



SHROPSHIRE HEALTH AND WELLBEING BOARD

Report

Meeting Date	20 th April 2023				
Title of report	Joint Strategic Needs Assessment (JSNA) – Drug and Alcohol				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)
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Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working		x
	Mental Health	x	Improving Population Health		x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities		
	Workforce		Reduce inequalities (see below)		x
What inequalities does this report address?	Tackles inequalities faced by vulnerable citizens who suffer from drug and alcohol dependency, particularly around rurality and access to services.				
Report content - Please expand content under these headings or attach your report ensuring the three headings are included.					
Report					
<p>The Drug and Alcohol Needs Assessment has been developed to inform commissioning of community-based alcohol and drug misuse treatment services in Shropshire and improve outcomes for residents of Shropshire with substance misuse issues.</p> <p>It will guide the development of relevant partnerships by the Shropshire Council Drug and Alcohol Team, and provide an evidence base to support the development of services which best meet the needs of the Shropshire population. The JSNA is focused on the needs of Shropshire residents who use alcohol, illicit drugs or other substances in a manner of irregular harmful misuse or dependence, regardless of whether they are already in contact with treatment services.</p> <p>This Needs Assessment:</p> <ul style="list-style-type: none"> • Reviews national and local policy and statutory guidance • Provides an overview of the population living in Shropshire most at risk, including trends and needs • Provides an overview of the wider determinants affecting outcomes for people, particularly those most at risk • Provides an overview of current service provision and assessment of outcomes including gaps • Engaged with stakeholders, professionals, and service users to understand the strengths and weaknesses of the service and identify gaps in provision 					

- Makes recommendations for future commissioning in the context of the changing landscape of health and social care delivery in Shropshire

A variety of data sources have been used to inform the JSNA, including the local treatment services database and the National Drug Treatment Monitoring System (NDTMS) reports, scientific literature, and Government reports. The JSNA would also not have been possible without input from stakeholders and members of the service user focus groups who offered their time, experience and wisdom to the project.

A wide range of stakeholders and professionals were consulted to inform the needs assessment using an online questionnaire. Responses were collected between 25th October 2022 and 13th November 2022 and a total of 92 responses were received. The questionnaire consulted stakeholders on the functionality and effectiveness of the substance misuse service, key challenges and gaps in service provision and opportunities for future provision.

Service users were engaged using face-to-face and online focus groups. Shropshire Public Health and We Are With You (provider) held semi-structured focus groups with 8 substances-misuse service users and 5 WAWY staff on 10th November 2022. The session lasted approximately two hours and covered three areas of interest:

- Awareness of services
- Perceptions of current service (strengths and barriers)
- Opportunities and gaps in the service

The accompanying report compares current and changing performance data against statistical neighbours, regional and national benchmarks, and outlines recommendations for consideration in future commissioning of services.

Core substance misuse treatment service delivery in Shropshire is delivered by a single third sector treatment provider, known as We Are With You (WAWY). In May 2022 the Care Quality Commission independent inspection rated the service provided by WAWY in Shropshire as good overall, with outstanding for Care [We are With You - Shropshire - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk). This is positive and lends assurance to our local perception that services are safe and offer a suitable range of interventions.

The service has a number of distinct areas of service delivery, to provide core clinical services, including pharmacological and harm reduction interventions and the co-ordination of community pharmacy services (supervised consumption, needle and syringe and naloxone provision). Secondly, they provide alcohol interventions and finally individual personalised recovery-based interventions. These include support around housing, education, employment and relationships. WAWY also deliver appropriate treatment services to children and young people.

Shropshire also has a small contract with Willowdene, which provides recovery focussed residential and day programmes, with a specific focus on female offenders. Shropshire commissions Birchwood to provide residential detoxification and is also part of a regional commissioning framework for in-patient detox services. Shropshire Council also commissions GP practices and pharmacies for shared care, needle exchange and observed consumption.

This report focuses on Local Treatment System data for the financial year of 2020/21. As this period coincided with the COVID-19 pandemic and national lockdowns (March 2020 onwards), the data may not be a true representation of the service's performance due to the substantial impact on service delivery, for example, an increase in waiting times. To mitigate for this, we have included the latest data in the Latest Activity (Q2 2022/23) section which provides a more up to date snapshot of the current local drug and alcohol treatment system activity. This section highlights substantial improvements in rates of waiting times, drop-out rates and successful completions compared to 2020/21. Compared to the previous quarter (Q1 2022/23), the number of new presentations to treatment, the number of adults in treatment and successful completion rates are rising for almost all substance types in Shropshire, with waiting times falling along with early drop-out rates among opiate users.

Key findings:

Doing well

- **Reduction in those at risk of homelessness:** During 2021/2022, a total of 1,033 households in Shropshire were identified as being owed a prevention or relief duty, a 10% reduction from the previous financial year.
- **Shropshire's drug-specific hospital admission rate** is significantly below the national average and is falling. The current admission rate is 37.8 per 100,000 population in Shropshire (national rate 50.2 per 100,000, 2020-21).
- **Shropshire's alcohol-specific hospital admissions rate** is lower than the England average at 405 admission episodes per 100,000 (2020-21), equating to 1,385 admission episodes in the period and is falling over time.
- **Shropshire's drug related death rate** is falling and is below the national rate. Between 2018-20, there were 31 drug use deaths in Shropshire, equating to a mortality rate of 3.7 per 100,000 population. This ranks Shropshire third lowest in the West Midlands region and is statistically similar to the regional (5.3) and national rate (5.0).
- There has been a 13% **rise in new presentations to drug treatment** (2020/21)
- Higher rates of **abstaining from drugs or alcohol** when leaving treatment than seen nationally
- **Referrals to Hepatitis C treatment** in Shropshire during 2021-22 was higher than the national rate with 3.2% of eligible adults referred to hepatitis C treatment, compared to the national rate of 1.9%.
- The **treatment completion rate for opiate users** in Shropshire is similar to the national figure of 5% and remains unchanged compared to the previous year at 4% (national figure 5%, 2020/21).

Areas of need

- **Opiate / or crack users (OCU) prevalence is rising:** a 13% rise compared to the previous year and reaching its highest level since 2010 at 1,353 individuals equating to a rate of 7.1 per 1,000 (2016/17). However, this ranks Shropshire fourth lowest in the region, is below the regional rate of 9.6 per 1,000 and the national rate of 8.9 per 1,000
- Residents **abstaining from drinking alcohol** is lower than the regional and national rate at 8.4% compared to 20.7% in the West Midlands and 16.2% nationally. However, Shropshire has a higher rate of adults leaving treatment and abstaining from drugs or alcohol compared to nationally.
- **Small rise in alcohol dependent adults** in Shropshire, up 4% compared to the previous year to 2,932 adults and reaching its highest level since 2010. However, recent data shows a steady increase in adults entering treatment for alcohol misuse, with 678 adults in treatment during Quarter 2 of 2022/23.
- **Repeat alcohol-specific hospital admissions** are higher in Shropshire compared to the national average, with 340 admissions during 2020-21 having three or more prior admissions in the previous two years, equating to a rate of 128 admissions per 100,000 people, higher than the national rate of 86 per 100,000.
- **Alcohol specific mortality rising slowly**, up from 8.0 per 100,000 population in 2014-16 to 10.9 deaths per 100,000 population in 2017-19. More recently, local intelligence indicates that alcohol plays a contributory factor to deaths, such as suicide.
- **Naloxone prescribing rates** are lower than seen nationally, with 23% of opiate users issued naloxone, lower than the 28% nationally. However, recently WAWY employees have attended drug & alcohol and Naloxone training and the service has instigated new naloxone targets for staff members and appointed new harm reduction leads. This has led to a recent rise in rates of issued naloxone.
- **Hepatitis C testing and positivity rates** are lower in Shropshire than nationally with 39% of adult drug treatment clients eligible and accepting a hepatitis C test, compared to the national average of 45%. During the same period, 26% of adult drug treatment clients tested positive

for hepatic C antibodies in Shropshire and 12% tested positive for hepatitis C RNA, higher than seen nationally for both tests (21% and 9% respectively).

- **Waiting times of more than 3 weeks for treatment** were higher than the regional and national average (both 1.5%) during 2020/21, with 11.7% of adults waiting more than 3 weeks for treatment. However, a thematic audit identified a recording error which has resulted in a change to the assessment and engagement process in service. Most recent quarterly data already indicate an improvement, in Q2 2022/23, 8.5% of adults waited more than 3 weeks for treatment.
- **Higher dropout rates** compared to England for both drug and alcohol clients, with 20% of adults in drug treatment leaving treatment early (before 12 weeks, 16% nationally) and 18% of adults in alcohol only treatment leaving treatment early (before 12 weeks, 13% nationally). However, recent data indicates an improvement in dropout rates among opiate users, with rates now similar to England (Q2 2022/23).
- **Rate of mental health need** on entering treatment higher than seen nationally for drugs and alcohol clients
- **Treatment completion rates for non-opiates and alcohol** are lower than the national average:
 - **Non-opiate completion rates in Shropshire** are lower than the national average at 21.1% (national 33.0%) but remain steady over time
 - **Alcohol completion rates** are lower than the national average at 23.5% (35.3% nationally) and are falling over time

Recommendations

The following are recommendations flowing out of the JSNA for the Health and Wellbeing Board to consider and endorse. Detailed action plans will be developed and examples of key actions are included as in the 'Ambitions' section below.

	Recommendation	JSNA Evidence/ rationale	Ambitions
1.	Improve integrated working between substance misuse and mental health services to support Shropshire residents of any age with co-occurring substance misuse and mental health needs.	<p>All substance misuse clients who attended the focus group reported mental health issues and trauma, some waiting over a year for treatment. Service user groups identified a lack of eligibility in receiving mental health support during treatment and recovery. Clients strongly felt that mental health provision should be provided alongside drug and alcohol treatment and that it would be pivotal to their recovery. Service users also reported that currently there is no linked mental health and substance misuse service and no mental health nurse in house at the provider's site. Clients are currently referred into two different services, often following a detox. Suicide attempts involving drugs and/or alcohol are re-directed from mental health services to the provider however, WAWY staff lack training in mental health provision.</p> <p>Adverse Childhood Experiences (ACE) and mental health were identified by stakeholders as the most common triggers of alcohol and substance misuse, with 75% of participants highlighting both as key risk factors.</p> <p>For both financial years (2020/21 and 2021/22), the most common support needs of households owed prevention or</p>	<ul style="list-style-type: none"> ● Set up a joint substance misuse and mental health working group ● Develop a joint working protocol between WAWYY and MPFT as main providers ● Establish complex case review meetings ● Apply learning from audits for people with co-occurring needs ● Upskilling and training for substance misuse workers in mental health provision and crisis management ● Share intelligence between mental health services and alcohol and drug treatment services to allow for identification of individuals in the community with untreated mental health issues which act as a barrier to seeking substance misuse treatment ● Partnership working with mental health services during substance misuse treatment and as part of follow-up care to maximise potential for recovery and reduce inequalities ● Inclusion of mental health services in substance misuse strategic working groups ● Seek to strengthen a joint outreach approach for high-risk groups e.g., those at risk of homelessness; homeless and parents/carers with dependent children

		<p>relief duty was for a history of mental health problems, with a rise from 30.8% of all needs being mental health problems in 2020/21 to 32.4% in 2021/22.</p> <p>In Shropshire, 63% of parents or adults in substance misuse treatment living with children presented with a mental health treatment need, higher than the benchmark of 54%. Of those, 1 in 5 (19%) did not receive mental health treatment, similar to the benchmark figure.</p> <p>44% of all young people new presentations to treatment were identified as having a mental health need (33 people). Of those, 45% were already engaged with the Community Mental Health Team/Other mental health services, lower than seen nationally (55%).</p>	
2.	Improve integrated working between substance misuse and domestic abuse services to support Shropshire residents of any age with co-occurring needs.	<p>Domestic abuse co-occurs with substance misuse. Rate of domestic abuse related crime has been increasing over time in Shropshire, now at 30.4 domestic abuse related crime incidents per 1,000 population aged 16+.</p>	<ul style="list-style-type: none"> • Set up a task and finish group to improve pathways and outcomes between substance misuse and domestic abuse services • Link domestic abuse, early help, mental health and substance misuse data to identify and engage with high-risk groups, such as children living in toxic-trio households • Embed domestic abuse within the mental health and substance misuse joint working protocol and working group
3.	Continue to develop effective pathways with housing providers to support access to emergency and move on accommodation	<p>In 2021/22 Q4, a total of 275 households in Shropshire were identified as being owed a prevention or relief duty, a rise compared to the previous two quarters. Of these, 203 households were assessed as homeless, a small rise compared to the two previous quarters and remaining higher than the England average</p> <p>There has been a steady increase in rough sleepers in Shropshire since 2015, rising from seven people in autumn 2015 to 23 people in autumn 2020. This trend is not seen regionally or nationally where the numbers of rough sleepers has been falling since 2018. Homelessness prevention is about helping those at risk of homelessness to avoid their situation turning into a homelessness crisis. In the latest financial year in Shropshire, majority of households owed a prevention were couples with dependent children (28%) and female single parents (20%).</p>	<ul style="list-style-type: none"> • Monitor and review the test and learn project of RESET, particularly focusing on delivery. RESET is an ambitious and innovative initiative developed to support individuals in accessing, engaging with, and sustaining engagement with drug and alcohol treatment and other relevant services. The multidisciplinary team will provide holistic support so that people affected by substance misuse can find long term accommodation and achieve their goals. • Set up a pilot for a specialist housing provider to deliver a bespoke support package for those struggling with substance misuse and accommodation. Joint working between Shropshire Council Housing and Public Health teams.
4.	Address levels of unmet need by increasing number of individuals in treatment	<p>During 2016-17 in Shropshire, more than half of people aged 15-64 who were OCU users were not in treatment (58%). Between 2015-18, 28% of adults living in Shropshire reported abstaining from drinking alcohol, significantly higher than the England rate (23%).</p>	<ul style="list-style-type: none"> • Use awareness and promotion initiatives in locations attended by a wide range of residents to gain more visibility and awareness of the service e.g., GP practice waiting rooms, supermarkets, shopping centres, cafes/restaurants and bus stops and bus/train stations.

		<p>During 2020-21, 597 individuals in Shropshire were reported to be receiving alcohol treatment (2020-21), meaning 80% of alcohol-dependent individuals in Shropshire in potential need of alcohol treatment were not receiving treatment.</p> <p>The main barrier which was discussed by service users was the lack of partnership working and joined up care between the hospitals, GPs, and mental health services. The common route which drug and alcohol users took to enter treatment was reported to be by self-referral despite their efforts to seek help through their GP.</p>	<ul style="list-style-type: none"> • Explore the underlying drivers of unmet need further • Undertake an outreach approach to make the service more accessible, e.g., delivering local satellite clinics, utilising the RESET bus and other partner venues
5.	<p>Continue to raise awareness of Shropshire's substance misuse service to the public and practitioners, particularly the youth service, health services, and mental health services.</p>	<p>In 2020/21 (FY), almost three quarters (73%) of all adult clients who newly presented substance misuse treatment in Shropshire did so by self-referral, family or friends, higher than the national figure of 61%. The lowest number of referrals were made through A&E/hospitals, GPs and social services.</p> <p>Almost half of referrals in Shropshire for young people (45%) came from education services, higher than seen nationally (25%). Referrals from all other sources were lower than the national average except for referrals from other substance misuse services. Of note is referrals from the youth service, with Shropshire's rate being 12% whereas nationally it was almost double that at 22%.</p> <p>Alcohol was the second most reported substance problem at 46%, higher than the England figure of 42%, meaning Shropshire had a higher percentage of young people in treatment for alcohol dependence in 2020-21 than nationally. This was also true for cocaine, nicotine, ecstasy, ketamine, where Shropshire's rates are almost all double the national rate.</p>	<ul style="list-style-type: none"> • Organise a bi-annual partnership event bringing partners together to understand gaps in provision and raise the profile of the substance misuse service • Establish an alcohol awareness week with events and activities taking place to raise visibility of the substance misuse service • Consider recruiting a bespoke youth worker post to the RESET team to work closely with young people facing substance misuse issues, focusing particularly on vulnerable groups. Use awareness and promotion initiatives in locations attended by a wide range of residents in order to gain more visibility and awareness of the service among residents, e.g., GP practice waiting rooms, dentists, supermarkets, shopping centres, cafes/restaurants and bus stops and bus/train stations. • Undertake an outreach approach to make the service more accessible, e.g., delivering local satellite clinics, utilising the RESET bus and other partner venues
6.	<p>Continue to improve and develop support for children who have parents in treatment to ensure services respond to the needs of the whole family.</p>	<p>12% in drug treatment and 23% in alcohol treatment were reported being parents/carers in Shropshire in 2020-21.</p> <p>Rates of parent/carer clients in treatment in contact with social care were higher in Shropshire compared to nationally: with a child in need (7% vs 5%), a child protection plan in place (18% vs 12%) or looked after children (12% vs 7%)</p> <p>In Shropshire, 63% of parents or adults living with children presented with a mental health treatment need, higher than the benchmark of 54%. Of those, 1 in 5 (19%) did not receive mental health treatment, similar to the benchmark figure.</p> <p>In Shropshire, 4% of newly presenting parents living with children received family or parenting recovery support during the treatment journey or starting within 3 months after the end of treatment, lower than the benchmark figure of 7%.</p>	<ul style="list-style-type: none"> • Improve pathways with universal and targeted Early Help, children's social care services and charities during parents/carers substance misuse treatment to mitigate the impact on children who have a parent in structured treatment • Continue to work in an integrative way with the Youth Service and Early Help teams through the already established task and finish group • Link data to identify and engage with high-risk groups, such as children living in toxic-trio households (co-occurring mental health, substance misuse and domestic abuse) • Explore if there is a need for provision of child-care support for parents with child-caring responsibilities which may be a barrier to fully engaging with treatment • Continue to support the MPACT programme, an initiative delivered by Willowdene, which supports families a parent/carer with substance misuse issues.

		<p>The rate parents living with children who received housing or employment recovery support during the treatment journey or starting within 3 months after the end of treatment was lower among newly presenting parents not living with children compared to the benchmark figure of 8%, with 3% receiving support in Shropshire.</p> <p>In the latest financial year in Shropshire, majority of households owed a prevention were couples with dependent children (28%) and female single parents (20%).</p>	<ul style="list-style-type: none"> • Embed substance misuse as part of the Integration Programme for children, young people and families building on the Oswestry Test & Learn.
7.	<p>Continue to deliver the Shropshire Strategy for Substance Misuse through the system level Combatting Drugs Partnership and the Shropshire Place Drug and Alcohol Partnership Groups and review the action plan in light of the JSNA findings.</p>	<p>In Shropshire, the rate of young people in treatment affected by sexual exploitation was more than double than seen nationally, with 8% of young people in Shropshire and 3% nationally. However, the counts behind this rate are low in Shropshire with 6 young people reporting being affected by sexual exploitation.</p>	<ul style="list-style-type: none"> • Continue to be an active member of the Combatting Drugs Partnership, delivering the joint action plan alongside partners, particularly the police • Public Health to continue to lead the Shropshire Place Drug and Alcohol Partnership group to work with partners such as West Mercia Police, Probation, local fire services, adult and children social care services, and charities to reduce county lines, child drug exploitation and modern slavery • Improve accessibility of data and data sharing pathways across partnerships to combine intelligence and gain holistic insights e.g., Combatting Drugs Partnership and the local drug and alcohol partnership • Continue to support employment among clients in treatment and consider pathways with Job Centre Plus
8.	<p>To review physical health needs of people in treatment and work with partners to develop an action plan to better meet clients' needs</p>	<p>People with addiction often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions. NHS Health Checks review the risks to an individual's health and seeks to reduce the likelihood of CVD-related illnesses by helping them to adopt healthier behaviour, referring them to existing specialist services, or by prescribing medication such as statins. Health checks estimates the risk of having a heart attack or stroke in the next 10 years and of developing type 2 diabetes. Underpinning this is an assessment of 6 major risk factors that drive early death, disability, and health inequality: alcohol intake, cholesterol levels, blood pressure, obesity, lack of physical activity and smoking.</p>	<ul style="list-style-type: none"> • Undertake a more detailed review of physical health needs of people with substance misuse issues and develop an action plan to address working in partnership with HealthyLives providers and services. • Promote and enable access to health check completions.
9.	<p>Reduce waiting times for those accessing drug & alcohol treatment (under 3 weeks)</p>	<p>Waiting times of more than 3 weeks for treatment were higher than the regional and national average (both 1.5%) during 2020/21, with 11.7% of adults waiting more than 3 weeks for treatment. In Shropshire in 2020/21, 40 adults waited more than 3 weeks for drug treatment, equating to 12.8%, significantly higher than the national figure of 1.2%. In Shropshire in 2020/21, 25 adults waited more than 3 weeks for alcohol treatment, equating to 10.2%, significantly higher than the national figure of 2.0%. Most</p>	<ul style="list-style-type: none"> • Complete data deep dive to establish potential recording issues • Targeted actions included in community treatment provider development plan. • Revise delivery to ensure all recovery workers can assess and onboard clients as opposed to a specialist smaller intake team.

		recent quarterly data indicate an improvement, in Q2 2022/23, 8.5% of adults waited more than 3 weeks for treatment.	
10.	Reduce number of drug & alcohol related deaths for those accessing treatment over the next 3 years	<p>In Shropshire, drug misuse deaths have been rising over time. Between 2018-20, there were 31 drug misuse deaths in Shropshire, equating to a mortality rate of 3.7 per 100,000 population, statistically similar to the regional (5.3) and national rate (5.0).</p> <p>There has been a rising trend in the alcohol specific mortality in Shropshire since 2014-16. In Shropshire, between 2017-2019, there were 111 deaths wholly caused by alcohol consumption, equating to an alcohol-specific mortality rate of 10.9 per 100,000, below the West Midlands rate of 12.9 deaths per 100,000 population and at a similar level to the national mortality rate (10.9).</p>	<ul style="list-style-type: none"> • Re-establish Drug and Alcohol Related Death (DARD) panel • Work closely with colleagues working on unexpected deaths to identify substance misuse themes • In partnership with Telford & Wrekin commission a bespoke DARD case management system to better identify and record DARDs • Increased distribution of Naloxone via core services including outreach via Reset project. • Each case worker has personal targets to dispense a number of naloxone units every month. • Work with ambulance service and local hospital trusts to identify any near death incidents and target those individuals for harm reduction advice.
11.	Reduce dropout rates for those accessing drug and alcohol treatment (first 12 weeks)	<p>Higher dropout rates compared to England for both drug and alcohol clients, with 20% of adults in drug treatment leaving treatment early (before 12 weeks, 16% nationally) and 18% of adults in alcohol only treatment leaving treatment early (before 12 weeks, 13% nationally). However, recent data indicates an improvement in dropout rates among opiate users, with rates now similar to England (Q2 2022/23).</p>	<ul style="list-style-type: none"> • Engage a proactive service model which will outreach directly in person to those who drop out. • Continuous development of the service offer to ensure it is relevant and meaningful to clients • Develop delivery options which make attendance easier for clients, e.g., outreach clinics, childcare, evening or weekend delivery for those in employment
12.	Increase number of people diagnosed with Hepatitis C accessing treatment	<p>Hepatitis C testing and positivity rates are lower in Shropshire than nationally with 39% of adult drug treatment clients eligible and accepting a hepatitis C test, compared to the national average of 45%.</p> <p>During the same period, 26% of adult drug treatment clients tested positive for hepatic C antibodies in Shropshire and 12% tested positive for hepatitis C RNA, higher than seen nationally for both tests (21% and 9% respectively).</p> <p>Referrals to Hepatitis C treatment in Shropshire during 2021-22 was higher than the national rate with 3.2% of eligible adults referred to hepatitis C treatment, compared to the national rate of 1.9%.</p>	<ul style="list-style-type: none"> • Develop a hepatitis C awareness action week to encourage more people to get tested • Ensure every client who is at risk of hepatitis C is offered a test, those that test positive are offered treatment • Work in partnership with health and wellbeing teams to raise awareness of the importance of testing those at risk • Alongside hospital trusts review capacity and efficiency of current treatment offer.
13.	Improve pathways between community treatment services and custody	<p>Referrals from the criminal justice system accounted for 11% of all referrals in Shropshire, similar to the 12% experienced nationally.</p> <p>In 2020-21, 71% of referrals were self-made, higher than the national figure of 59% and 14% were made through the criminal justice system (CJS), lower than the national average of 16%. In 2020-21, 74% of referrals to alcohol treatment were self-made, higher than the national figure of 63% and 7% were made through the criminal justice system (CJS), similar to the national average of 6%.</p>	<ul style="list-style-type: none"> • Develop pathways between prisons and community services including closer working, gate pickups and in reach activity. • Review / improve pathways between police custody interventions and service delivery offer • Improve pathways between Probation SMS support and core treatment offer. • Streamline continuity of care as it passes from custody treatment to community treatment, share essential data, assessments etc.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	This JSNA's recommendations will aim to support the reduction of inequalities for residents who misuse substances.	
Financial implications (Any financial implications of note)	There are no direct financial implications arising from this report.	
Climate Change Appraisal as applicable	Specific climate change will be appraised as part of the detailed action plan.	
Where else has the paper been presented?	System Partnership Boards	SSCP Drug & Alcohol Priority Group
	Voluntary Sector	
	Other	Combatting Drugs Partnership
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead		
Cllr Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health & Communities		
Appendices: <ol style="list-style-type: none"> 1. Drug & Alcohol JSNA Summary 2. Shropshire Drug & Alcohol Needs Assessment – 2022/23 		