 100,000. Deaths from drug misuse for females in Nottinghamshire currently has a rate of 1.6 per 100,000 and is statistically significantly lower when compared to England which has a rate of 2.8 per 100,000.

Deaths from drug misuse is most prevalent in males across both Nottinghamshire and England. Despite Nottinghamshire having lower death rates for both males and females when compared to England, trends have increased for both genders, most notably from 2013-15 onwards. For further detail on deaths from drug misuse by gender please refer to Appendix I. Furthermore, between 2011 and 2021 Mansfield district has seen the highest proportion of deaths for all persons due to drug use (24%), followed by Bassetlaw (18%) and Ashfield (16%). It is known that more people are taking opiates in these areas, the risks are highest in these areas but also more people are in treatment in these areas.

9.2.2. Deaths from drug poisoning

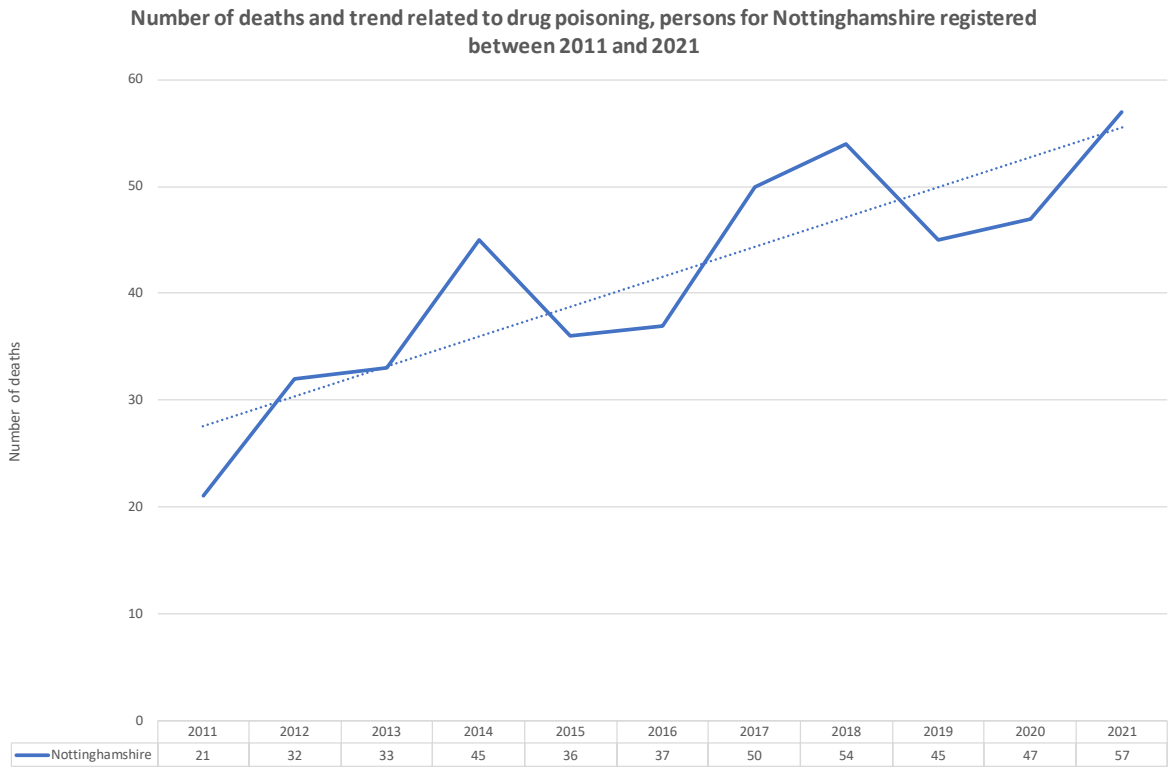
In 2021 for England and Wales there were 4,859 deaths related to drug poisoning equivalent to a rate of 84.4 deaths per million people, this was 6.2% higher than the rate recorded in 2020 (79.5 deaths per million). Furthermore in 2021 in England and Wales, mortality rates from drug poisoning increased for all persons[95], the rate has been increasing year on year most notably since 2013.

In Nottinghamshire, drug poisoning deaths have increased between 2011 and 2021. In 2021 there were 57 deaths from drug poisoning in Nottinghamshire. Please see figure 54. Drug poisoning deaths in Nottinghamshire has increased over the last decade. Between 2011 and 2021 Mansfield district has seen the highest proportion of deaths (24%), followed by Bassetlaw (18%) and Ashfield (16%).

Between 2019 and 2021, the number of deaths related to drug poisoning and misuse in Nottinghamshire has seen a higher proportion of deaths in males than females. More males have died related to drug poisoning (70%) and more males have died related to drug misuse (74%) in Nottinghamshire. For further Lower-Tier Local Authority (LTLA) breakdowns and graphs please refer to Appendix I.

[95] Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk)

Figure 54: Number of deaths and trend related to drug poisonings for all persons Nottinghamshire[96].



9.3 Drug deaths in treatment

Since 2017-18, the proportion of deaths in drug treatment for all drug groups has been higher in England than in Nottinghamshire. For the most current year 2020-21, the data shows that the proportion of drug deaths for those in treatment in England is 0.4% higher than that for Nottinghamshire. According to NDTMS in 2020-21, there was a 18% increase at a national level in the number of people recorded as having died while in treatment for drug misuse.

Despite Nottinghamshire having a lower proportion of drug deaths for all drug groups when compared to England, since 2019-20 Nottinghamshire has a higher proportion of deaths in the combined treatment group 'alcohol and non-opiates' compared to England. In the most recent year 2020-21, Nottinghamshire has a slightly higher proportion of drug deaths in treatment for 'alcohol and non-opiates', 0.1% higher when compared to England.

In 2020-21, there were a total of 23 deaths in drug treatment in Nottinghamshire, 21 of which were in the 'opiate' drug group and 2 were in the 'alcohol and non-opiate' group; no deaths were in the 'non-opiate'. Therefore 91.3% of drug deaths were from the opiate drug group. This is similar to England where in 2020-21, 90.8% of deaths were from the opiate drug group.

[96] Source: ONS

Figure 55: Proportion of deaths in drug treatment (for all drug groups) for Nottinghamshire and England, 2016-17 to 2020-21[97].

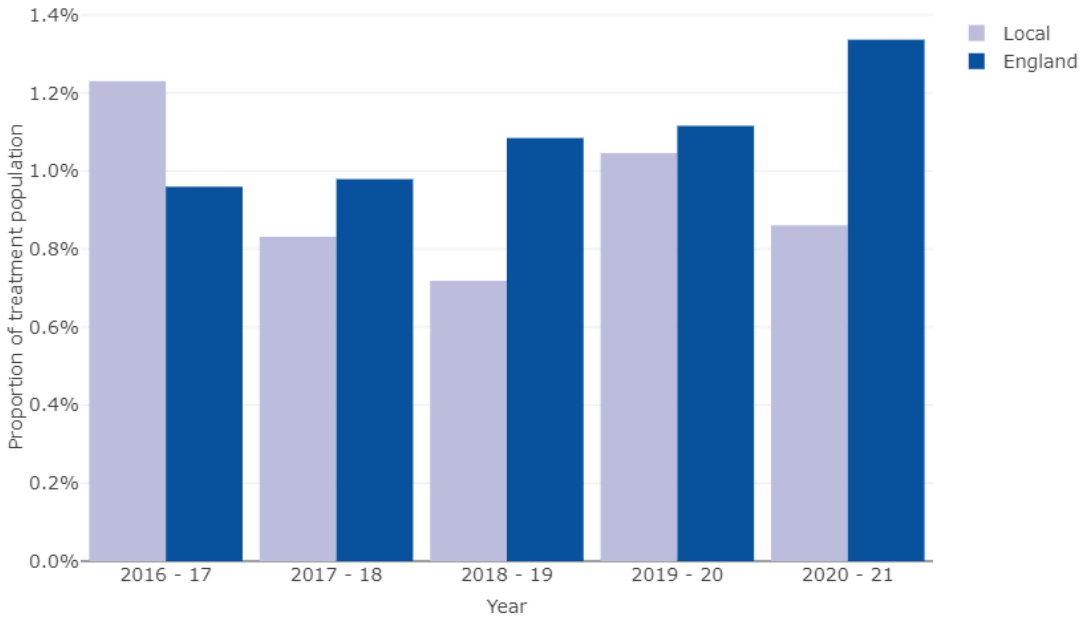
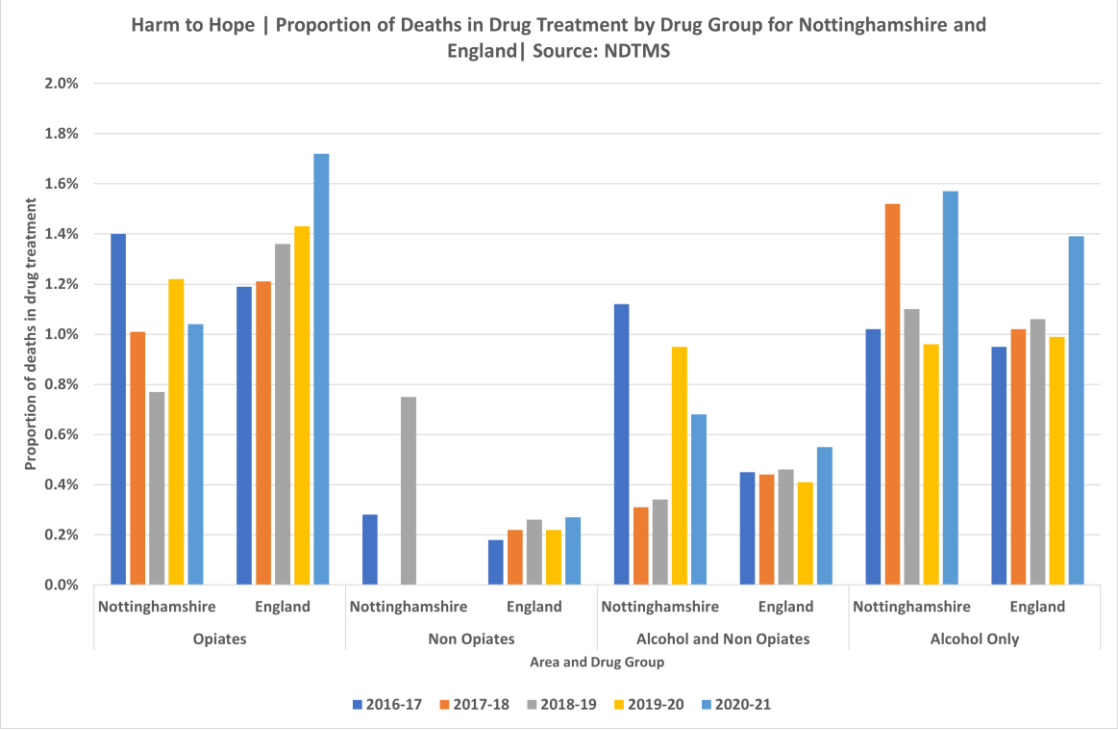


Figure 56: Proportion of deaths in drug treatment by drug group for Nottinghamshire and England, 2016-17 to 2020-21



[97] Source: Adult Drug Commissioning Support Pack: 2022-23: Key Data (ndtms.net)

9.4 Alcohol related mortality

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol use is estimated to cost the NHS about £3.5 billion per year[98].

The Government has said that everyone has a role to play in 'reducing the harmful use of alcohol' this indicator is one of the key contributions by the Government (and the Department of Health and Social Care) to promote measurable, evidence-based prevention activities at a local level, and supports the national ambitions to reduce harm set out in the Government's Alcohol Strategy. Alcohol-related deaths can be reduced through local interventions to reduce alcohol use and harm.

9.4.1 Alcohol related mortality

Alcohol-related mortality in Nottinghamshire is significantly lower than England (37.8 per 100,000 compared to 33.5 per 100,000, respectively). While Bassetlaw, Ashfield, Broxtowe, Mansfield, Gedling and Newark and Sherwood are statistically similar to England, Rushcliffe is significantly lower than England. Please see figure 57.

Alcohol related mortality is statistically significantly better in Rushcliffe, particularly for males (34.6 per 100,000). The county and other LTLA's in Nottinghamshire are statistically similar to England, which has a rate of 57.3 per 100,000 for males.

Females' alcohol related mortality in Nottinghamshire and across all LTLA's in Nottinghamshire are similar to the England rate of 20.9 per 100,000.

Figure 57: Alcohol-related mortality, directly standardised rate per 100,000 all persons for England, Nottinghamshire and LTLAs, 2020[99].

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	20,468	37.8	37.3	38.3
Nottinghamshire	→	292	33.5	29.7	37.6
Bassetlaw	→	49	39.8	29.4	52.8
Ashfield	→	47	37.0	27.1	49.2
Broxtowe	→	43	35.8	25.9	48.4
Mansfield	→	37	33.8	23.8	46.6
Gedling	→	42	33.2	23.8	45.0
Newark and Sherwood	→	41	31.3	22.4	42.6
Rushcliffe	→	32	25.3	17.3	35.7

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates.

9.4.2 Alcohol specific mortality

Alcohol-specific mortality are defined as deaths which have been wholly caused by alcohol consumption, registered in the calendar year for all ages.

Nottinghamshire has a similar rate of alcohol-specific deaths (11.0 per 100,000) compared to England (10.9 per 100,000). Regarding Nottinghamshire's LTLA's, Ashfield, Gedling, Newark and Sherwood, Bassetlaw, Broxtowe, and Rushcliffe have statistically similar rates to England, while Mansfield has statistically significantly worse rate (18.3 per 100,000). Please see figure 58.

[98] The Cost of Alcohol on the NHS | LAPE.org.uk
[99] Source: Fingertips, UKHSA

Alcohol specific mortality is statistically significantly worse in Mansfield, particularly for males (25.9 per 100,000). The county and other LTLA's in Nottinghamshire are statistically similar to England which has a rate of 14.9 per 1000,000 for males.

Females' alcohol specific mortality in Nottinghamshire and across all LTLA's in Nottinghamshire are similar to the England rate of 7.1 per 100,000.

Figure 58: Alcohol-specific mortality, directly standardised rate per 100,000 all persons for England, Nottinghamshire and LTLA's, 2017-2019[100]

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	17,357	10.9	10.7	11.1
Nottinghamshire	–	278	11.0	9.8	12.4
Mansfield	–	59	18.3	13.9	23.6
Ashfield	–	46	12.1	8.8	16.1
Gedling	–	40	11.0	7.9	15.0
Newark and Sherwood	–	39	10.2	7.2	13.9
Bassetlaw	–	35	9.6	6.6	13.3
Broxtowe	–	30	8.7	5.8	12.4
Rushcliffe	–	29	8.2	5.5	11.8

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

9.4.3. Mortality from chronic liver disease

Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable, and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions[101].

Figure 59: Mortality from chronic liver disease, directly standardised rate per 100,000 all persons for England, Nottinghamshire and LTLA's 2017-2019[102]

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	19,443	12.2	12.1	12.4
Nottinghamshire	–	342	13.4	12.1	15.0
Mansfield	–	61	18.7	14.3	24.1
Ashfield	–	62	16.5	12.6	21.1
Gedling	–	49	13.5	9.9	17.8
Newark and Sherwood	–	51	13.2	9.8	17.3
Bassetlaw	–	45	11.9	8.7	16.0
Broxtowe	–	40	11.4	8.1	15.6
Rushcliffe	–	34	9.5	6.6	13.3

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Registrations Extract and ONS Mid Year Population Estimates

Nottinghamshire has similar rates of deaths from chronic liver disease (13.4 per 100,000) compared to England (12.2 per 100,000). While Gedling, Newark and Sherwood, Bassetlaw, Broxtowe, and Rushcliffe have similar rates to England, Mansfield and Ashfield have statistically worse rates when compared to England.

[100] Source: Fingertips, UK Health Security Agency

[101] Liver disease is now the biggest cause of death in those aged between 35-49 years old, new report reveals - British Liver Trust

[102] Source: Fingertips, UK Health Security Agency

Mortality from chronic liver disease is statistically worse in Mansfield, particularly for males (24.0 per 100,000). The county and other LTLA's in Nottinghamshire are statistically similar to England which has a rate of 15.8 per 100,000 for males. Females' mortality from chronic liver disease is statistically worse in Nottinghamshire (11.7 per 100,000) compared to 8.9 per 100,000 for females in England. Rates are statistically significantly worse in Mansfield (14.2 per 100,000) and Ashfield (14.3 per 100,000) when compared to England; all other Nottinghamshire LTLA's are similar to the rate for England.

9.5 Alcohol deaths in treatment

For the most current year 2020-21, the data shows that the proportion of alcohol deaths for those in treatment in Nottinghamshire is 0.18% higher than that for England. In Nottinghamshire, more males than females died in alcohol treatment; although locally deaths in males are 0.93% higher when compared to the proportion for England.

In 2020-21 there was an 44% increase at a national level in the number of adults recorded as having died while in treatment for alcohol alone. In 2020-21, there were 20 deaths in alcohol treatment for Nottinghamshire. Please see table 52 below for a comparison and breakdown. People are presenting to treatment with more complex and higher levels of dependency, according to evidence presented by CGL.

Figure 60: Proportion of deaths in alcohol treatment for Nottinghamshire and England, 2016-17 to 2020-21[103]

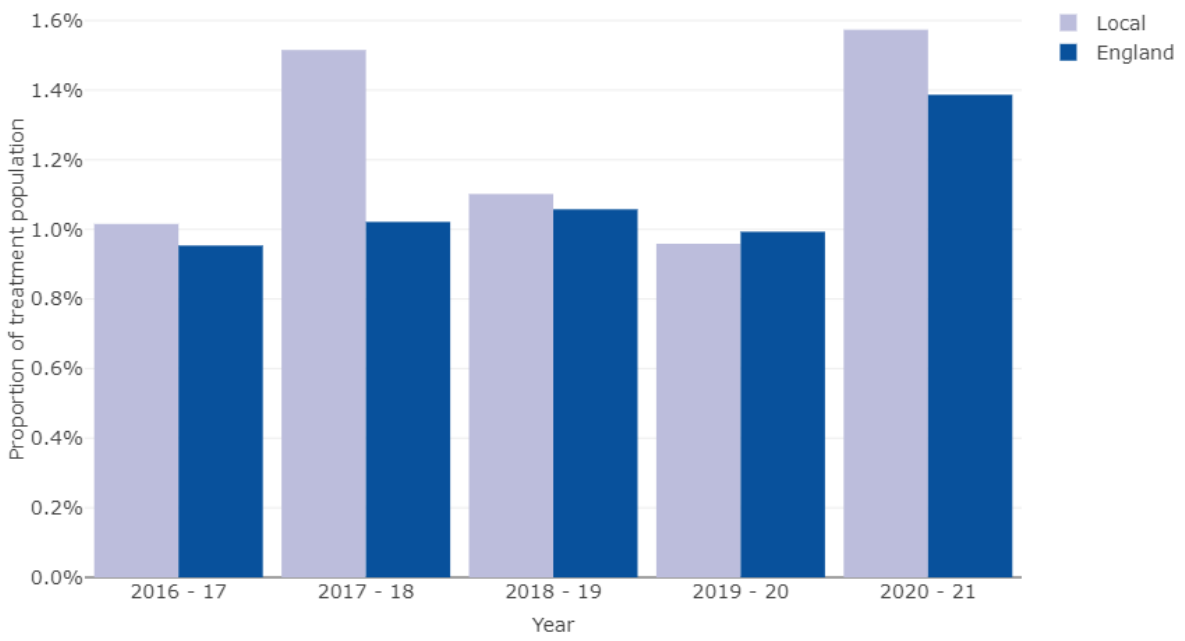


Table 52: Deaths in alcohol treatment **for** Nottinghamshire and England, 2020-21

Area	Total number	Proportion of treatment population	Male (%)	Female (%)
Local	20	1.57%	2.47%	0.37%
England	1,064	1.39%	1.54%	1.18%

[103] Source: Adults Alcohol Commissioning Support Pack: 2022-23: Key Data (ndtms.net)

10. Recovery and Social Determinants

10.1 Key Summary

- In Nottinghamshire, 5% of the successful completions are in the opiate treatment group. This is the same as England. The alcohol treatment group constitutes 36%, non-opiates 32% and alcohol & non opiate 30% of successful completions. These other substance treatment groups are similar to England (alcohol (37%), non-opiates (36%) and alcohol & non opiate (33%)[1]. Opiates represent the smallest proportion of successful substance treatment completions. Service users who are in treatment for opiates are most expensive, financially, and clinically; they are far more resource intensive and usually more often are longer in treatment.

- In England, successful completions for all drug and alcohol treatment groups have been declining year on year. Nottinghamshire has consistently lower proportions of successful completions compared to England (excluding alcohol). For all drug groups, despite proportions declining year on year for England, Nottinghamshire's successful completions increased between 2019/20 and 2020/21 from 10% to 11%, respectively. However, this is still 3% lower when compared to England for the year 2020/21 (11% vs 14%).

- Nottinghamshire has a similar proportion (26%) when compared to the national average (24%) of service users working more than 10 days in the last 28 days at exit for opiate service users For non-opiate service users Nottinghamshire has a higher proportion (42.10%) of service users working more than 10 days in the last 28 days at exit compared to the national average (36.40%).

- For 2021/22, in Nottinghamshire, a higher proportion of non-opiate service users (96.10%) have no reported housing need compared to opiate service users (90%), this also holds true nationally where a greater proportion of non-opiate service users (96.20%) have no reported housing need compared to opiate service users (95.90%). This is similar to the national average for no reported housing need for non-opiates, however, is worse than the national average for opiate service users, indicating that there is a greater need in Nottinghamshire for this treatment group.

- For 2021/22, Nottinghamshire has a higher proportion of service users identified as having a mental health need within its treatment population for opiates, non-opiates, alcohol and alcohol and non-opiates (all treatment groups) when compared to national figures. Overall, the treatment group identified as having the greatest mental health need in Nottinghamshire were those who were in treatment for alcohol and non-opiates (84.2%). Nationally service users in the alcohol and non-opiates treatment group also have the greatest mental health need, however the proportion is 9.9% lower when compared with Nottinghamshire.

- The greatest disparity when comparing Nottinghamshire to national figures, is for service users who are in the alcohol treatment group. There is a significantly higher proportion of service users identified as having a mental health need in this group in Nottinghamshire when compared to the national figure, there is a 14.1% difference between the proportion for Nottinghamshire and the proportion nationally. (Nottinghamshire 82.40% and England 68.30%).

- **Recommendation: Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.**

10.2 Treatment effectiveness

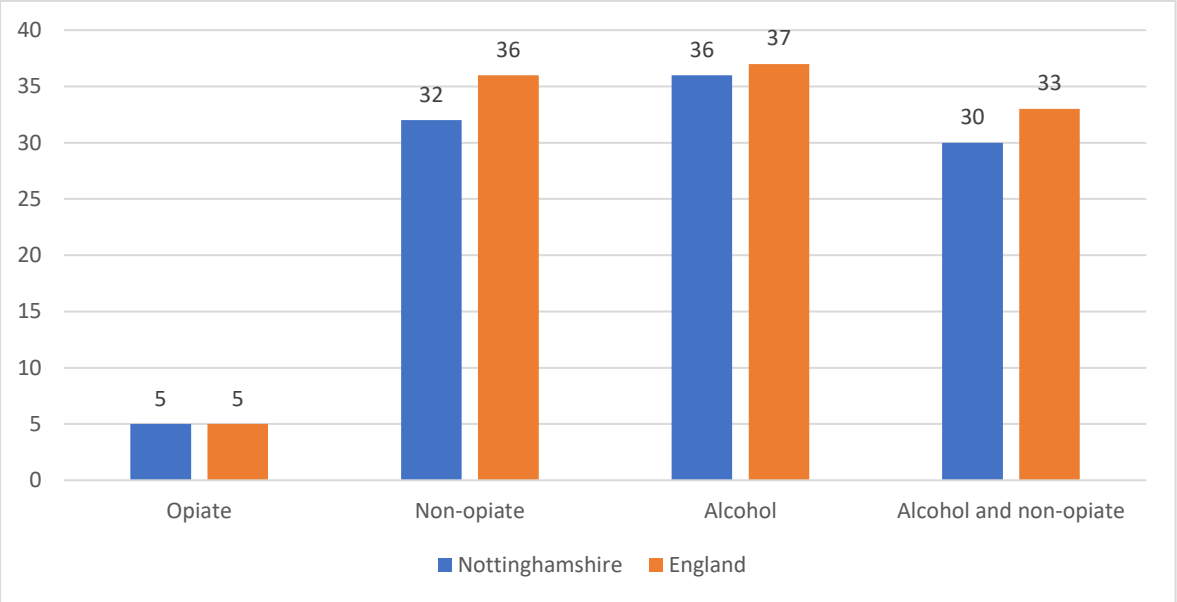
Successful treatment completions are included as an indicator within the Public Health Outcomes Framework (PHOF), C19 a,b,c which correspond with successful completion of drug treatment opiate users, successful completion of drug treatment non-opiate users and successful completion of alcohol treatment, respectively.

During the Covid-19 lockdowns in 2020, there was a reduction in "successful exits", (as seen on NDTMS data). Initial feedback from service leads and providers noted that keeping service users on record and in treatment was used as a protective factor for individuals in uncertain times. CGL in its duty of care to its service users made sure it didn't discharge and kept service users safe and reduced risk. Therefore, for the periods 2019-20 and 2020-21 there is a reduction in the number of successful exists. A priority for CGL, was to keep people safe through the pandemic. Those that used the service were sharing the challenges of the pandemic such as isolation, loneliness, and fear, and reported feeling unable to make the changes to their use at that time. The service worked with people in a person-centred way and as an organisation developed a policy which meant that they retained in treatment for longer than previously.

In Nottinghamshire, 5% of the successful completions are in the opiate treatment group. This is the same as England. The alcohol treatment group constitutes 36%, non-opiates 32% and alcohol & non opiate 30% of successful completions. These other substance treatment groups are similar to England (alcohol (37%), non-opiates (36%) and alcohol & non opiate (33%)[104]. Opiates represent the smallest proportion of successful substance treatment completions. Service users who are in treatment for opiates are most expensive, financially, and clinically; they are far more resource intensive and usually more often are longer in treatment.

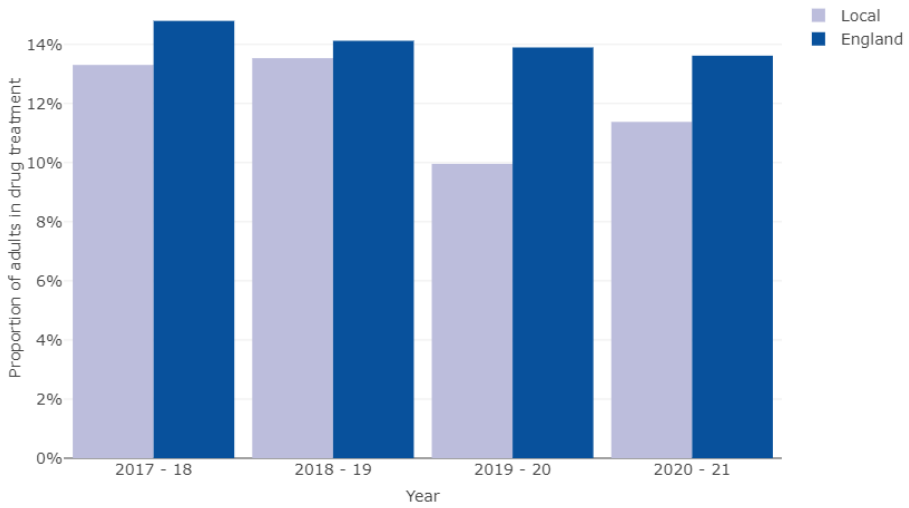
[104] Source: NDTMS Commissioning and Support Pack

Figure 61: Successful completions as proportion (%) of total number in treatment[105]



10.2.1 All drug groups

Figure 62: Successful completions as a proportion of total number in treatment (for all drug groups), for Nottinghamshire and England, 2017-18 to 2020-21[106].



The proportion of total number in treatment is the number of service users whose latest treatment journey ended with a discharge reason of 'treatment completed. The percentage is shown as a proportion of all service users in treatment in that year. Graphs show trend data for the last four years.

In England for all drug groups, successful completions for all drug groups (excluding alcohol) have been declining year on year. Nottinghamshire has consistently lower proportions of successful completions compared to England. Despite proportions declining year on year for England, Nottinghamshire's proportion increased between 2019/20 and 2020/21 from 10% to

[105] Source: NDTMS Commissioning and Support Pack

[106] Source: NDTMS

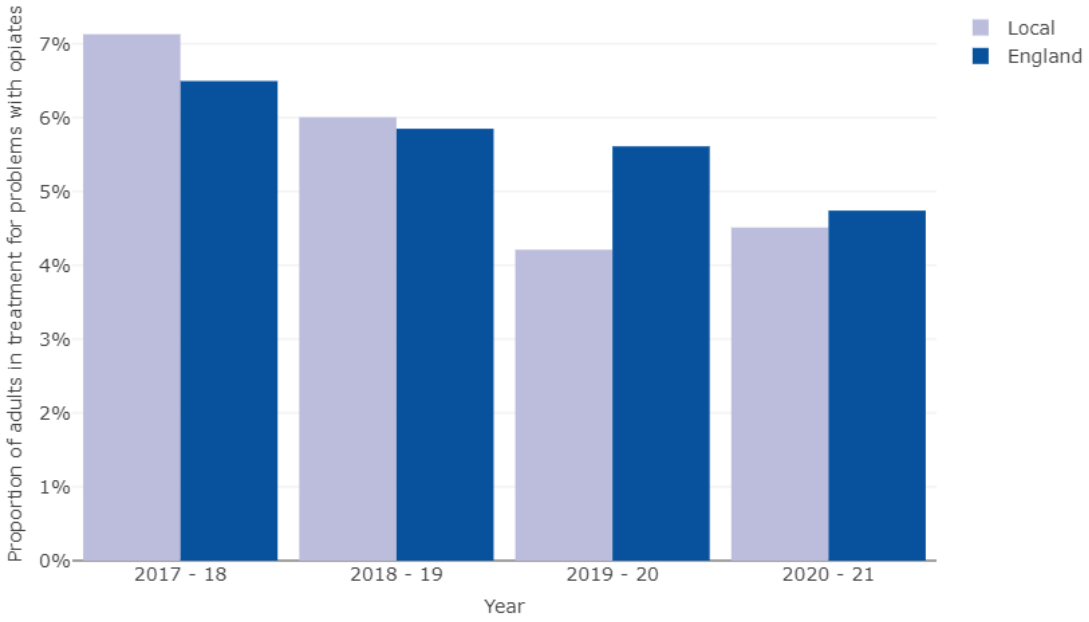
11%, respectively. However, this is still 3% lower when compared to England for the year 2020/21.

10.2.2 Opiate

Rates of treatment completion have levelled off nationally, with a decline in the proportion of opiate users completing treatment. This decline is likely to be in part because many of those who now remain in treatment for opiate use are older, often have health problems and are entrenched lifestyles and drug dependence[107]. Therefore, it is better to keep long-term drug users in treatment.

Figure 63 shows the proportion who successfully completed treatment for opiate and did not re-present to structured treatment for substance use within 6 months of that successful completion. The percentage shown is as a proportion of all service users successfully completing opiate treatment during that calendar year.

Figure 63: Proportion of all in opiate treatment, who successfully completed treatment and did not re-present within 6 months (PHOF C19a/C19b), for Nottinghamshire and England, 2017-18 to 2020-21[108].



In England the proportion of all in opiate treatment who successfully completed treatment and did not re-present within 6 months has declined year on year. Nottinghamshire has also declined since 2017/18, however in the most recent year 2020/21 the proportion of 4.5% is similar to that of England which has a proportion of 4.7%.

10.2.3 Non-opiate or alcohol and non-opiate

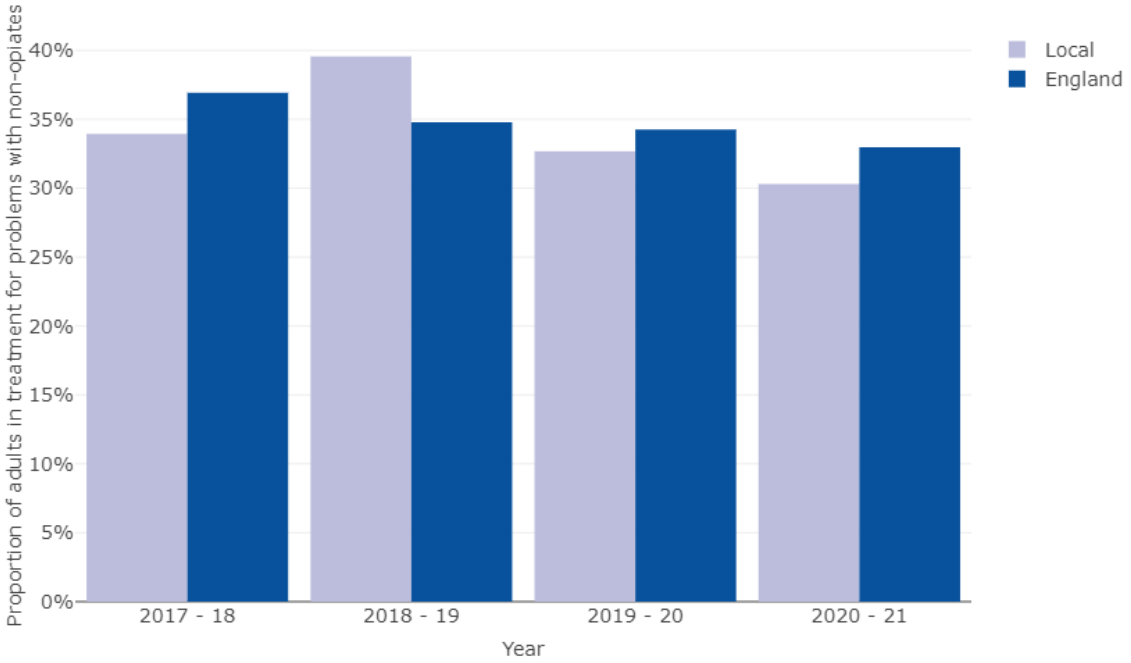
People using drugs other than opiates have much higher successful completion rates as their use tends to be less entrenched and they frequently have better access to employment, housing and the support of family and friends[109].

[107] An evidence review of the outcomes that can be expected of drug misuse treatment in England (publishing.service.gov.uk)
[108] Source: NDTMS
[109] An evidence review of the outcomes that can be expected of drug misuse treatment in England (publishing.service.gov.uk)

Figure 64 shows the proportion who successfully completed treatment for non-opiate or alcohol and non-opiate treatment and did not re-present to structured treatment for these substances within 6 months of that successful completion. The percentage shown is as a proportion of all service users successfully completing non-opiate or alcohol and non-opiate treatment during that calendar year.

In England the proportion who successfully completed treatment for non-opiate or alcohol and non-opiate and did not re-present to structured treatment within 6 months of that successful completion has declined year on year. In Nottinghamshire, it has declined year on year since 2018/19, however proportions are lower when compared to England. In Nottinghamshire, for the year 2020/21, the proportion was 30.3% compared to 33.0% in England.

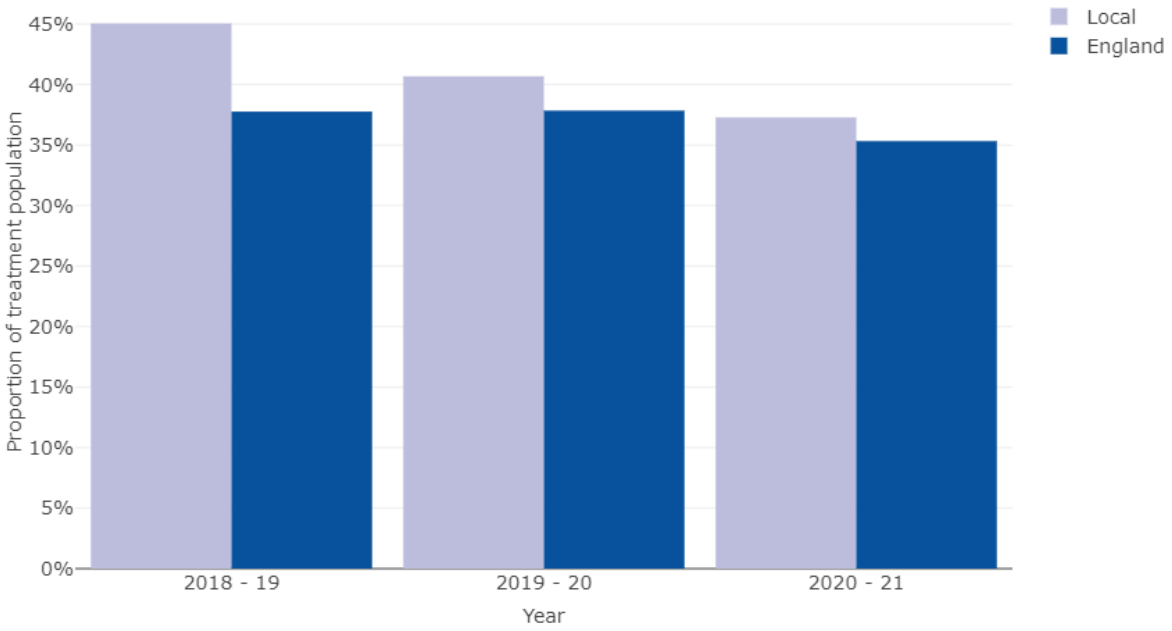
Figure 64: Proportion of all in non-opiate or alcohol and non-opiate treatment, who successfully completed treatment and did not re-present within 6 months (PHOF C19a/C19b), for Nottinghamshire and England, 2017-18 to 2020-21[110].



[110] Source: NDTMS

10.2.4 Alcohol

Figure 65: Proportion of all adults in treatment for alcohol who completed and did not return within 6 months for Nottinghamshire and England, 2018-19 to 2020-21[111]



Nottinghamshire has a higher proportion of all adults in treatment for alcohol who completed and did not return within 6 months, however this has declined year on year. In 2020/21, 37% completed and did not return within 6 months in Nottinghamshire, compared to 35% in England.

10.2.5 Treatment Outcomes Profile

Treatment Outcomes Profile (TOP) is the national outcome monitoring tool for substance use services. It is a simple set of questions that can aid improvements in clinical practice by enhancing assessment and care plan reviews.

The proportion of service users who reported using opiates, crack cocaine or powder cocaine respectively at the time of their start TOP that have stopped using or reliably improved (reduced their frequency of use by a set number of days) by the time of their treatment review TOP. The proportion and number of service users who are abstinent is presented first. The proportion of service users that are expected to become abstinent at six-month review is displayed as a range. 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 service users 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 service users that are now due for 6-month review. Performance either side of the expected range is exceptional.

The proportion achieving reliable improvement (and not abstinence) in reduction of their use is reported. The reliable change index is a conservative measure which requires a specified number of days reduction for a service user to be considered reliably improved. The threshold varies between substances – for example, 13 days reduction is required for opiate use. If a

[111] Source: NDTMS

service user at treatment presentation is using for fewer than the number of days required to be considered reliably improved for the given substance (e.g., an opiate user using for 12 days) they cannot reliably improve, although they can of course still achieve abstinence.

Table 53: Abstinence and reliably improved rates at 6 months review in the last 12 months. For Nottinghamshire. For the period: 01/04/2021 to 31/03/2022[112].

	Abstinence rates`		Expected range	Reliably improved
	(%)	(n)		(%)
Opiate abstinence and reliably improved rates	40.20%	80 / 199	40.1% - 54.0%	21.60%
Crack abstinence and reliably improved rates	25.90%	22 / 85	26.2% - 46.7%	21.20%
Cocaine abstinence and reliably improved rates	46.00%	23 / 50	32.4% - 60.1%	12.00%
Alcohol abstinence and reliably improved rates	12.70%	66 / 518	14.3% - 20.9%	14.90%

In Nottinghamshire, crack abstinence (25.90%) and alcohol abstinence (12.70%) rates are lower than their expected range. Opiate abstinence (40.20%) at a service users six-month review is within the expected range, however, this is towards the lower end of that expected range. Cocaine abstinence (46.00%) is within the expected range. As NDTMS defines performance either side of the expected range is exceptional.

10.3 Employment and accommodation

Unemployment and housing problems have a marked negative impact on treatment outcomes and exacerbate the risk that someone will relapse after treatment[113].

As Dame Carol Black also stated in her report, “employment is an essential part of recovery, both for financial stability and to offer something meaningful to do” and “having a home is key to recovery”.

10.3.1 In stable employment

There is a strong link between employment and successful drug treatment. Evidence suggests that the relationship between employment and successful drug treatment works in two directions with successful drug treatment improving the likelihood of achieving positive employment outcomes, and employment moderating drug use (including increased periods of abstinence, reduced relapse, and improved engagement with drug treatment)[114].

Nottinghamshire has a similar proportion (26%) when compared to the national average (24%) of service users working more than 10 days in the last 28 days at exit for opiate service users. For non-opiate service users Nottinghamshire has a higher proportion (42.10%) of service users working more than 10 days in the last 28 days at exit compared to the national average (36.40%).

[112] Source: NDTMS

[113] An evidence review of the outcomes that can be expected of drug misuse treatment in England (publishing.service.gov.uk)

[114] Learning and Work Institute. Drug treatment outcomes and employment: A Rapid Evidence Review. 2016

Table 54: Employment outcomes[115]

Latest period: 01/04/2021 to 31/03/2022	(%)	(n)	National average
Opiate Clients			
Clients working >= 10 days in last 28 at exit	26.00%	19 / 73	24.00%
* Clients volunteering	1.40%	1/73	2.50%
* Clients in unpaid structured work	0.00%	0 / 73	0.50%
Non-Opiate Clients			
Clients working >= 10 days in last 28 at exit	42.10%	72 / 171	36.40%
* Clients volunteering	1.80%	3 / 170	1.80%
* Clients in unpaid structured work	0.00%	0 / 170	0.80%

Key:
*Indicates that data is obtained only from the exit TOP, while all other TOP data is based on clients with both a start and exit TOP. (Treatment Outcome Profile)

Clients successfully completing treatment working >=10 days in last 28 at exit is the proportion of clients aged 18 and over who successfully completed treatment reported working at least 10 days of paid work in the last 28 days at the time of their exit TOP. This column is reported for clients who successfully completed treatment in the latest rolling 12- month period. Clients must have had a TOP at both start and exit to be counted.

Clients successfully completing treatment volunteering is the proportion reported for clients who successfully completed treatment in the latest rolling 12-month period who were engaged in volunteering at the end of treatment. Due to the new implementation of this item, only a TOP at exit is required for reporting.

Clients in unpaid structured work is the proportion reported for clients who successfully completed treatment in the latest rolling 12- month period who were engaged in unpaid structured work at the end of treatment. Due to the new implementation of this item, only a TOP at exit is required for reporting.

CGL has an Individual Placement and Support programme (IPS). The IPS team support the programme and are based within the service and are experienced substance use practitioners that work with individuals and employers who are seeking employment, sustaining employment and that are engaging with the service. As part of this scheme, the team meet with the disability employment advisory team, Work coaches within DWP and Futures who support people into work. The scheme supports people with CV writing, vocational profiles and looks at individuals' skills and experience. The scheme is person centred and seeks roles that fit the experience and skills of the person.

Since the project began, CGL have had 234 referrals to IPS. CGL have supported some individuals into more than one job, however, there have been a total of 40 job started, 36 Individuals supported into work and 108 engagements (people commencing a vocational profile).

[115] Source: NDTMS

Employer engagement is key, and links are made with local employers. The team offers in reach support for both the service user and the employer.

For those that are engaged with treatment services but do not want to engage in the IPS, individuals are supported to engage in job centre plus.

Benefit advice and guidance such as better off calculations, Personal Independence Payment (PIP) claims training and building confidence in readiness for employment pre-employment is limited within the service but support is offered to engage with services that offer this.

10.3.2 In stable accommodation

A safe, stable home environment enables people to sustain their recovery. Homelessness has been implicated in starting substance use or worsening usage as well as reducing the motivation and willingness for change[116]. Furthermore, having no fixed abode could reduce access to health and wellbeing services.

Data collected in 2018 from CGL suggested that around a fifth of service users who were coming into the service for structured treatment disclosed as having No Fixed Abode (NFA) or having housing problems[117], currently as of August 2022 this stands at around a tenth of service users who are homeless as part of CGL's current caseload.

For 2021/22, in Nottinghamshire, a higher proportion of non-opiate service users (96.10%) have no reported housing need compared to opiate service users (90%), this also holds true nationally where a greater proportion of non-opiate service users (96.20%) have no reported housing need compared to opiate service users (95.90%). This is similar to the national average for no reported housing need for non-opiates, however, is worse than the national average for opiate service users, indicating that there is a greater need in Nottinghamshire for this treatment group.

In Nottinghamshire, service users with no reported suitable housing need for both opiate (97.2%) and non-opiate service users (96.5%) is similar to that nationally for both opiate (96.1%) and non-opiate (95.6%) service users. This indicates that those who did not report living in unsuitable housing at the end of treatment is similar to the national average.

Table 55: Housing/ accommodation need[118]

Latest period: 01/04/2021 to 31/03/2022	(%)	(n)	National average
Opiate Clients			
Clients with no reported housing need	90.00%	63 / 70	95.90%
* Clients with no reported unsuitable housing	97.20%	69 / 71	96.10%
Non-Opiate Clients			

[116] PHE. An evidence review of the outcomes that can be expected of drug misuse treatment in England. Public Health England, 2016
[117] Nottinghamshire Health and Homelessness JSNA
[118] Source: NDTMS DOMES

Clients with no reported housing need	96.10%	149 / 155	96.20%
* Clients with no reported unsuitable housing	96.50%	164 / 170	95.60%

Key:
* Indicates that data is obtained only from the exit TOP, while all other TOP data is based on clients with both a start and exit TOP. (Treatment Outcome Profile)

Clients successfully completing treatment with no reported housing need is the proportion of clients who successfully completed treatment in the latest rolling 12-month period who didn't report a housing problem at the end of treatment. Clients must have had a TOP at both start and exit to be counted.

Clients successfully completing treatment with no suitable housing is the proportion of clients who successfully completed treatment in the latest rolling 12-month period who did not report living in unsuitable housing at the end of treatment. Due to the new implementation of this item, only a TOP at exit is required for reporting.

CGL use monitoring templates that assesses the security of someone's housing whilst they are treatment, and support is offered to link with in with the local authority if there is an immediate housing risk.

The Rough Sleeper Initiative (RSI) team works alongside housing providers such as Framework, local district councils, and other housing providers, to source and maintain supported housing for more complex individuals, with the aim of supporting people into self-maintained move on properties. To reduce homelessness, CGL use their RSI personal budget to provide temporary accommodation whilst the Local Authority find more suitable accommodation. The RSI project works with local private landlords and supports them if problematic drug and alcohol use identified, as well as offering support to people to move back to areas where there are family ties and wish to return to the area.

CGL work with the wider RSI team and support is allocated to private landlords and their tenant to maintain accommodation. CGL RSI teamwork with street homeless/rough sleepers and encourage engagement in the service offer as well as providing harm reduction interventions to this population to minimise risk.

CGL have a worker based within a temporary supported accommodation that has 24-hour support in Mansfield, offering substance use interventions to all residents. CGL consultant psychologist provides psychological interventions 1 day per week within this setting.

Information sharing agreements are in place with RSI partnership agencies and information is shared within Multi agency forums such as Rough Sleeper Action Group (RSAG) and Vulnerable Person Panel (VPP) to ensure that appropriate support is being provided to those most complex. Problem solving meetings are attended in Bassetlaw that looks at the whole family and addresses any accommodation needs.

The service works with other agencies for the wellbeing of the individual to ensure that detox places and respite care is coordinated alongside accommodation needs. With increasing

complex needs such as alcohol related brain injury finding appropriate accommodation and sustaining this is an ongoing challenge.

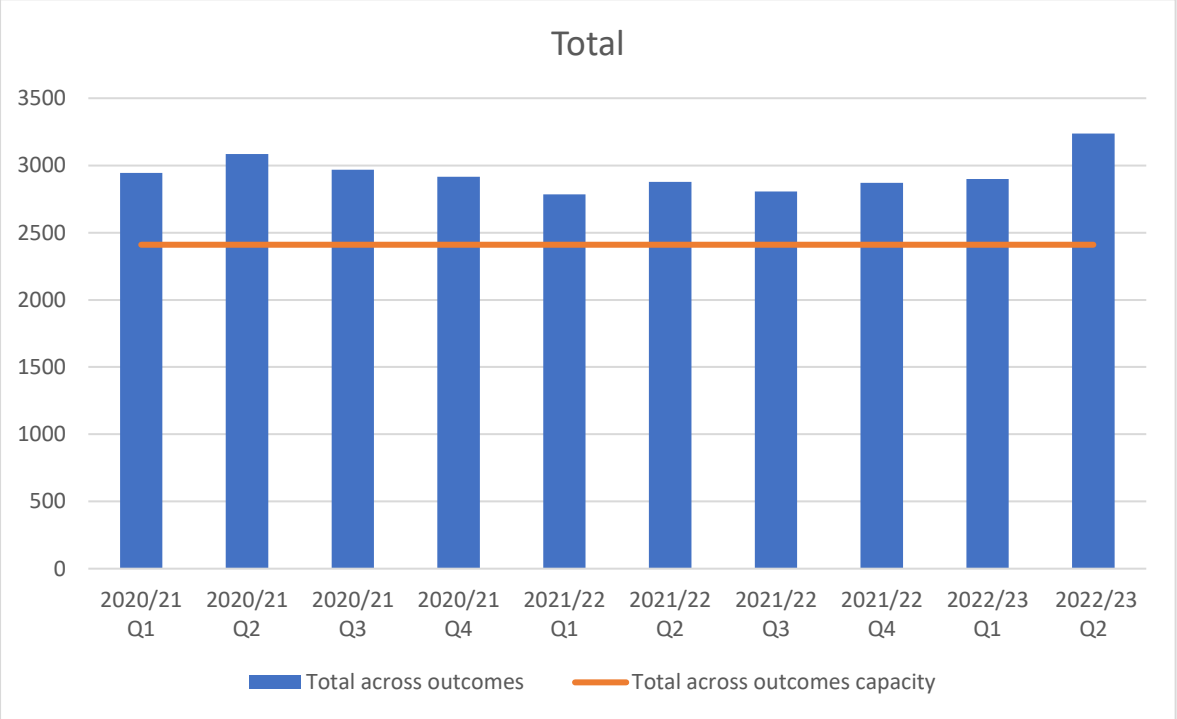
If successful, the SSMTR housing support grant will further enhance the current housing/accommodation support offered within CGL and provide floating support offering people support with problematic drug and/or alcohol use whilst maintaining their accommodation.

10.4 Current service overcapacity

Since the start of the covid pandemic, the overall number of residents presenting into treatment continues to be over the contract value for all substances. The graphs below show the contract numbers (red line) and the actual number of residents in treatment at the end of each quarter.

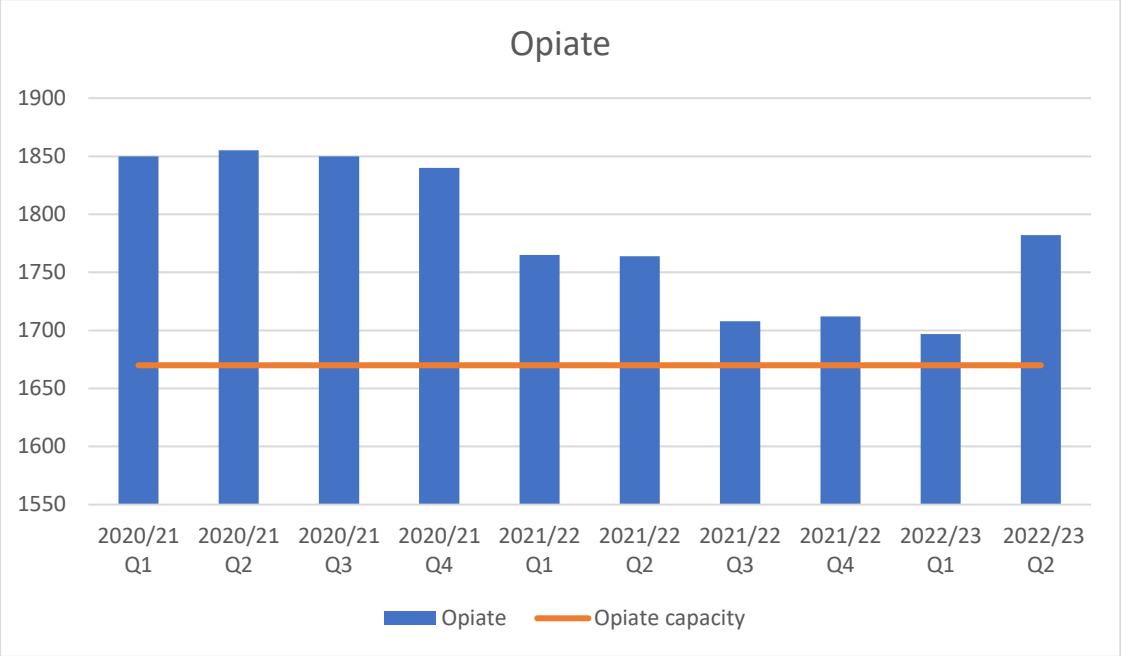
The service has had to manage those already in treatment in addition to new service users coming into treatment and explains why there are lower successful completions overall (please see section 10.1 for more information).

Figure 66: Total number of residents accessing CGL between March 2020 and June 2022



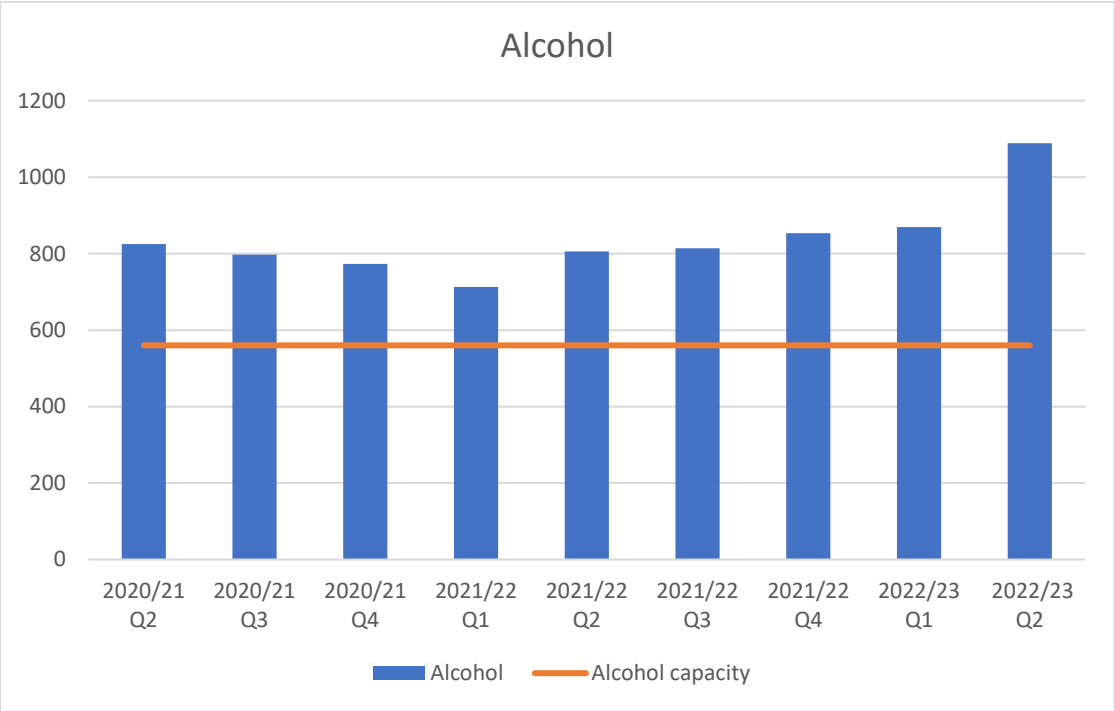
As at Q2 2022/2023, the total overcapacity across all outcomes was **31%.**

Figure 67: Total number of residents accessing CGL for opiate treatment between March 2020 and June 2022



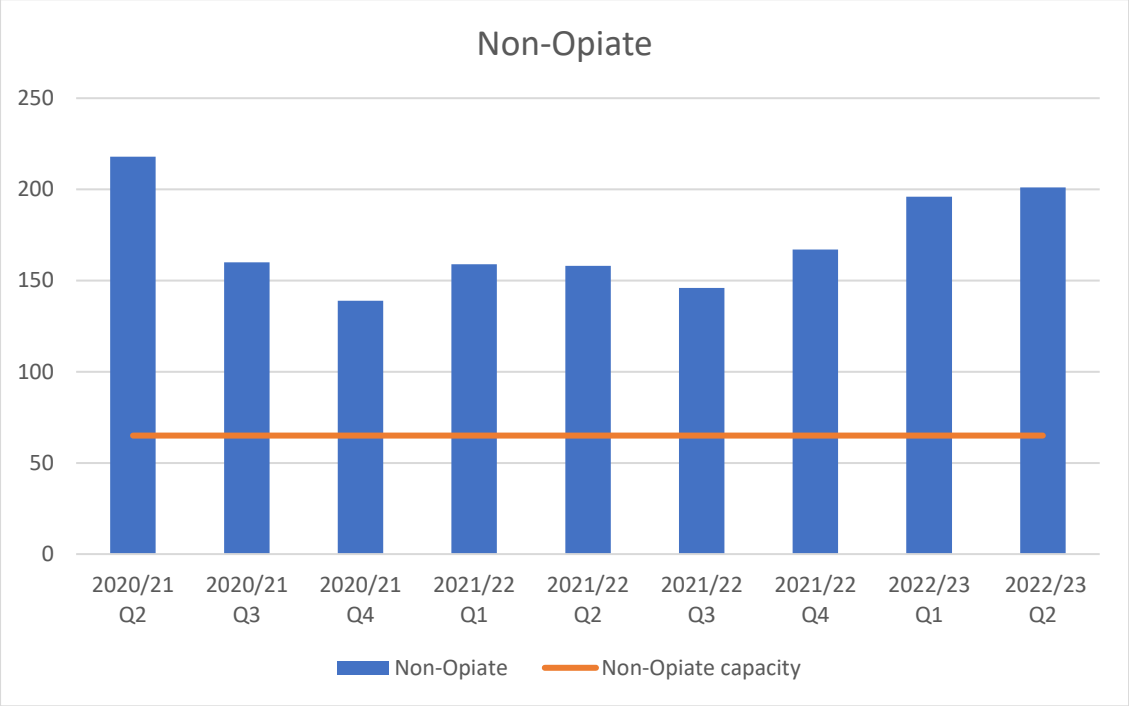
As at Q2 2022/23, the total overcapacity for opiates was **7%.**

Figure 68: Total number of residents accessing CGL for alcohol treatment between March 2020 and June 2022



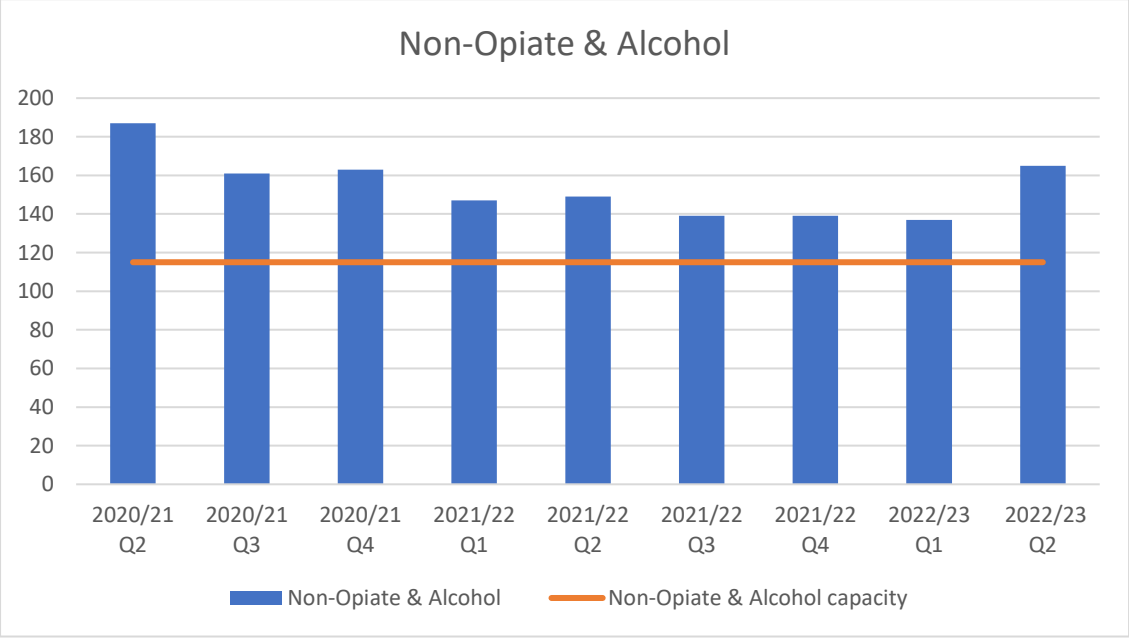
As at Q2 2022/2023, the total overcapacity for alcohol was **61%.**

Figure 69: Total number of residents accessing treatment for non-opiates between March 2020 and June 2022



As at Q2 2022/2023, the total overcapacity for non-opiate was **302%.**

Figure 70: Total number of residents accessing CGL for non-opiates and alcohol treatment between March 2020 and June 2022



As at Q2 2022/2023, the total overcapacity for non-opiate and alcohol was **43%.**

It is anticipated that the increase in demand is going to continue.

10.5 Mental Health

It is very common for people to experience mental ill-health and alcohol/drug use (co-occurring conditions) at the same time. Research shows that mental ill-health is experienced by the majority of drug (70%) and alcohol (86%) of alcohol users in community substance use treatment. Death by suicide is also common, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental-ill health[119].

Moreover, evidence shows that despite the shared responsibility that NHS and local authority commissioners have to provide treatment, care and support, people with cooccurring conditions are often excluded from services[120].

Figure 71: Percentage of service users entering treatment identified as having a mental health treatment need, Nottinghamshire and National, 2021/22[121]

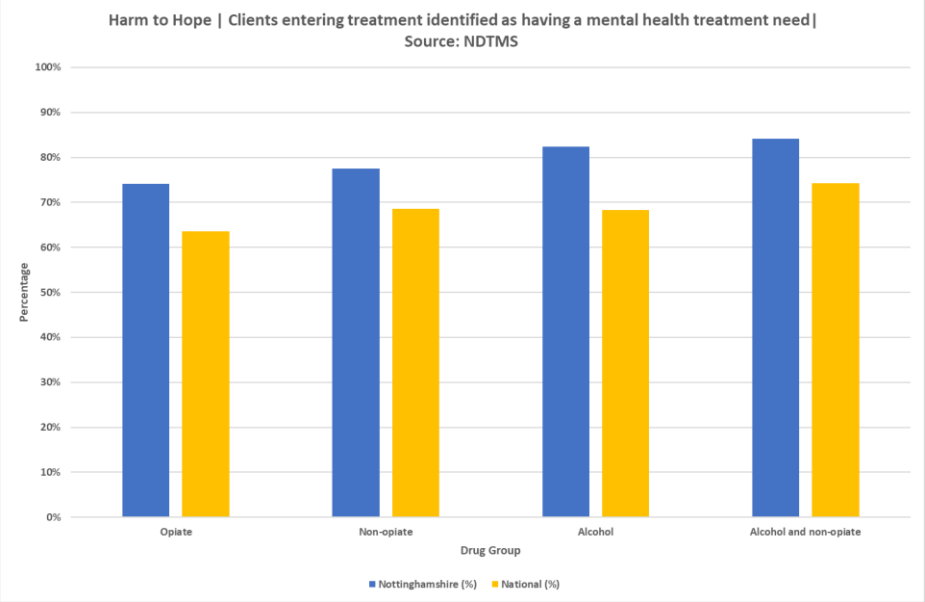


Table 56: Percentage of service users/clients entering treatment identified as having a mental health treatment need, Nottinghamshire and National, 2021/22[122]

Clients entering treatment identified as having a mental health treatment need				
(n) = clients starting treatment with a mental health treatment need recorded on NDTMS / clients starting treatment in the year to date (01/04/2021 to 31/03/2022)				
	Nottinghamshire			**National**
	(%)	**(n)**		**(%)**
Opiate	**74.10%**	297 / 401		**63.50%**
Non-opiate	**77.50%**	234 / 302		**68.50%**
Alcohol	**82.40%**	884 / 1073		**68.30%**
Alcohol and non-opiate	**84.20%**	187 / 222		**74.30%**

[119] Public Health England (2017) Better care for people with co-occurring mental health, and alcohol and drug use conditions (publishing.service.gov.uk)
[120] CQC People's experiences of help, care, and support during a mental health crisis 20150611_righthere_mhcrisiscare_summary_3.pdf (cqc.org.uk)
[121] Source: NDTMS
[122] Source: NDTMS

For 2021/22, Nottinghamshire has a higher proportion of service users identified as having a mental health need within its treatment population for opiates, non-opiates, alcohol and alcohol and non-opiates (all treatment groups) when compared to national figures. Overall, the treatment group identified as having the greatest mental health need in Nottinghamshire were those who were in treatment for alcohol and non-opiates (84.2%). Nationally service users in the alcohol and non-opiates treatment group also have the greatest mental health need, however the proportion is 9.9% lower when compared with Nottinghamshire.

The greatest disparity when comparing Nottinghamshire to national figures, is for service users who are in the alcohol treatment group. There is a significantly higher proportion of service users identified as having a mental health need in this group in Nottinghamshire when compared to the national figure, there is a 14.1% difference between the proportion for Nottinghamshire and the proportion nationally.

NB: Data for 2020/21, also shows Nottinghamshire has a higher proportion of service users identified as having a mental health need within its treatment population for all treatment groups when compared to national figures (please see appendix J). CGL reported that there was an increase in service users reporting a decline in their mental health through the pandemic.

As shown in figure 72, for 2021/22, within Nottinghamshire, there is a greater proportion of those identified as having mental health needs that are having those needs met by a GP (65.9%) rather than community mental health teams/ services (13.2%).

For 2021/22, within Nottinghamshire, 28.5% of service users were not receiving treatment, were missing, or declined to commence treatment. CGL do not have any missing and had 6 new referrals in the time-period who declined to commence treatment. Therefore 451 individuals with a mental health treatment need have been identified but no treatment is being received. Not receiving and declining treatment is not the same. There is a caveat with this is that the numbers from CGL may not exactly align with the NDTMS partnership figures as there may be a few service users registered with a Nottinghamshire address but seen elsewhere in the country by an out of area provider.

However, with a higher proportion of those with a treatment need identified and not having treatment, this could be explained through poor engagement with the community mental health teams; however, this could be because a service users mental health is being managed by the GP or that a service user wishes to focus on addressing their substance use issues before addressing their mental health.

Figure 72: Percentage of service users identified as having a mental health treatment need and receiving treatment for their mental health, Nottinghamshire and National 2021/22[123]

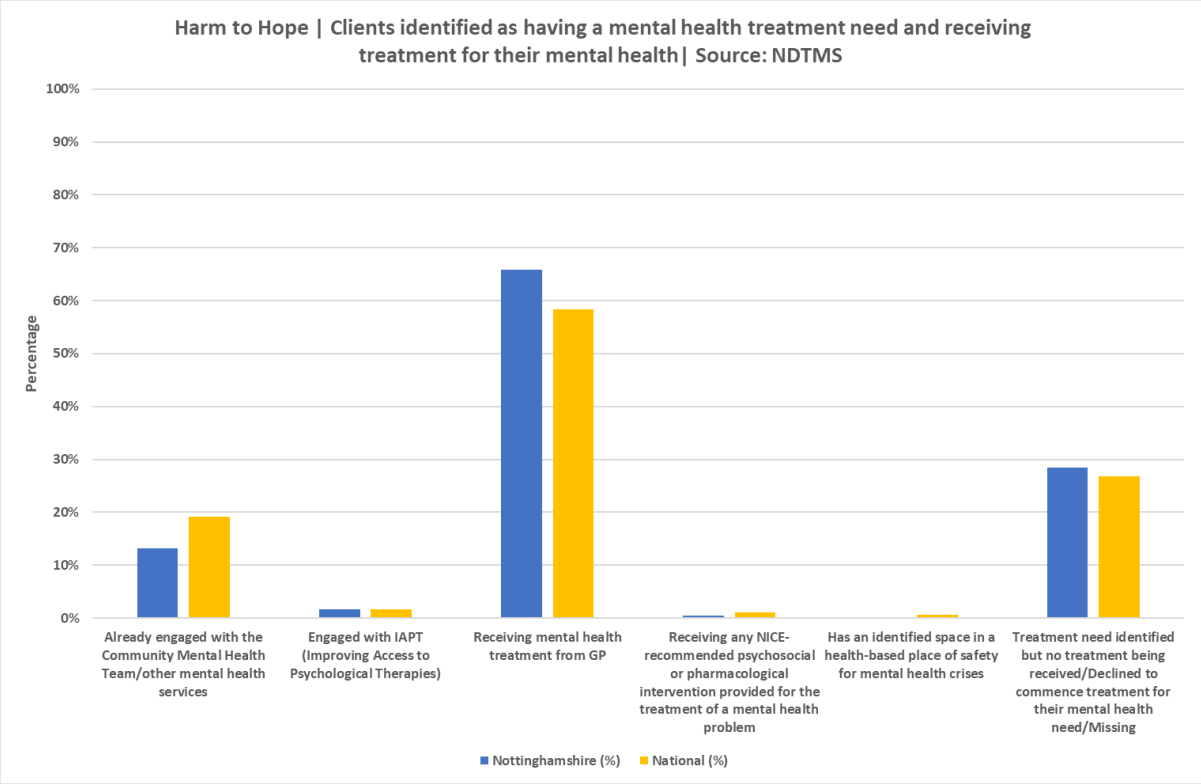


Table 57: Percentage of service users/clients identified as having a mental health treatment need and receiving treatment for their mental health, Nottinghamshire and National 2021/22

Clients identified as having a mental health treatment need and receiving treatment for their mental health				
(n) = mental health treatment being received by clients identified as having a mental health treatment need as recorded on NDTMS / clients entering treatment identified as having a mental health treatment need as recorded on NDTMS				
Latest period: 01/04/2021 to 31/03/2022				
	Nottinghamshire			**National**
	(%)	**(n)**		**(%)**
Already engaged with the Community Mental Health Team/other mental health services	**13.20%**	212 / 1602		**19.20%**
Engaged with IAPT (Improving Access to Psychological Therapies)	**1.60%**	25 / 1602		**1.70%**
Receiving mental health treatment from GP	**65.90%**	1055 / 1602		**58.30%**
Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem	**0.50%**	8 / 1602		**1.10%**
Has an identified space in a health-based place of safety for mental health crises	**0.20%**	3 / 1602		**0.60%**
Treatment need identified but no treatment being received/Declined to commence	**28.50%**	457 / 1602		**26.80%**

[123] Source: NDMTS

treatment for their mental health need/Missing				

Although CGL are not a mental health service, improving health and wellbeing (both physical and mental) is a key outcome of the service.

When coexisting needs are identified within CGL, referrals are completed by the SM Recovery Co-ordinators, this is then sent through to the Substance Misuse (SM)/ Mental Health (MH) team. They are reviewed on a weekly basis by the team and then cases needing support, will be allocated and assessment will commence for approx. 6 weeks alongside treatment interventions from both MH and SM services. Anyone referred into mainstream MH services, will continue to receive support for up to 14 weeks while the case is picked up by the Local Mental Health Teams (LMHT). Interventions that will be delivered during this time could include MH assertive engagement, mental health psychological treatment, mental health initial assessment, mental health review and mental health treatments required. The individual will continue to receive substance use interventions whilst having their MH needs assessed, therefore any SM prescribing will stay with the SM service.

When the LMHT team picks up the case the SM and MH practitioner will hand over the case to allow effective joint working between SM and MH teams. The effectiveness of this pilot will be measured by an independent evaluation.

Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire Healthcare NHS Foundation Trust is currently undertaking an HNA, specifically focusing on co-existing Mental Health and Substance Use. The aim is to have the report ready by February 2023, dependent on obtaining data from stakeholders. The aims and objectives are to review the current literature on co-existing mental health and substance use, including national guidance, to identify a prevalence and patient profile in our area, determine the unmet need by comparing patient profiles to national data and literature and finally make recommendations for future service provision in our area.

10.6 Non-commissioned services

Recovery is a personal journey and any activity in the community from sport and exercise to education may be an essential part of someone's ongoing recovery. This section looks at services and organisations that are not commissioned but provide specific support for drugs and/or alcohol, splitting them into three categories:

1. Independent local services
2. Private services
3. Mutual aid

Many non-commissioned services are provided in Nottingham City however these services provide support to residents of both Nottingham City and Nottinghamshire County. Figure 73 shows the spread of services across the area: there is a service present in each locality, however there is little spread of services within each locality. With the exception of mutual aid, all of these services support recovery for both drugs and alcohol.

10.6.1 Independent local services

Based in Nottingham City, Double Impact uses the principles of connection to strengths, effective support networks, opportunities and community assets to support recovery. Most services are centred around building skills for employment and supporting individuals to access meaningful work. Recovery Links Nottinghamshire provides specific support to over

18s in any part of Nottinghamshire via telephone or webchat. This includes information and signposting to local and online support, one to one support around goal setting, an online programme of groups and short courses to support the achievement of these goals and training and volunteering opportunities for skills development.

IM-PACT is made up of partnerships with service providers and churches within Newark. Individuals with alcohol or drug dependencies are supported by a 24-hour phone line offering mentoring and support from trained mentors and weekly drop-in sessions.

Al-Hurraya and BAC-IN, both based in Nottingham City, offer culturally sensitive recovery support to residents from ethnic minority groups in Nottingham and Nottinghamshire. Al-Hurraya also works with Change Grow Live in Nottinghamshire to ensure that support offered is responsive to the unique needs of people from ethnic minority groups.

Rhubarb Farm in Bassetlaw offers work placements, training and volunteering opportunities to people with long-term issues including ex-offenders and recovering alcohol or drug users. A dedicated drug and alcohol worker helps individuals to develop coping strategies and supports with housing, benefits, CV preparation and skills development, with a focus on building confidence, motivation and support networks.

Betel UK is a Christian Charity for individuals and families affected by drug and alcohol addiction and homelessness. The Nottingham centre is located in Nottingham City and individuals are recommended a minimum stay of 12-18 months. Activities run from 7am to 11pm daily, and residents engage in a work schedule from 9am to 5:30pm Monday to Saturday across a range of teams. Other activities include recreation, music and art lessons, reading time and worship. There is a focus on peer-support, with each resident being assigned a mentor at the beginning of their stay.

10.6.2 Private services

Searches show that one private residential rehabilitation service and two private counselling services exist within Nottinghamshire County. Steps Together provides residential rehabilitation, with the primary phase being offered in Ashfield and the secondary phase being offered in Mansfield. Outpatient services such as private at-home detox and therapy are offered, and residents are provided with aftercare support.

The Addiction Therapy Centre and Addictions Counselling both offer addiction specific counselling, with therapists in both services having experience working in other substance use treatment settings. Sessions from both services are offered in Gedling, with The Addiction Therapy Centre also offering Zoom sessions for those unable to travel. Individuals may also seek counsellors that specialise in other areas as part of their recovery, for example if their substance use was triggered by bereavement or other trauma.

10.6.3 Mutual aid

There are 18 locations offering Alcoholics Anonymous (AA) meetings within Nottinghamshire County, with at least one meeting running in each district/borough. Meetings are spread across the week and take place at various times of day, and at least one AA meeting in each locality is wheelchair accessible. There is also one location offering Narcotics Anonymous meetings in Mansfield and one location in Ashfield offering Cocaine Anonymous meetings.

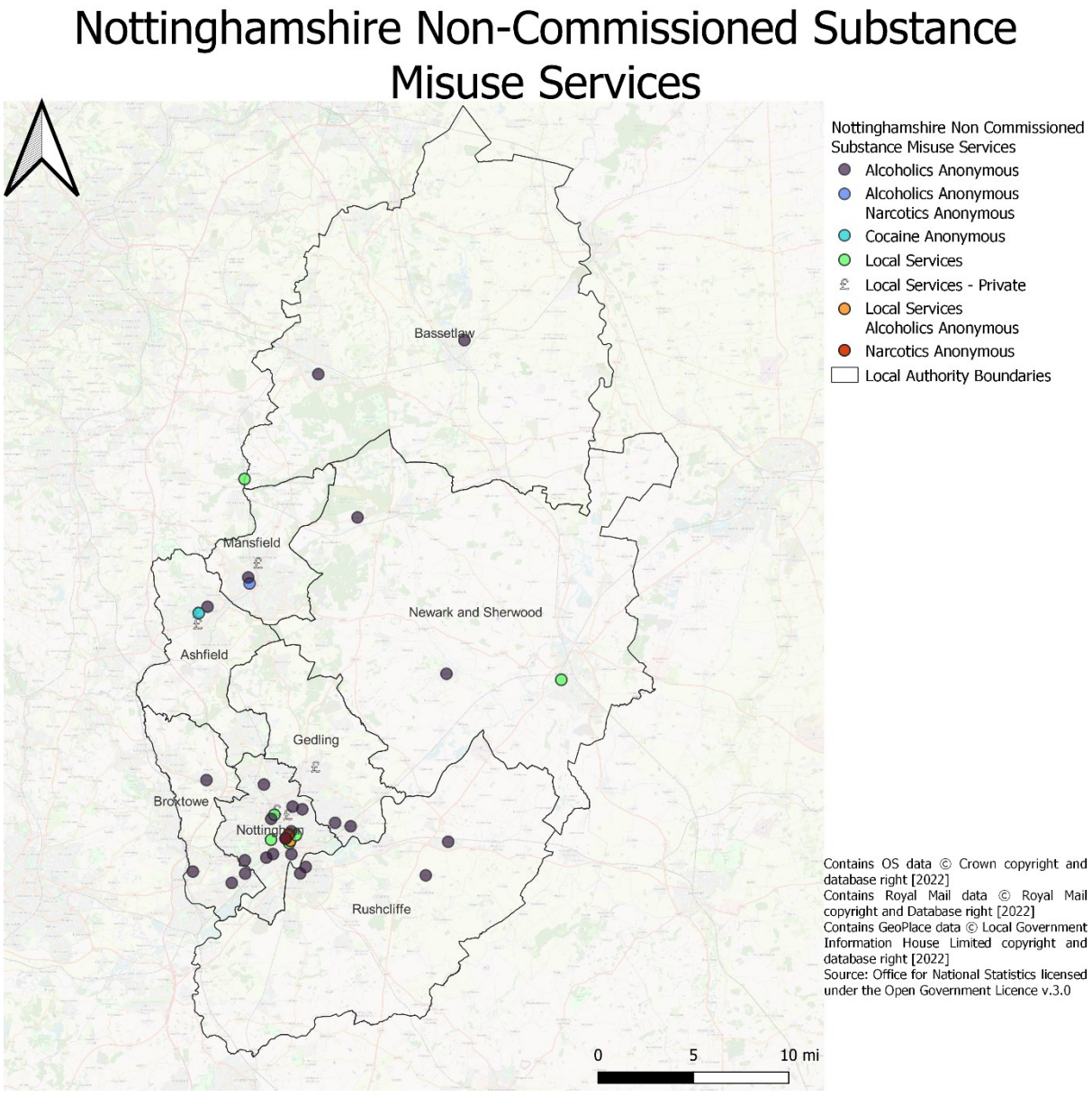
10.6.3 Other sources of support

Many other services aimed at supporting children and young people or those experiencing homelessness or mental ill health state that they provided support to those misusing drugs and alcohol. It is not clear whether these services directly provide recovery support or refer or signpost to other substance use services, therefore they have been excluded from the list

above and from figure 73. However, addressing these issues may be an important part of someone's recovery, particularly where they contributed to the onset of substance use.

Many telephone helplines exist such as We Are With You, Drinkline, Dear Albert and Talk to Frank, where individuals can access free confidential support around their own drug and alcohol use or that of a friend or family member. Searches also found several national helplines aiming to connect individuals with relevant residential rehabilitation services.

Figure 73: A map to show the spread of various non-commissioned substance use recovery services in Nottingham City and Nottinghamshire County[124].



[124] Source: NCC public health intelligence team

10.7 Links to other commissioned services

Links have been made with other commissioned services; this is to ensure that individuals are able to receive a personalised package of care.

Substance use has interdependencies with a range of other services and involves referring individuals to services such as maternity, social care, early help, children's social care, family services, criminal justice, probation and ABL (A Better Life) who focus on weight management and smoking cessation.

11. Wider engagement

11.1 Feedback from service users and wider service engagement

Currently Change Grow Live Nottinghamshire seek feedback in a variety of ways:

- digitally via Care Opinion and the CGL website. Care Opinion is an independent platform. This allows anyone who has used or is using the service to share their story. Care Opinion is promoted to all staff members and service users on a regular basis, with information posters in all hubs.
- in appointments using feedback forms/recording verbal feedback on their case management system (Criis).

When CGL are looking at getting feedback on particular topics they:

- invite feedback using questionnaires using survey monkey or Microsoft forms
- proactively telephone consults or face to face contact in CGL offices
- work with peers who can capture feedback from people accessing reception
- there are secured boxes within each hub where general comments/feedback can be made anonymously
- historically (prior to Covid) CGL have used Happy or Not terminals with specific themes of feedback, these have been non accessible due to Covid-19, but CGL are considering how they can re-introduce them.

At CGL, the people they support play an active role in helping to shape and improve services. CGL recruit service user representatives - these are people who may still be in treatment or who consider themselves to have lived experience, although representatives are not aligned with specific protected characteristics. These individuals attend and contribute to meetings and promote the many ways that service users can give feedback and they actively seek feedback from service users.

CGL provided us with an example of a recent targeted piece of work which aimed to explore tailored feedback from typically under-represented populations (such as those from ethnic minority groups). CGL wrote with consent) to 85 individuals to invite feedback of their experience of the service, encouraged first line staff to have conversations where appropriate and provided people with stamped addressed envelopes – sadly CGL have had one response to date. CGL are thinking of other ways of reaching out. Currently, we are also engaging with CGL to identify ways in which the voice of residents who may need treatment services are captured.

Where possible CGL use open ended questions to receive qualitive feedback in addition to other quantitative measures such as Likert scales (a close-ended, forced-choice scale for example strongly agree to strongly disagree with less extreme choices in the middle). Nationally, the organisation has added feedback points to TOP asking service users to rate how involved and supported they were during the appointment.

Any non-digital forms of feedback are recorded on a case management system and the feedback is included in governance reports and explores any identified trends and themes over the last quarter.

12. Recommendations

12.1 Overarching recommendations

To deliver the ambitions of 'From Harm To Hope' the members of the Combating Substance Misuse Partnership Board must own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.
In particular, priority areas are:

- individuals experiencing co-existing mental health and substance use issues
- individuals in the criminal justice system
- individuals who are drinking alcohol at health harming levels
- individuals who are experiencing multiple disadvantages for example Substance Misuse, homelessness, Domestic Violence
- children and young people whose parents are misusing substances
- individuals leaving prison who have substance use issues
- more evidence-based prevention activity for those who are at risk of substance use.

Ensure the voice of lived experience informs all parts of the strategy taking particular focus of those with protected characteristics.

12.2 Recommendations: aligning with the ambitions of FHTH strategy

Deliver a world-class treatment and recovery system

1. Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.

2. Local Police data quality and reporting requires improvement to demonstrate a relevant picture of need in Nottinghamshire.

3. Early identification of need and easy access to support and treatment for alcohol is required across the health and social care system. There needs to be sufficient capacity in the system to deliver this.

4. Systemised approach to drug and alcohol testing within and across prison settings is required to identify those with a substance use need and strengthen current prison to community pathways.

5. Criminal Justice pathways require evaluation to determine the impact of both mandatory and voluntary approaches on substance use treatment outcomes.

6. Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance use problem, seek help and successfully address it.

Achieve a generational shift in demand for drugs

7. Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues.

8. Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.

Partnerships fourth ambition the Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants

9. Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) i to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.

10. Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate. Particular focus should be on children services so that parental substance use can be identified to mitigate the impact of that on the child(ren)/family unit.

Appendices

Appendix A- Governance of the Nottinghamshire Combating Substance Misuse Partnership

Appendix B- Local outcome comparators, prevalence and unmet need for drugs and alcohol

Appendix C- Nottinghamshire Demographics

Appendix D- Drug related and alcohol related crime and activity in Nottinghamshire

Appendix E- Prisons: drug and alcohol testing

Appendix F- Children's services and safeguarding, MASH

Appendix G- Homelessness caseload CGL

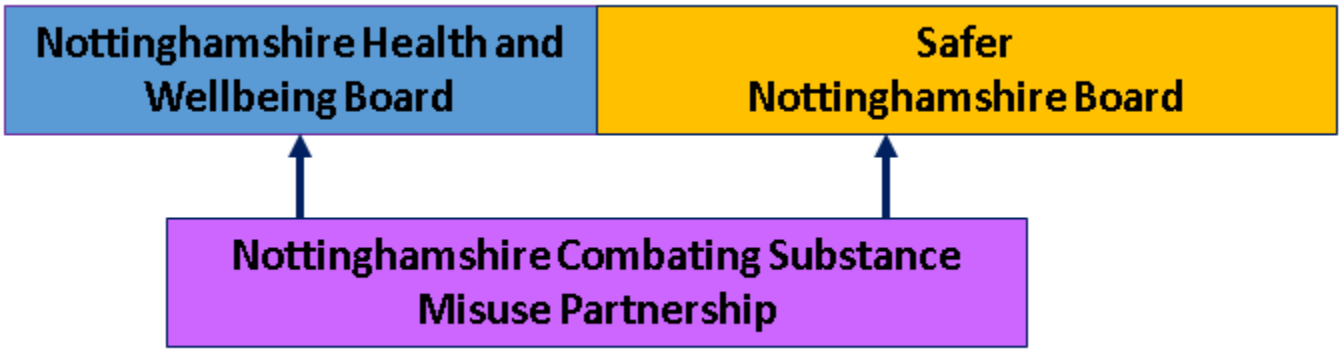
Appendix H- Hepatitis C testing, antibody positive, PCR positive and service users/clients referred for Hepatitis C treatment in Nottinghamshire

Appendix I- Deaths from drug misuse and poisoning

Appendix J- Mental Health treatment need (national and Nottinghamshire)

Appendix A Governance structure of the Combating Substance Misuse Partnership

(As shown in the NCSMP Terms of Reference document)



Joint working: Nottingham & Nottinghamshire

Appendix B Local outcome comparators, prevalence and unmet need for drugs and alcohol

Nottinghamshire County Council Public Health Intelligence have used the NDTMS commissioning support packs to calculate the Estimated Prevalence Rate per 1,000 and the percentage of unmet need for our local outcome comparator areas average.

This used the 32 areas identified as Nottinghamshire's 2022-23 Local Outcome Comparators for Opiates and Alcohol. Note due to local government reorganisation data for West and North Northamptonshire is not available so data for Northamptonshire has been used instead.

Please note that these are the averages of the rates for the local comparators areas and does not consider the different population levels in these areas.

Prevalence and unmet need for Crack, opiates and OCU for Nottinghamshire, Local comparators average and England.

		Nottinghamshire	**Local Comparators Average**	**England**
Crack	Prevalence Estimated Rate per 1,000	3.3	4.9	5.1
Crack	Unmet need %	53%	60%	58%
Opiates	Prevalence Estimated Rate per 1,000	5.1	5.4	7.3
Opiates	Unmet need %	44%	52%	47%
OCU	Prevalence Estimated Rate per 1,000	8.4	8.2	8.9
OCU	Unmet need %	52%	57%	53%

Prevalence and unmet need for alcohol for Nottinghamshire, local comparators average and England

		Nottinghamshire	**Local Comparators Average**	**England**
Alcohol	Prevalence Estimated Rate per 1,000	13.0	16.3	13.7
Alcohol	Unmet need %	82%	82%	82%

Appendix C Nottinghamshire Demographics

The below table breaks down the population of Nottinghamshire broken down by age and sex using data from the 2021 census (rounded figures).

	Nottinghamshire	
	Females	**Males**
Under 5	20,400	21,500
5-9	23,000	24,200
10-14	23,400	24,400
15-19	20,400	21,300
20-24	20,500	21,200
25-29	25,000	24,300
30-34	27,300	25,800
35-39	26,300	25,200
40-44	24,900	24,200
45-49	26,400	25,800
50-54	30,700	30,100
55-59	31,000	30,000
60-64	26,500	25,800
65-69	23,400	22,200
70-74	24,700	23,200
75-79	19,000	16,600
80-84	13,300	10,600
85-89	8,400	5,700
90 and Over	5,400	2,500

APS (annual population survey) country grouping

Country Group	**Definition**
United Kingdom (UK) / British	UK born includes Guernsey, Jersey, Isle of Man, and Channel Islands (not otherwise specified). British nationality additionally includes the following overseas territories: Anguilla Bermuda British Indian Ocean Territory British Virgin Islands Cayman Islands Falkland Islands Gibraltar Montserrat Pitcairn, Henderson, Ducie and Oeno Islands South Georgia and the South Sandwich Islands St Helena Turks and Caicos Islands

European Union (EU)	The European Union consists of the countries in the EU14, and (from 1 January 2004) the EU8, Malta and Cyprus, and (from 1 January 2007) the EU2, and (from 1 July 2013) Croatia.
European Union EU14	The European Union EU14 consists of Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Luxembourg, Netherlands, Portugal, Republic of Ireland, Spain and Sweden.
European Union EU8	The European Union EU8 consists of the Eastern European countries that joined the EU in 2004: Czech Republic, Estonia, Poland, Hungary, Latvia, Lithuania, Slovakia and Slovenia.
European Union EU2	The European Union EU2 consists of the two countries that joined the EU in 2007: Bulgaria and Romania.
European Union Other	European Union Other consists of the two Mediterranean countries, Malta and Cyprus, that joined the EU in 2004 and Croatia which joined the EU in mid 2013.
Non-European Union	Excludes United Kingdom and European Union countries as defined above.
Other Europe	Excludes United Kingdom and European Union countries as defined above.
Rest of World	Excludes United Kingdom, all other European countries and Asia.

Number of people in Nottinghamshire and England whose day-to-day activities are limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months based on information from the 2011 census results[125].

Age	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark and Sherwood	Rushcliffe	Nottinghamshire	England
All categories: Age	25,666	23,131	19,892	21,217	23,957	22,126	16,362	**152,351**	**8,936,954**
Age 0 to 4	183	140	120	166	156	128	95	**988**	**70,922**
Age 5 to 9	338	261	194	272	268	262	197	**1,792**	**117,464**
Age 10 to 14	495	302	267	359	405	386	223	**2,437**	**150,724**
Age 15 to 19	433	381	340	398	409	392	276	**2,629**	**161,355**
Age 20 to 24	454	343	350	334	433	334	274	**2,522**	**177,434**
Age 25 to 29	509	412	375	391	560	387	230	**2,864**	**204,935**
Age 30 to 34	635	458	476	473	585	429	303	**3,359**	**241,941**
Age 35 to 39	914	708	593	623	838	665	457	**4,798**	**323,556**
Age 40 to 44	1,276	1,091	776	974	1,214	1,003	644	**6,978**	**446,558**
Age 45 to 49	1,717	1,423	1,108	1,136	1,589	1,296	799	**9,068**	**547,236**
Age 50 to 54	1,869	1,662	1,300	1,387	1,877	1,519	959	**10,573**	**610,277**
Age 55 to 59	2,210	1,941	1,498	1,654	2,154	1,810	1,211	**12,478**	**694,665**
Age 60 to 64	2,829	2,640	2,180	2,229	2,652	2,522	1,545	**16,597**	**891,955**
Age 65 to 69	3,021	2,724	2,127	2,059	2,581	2,374	1,625	**16,511**	**859,572**
Age 70 to 74	2,755	2,533	2,173	2,328	2,388	2,404	1,705	**16,286**	**887,070**
Age 75 to 79	2,405	2,389	2,166	2,335	2,292	2,328	1,947	**15,862**	**901,097**

[125] Source: ONS 2011 Census Nomis - Official Labour Market Statistics (nomisweb.co.uk)

Age 80 to 84	1,858	2,009	1,909	2,136	1,892	2,009	1,921	**13,734**	**822,703**
Age 85 and over	1,765	1,714	1,940	1,963	1,664	1,878	1,951	**12,875**	**827,490**

The table below shows information on Personal Independent Payment. This is the number of claimants entitled to PIP (caseload) in Nottinghamshire and its districts[126].

	Ashfield	**Bassetlaw**	**Broxtowe**	**Gedling**	**Mansfield**	**Newark and Sherwood**	**Rushcliffe**	**Total**
Haematological Disease	13	13	14	11	24	9	8	**98**
Infectious disease	25	15	13	21	13	11	6	**102**
Malignant disease	195	205	136	175	228	193	121	**1,257**
Metabolic disease	15	15	8	7	10	12	7	**70**
Psychiatric disorders	2,654	1,940	1,703	1,988	2,540	2,123	1,266	**14,203**
Neurological disease	1012	810	668	725	975	851	554	**5,594**
Visual disease	135	96	88	98	105	80	67	**671**
Hearing disorders	88	57	66	52	70	58	45	**431**
Cardiovascular disease	200	195	119	109	192	156	66	**1,035**
Gastrointestinal disease	78	55	37	53	57	66	23	**370**
Diseases of the liver, gallbladder, biliary tract	28	21	18	21	22	20	9	**137**
Skin disease	56	56	36	37	60	35	14	**289**
Musculoskeletal disease (general)	1,846	1,537	1,043	1,138	1,673	1,469	665	**9,370**
Musculoskeletal disease (regional)	1,278	1,026	636	768	1,302	1,015	433	**6,449**
Autoimmune disease (connective tissue disorders)	36	42	18	19	32	29	6	**186**
Genitourinary disease	50	42	19	30	42	29	21	**233**
Endocrine disease	68	86	40	63	74	54	26	**406**
Respiratory disease	301	311	184	173	357	220	121	**1,671**
Multisystem and extremes of age	5	5	5	..	..	..	..	**16**
Diseases of the immune system	5	..	..	..	5	..	..	**11**
Unknown or missing	10	30	..	..	8	..	..	**59**
Total	**8,078**	**6,568**	**4,853**	**5,489**	**7,789**	**6,432**	**3,456**	**42,661**

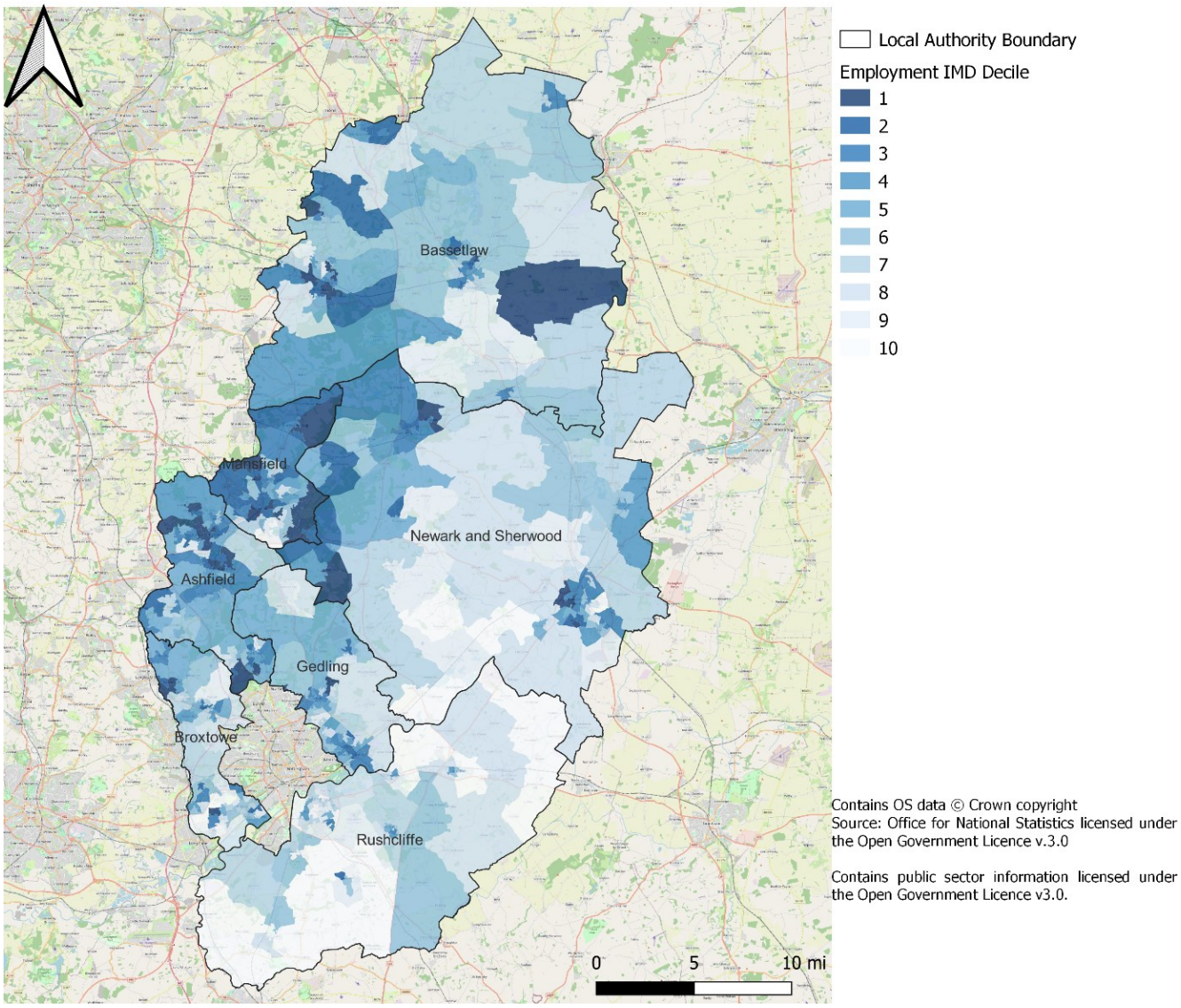
[126] Source: Stat-Xplore - Table View (dwp.gov.uk)

Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term disability, ill-health or terminal ill-health. From 8th April 2013 DWP started to replace Disability Living Allowance for working aged people with Personal Independence Payment (PIP).Statistical disclosure control has been applied to this table to avoid the release of confidential data. Totals may not sum due to the disclosure control applied.

".." denotes a nil or negligible number of claimants or award amount based on a nil or negligible number of claimants.

The Employment Deprivation Domain measures the proportion of the working age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities.

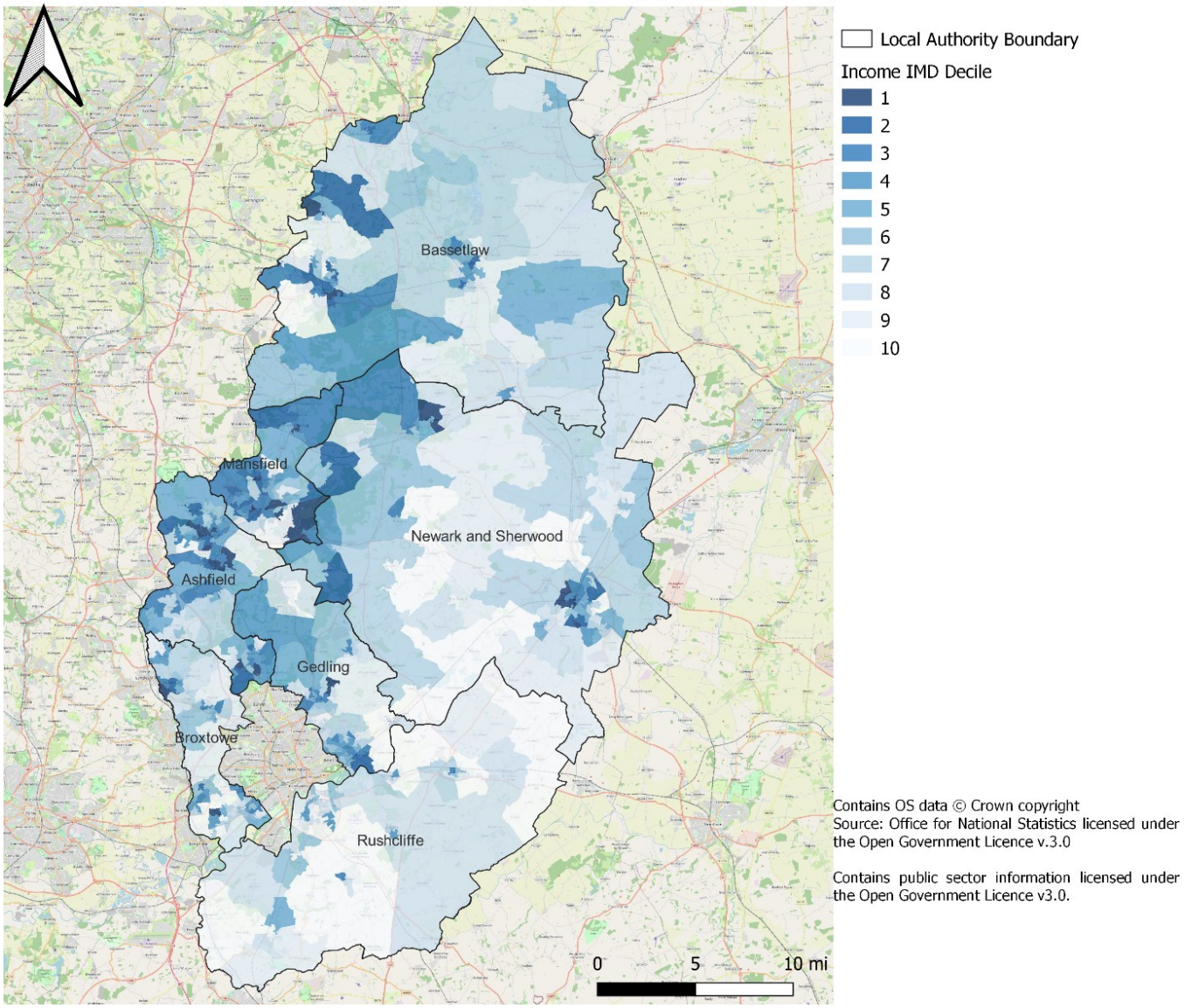
Nottinghamshire Employment Index of Multiple Deprivation (IMD)



The darker the blue colour, the greater there is employment deprivation in the MSOA.

The Income Deprivation Domain measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes both those people that are out- of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests). At the time of writing this needs assessment the UK is still working to manage the COVID-19 pandemic. In addition to the health impact of COVID-19, there are wide range socio-economic impacts, yet to be fully understood or realised.

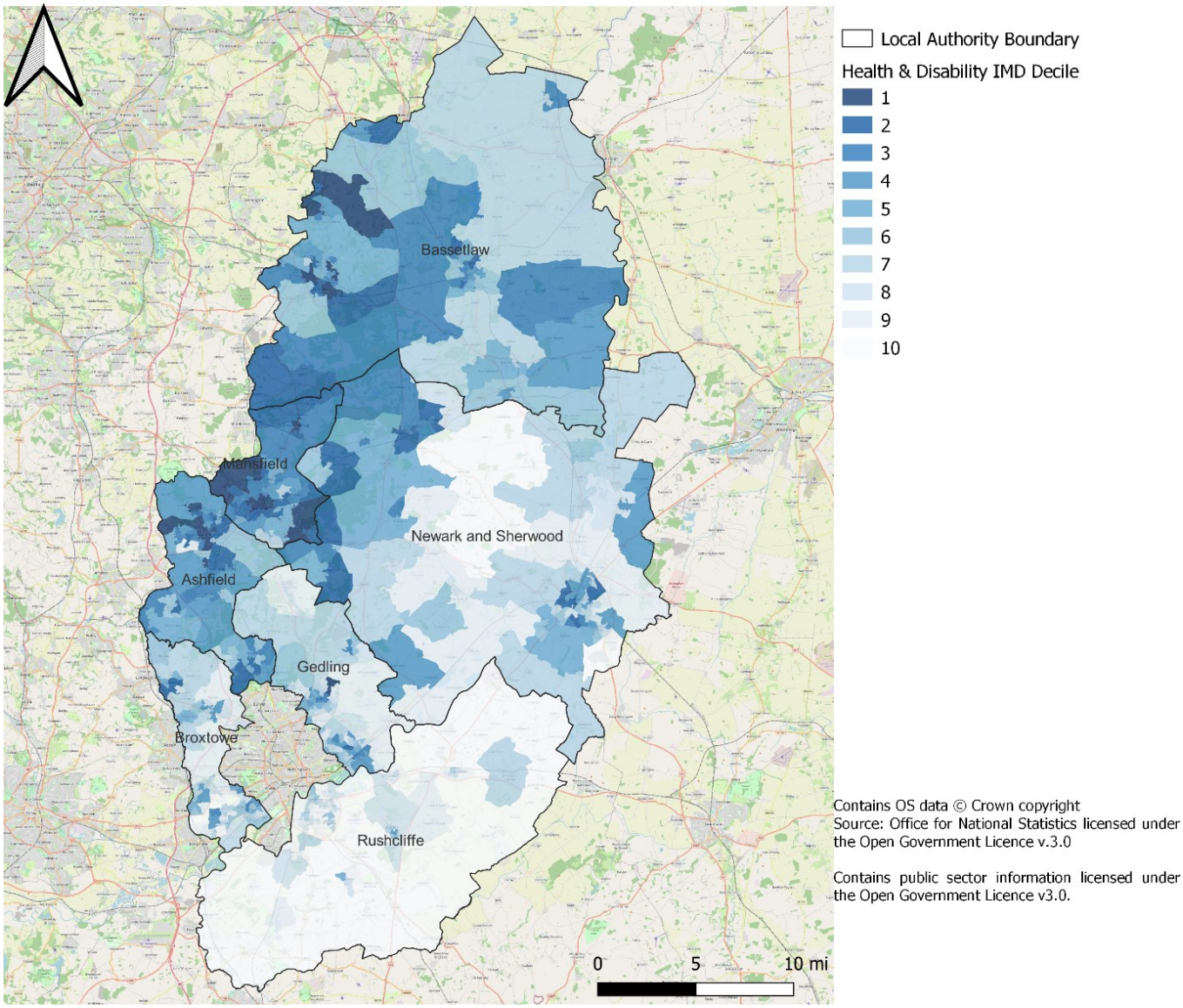
Nottinghamshire Income Index of Multiple Deprivation (IMD)



The darker the blue colour, the greater there is income deprivation in the MSOA.

The Health Deprivation and Disability Domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability, and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation.

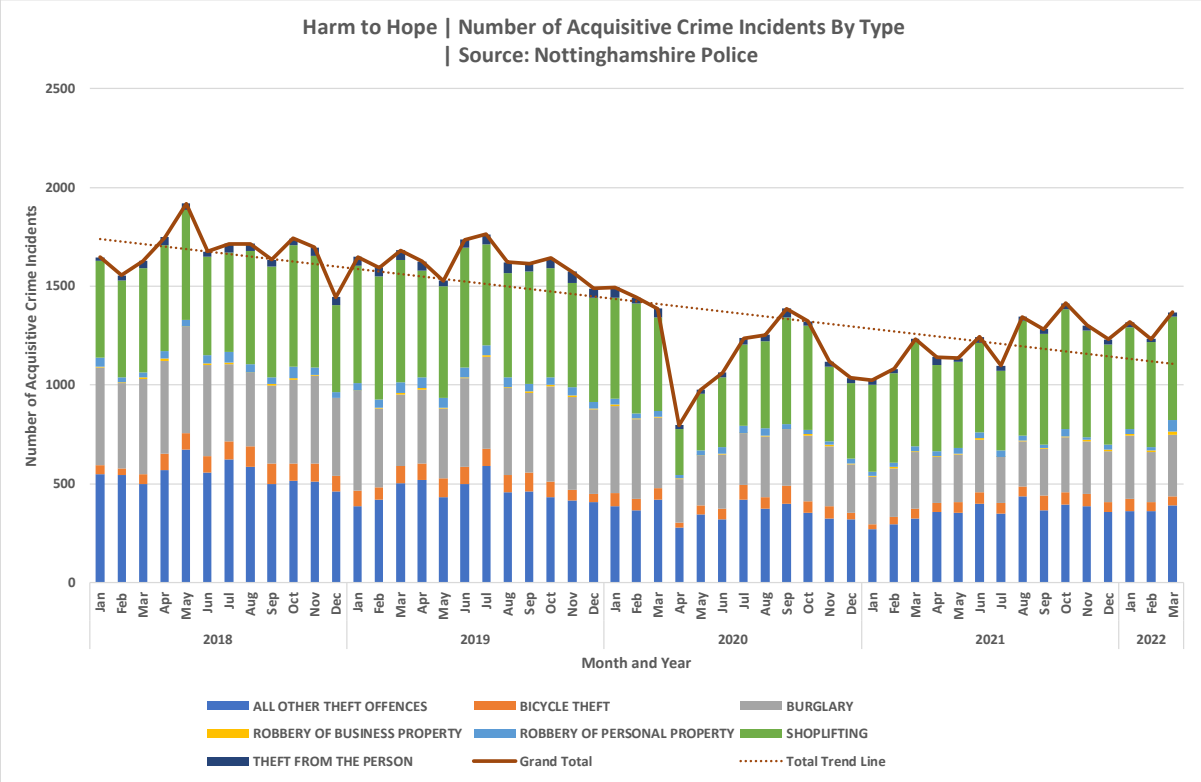
Nottinghamshire Health and Disability Index of Multiple Deprivation (IMD)



The darker the blue colour, the greater there is health and disability deprivation in the MSOA.

Appendix D Drug related and alcohol related crime and activity in Nottinghamshire

Acquisitive crime incidents by offence type



Neighbourhood Crime[127]

Local Authority name	Nottinghamshire Total	Ashfield	Bassetlaw	Mansfield	Newark and Sherwood	Broxtowe Gedling + Rushcliffe
Total recorded crime (excluding fraud)	**57,477**	10,509	10,635	10,834	7,837	17,662
Violence against the person	**20,718**	4,064	3,469	4,240	2,855	6,090
Homicide	**4**	0	1	0	1	2
Death or serious injury caused by illegal driving	**7**	3	0	2	0	2
Violence with injury	**6,449**	1,165	1,276	1,214	970	1,824
Violence without injury	**7,182**	1,460	1,077	1,670	934	2,041
Stalking and harassment	**7,076**	1,436	1,115	1,354	950	2,221
Sexual offences	**2,011**	395	280	405	250	681
Robbery	**394**	83	80	66	23	142
Theft offences	**18,461**	2,988	4,016	2,831	2,444	6,182
Burglary	**3,119**	564	661	431	411	1,052

[127] Source : Recorded crime data by Community Safety Partnership area - Office for National Statistics (ons.gov.uk)

Residential burglary	**2,269**	411	472	319	282	785
Non-residential burglary	**850**	153	189	112	129	267
Vehicle offences	**3,779**	522	931	441	539	1,346
Theft from the person	**301**	50	47	84	25	95
Bicycle theft	**670**	95	102	97	91	285
Shoplifting	**6,100**	1,097	1,410	1,036	739	1,818
All other theft offences	**4,492**	660	865	742	639	1,586
Criminal damage and arson	**7,153**	1,329	1,342	1,434	1,101	1,947
Drug offences	**1,626**	314	217	466	175	454
Possession of weapons offences	**543**	95	92	130	54	172
Public order offences	**4,804**	939	811	928	664	1,462
Miscellaneous crimes against society	**1,767**	302	328	334	271	532

- Caution must be taken when interpreting small numbers of offences.
- The number of offences for CSPs (Community Safety Partnerships) for a small number of Forces may be lower than the separately published Force level totals. Some offences may not have an exact location so it may not be possible to allocate an offence to a CSP, these areas are referred to in the tables as 'Unassigned'. Furthermore, offences in some airports are recorded at the police Force area level but are not allocated to a CSP.
- There may be negative offence numbers for some CSPs; this is likely owing to a police Force transferring or cancelling (formerly 'no criming') offences from one period to the next.

Organised Crime Disruptions[128]

Agency	Minor	Moderate	Major	Total
Nottinghamshire Police	199	53	9	261
Total	**199**	**53**	**9**	**261**

This breaks down as follows: -

- Apr 17 to Mar 18 = 0
- Apr 18 to Mar 19 = 82
- Apr 19 to Mar 20 = 54
- Apr 20 to Mar 21 = 45
- Apr 21 to Mar 22 = 80

[128] Source: Nottinghamshire Police – Digital Crime and Performance Pack

Please note again, that these figures are for the WHOLE of Nottinghamshire Force which includes Nottingham City.

Appendix E Prisons: drug and alcohol testing

Establishment referred from[129]

Quarter 4 2019/20

	All clients discharged from treatment and released from this establishment and % total referrals		All clients commencing a treatment episode in the community and % of referrals	
Establishment referred from:	n	% total referrals	n	%
HMP Nottingham	142	41.2%	28	19.7%
HMP Ranby	65	18.8%	23	35.4%
We Are With You - HMP Lincoln	50	14.5%	13	26.0%
HMP Foston Hall	43	12.5%	14	32.6%

Percentage of positive random mandatory testing for traditional drugs[130]

Prison	HMPPS Region	Prison Function	2017/18	2018/19	2019/20	2019 Lower CI	2019 Upper CI
England and Wales			***9.3***	***10.6***	***10.4***	***10.1***	***10.6***
Foston Hall	Women	Female Local	*11.8*	*8.9*	*6.3*	*3.9*	*8.7*
Lincoln	East	Male local	*9.7*	*10.2*	*11.6*	*8.2*	*14.9*
Nottingham	Midlands	Male local	*9.1*	*13.2*	*13.2*	*8.7*	*17.8*
Ranby	East Midlands (Reform)	Male Category C	*6.3*	*7.8*	*9.3*	*7.0*	*11.5*

Number of incidents where drugs were found in prisons[131]

Prison	HMPPS Region	Prison Function	2017/18	2018/19	2019/20	2020/21
England and Wales			*13118.0*	*18325.0*	*21575.0*	*20295.0*
Foston Hall	Women	Female Local	*20.0*	*36.0*	*61.0*	*50.0*
Lincoln	East	Male local	*79.0*	*130.0*	*187.0*	*199.0*
Nottingham	Midlands	Male local	*120.0*	*161.0*	*445.0*	*218.0*

[129] Source: PHOF C20 Companion Report
[130] Source: HMPPS Annual Digest 2019/20, 2020/21 and 2021/22
[131] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20 and 2020/21

Ranby	East Midlands (Reform)	Male Category C	*274.0*	*287.0*	*293.0*	*203.0*

Number of incidents where drugs equipment was found in prisons[132]

Prison	HMPPS Region	Prison Function	2017/18	2018/19	2019/20	2020/21
England and Wales			*3036.0*	*4342.0*	*3922.0*	*2177.0*
Foston Hall	Women	Female Local	*2.0*	*6.0*	*26.0*	*6.0*
Lincoln	East	Male local	*8.0*	*22.0*	*23.0*	*13.0*
Nottingham	Midlands	Male local	*12.0*	*35.0*	*52.0*	*23.0*
Ranby	East Midlands (Reform)	Male Category C	*112.0*	*108.0*	*63.0*	*19.0*

Total weight in grams of drugs found in prisons[133]

Prison	HMPPS Region	Prison Function	2017/18	2018/19	2019/20	2020/21	2021/22
England and Wales			*189069.5*	*178987.5*	*181549.5*	*202676.5*	*194393.5*
Foston Hall	Women	Female Local	*25.0*	*35.5*	*58.0*	*185.0*	*88.5*
Lincoln	East	Male local	*204.0*	*525.5*	*238.0*	*313.5*	*306.0*
Nottingham	Midlands	Male local	*1464.5*	*1790.5*	*1499.0*	*283.5*	*465.5*
Ranby	East Midlands (Reform)	Male Category C	*3381.0*	*3628.5*	*1996.0*	*894.0*	*1623.0*

Number of incidents where alcohol was found in prisons[134]

Prison	HMPPS Region	Prison Function	2017/18	2018/19	2019/20	2020/21
England and Wales			*4409.0*	*6447.0*	*8376.0*	*8919.0*
Foston Hall	Women	Female Local	*3.0*	*5.0*	*9.0*	*10.0*
Lincoln	East	Male local	*38.0*	*28.0*	*34.0*	*46.0*
Nottingham	Midlands	Male local	*13.0*	*30.0*	*55.0*	*154.0*
Ranby	East Midlands (Reform)	Male Category C	*91.0*	*177.0*	*143.0*	*160.0*

[132] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20 and 2020/21
[133] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20, 2020/21 and 2021/22
[134] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20 and 2020/21

Number of incidents where distilling equipment was found in prisons[135]

Prison	HMPPS Region	Prison Function	2017/18	2018/19	2019/20	2020/21
England and Wales			*298.0*	*440.0*	*547.0*	*465.0*
Foston Hall	Women	Female Local	*0.0*	*0.0*	*0.0*	*0.0*
Lincoln	East	Male local	*1.0*	*0.0*	*1.0*	*1.0*
Nottingham	Midlands	Male local	*2.0*	*3.0*	*2.0*	*9.0*
Ranby	East Midlands (Reform)	Male Category C	*1.0*	*2.0*	*6.0*	*2.0*

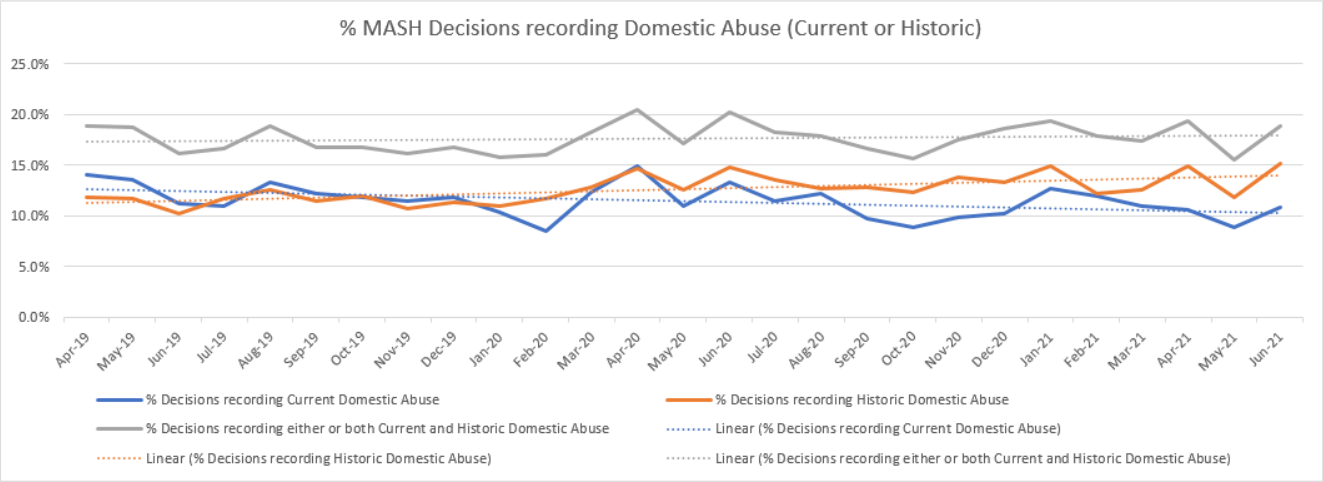
[135] Source: HMPPS Annual Digest 2017/18, 2018/19, 2019/20 and 2020/21

Appendix F Children's services and safeguarding, MASH

Domestic abuse is recorded as either a current or historic issue for the parents as part of the MASH Decision process. Latest data showing the proportion of MASH decisions recording current abuse, historic abuse or either/both up until June 2021 is as follows:

There was a reduction in overall number of MASH enquiries and referrals during the first and second lockdowns, however the proportion of those received where domestic abuse was recorded remained consistent with previous periods. There was a small spike in April 2020 at the start of the first lockdown, but this is not statistically significant and was not sustained.

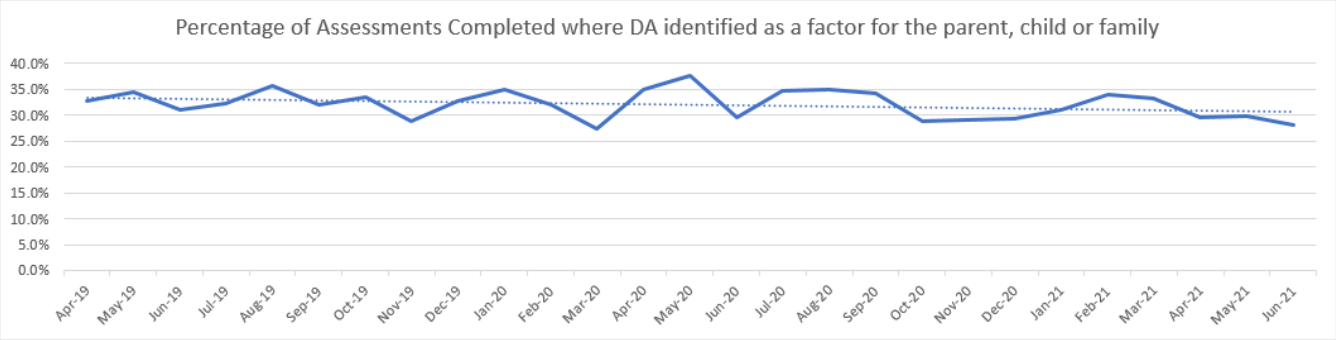
There is no evidence of a spike in recording of domestic abuse cases following these lockdowns, if anything, the proportion of decisions where this was recorded dipped below average following the first lockdown (Aug – Dec 2020) and the overall trend for current domestic abuse cases shows a downward trend (dotted blue line). There is a very slight upward trend in the recording of cases where domestic abuse was a historic issue for the family (the orange dotted line) but there is nothing to suggest this abuse has reoccurred for the majority of these families[136].



[136] Source: NCC

Domestic abuse is recorded as a factor for either the child, parents, or family at assessment. The chart and table below show the proportion of assessments completed where domestic abuse was recorded as a factor for one or more of these groups.

As with the recording of domestic abuse at the MASH, the overall trend for the last 2+ years shows a slight decrease in the proportion of assessments where domestic abuse has been recorded as a factor (the dotted blue line). There is no evidence of any significant or sustained increase in domestic abuse reported following any of the lockdowns during the pandemic.



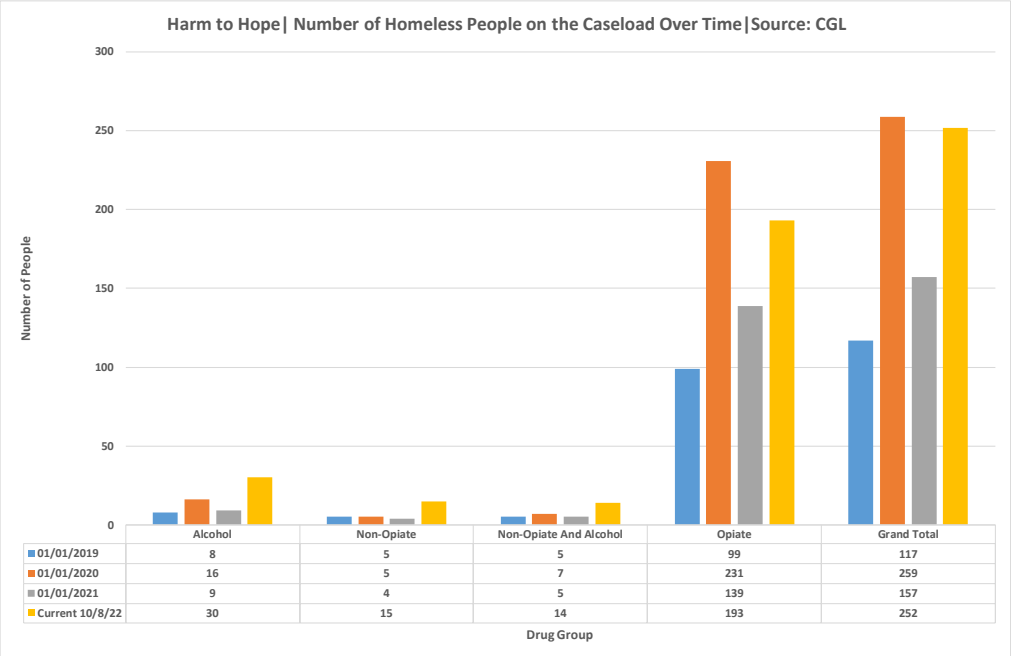
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
32.7%	34.4%	31.1%	32.3%	35.6%	32.1%	33.5%	29.0%	32.7%	34.9%	32.2%	27.4%	35.0%	37.7%	29.5%	34.6%	35.0%	34.2%	28.9%	29.2%	29.3%	31.0%	34.0%	33.3%	29.5%	29.8%	28.2%

Appendix G Homelessness caseload CGL

Homeless caseload

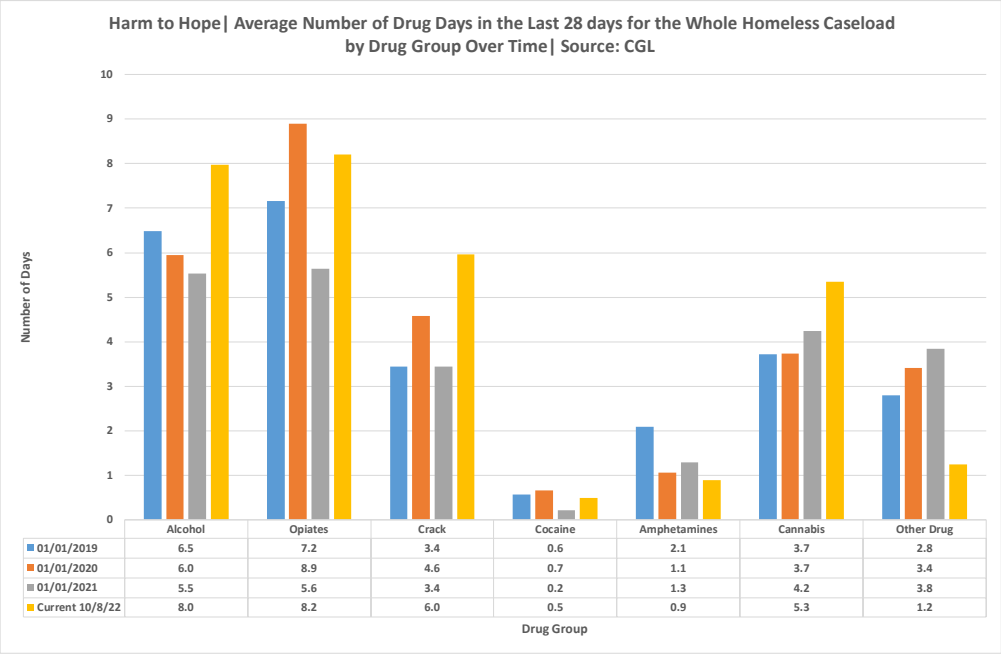
Please note that previous years may not be directly comparable to current case load.

Number of homeless people on the caseload over time by treatment group[137].



	Alcohol	Non-Opiate	Non-Opiate And Alcohol	Opiate	Grand Total
01/01/2019	8	5	5	99	117
01/01/2020	16	5	7	231	259
01/01/2021	9	4	5	139	157
Current 10/8/22	30	15	14	193	252

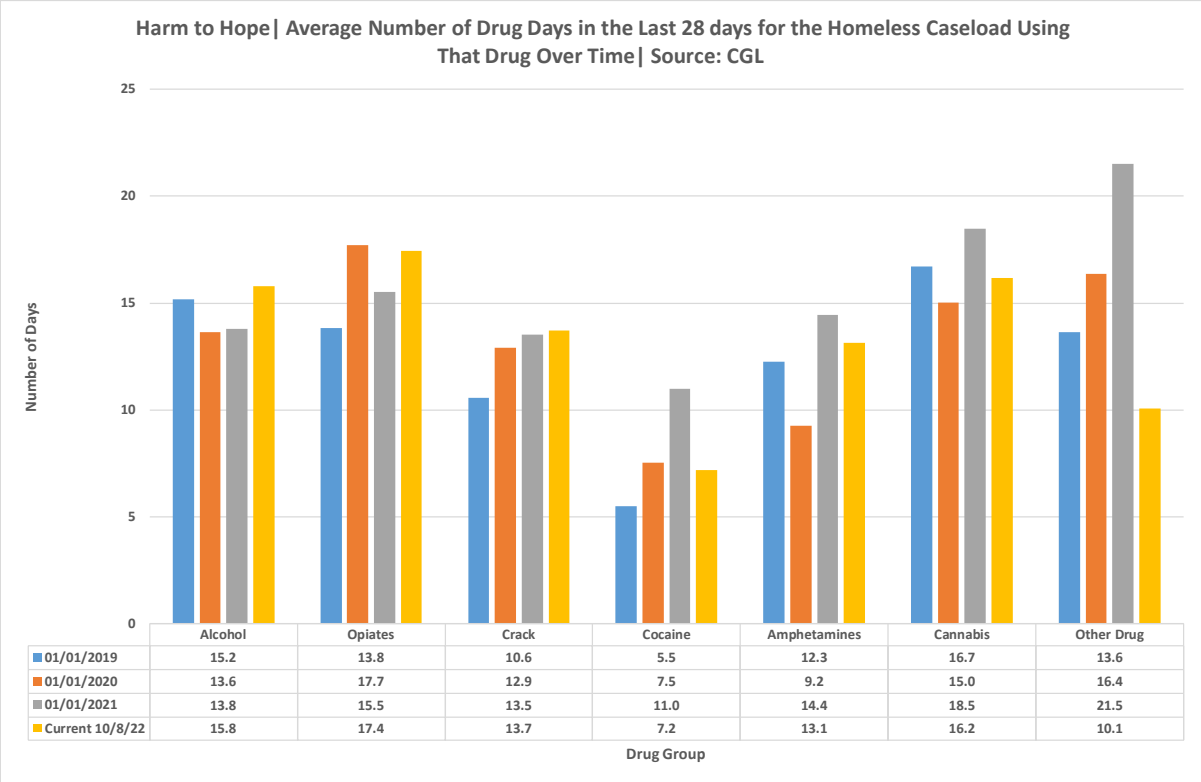
Average number of drug days in the last 28 days for whole homeless caseload over time[138]



	Alcohol	Opiates	Crack	Cocaine	Amphetamines	Cannabis	Other Drug
01/01/2019	6.5	7.2	3.4	0.6	2.1	3.7	2.8
01/01/2020	6.0	8.9	4.6	0.7	1.1	3.7	3.4
01/01/2021	5.5	5.6	3.4	0.2	1.3	4.2	3.8
Current 10/8/22	8.0	8.2	6.0	0.5	0.9	5.3	1.2

[137] Source: CGL
[138] Source: CGL

Average number of drug days in the last 28 days for homeless caseload using drug over time[139]



	Alcohol	Opiates	Crack	Cocaine	Amphetamines	Cannabis	Other Drug
01/01/2019	15.2	13.8	10.6	5.5	12.3	16.7	13.6
01/01/2020	13.6	17.7	12.9	7.5	9.2	15.0	16.4
01/01/2021	13.8	15.5	13.5	11.0	14.4	18.5	21.5
Current 10/8/22	15.8	17.4	13.7	7.2	13.1	16.2	10.1

[139] Source: CGL

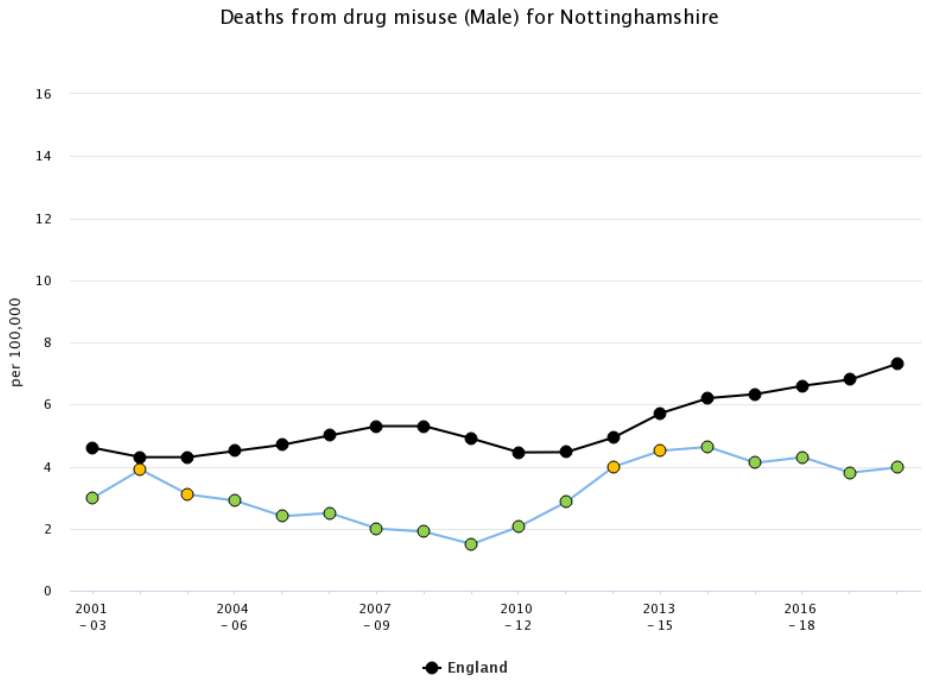
Appendix H Hepatitis C testing, antibody positive, PCR positive and service users/clients referred for Hepatitis C treatment in Nottinghamshire

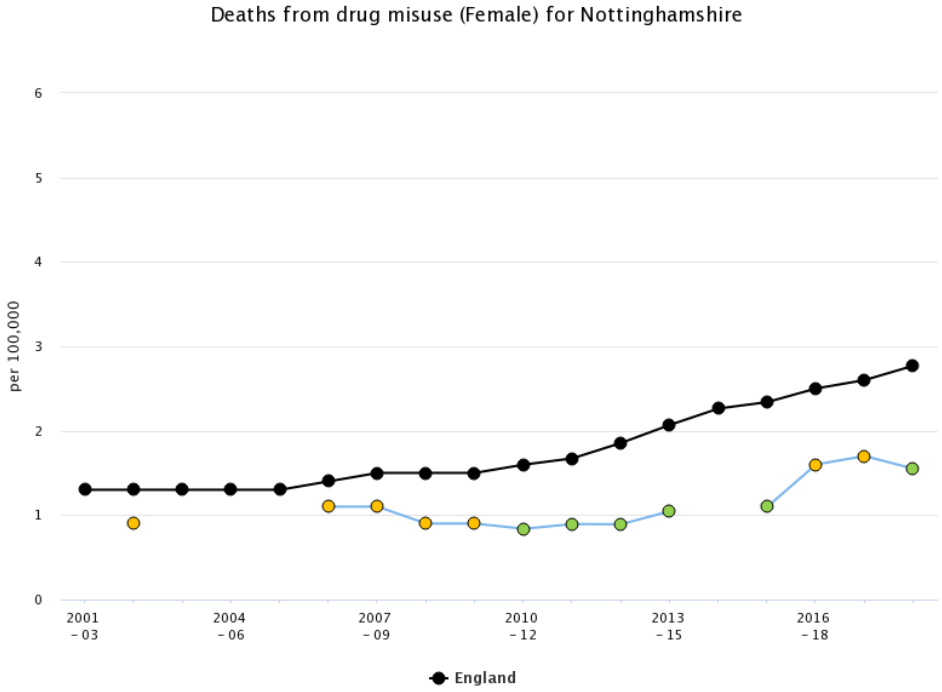
		Clients offered and accepted a hepatitis C test as a proportion of eligible clients in treatment at the end of the reporting period	Clients antibody positive as a proportion of clients who were offered & accepted a test at the end of the reporting period	Clients PCR positive as a proportion of clients who were antibody positive at the end of the reporting period	Clients referred to hepatitis C treatment as a proportion of clients who were PCR positive in treatment at the end of the reporting period
Q1 20-21	%	53.40%	19.00%	28.50%	73.50%
	Number	1256	239	68	50
	National Average	49.60%	21.50%	39.80%	48.80%
Q2 20-21	%	52.50%	19.80%	27.00%	68.30%
	Number	1176	233	63	43
	National Average	48.50%	21.80%	38.90%	52.50%
Q3 20-21	%	40.00%	21.60%	27.20%	85.50%
	Number	935	202	55	47
	National Average	45.80%	23.20%	36.30%	68.20%
Q4 20-21	%	40.10%	23.10%	27.20%	83.10%
	Number	941	217	59	49
	National Average	44.90%	24.40%	34.30%	74.80%
Q1 21-22	%	39.40%	22.70%	26.10%	73.70%
	Number	959	218	57	42
	National Average	45.70%	25.30%	31.80%	78.10%
Q2 21-22	%	41.40%	22.60%	21.20%	73.50%
	Number	1024	231	49	36
	National Average	46.00%	25.40%	30.10%	79.20%
Q3 21-22	%	41.60%	24.10%	21.70%	73.10%
	Number	995	240	52	38
	National Average	47.00%	25.90%	29.50%	79.10%
Q4 21-22	%	43.80%	22.70%	22.00%	68.60%
	Number	1023	232	51	35
	National Average	48.00%	26.30%	26.90%	79.00%

Source: NDTMS

Appendix I Deaths from drug misuse and poisoning

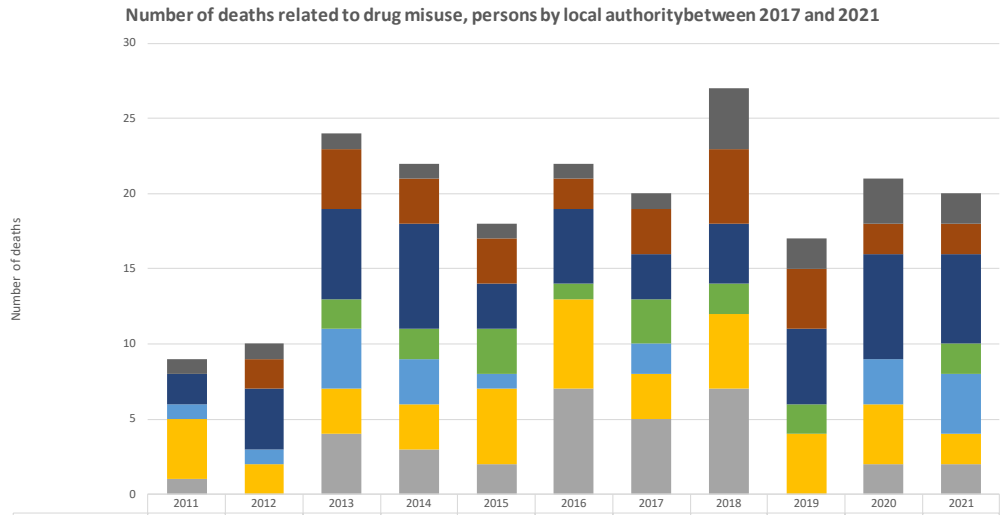
Drug Misuse deaths split by gender[140]





[140] Source: UKHSA PHOF

The chart/ figure below shows the number of deaths (persons) because of drug misuse over the last decade (2011-2021)[141]. Overall, for Nottinghamshire there is a continued an upward trend. Mansfield district ranks the highest for number of deaths followed then by Bassetlaw District and Ashfield District.

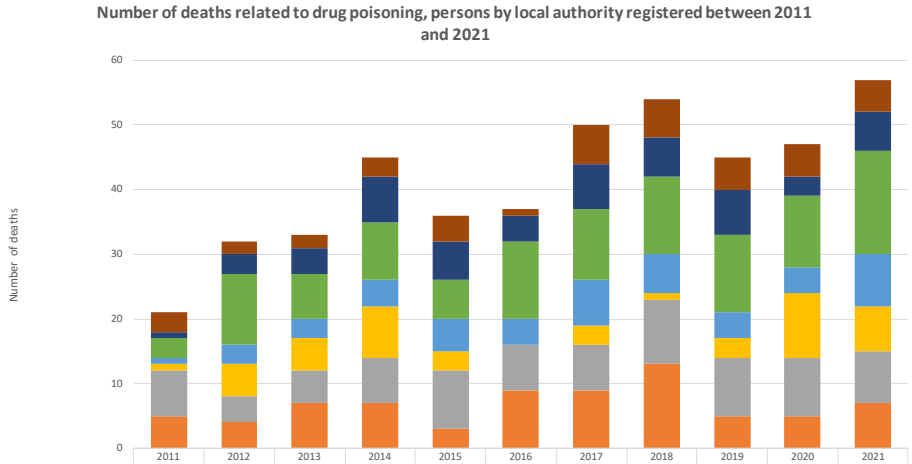


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Rushcliffe	1	1	1	1	1	1	1	4	2	3	2
Newark and Sherwood	0	2	4	3	3	2	3	5	4	2	2
Mansfield	2	4	6	7	3	5	3	4	5	7	6
Gedling	0	0	2	2	3	1	3	2	2	0	2
Broxtowe	1	1	4	3	1	0	2	0	0	3	4
Bassetlaw	4	2	3	3	5	6	3	5	4	4	2
Ashfield	1	0	4	3	2	7	5	7	0	2	2

[141] Source: ONS

Drug poisoning deaths

The chart/ figure below shows the number of deaths (persons) as a result of drug poisonings over the last decade (2011-2021). Overall, for Nottinghamshire there is a continued upward trend (see above charts). Mansfield district ranks the highest for number of deaths followed then by Bassetlaw District and Ashfield District.



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Rushcliffe	3	2	2	3	4	1	6	6	5	5	5
Newark and Sherwood	1	3	4	7	6	4	7	6	7	3	6
Mansfield	3	11	7	9	6	12	11	12	12	11	16
Gedling	1	3	3	4	5	4	7	6	4	4	8
Broxtowe	1	5	5	8	3	0	3	1	3	10	7
Bassetlaw	7	4	5	7	9	7	7	10	9	9	8
Ashfield	5	4	7	7	3	9	9	13	5	5	7

The chart/ figure below deaths both for poisonings and drug misuse, this is also broken down by gender[142]. There is a distinct difference of the number of deaths between males and females. Females is considerably lower versus their male counterparts. Mansfield ranks highest for both categories whilst considering both genders. Mansfield District ranks highest with Bassetlaw District following behind for both poisoning and misuse and spread across males and females' deaths.

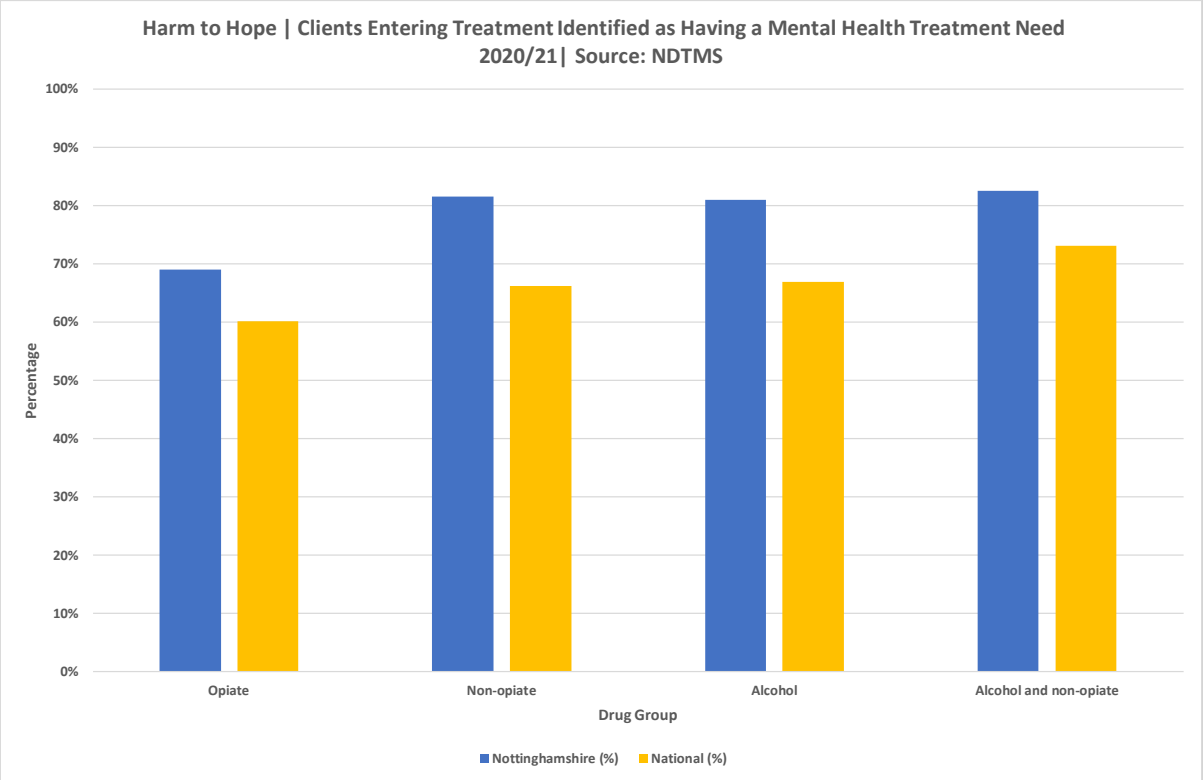
	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark and Sherwood	Rushcliffe
Deaths (Poisoning) Male	12	18	14	10	28	13	9
Deaths (Poisoning) Female	5	8	6	6	11	3	6
Deaths (Misuse) Male	2	7	6	3	13	7	5
Deaths (Misuse) Female	2	3	1	1	5	1	2

[142] Source, ONS, 2022, Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics (ons.gov.uk) Date accessed: 15 Aug 2022

Appendix J Mental Health treatment need

Service users/ clients entering treatment identified as having a MH treatment need **2020/21 for Nottinghamshire and National**[143]**.** (Chart below to visually support the table below)

Clients entering treatment identified as having a mental health treatment need				
(n) = clients starting treatment with a mental health treatment need recorded on NDTMS / clients starting treatment in the year to date (01/04/2020 to 31/03/2021)				
	Nottinghamshire			**National**
	(%)	**(n)**		**(%)**
Opiate	**69.0%**	289 / 419		**60.2%**
Non-opiate	**81.6%**	195 / 239		**66.3%**
Alcohol	**81.0%**	665 / 809		**66.9%**
Alcohol and non-opiate	**82.6%**	152 / 184		**73.2%**



[143] Source: NDTMS