

SOUTH TEES
JSNA

Joint Strategic Needs Assessment

JUNE 2024

MISSION

We will build an inclusive model of care for people suffering from multiple disadvantage across all partners.

GOAL

We want to understand and reduce the impact of parental substance misuse and trauma on children.

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1. Introduction

1.1 Mission led approach

The South Tees Health & Wellbeing Boards have agreed to a “mission-led” approach, structured across the lifecourse. Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change. The Missions each have a set of ambitious goals that further articulate and explain the Mission.

The JSNA will provide the intelligence behind the Mission(s) – it will develop our collective understanding of the Mission(s); the issues behind and the broad contributing factors to the current outcomes experienced. We are working across the Tees Valley authorities to develop a process on that footprint that facilitates deeper engagement from the ICB.

The vision and aspirations under the lifecourse framework already exist following previous development sessions of the LiveWell Board. The lifecourse framework consists of three strategic aims – start well, live well and age well.

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
Aspiration	Children and Young People have the Best Start in Life We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles	People live healthier and longer lives We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle	More people lead safe, independent lives We want more people leading independent lives through integrated and sustainable support

1.2 Live Well strategic aim

There are four missions within the Live Well strategic aim. **The first mission relates to reducing the proportion of our families who are living in poverty, the second mission relates to creating places and systems that promote wellbeing, the third mission is to support people and communities to build better health and the fourth mission is to build an inclusive model of care for people suffering from multiple disadvantage across all partners.**

There are 11 goals. The third goal within the fourth mission is to understand and reduce the impact of parental substance misuse and trauma on children. See table below for all other goals and missions.

Aims	Mission	Goal
Live Well	We will reduce the proportion of our families who are living in poverty.	We want to reduce levels of harmful debt in our communities
		We want to improve the levels of high quality employment and increase skills in the employed population.
	We will create places and systems that promote wellbeing.	We want to create a housing stock that is of high quality, reflects the needs of the life course and is affordable to buy, rent and run.
		We want to create places with high quality green spaces that reflect community needs, provide space for nature and are well connected.
		We want to create a transport system that promotes active and sustainable transport and has minimal impact on air quality.
		We will support the development of social capital to increase community cohesion, resilience and engagement.
	We will support people and communities to build better health.	We want to reduce the prevalence of the leading risk factors for ill health and premature mortality.
		We want to find more diseases and ill health earlier and promote clinical prevention interventions and pathways across the system.
	We will build an inclusive model of care for people suffering from multiple disadvantage across all partners.	We want to reduce the prevalence and impact of violence in South Tees.
		We want to improve outcomes for inclusion health groups.
		We want to understand and reduce the impact of parental substance misuse and trauma on children.

2. What is our mission and why do we need to achieve it?

2.1 We will build an inclusive model of care for people suffering from multiple disadvantage across all partners.

Academic research posits that health inclusion groups are amongst those most negatively affected by the overall burden of disease and social need in the UK. This includes communicable diseases, mental health issues, physical health, criminal justice-related issues, accidental harms and the associated service pressures. Furthermore, multiple disadvantage is a complex issue that touches young people, adults, families, communities and society, affecting a range of health and social outcomes.

Dependency on and engagement with drugs and/or alcohol is a cross-cutting issue within inclusion health groups and can affect many aspects of an individual and community: relationships, meaningful activities and employment, family life, parenting, educational attainment, housing opportunities, criminal and anti-social behaviour, including increased likelihood of being a victim of violence.

Interventions to support people affected by multiple vulnerabilities and treatment leads to improved public health outcomes, benefitting the wider determinants of health, health improvement, health protection and preventing premature mortality.

There is a joint responsibility from a range of partners to reduce the harms associated with multiple vulnerabilities, which includes health and social care, housing services, employment support providers and criminal justice partners, for inclusion health groups.

3. What is our goal and why do we need to achieve it?

3.1 We want to understand and reduce the impact of parental substance misuse and trauma on children

Our brains develop from before birth and into adulthood (Siegel and Bryson, 2012). But there are key 'sensitive periods' during early childhood and adolescence where children and young people's brains are more affected by positive or negative experiences like trauma (Shonkoff et al, 2008).

What happens in a child or young person's life during these periods can have a significant effect on their life. Parental substance is often a causal factor in child neglect and results in children being taken into care. The impact of this is often lifelong for the child and can make them more susceptible to other vulnerabilities later on in life. The impact of childhood trauma is well documented in research as being a risk factor for using drugs and alcohol to excess later on in life, as well as increasing the risk of suffering from mental illness and being the victim of abuse.

Parental substance use increases chances of being vulnerable to crime, especially among young adults and is a contributing factor in antisocial behaviour and youth nuisance. Alcohol can increase the risk of being a victim of sexual assault or rape, and also the risk of being a victim of other types of crime such as assault and mugging.

We want to:

- Reduce the percentage of children becoming the subject of a Child Protection Plan as a result of parental alcohol or drug misuse.
- Reduce the number of alcohol and drug related mortalities in under 25s.
- Change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others.
- Prioritise prevention and education work to deliver changes in behaviour and attitude to alcohol consumption and drug use.
- Improve working across organisations to identify people at risk of alcohol and drug-related harm. Intervene sooner so that adults, young people and families are identified and supported in advance of substance problems developing or worsening.
- Ensure treatment services meet the needs of those requiring such services.
- Enhance pathways for the integrated service offer for people with co-occurring mental health and substance misuse.

4. Key Data and Drivers for Change

4.1 Overview of Datasets

This section provides analysis of the key data that informs the prevalence of substance misuse across South Tees, with a particular focus upon children living in affected households.

The following limitations should be borne in mind when interpreting the data within this report. The absolute number of people who use illicit drugs in South Tees is not known and there is limited data available relating to alcohol consumption locally. Where available, estimates from national surveys have been applied to the South Tees population to produce prevalence estimates. However, it should be noted that this crude method does not incorporate the different prevalence rates experienced by different population subgroups e.g. deprivation, age, gender. Furthermore, as surveys date over time, they may become less reflective of current patterns of alcohol and drug use.

Whilst the emphasis of this report is upon understanding and reducing the impact of parental substance misuse and trauma on children, it follows that impact on children could be achieved by preventing people/parent from using substances in the first case, and if they do have problems, ensure they have access to timely and effective support and treatment.

4.2 Scale of the issue

The Children's Commissioner's Local Area Profiles of Child Vulnerability provide estimates of the number of children living in households where an adult has any of the 'trio of vulnerabilities' present – alcohol/substance misuse, domestic abuse and mental health problems. These factors have been shown to put children at notably greater risk of immediate harm as well as having a detrimental impact on their later life outcomes.

Approximately 19% of children aged 0-17 in South Tees are estimated to live in households with any of these three factors (10,472 children). Approximately 17% of children aged 0-4 in South Tees are estimated to live in a household with any of these three factors (2,556 children). In total, 574 children aged 0-17 years (of which 220 are aged 0-4 years) are estimated to live in households where all three vulnerabilities are present. It is estimated that 2,024 (3.7%) of children aged 0-17 years and 592 (4%) of children aged 0-4 years live in households where alcohol/substance misuse alone is considered to be an issue.

The Crime Survey for England and Wales provides information about illicit drug use from a national representative sample of 16-74-year-old residents in households. In the year ending 2020, 9.4% of adults aged 16-59 reported any drug use in the last year and 4.6% reported using drugs in the last month.

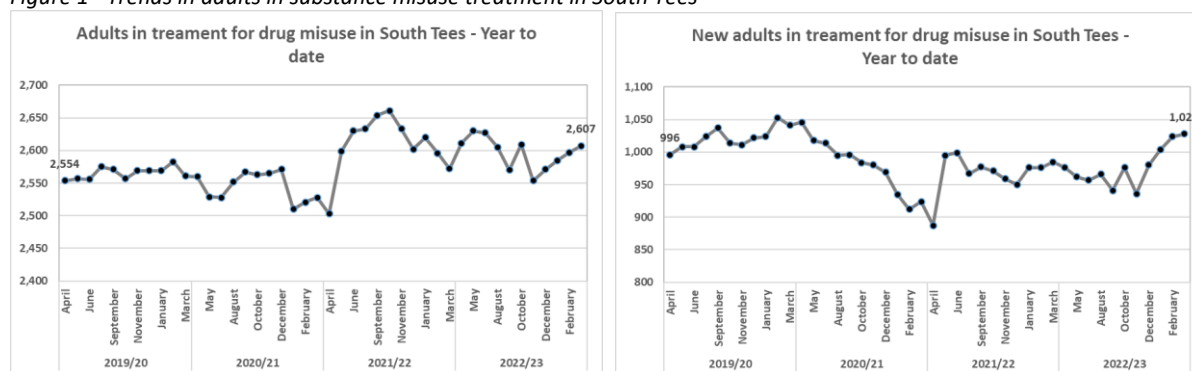
Drug use was higher amongst younger adults. Only 1% of 60-74-year-olds had taken a drug in the last year, whereas 21% of adults aged 16 to 24 years had taken drugs in the last year and 9.9% had used drugs in the last month. The survey revealed that cannabis was the most common drug used by adults (7.8%), followed by Powder Cocaine (2.6%).

The 2021 Smoking, Drinking and Drug Use among Young People Survey (SDDU survey) identified that amongst 11–15-year-olds in England, 40% had ever had alcohol, 9% had drunk alcohol in the last week and 8% had been drunk in the previous four weeks. Data from Public Health England estimates that 158 children aged 0 – 17 years across South Tees were receiving treatment for substance misuse.

4.3 People Accessing Treatment

There were 2,607 adults in treatment for drug misuse at year end of 2022/23 in South Tees as shown in Figure 1 below. This was made of up 1,767 adults in Middlesbrough or 68% and 840 adults or 32% in Redcar & Cleveland. Although numbers fluctuate, the number of clients in treatment for drugs at the end of 2022/23 was one of the higher numbers over the previous four years. There were 1,028 new adults in drug treatment at the end of 2022/23 in South Tees, the highest rate since early 2020/21.

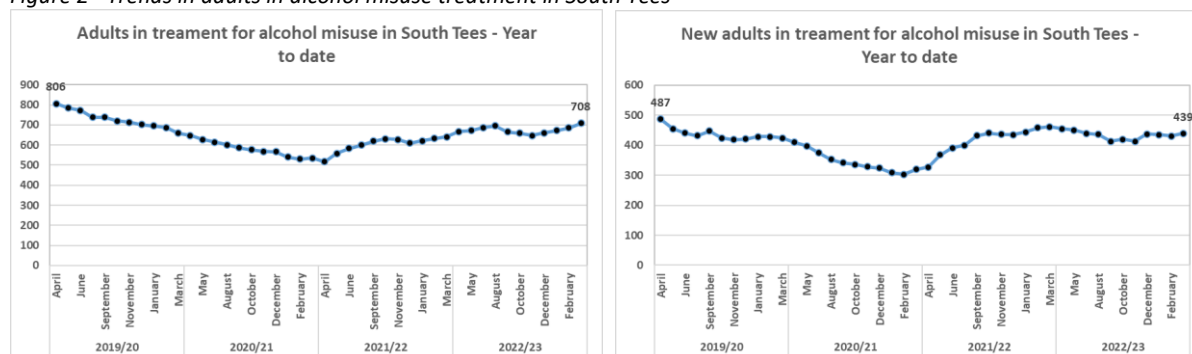
Figure 1 - Trends in adults in substance misuse treatment in South Tees



Source – NDTMS

There were 708 adults in treatment for alcohol misuse at year end of 2022/23 in South Tees as shown in Figure 2 below. This was made of up 382 adults in Middlesbrough or 54% and 326 adults or 46% in Redcar & Cleveland. Numbers of clients remain more consistent for alcohol clients compared to drug clients, however the number of clients has risen gradually since the start of 2021/22. There were 439 new adults in alcohol treatment at the end of 2022/23 in South Tees, following the same pattern as all clients in treatment.

Figure 2 - Trends in adults in alcohol misuse treatment in South Tees



Source – NDTMS

Of all drug clients in treatment in 2022/23, 42% in Middlesbrough and 33.1% in Redcar & Cleveland were a parent (full or partial responsibility for one or more children under 18). This is significantly higher, particularly in Middlesbrough compared to 29% in England. Of those that had a record of parental status, 28.6% in Middlesbrough and 29.5% in Redcar & Cleveland had recorded that all of the children live with the client, higher than the national rate of 26.5%. A further 3.7% in Middlesbrough and 4.1% in Redcar & Cleveland has some of the children living with the client. Middlesbrough had a higher proportion of none of the children living with client at 49.9% compared to 45.4% in England.

Of all alcohol clients in treatment in 2022/23, 41.6% in Middlesbrough and 38.3% in Redcar & Cleveland were a parent. This is significantly higher, particularly in Middlesbrough compared to 30.8% in England. Much higher proportions of all are children living with the clients in alcohol treatment

compared to drug treatment. In Middlesbrough 41.6% and 38.3% in Redcar & Cleveland have all children living with client compared to 30.8% in England.

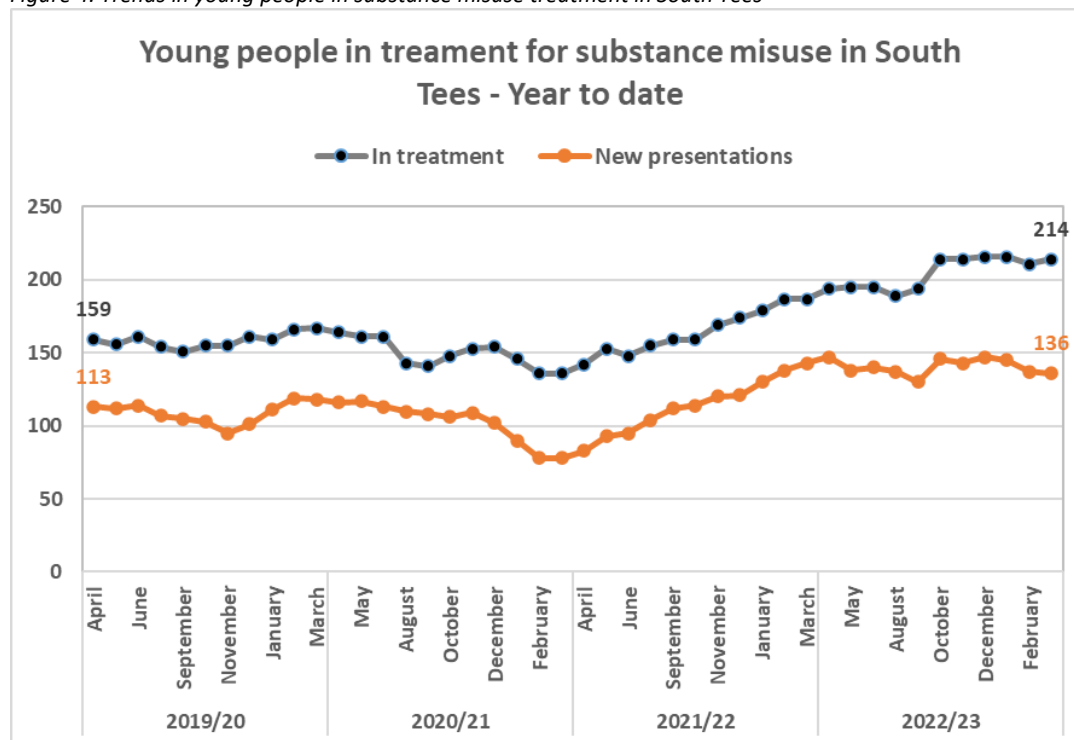
Figure 3: Parental status

Parental status		Middlesbrough			Redcar & Cleveland			England
		No.	Total	%	No.	Total	%	%
Drugs	Parent	743	1,767	42.0%	278	840	33.1%	29.0%
	All of children live with client	344	1,204	28.6%	137	465	29.5%	26.5%
	Some of children live with client	44	1,204	3.7%	19	465	4.1%	4.2%
	None of children live with client	601	1,204	49.9%	218	465	46.9%	45.4%
Alcohol	Parent	159	382	41.6%	125	326	38.3%	30.8%
	All of children live with client	77	186	41.4%	52	131	39.7%	48.6%
	Some of children live with client	13	186	7.0%	19	131	14.5%	6.3%
	None of children live with client	90	186	48.4%	54	131	41.2%	39.0%

Source – NDTMS

Figure 4 shows the number of young people in substance misuse services in South Tees as total in treatment and new presentations. There were 214 young people in treatment for substance misuse at year end of 2022/23 in South Tees. This was made of up 92 young people in Middlesbrough and 122 young people in Redcar & Cleveland. Although numbers fluctuate, the number of clients in treatment has been steadily increasing since the end of 2020/21 to 2022/23.

Figure 4: Trends in young people in substance misuse treatment in South Tees



Source – NDTMS

Figure 5 below shows the substances that young people state are a problem for those in treatment in 2022/23 in South Tees. Note young people can be receiving treatment for more than one substance. A total of 89% have a problem with cannabis, similar to the England rate of 87%. Less have a problem with alcohol with 34% compared to the England average of 44%. Nicotine rates are higher locally alongside Cocaine compared to England.

Figure 5 - Problem substances for young people in treatment in South Tees

Substance	South Tees		England
	No.	%	%
Cannabis	191	89%	87%
Alcohol	73	34%	44%
Nicotine	53	25%	14%
Cocaine	35	16%	9%
Other	16	7%	10%
Solvents	8	4%	5%
Ecstasy	<5	2%	7%
Opiates	<5	1%	2%
NPS	<5	1%	1%
Crack	<5	0%	0%
Amphetamines	<5	0%	1%
Total in treatment	214	100%	100%

Source – NDTMS

Figure 6 below shows the number and proportion of clients starting treatment in 2022/23 for drug or alcohol treatment with a mental health need identified, and, where this is the case, any treatment being received. Both Middlesbrough and Redcar & Cleveland had a smaller proportion of clients identified with a mental health need compared to the England average. Redcar & Cleveland had a higher proportion who were already engaged at 24.1% compared to 17.8% in Middlesbrough and 17.6% in England. In Middlesbrough 52.6% were already engaged through a GP compared to 59.8% in England and much lower in Redcar & Cleveland at 43.8%. The proportion of those where no treatment was being received was higher in Middlesbrough at 38.2% compared to 28.6% in Redcar & Cleveland and 26.6% in England. When taking into consideration the impact of trauma, living with a parent with mental health needs alongside substance misuse issues this may increase risk factors to children within the household.

Figure 6 - Adults in substance misuse treatment with mental health needs

	Middlesbrough			Redcar & Cleveland			England
	No.	Total	%	No.	Total	%	%
Mental health treatment need identified	591	884	66.9%	377	583	64.7%	69.8%
Already engaged	105	591	17.8%	91	377	24.1%	17.6%
Engaged with IAPT	<5	591	0.8%	6	377	1.6%	1.6%
GP	311	591	52.6%	165	377	43.8%	59.8%
NICE recommended psychosocial or pharmacological	<5	591	0.7%	0	377	0.0%	1.2%
Identified space in a health-based place	<5	591	0.5%	0	377	0.0%	0.7%
No treatment being received	226	591	38.2%	108	377	28.6%	26.6%
Client declined to commence treatment for their mental health	14	591	2.4%	19	377	5.0%	1.4%
Any Citation	400	591	67.7%	259	377	68.7%	77.1%

Source – NDTMS

Figure 7 below shows the proportion of the treatment population in contact with the criminal justice system in Middlesbrough and Redcar & Cleveland.

Figure 7 - Adults in substance misuse treatment with mental health needs

Substance	Middlesbrough			Redcar & Cleveland			England
	No.	Total	%	No.	Total	%	%
Opiate	254	1219	20.8%	92	519	17.7%	18.7%
Non-opiate	43	358	12.0%	25	178	14.0%	13.1%
Alcohol	34	382	8.9%	15	326	4.6%	7.2%
Alcohol and non-opiate	21	190	11.1%	11	14	7.7%	12.9%

Source – NDTMS

In contact with the criminal justice system is defined as clients taken onto a CJIT caseload within 42 days of the earliest triage or the first referral source of the treatment journey is a criminal justice referral. Middlesbrough has slightly higher rates of opiate clients compared to England and Redcar & Cleveland has slightly lower. Middlesbrough is slightly lower and Redcar & Cleveland slightly higher for non-opiates compared to England. Middlesbrough has higher rates for alcohol, whilst Redcar & Cleveland rates are lower.

Of adults with a substance misuse treatment need in 2022/23, 56% (125/223) in Middlesbrough and 65% (67/103) in Redcar & Cleveland successfully engage in community-based structured treatment following release from prison. This is higher compared to the national average of 41.1%.

The rate of first-time entrants aged 10-17 year olds to the youth justice system is higher locally compared to England. There were 28 young people or a rate of 224 per 100,000 in Redcar & Cleveland and 28 or a rate of 189 per 100,000 in Middlesbrough compared to 149 per 100,000 in England. Recording of substance misuse issues amongst Youth Offending Services (YOS) across the country was only made mandatory as a key performance indicator in April 2023. Local data from South Tees YOS shows that there were a total of 116 young people on caseload in South Tees as of November 2023,

and of these 17 were identified as having a targeted intervention or treatment for substance misuse. There is no comparable national data as of yet for this measure.

4.4 Socio-demographic Profile of Parents as New Presentations to Treatment Who Live with their Children

In Middlesbrough, 40% of parents were aged 25 to 34 and another 40% were aged 35 to 44. In Redcar and Cleveland, 26% were aged between 25 and 34 years and 43% were aged between 35 and 44 years old. In England the data shows 29% are aged 25 to 34 and another 41% are aged 35 to 44. The trend in Middlesbrough is that parent seeking support for the first time are younger than in Redcar & Cleveland and England rates.

In Middlesbrough 60% of parents presenting for treatment for the first time were male and 40% female, compared to 52% male and 48% female in Redcar and Cleveland. Across South Tees, this broadly aligns with the England data (56% male and 44% female).

In Middlesbrough 30% of parents newly presenting to treatment were in employment, education or training, compared to 39% in Redcar & Cleveland and 43% across England. In Redcar & Cleveland 10% of parents newly presenting to treatment whilst living with children were pregnant. The rate was higher than Middlesbrough (6%) and the England rate (3%).

Across South Tees, the average number of children in a household where a parent has engaged in treatment for the first time is higher than the national average. In Middlesbrough this is 1.84 children per household, in Redcar & Cleveland it is 1.86 and in England it is 1.79 children.

4.5 Children in the care of the Local Authority Children in the care of the Local Authority

Children’s Social Care support some of the most vulnerable children in society who are at risk from harm. Figure 8 below shows the numbers and rates for children who are looked after by the local authority, subject to a child protection plan and are a child in need. Both Middlesbrough and Redcar & Cleveland have significantly higher rates compared to the North East and England across all three indicators. Middlesbrough ranked the highest local authority out of 152 in England for children subject to a child protection plan. In total there were 843 looked after children, 678 subject to a child protection plan and 3,769 a child in need in South Tees.

Figure 8 - Rates of looked after child, child protection and child in need

	Looked after child (2022)			Child protection (2023)			Child in need (2023)		
	No.	Rate*	Rank*	No.	Rate*	Rank*	No.	Rate*	Rank*
Middlesbrough	502	150	6 th	469	140	1 st	2,196	657	4 th
Redcar & Cleveland	341	125	12 th	209	77	11 th	1,573	579	7 th
North East	5,750	110		3,400	65		24,530	467	
England	82,170	70		50,780	43		403,090	343	

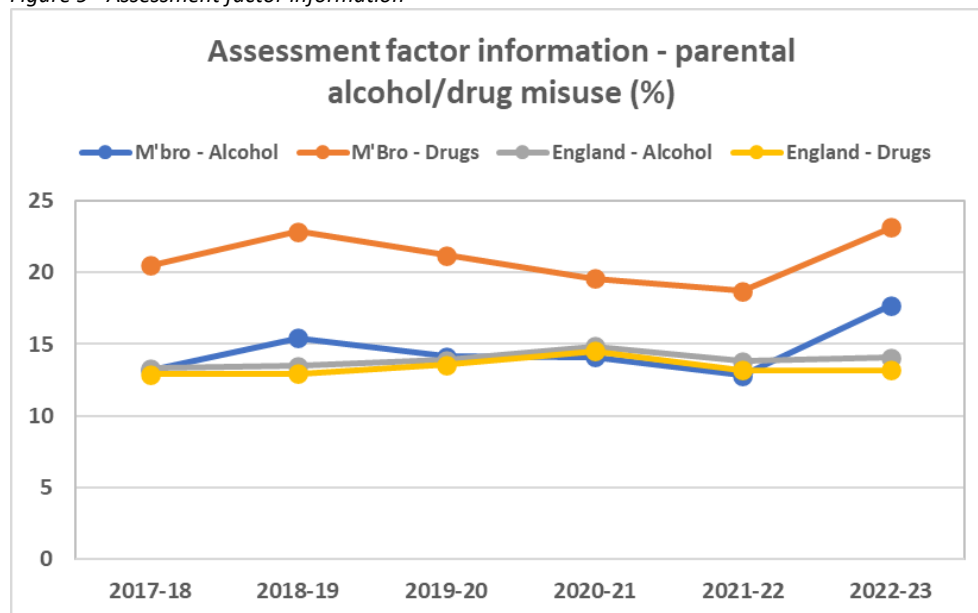
*Rate is per 10,000 population aged under 18 years

*Rank is highest out of 152 local authorities in England

Source – GOV, UK

Local data from Middlesbrough Council’s children’s social care shows the assessment factor information for episodes relating to child in need in 2023. Of the 3,954 assessments, 701 or 18% had parental alcohol misuse as a factor identified and 915 or 23% had parental drug misuse as a factor. As shown in Figure 9 below, the proportion for parental alcohol misuse is slightly higher compared to the England rate of 14%, although trends have shown a similar rate.

Figure 9 - Assessment factor information



Source – Middlesbrough Council data team

The proportion for parental drug misuse in Middlesbrough is significantly higher compared to England and has been consistently higher over recent years.

4.6 Foetal Alcohol Spectrum Disorder

Foetal alcohol spectrum disorder (FASD) refers to a range of neurodevelopmental problems that can occur when a developing foetus is exposed to alcohol. The effects can be wide ranging and lifelong. Globally, the prevalence of FASD has been estimated at 0.8%. Within Europe, Eastern Europe, the UK and Italy are estimated to have the highest rates of FASD (modelled at 3.24% for the UK).

A recent health needs assessment on FASD by the Department of Health & Social Care (2021) highlighted the lack of robust UK prevalence estimates. A study conducted by the University of Salford is cited as the first active ascertainment study in the UK. However, the study was cut short due to the COVID-19 pandemic resulting in a small sample size (220 children from three schools). The study found FASD in 1.8% of the children studied, although the authors acknowledge the results may not be generalisable to other populations.

Although we do not have up to date, accurate data on the number of alcohol-exposed pregnancies, data on general drinking habits across the population is routinely collected by the Health Survey for England. The data from 2019 showed that:

- 22% of women in England did not drink alcohol in the last 12 months.
- 59% of women in England drank at levels within the UK CMOs’ low risk drinking guidelines (that is 14 units or less in the last week).
- 9% drank at an increasing risk level (14 to 35 units).
- 2% drank at a higher risk level (over 35 units).

The best data available for the proportion of women who consume alcohol during pregnancy comes from the Infant Feeding Survey 2010, though this has since been discontinued and guidance for pregnant women has changed.

The data from 2010 showed that:

- Two in five mothers (40%) drank alcohol during pregnancy, which was fewer than in 2005 (54%).
- Mothers aged 35 or over (52%), were more likely to drink during pregnancy.
- Mothers from managerial and professional occupations (51%) were more likely to drink during pregnancy.
- Mothers from a White ethnic background (46%) were more likely to drink during pregnancy.
- Mothers in England (41%) and Wales (39%) were more likely to drink during pregnancy than mothers in Scotland and Northern Ireland (35% in each).

In the North East region 83-86% of respondents across local authority areas were aware of the zero alcohol during pregnancy.

Challenges in diagnosis and data collection make it difficult to obtain reliable estimates of FASD prevalence in England. To date, there are no prevalence studies, making it difficult to understand the level of need and potential commissioning requirements.

4.7 Death from Substance Misuse

Deaths related to drug poisoning is the wide definition that incorporates drug dependence, fatal accidents, suicides and complications involving controlled and non-controlled drugs, as well as prescription and over-the-counter medication. Deaths related to drug misuse is a subset of drug poisoning deaths.

Figure 10 below shows the number and age standardised rate of deaths related to drug misuse and drug poisoning for a three year period between 2019-21. In Middlesbrough, 61% of drug poisoning deaths are related to drug misuse and the figure in Redcar & Cleveland is 52%. This compares to the proportion in England of 65%. Both Middlesbrough and Redcar & Cleveland have significantly higher rates compared to England for both measures. Middlesbrough is ranked the 3rd highest nationally for drug misuse deaths and ranked 2nd highest nationally for drug poisoning deaths out of 152 local authorities in England.

Figure 10 - Deaths from drug misuse and drug poisoning (2019-21)

	Deaths related to drug misuse			Deaths related to drug poisoning		
	No.	Rate*	Rank*	No.	Rate*	Rank*
Middlesbrough	65	17.5	3 rd	107	28.8	2 nd
Redcar & Cleveland	34	6.4	27 th	65	17.1	12 th
North East	746	10.1		1,123	15.1	
England	8,361	5.1		12,959	7.9	

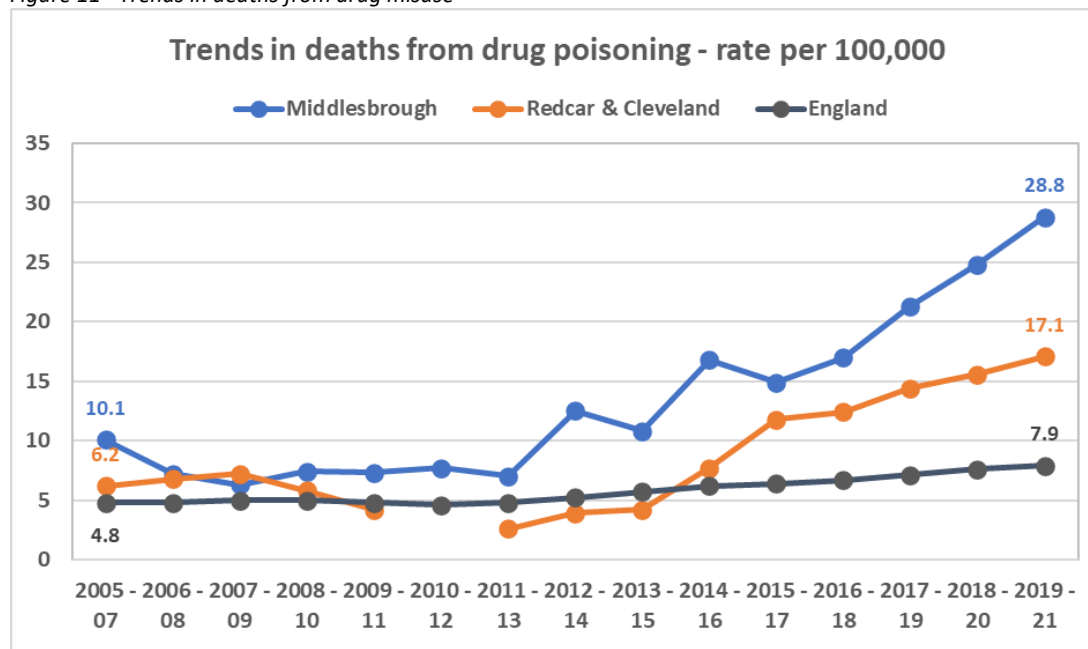
*Rate is per 100,000 population

*Rank is highest out of 152 local authorities in England

Source – ONS

Figure 11 below shows the trends in deaths related to drug poisoning. The England rate has seen year on year increases from 2010-12 to the latest period of 2019-21. The rate in Middlesbrough has seen significant increases in recent years rising from 28 deaths or a rate of 7 per 100,000 in 2011-13 to 107 deaths or a rate of 28.8 per 100,000. Redcar & Cleveland has also seen large increases with 10 deaths in 2011-13 increasing to 65 deaths in 2019-21.

Figure 11 - Trends in deaths from drug misuse



Source – OHID Fingertips

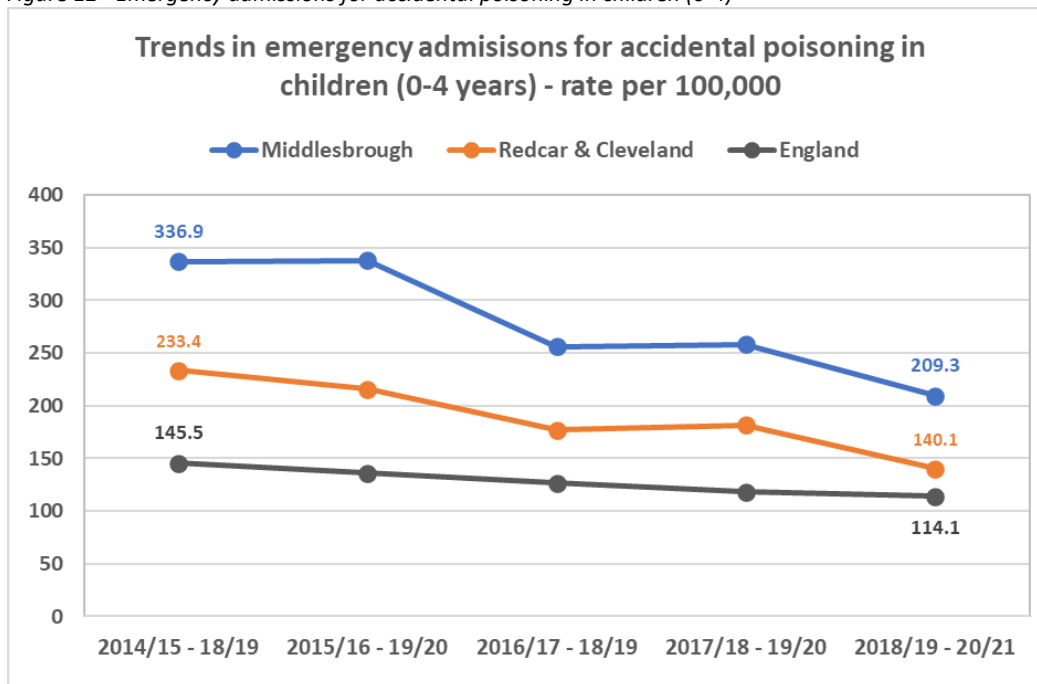
England level data shows that the rate of drug poisoning deaths for males was twice the rate for females. The highest rate is seen among those aged 45-49 years old, with approximately half of all drug poisoning deaths involving opiates.

4.8 Children Hospitalised by Poisoning from Medicines

Unintentional injuries in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability. Poisoning is amongst the 5 main causes of childhood injury and medicines are responsible for almost 70% of poisoning admissions in under-fives. Figure 12 below shows the rate of emergency hospital admissions for accidental poisoning in children ages 0-4 years as a rate per 100,000. There were 60 accidental poisoning admissions in children aged 0-4 or a rate of 209.3 per 100,000 in Middlesbrough for a three-year period between 2018/29 and 2020/21. This is significantly higher than the England rate of 114 per 100,000. The Redcar & Cleveland rate is lower compared to Middlesbrough but still higher than England at 140.1 per 100,000 with 30 admissions.

Trends show that both the national and local rates have reduced over recent years. The Middlesbrough rate has reduced significantly from 100 admissions or a rate of 336.9 per 100,000 in 2014/15 – 16/17 to the latest rate of 209.3. The Redcar & Cleveland rate has reduced from 55 admissions or a rate of 233.4 in 2014/15 – 16/17 to the latest rate of 140.1.

Figure 12 - Emergency admissions for accidental poisoning in children (0-4)



Source – Fingertips, OHID

5. What are we doing already in relation to this goal?

5.1 Role of each Local Authority

Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area. The Children Acts of 1989 and 2004 set out specific duties: section 17 of the Children Act 1989 puts a duty on the local authority to provide services to children in need in their area, regardless of where they are found; section 47 of the same Act requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

These duties placed on the local authority can only be discharged with the full co-operation of other partners, many of whom have individual duties when carrying out their functions under section 11 of the Children Act 2004. Under section 10 of the same Act, the local authority is under a duty to make arrangements to promote co-operation between itself and organisations and agencies to improve the wellbeing of local children.

This co-operation should exist and be effective at all levels of an organisation, from strategic level through to operational delivery. The Children Act 2004, as amended by the Children and Social Work Act 2017, strengthens this already important relationship by placing new duties on key agencies in a local area. Specifically, the police, clinical commissioning groups and the local authority are under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area. Everyone who comes into contact with children and families has a role to play. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Protecting children from maltreatment.
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

In Redcar & Cleveland, With You is the commissioned provider for substance misuse support services. In Middlesbrough, the service is delivered internally as part of the integrated ACT model. Both services have assessment processes that cover parental substance misuse, including detailed risk assessments for those with children. Safeguarding leads and escalation processes are in place where parents will be supported. Community treatment services work closely with children's services, with reciprocal training arrangements in place.

5.2 Supporting Families

The Supporting Families' Programme aims to support families with multiple and complex problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse. Promoting recovery and reducing harm from substance use is one of the headline outcomes that families in the programme may be supported with. Nationally it has been reported that around one in six families has an individual dependent on non-prescription drugs or alcohol in the year before joining the programme.

5.3 Alcohol harm reduction in Middlesbrough

Interventions include:

- The college based 'Why Risk It' campaign is a multi-agency initiative which has been delivered to 16-18 year olds. The partners work collaboratively with schools and academies to deliver annual roadshows.
- Early Help Family Casework provides additional support for children, young people and families. Alcohol misuse issues and concerns are captured as part of the Early Help Assessment and referrals to relevant support services are made as part of the Team Around the Family approach.
- Delivery of the Supporting Families Programme and identification of the "at risk" factors which are often related to alcohol, other substance misuse and domestic violence.
- A new coordinated approach to the delivery of young people's treatment services integrated into the Middlesbrough Recovering Together model. The service provides the full range of education and awareness, targeted and specialist treatment services which are fully integrated in all areas of wider children's services (Tier1-4).
- Middlesbrough Council have developed a joint working protocol between Children's Services and the commissioned adult substance misuse service to deliver agreed pathways and referral processes to protect children from the hidden harms of parental drug and alcohol misuse.

5.4 Alcohol harm reduction in Redcar & Cleveland

With You are working with James Cook University Hospital to develop a pathway for continuity of treatment. The goal is to work towards all hospital commenced alcohol detox processes to be explored and continued into the community if appropriate.

With You have increased their home detox provision with the recruitment of a specialist alcohol nurse in June 23. In addition to this above, With You are able to prescribe relapse prevention medication.

With regards to community education, With You are providing substance use awareness to local people to help increase awareness of the service and to support people to reduce their own levels of harmful behaviours.

With You provide a weekly alcohol group for people to increase their knowledge around alcohol harms. People are also invited to attend peer focused groups which run weekly.

With the commencement of SSMTRG monies, With You have developed a criminal justice team who support ATR clients and an outreach team who are able to support people in their own home or community venues.

With You are currently developing a SPOC provision with a local GP surgery to implement faster access to alcohol support.

With You have appointed a frontline staff member to work from Harbour's refuge where people are able to quickly access drug and alcohol support in a safe environment. In addition to above, With You have appointed Equality, Diversity and Inclusion (EDI) leads to explore the local community and provide services to people who may not otherwise access help. At present the team are exploring offering support in a local women's centre and family hubs.

5.5 Drug harm reduction in Middlesbrough

Key examples include:

- If a parent is a substance user in Middlesbrough they will get enhanced support (extra 17 visits before the child reaches 2 years of age) from the Best Start Pathway through the 0-19 Healthy Child Programme Service (Health Visitors).
- Drug alert and overdose awareness training and campaigns
- Diverse range of options for needle exchange provision: mobile delivery service, postal delivery of equipment, outreach provision, hostel provision, pharmacy provision, vending machines, custody suite replacement of equipment provision, and provision within service user appointments at all hubs.
- Joint working with local treatment services and Barnardos to develop the education work in the schools in Middlesbrough and become part of the real love rocks programme. This programme enables a drug and alcohol session in every secondary school and alternative education setting in Middlesbrough and it includes harm minimisation. Since being part of the real love rocks programme, there is now got a full school offer and in November 2023 sessions were delivered in school assemblies to over 1500 pupils in Middlesbrough education them on harm minimisation.
- Regular drop in sessions in a number of young peoples supported accommodation. Attended youth clubs doing fun interactive educational activities.
- Upskilling of frontline staff across a range of other services in harm minimisation including naloxone so that they can share this information with the young people they are working with.
- Close working links with Cleveland Police and South Tees Hospital ensuring that intelligence on drug trends is received and can react quickly putting in a response that can be rolled out.
- Pathways have been developed with Sexual Health Services and satellite sessions with the Terence Higgins Trust when required.
- The assertive outreach workers work closely with the pathways leaving care team and aspire exploitation social care team to do targeted work with young people they are concerned are at high risk due to their substance use.
- Large piece of work with public health and Children's Services to create and distribute a letter to all parents of children attending schools in Middlesbrough about the current risks of vaping and vapes containing THC/Spice.
- Have a vaping pathway with public health and MBC working closely with the oral health team around how substance use effects oral health.

5.6 Drug harm reduction in Redcar & Cleveland

As with alcohol harm, With You are working towards educating as many people as possible in the area to identify harmful use of substances and where to go for help. Harm minimisation is a key thread which is involved in all appointments with all staff within the service.

With You have a free confidential Needle Syringe Provision (NSP) on site at both main hubs which any person is able to access. With You complete naloxone and nyxoid training to local professionals, carers, friends, family members and other stakeholders.

The Young Person's team are continuously engaging with education settings to increase awareness of the service provision and how we can support people under 25.

With You engage with 'walk arounds' with the community safety team to complete targeted engagement work for people who would benefit from entering treatment services. With You are

offering a cocaine awareness group on a weekly basis as well as peer lead support groups. With You work in partnership with Intuitive Thinking Skills (ITS) to provide education around substance use to help people to maintain and sustain any positive changes that they make in their lives

The criminal justice team are able to support DRR clients in community settings. Working closely with other criminal justice staff to meet the needs of the clients.

5.7 Other Services and Programmes in Middlesbrough

Other services and programmes in Middlesbrough include:

- Prebirth forum- includes: clinical lead, family lead, safeguarding lead. To ensure that the pregnant ladies are receiving full support and care and the correct harm minimisation advice. This also includes pathways into the vulnerabilities midwives, Best Start Pathway community midwives and the south tees safeguarding team. The priority is always to try and stabilise the substance use and reduce the poly drug use. Ensure their prescription is suitable. This also feeds into children's services pre-birth forum.
- Family hubs – Invite to all of our families to have some of their appointments within the family hub so that they can be introduced to other services available who will also support in harm minimisation such as best start pathway, chat play, read, sing, early years workshops, let's talk, amazing babies, information advice and guidance.
- Carry out home visits and home assessments to ensure safe storage of medication, no drug paraphernalia in or around the home. It also helps to watch the interactions between parents and children.
- Work closely with oral health team as previously mentioned around the impact of substance use and also methadone on oral health. This includes train the trainer so that they can use this to look after their children's oral health.
- Trained a large number of social workers and other professionals (including midwives and alcohol care team) in harm minimisation.
- Children's Services front door through MACH and the assessment team, attending TRIAGE daily to help identify if cases meet threshold.
- Developing MDT's on a regular basis for most at risk clients ensuring that all are fully informed on harm minimisation and the work that is required. This is also included in their safety plans and child protection and child in need plans.
- Sexual health pathway for parents and this includes emergency contraception, ongoing contraception, testing.
- Clean equipment as part of an intervention
- Joint working with social workers, schools and other professionals to ensure sharing of information.
- Every family case worker provides bespoke one to one harm min advice specific for each client and their substance use.
- Pathway to lung health clinic and stop smoking clinic.
- Pathway with health improvement team in public health.

5.8 Other Services and Programme in Redcar & Cleveland

All people who attend With You for support are able to be accompanied by a friend, carer or relative. Family inclusion is discussed at assessment stage to make sure the service documents what information can be shared to who.

Should a safeguarding need be identified, communication with social care professionals will be actioned at point of assessment. Whether this is to complete a referral or provide an update on service attendance.

Family support is discussed within risk assessment and care planning processes. With You recognises the importance of building recovery capital and involving significant others in a person's treatment journey - where possible.

With You work closely with social care teams and offer safeguarding supervision to frontline staff to make sure that both active and possible social care cases are explored and actioned appropriately.

With You are launching a rolling CRAFT programme for family, friends and carers from January 2024. This rolling programme will offer a set number of sessions for carers to attend to increase their knowledge around how to support someone who is engaging in treatment services.

With You are hosting 2 brand new social care recovery worker positions, hopefully starting in January 2024 (interviews being held in December 23). The roles will provide a quick response reaction to families in crisis. The staff will be THRIVE staff, meaning they will be multi-skilled. The staff will be able to offer both domestic abuse and substance use support with the aim of working in a trauma informed care approach by reducing the need to tell their story more than once in order to receive tailored support.

6. What are the key issues?

6.1 Scale of Need Across South Tees

It is estimated across South Tees that 2,024 children aged 0-17 years live in households where alcohol and substance misuse is considered to be an issue. There were 1,028 new adults in drug treatment at the end of 2022/23 in South Tees, the highest rate since early 2020/21. There were 439 new adults in alcohol treatment at the end of 2022/23 in South Tees, following the same pattern as all clients in treatment.

Local data from Middlesbrough Council's children's social care shows the assessment factor information for episodes relating to child in need in 2023. Of the 3,954 assessments, 701 or 18% had parental alcohol misuse as a factor identified and 915 or 23% had parental drug misuse as a factor.

6.2 Accessibility and Success of Treatment Services

The waiting time for drug treatment is excellent, with those requiring drug treatment services able to access services within three weeks. It is also positive the parents from South Tees who live with their children are more likely to seek treatment for a mild problem with alcohol than the England rate. One issue that remains is the success rate for treatment, which is low compared to the national average. There are also too many people who need to access treatment.

6.3 Impact on Children's Health

Adverse childhood experiences are stressful or traumatic experiences that occur between 0 and 18 years of age and have a lasting effect on mental health. They include experiences such as domestic violence, physical or sexual abuse, emotional neglect, parental separation, household alcohol and drugs misuse, mental illness and suicide or imprisonment of a family member. In a study by Bellis et al (2014) children who experience four or more adversities were twice as likely to currently binge drink, and eleven times more likely to have used crack cocaine or heroin.

FASD is entirely preventable by the exclusion of alcohol in pregnancy. The Chief Medical Officer's guidance states that women who are pregnant or think they could become pregnant should not drink alcohol at all. Figures are not available locally for how many pregnant women from South Tees drink during pregnancy. A 2017 study estimating alcohol consumption in pregnancy in different countries estimated that 41% of UK women drink during pregnancy. This was the 4th highest rate of all the countries studied.

Poisoning is amongst the five main causes of childhood injury and medicines are responsible for almost 70% of poisoning admissions in under-fives.

6.4 Impact on Children's Education, Personal and Social Life

Parental alcohol misuse has been found to negatively impact children's personal and social lives. It can cause inconsistent parenting, thus disrupting everyday routines; lead to poor mental health and feelings of social isolation. In some cases, older children living with substance misusers are encouraged to or decide to take on a role as a carer for either their siblings or parents. This comes as a result of the parents no longer being able to care for their family or themselves.

There is a general acceptance throughout the literature that there is a negative association between children's education and parental substance use. The impacts on children from living in these households which are most pronounced are:

- Reduction in or disruption to school attendance.
- Increase in school misbehaviour, leading to suspensions, exclusions and early departure from school.
- Hinders child development.
- Negative effect on school relationships of children, including both peers and teachers.

While these impacts are frequently stated, there is less agreement on the causes of these impacts and the direct contribution made by having parent(s) experiencing problems with substance use.

Children living in such circumstances often face a multitude of other challenges, making it hard to attribute these impacts directly to substance misuse. In most cases, children living with substance misusers are at a high risk from other disadvantageous factors such as low socio-economic status, parental mental health problems and domestic abuse, all of which negatively impact educational attainment. The presence of one stable (non-substance using) guardian has been found to increase resilience.

7. What is the current evidence base?

7.1 Government Policy

The government strategy - From harm to hope: A 10-year drugs plan to cut crime and save lives - was published in 2021. The main aim of this strategy is to reduce drug use, reduce drug-related crime and reduce drug-related deaths and harm. By the end of 2024/25, the strategy sets ambitions to have:

- Prevented 1,000 deaths, reversing the upward trend in drug deaths for the first time in a decade.
- Delivered a phased expansion of treatment capacity with at least 54,500 new high quality treatment places – an increase of 20% – including 21,000 new places for people who use opiates and/or crack cocaine, meaning that 53% of opiate and crack users will be in treatment; and at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping.
- Contributed to the prevention of 750,000 crimes including 140,000 neighbourhood crimes through the increases in drug treatment.
- Closed over 2,000 more county lines through relentless and robust action to break the model and bring down the gangs running these illegal lines.
- Delivered 6,400 major and moderate disruptions – a 20% increase – of activities of organised criminals, including arresting influential suppliers, targeting their finances and dismantling supply chains.
- Significantly increased removal of criminal assets, taking cash, crypto-currency and other assets from the hands of criminals involved in drug trafficking and supply.

Local government and its partners are outlined as crucial to the successful delivery of this strategy. Every local area was required to establish a Combating Drugs Partnership by the end of 2022. Whilst the new drugs plan focuses on the use and supply of illegal drugs, it states that local partnerships should ensure plans sufficiently address alcohol dependence and wider alcohol-related harms.

Every local authority area social services department has a children and family service with responsibility for child protection and childcare. For every child referred to the service, a systematic assessment is an essential first step to establish whether he or she is in need or at risk and, if so, how. This should include standard questions about parental substance misuse. The child's own perception of the situation should be sought and recorded whenever possible. If it is decided the child can remain at home, plans will be required to mobilise support for the family in an attempt to safeguard the child's welfare. Support for parents and the extended family could include treatment of the parent's problem drug use; advice and support on parenting skills; and help in improving accommodation or accessing benefits.

Support for children themselves could include: allowing them to express their own ideas and feelings; enabling them to have fun; arranging attendance at nursery; providing special educational support; providing access to health care and other services; and arranging assessment and treatment of emotional and behavioural problems.

7.2 Wider Research

The Advisory Council on the Misuse of Drugs has a statutory duty to advise the Government on drugs of misuse and the health and social problems these may cause. In 2011 ACMD produced a report following an inquiry that focused on the children in the UK with a parent, parents or other guardian whose drug use has serious negative consequences for themselves and those around them.

The six key headlines were that:

- It is estimated that there are between 250,000 and 350,000 children of problem drug users in the UK.
- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.

The report identified 48 specific recommendations. There remains an alignment with many of the recommendations made in this draft JSNA.

7.3 Gaps in Local Data

Identified data gaps include:

- Prevalence of alcohol/drug misuse and treatment need in specific populations e.g. homeless, veterans, sex workers, pregnant women.
- Addiction to prescription and over the counter medicines.
- Local and national prevalence data of FASD.
- Prevalence of children and young people with Cannabis Use Disorder (CUD).
- Prevalence of children and young people using cannabis or other substances to manage symptoms of mental health conditions such as ADHD.
- Prevalence of multiple conditions/vulnerabilities which include substance misuse.
- Estimates of the exclusion of people with co-occurring conditions from support services.
- County Lines activity and the associated exploitation of children and vulnerable adults.

8. What do local people say?

8.1 Surveys and Public Opinion

There is limited local data on the views and perceptions of local people on specific elements of this review. It is a highly sensitive and emotive issue, particularly in instances where harm has been inflicted on a child. Public Health South Tees has previously explored with lived experience focus groups, whether it would be appropriate to conduct a consultation exercise on childhood methadone ingestion.

9. What are the recommendations?

9.1 The Voices of Children and their Parents

Recommendation: The voices of the children should be heard and listened to. Work is required to develop means of enabling the children of problem drug users safely to express their thoughts and feelings about their circumstances.

9.2 Access to and Coordination of Services

Recommendation: Drug misuse services, maternity services and children's health and social care services should forge links that will enable them to respond in a co-ordinated way to the needs of the children.

9.3 Maternity Services

Recommendation: James Cook University Hospital maternity unit should ensure that it provides a service that is accessible to and non-judgemental of pregnant problem drug users and able to offer high quality care aimed at minimising the impact of the mother's drug use on the pregnancy and the baby. The unit should have effective links with primary health care, social work children and family teams and addiction services that can enable it to contribute to safeguarding the longer-term interests of the baby.

9.4 Primary Care

Recommendation: Primary care teams providing services for drug users should ensure that the health and well-being of their children are also being met, in partnership with the school health service, children and family teams and other services as appropriate. Arrangements are required for ensuring that the children of drug or alcohol users are able to benefit fully from appropriate services including those for the prevention, diagnosis and treatment of blood-borne virus infections.

9.5 Contraception and Planned Pregnancy

Recommendation: General practitioners should take steps to ensure that drug users have access to appropriate contraceptive and family planning advice and management. Contraceptive services should be provided through specialist drug services including methadone clinics and needle exchanges. Preferably these should be linked to specialist family planning services able to advise on and administer long-acting injectable contraceptives, contraceptive coils and implants.

9.6 Early Years Education and Schools

Recommendation: All early year's education services and schools should have critical incident plans and clear arrangements for liaison with their local social services team when concerns arise about the impact on a child of parental problem drug or alcohol use. Gaining a broad understanding of the impact of parental problem drug or alcohol use on children should be an objective of general teacher training and continuous professional development. All schools should identify at least one trained designated person able to deal with the problems that might arise with the children of drug users.

9.7 Social Work Children and Family Services

Recommendation: Children's Services departments should aim to achieve the following in their work with the children of drug users:

- An integrated approach, based on a common assessment framework, by professionals on the ground including social workers, health visitors and GPs, nursery staff and teachers, child and adolescent mental health services.
- Adequate staffing of children and family services in relation to assessed need.
- Appropriate training of children and family service staff in relation to problem drug and alcohol use.
- A coordinated range of resources capable of providing real support to families with drug problems, directed both at assisting parents and protecting and helping children.
- Sufficient provision of foster care and respite care suitable for children of problem drug users when their remaining at home is unsafe.
- Efficient arrangements for adoption when this is considered the best option.
- Residential care facilities that provide a genuinely caring environment for those children for whom this is the only realistic option.
- All social care workers receive pre-qualification and in-service training that addresses the potential harm to children of parental substance misuse and what practical steps can be taken to reduce it.

9.8 Specialist drug and alcohol services

Recommendation: Drug and alcohol agencies should recognise that they have a responsibility towards the dependent children of their clients and aim to provide accessible and effective support for parents and their children, either directly or through good links with other relevant services. The training of staff in drug and alcohol agencies should include a specific focus on learning how to assess and meet the needs of clients as parents and their children.

9.9 Specialist paediatric and child and adolescent mental health services

Recommendation: The possible role of parental drug or alcohol misuse should be explored in all cases of suspected child neglect, sexual abuse, non-accidental injury or accidental drug overdose. Child and adolescent mental health services should routinely explore the possibility of parental drug or alcohol misuse. Acquiring the ability to explore parental substance misuse should be a routine part of training for professionals working in child and adolescent mental health services.

9.10 Specialist Children's Charities and other Non-Statutory Organisations

Recommendation: All non-statutory organisations dedicated to helping children or drug or alcohol users should carefully consider whether they could help meet the needs of the children of drug or alcohol users. Substance support services should explore the potential of involving non-statutory organisations, in conjunction with health and social services, in joint work aimed at collectively meeting the needs of the children of problem drug or alcohol users in their area.

9.11 Criminal Justice System

Recommendation: Cleveland Police should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard the children of problem drug users.

Recommendation: All women's prisons should ensure they have facilities that enable pregnant female drug users to receive antenatal care and treatment of drug dependence of the same standard that would be expected in the community. All female prisoners should have access to a suitable environment for visits by their children. In addition, where it is considered to be in the infant's best interests to remain with his or her mother, consideration should be given by the prison to allowing the infant to do so in a mother and baby unit or other suitable accommodation. Women's prisons should ensure they have effective aftercare arrangements to enable appropriate support to be provided after release for female problem drug users with children.

9.12 Data to Inform Priorities and Progress

Recommendation: Review gaps in data and identify opportunities to improve data collection, analysis and dissemination.