

Welcoming and Safe Town Centres

Public Health

September 2024

Welcoming & safe town centres

What creates them?



Different models – one is the WHO Healthy Cities model (adopted by e.g. Newcastle)

People are key, as is creating an environment that enables people, services and businesses to flourish.

The issues to consider are broad & a range of data and views will be needed to inform the local picture.

Local approach adopted to address inequalities.

Safety & perception of safety

Considerations

- Housing
- Built environment
- Street lighting
- Nature of businesses
- Traffic
- Anti-social behaviour
- Community cohesion
-etc.

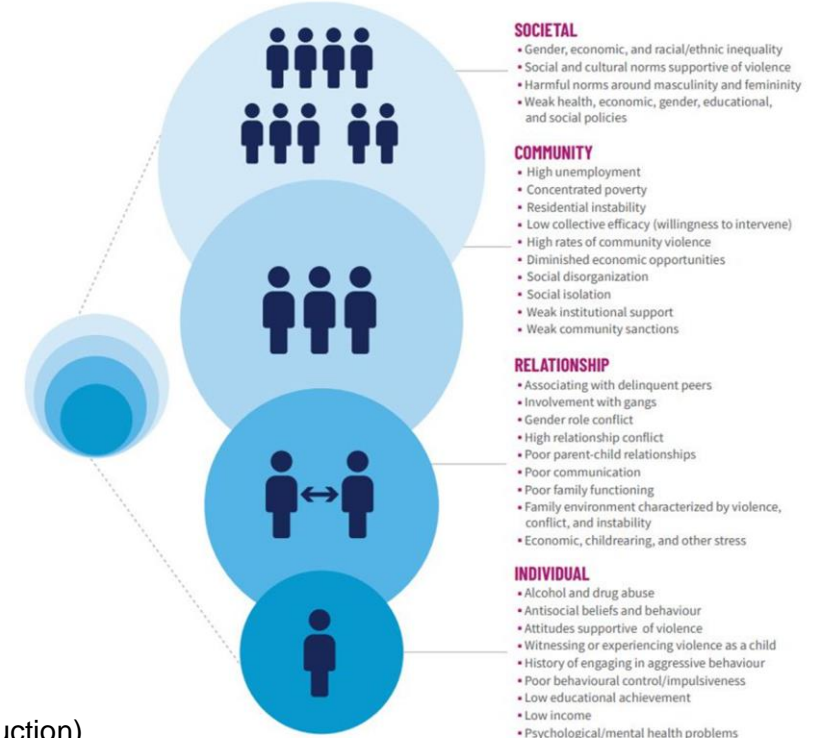
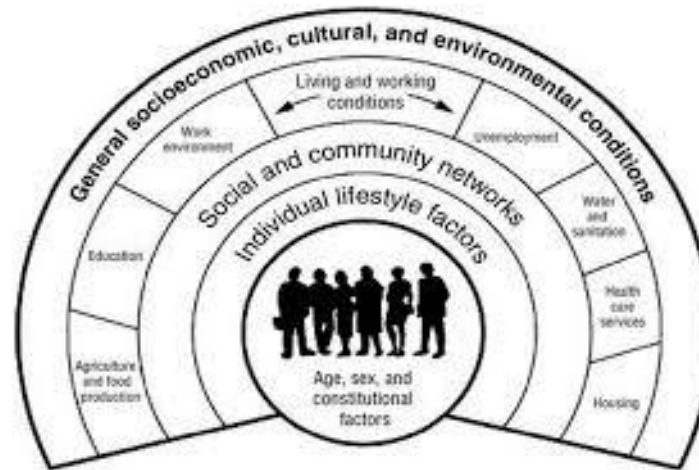
If focusing on ASB



What can drive / contribute to ASB / violence?

Place design, community cohesion, housing, education, employment opportunity....

Bonding & attachment in childhood, trauma, social networks & support, mental wellbeing, substances....



Community safety & violence prevention

Public health action

Strategic input

Action re:

- Prevention programmes
- Communities & places
- Substance misuse – whole systems approach & services

Health & Wellbeing Strategy & delivery plan focused on socio-economic determinants

Borough-wide approach to addressing health inequality (socio-economic determinants)

Strategic groups: CURV, Combating Drugs Partnership, Domestic Abuse Steering Group, TSAB

Input to TCHIZ & blueprint

Prevention

Public health role **highlighted**

Healthy Schools programme **planning; funding** of SHEU survey; **0-19 service** in schools (public health school nursing)

Family hubs inc: midwifery, family support, **health visiting**

Community wellbeing hub inc: **mental health**, CAB, **substance misuse (0-19 service)**

CURV needs assessment, public mental health awareness, domestic abuse strategy, service & awareness inc. healthy relationships, targeted work to improve access to services (health checks, employment, Tees Credit Union)



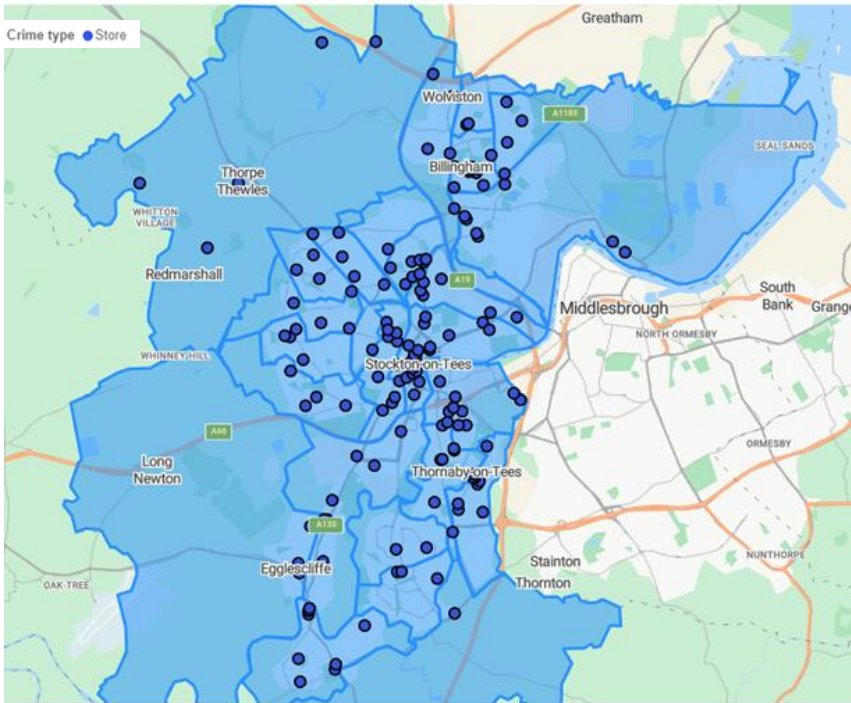
Communities & places

Examples

- Healthy Streets pilot – lead by Inclusive Growth colleagues
- Sport England development work – Public Health leading alongside Environment, Leisure & Green Infrastructure colleagues. Place-based approach to addressing inequality, increasing activity & improving experiences for children & young people
- Businesses - Stockton BID keen to work on reducing the stigma of substance misuse, working with public health
- Planning – Public Health reviewing good practice and research evidence base in liaison with Inclusive Growth colleagues, to inform H&W Board work
- Licensing – Public Health, Licensing & Community Safety; work to inform licensing applications
- Peer advocacy – Public Health pilot (ICB funding*) to improve relationships with & access to support working with individuals with multiple complex needs

Communities & places

Example: Off-licence premises



(Picture as of June 2024; each dot may represent >1 store)

Shows all the off-sale premises in Stockton-on-Tees (supermarkets, off-licences, newsagents & takeaways that sell alcohol).

- Highest density in Stockton Town Centre ward (total = 25), IMD score of 1 (greatest deprivation) and highest crime levels in the Borough
- All stores in Stockton Town Centre are classed as high risk or very high risk. (Risk levels calculated for each store based on a number of factors, including number of crimes, opening times and number of stores).
- Public Health working closely with Community Safety and Licensing to consider alcohol licensing applications against the four licensing objectives set out in the Statement Of Licensing Policy

Communities & places

Peer advocacy pilot

- 3yr pilot (from 2023), delivered by Recovery Connections
- Piloting an approach to work with communities with multiple complex needs* in a different way, to improve experience and outcomes
- Evidence-based (e.g. Changing Futures; Making Every Adult Matter; work in Gateshead)
- Individuals identified through work with safeguarding colleagues where previous engagement has not been sustained; approach designed through working across partners
- Peer advocates recruited – small caseload; focus on building relationship to understand their priorities and build step-by-step approach to accessing support to meet holistic needs e.g. money management, self-care, health screening, specialist wound care
- Peer researchers (Teesside Uni) embedded to undertake evaluation; aim is to inform model of support in future
- To-date 13 individuals engaged in pilot, initial feedback encouraging

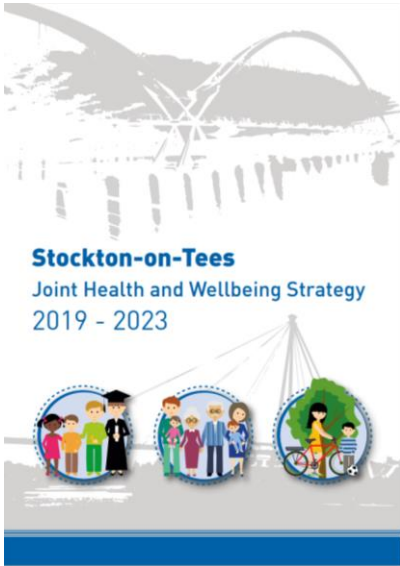
Substance misuse

Substance misuse (alcohol & drugs)

Evidence

- Alcohol use is across society; impact is greatest on those with existing poor health, exposed to domestic abuse etc.
- Price & availability of alcohol have an impact on consumption; design of local places is important.
- Drug use commonly exists alongside other issues; a holistic approach to designing places is important.
- Community cohesion and connectedness are important in safety and perceptions of safety in our local places.
- Enforcement activity must be coupled with support that starts from the needs and priorities of the individual, working alongside communities and service users to build on what is important to them and address need.
- Support must be accessible and meet people 'where they are' (outreach etc.) – not structured around what works for services.
- A 'whole system' and 'whole place' approach is needed to address the root causes of issues affecting the activity in, and feel of, our local places (housing, access to wider care and support, green space, etc.).
- A whole system approach spans early prevention through to treatment and recovery / maximising health and wellbeing.

Policy framework



- 2025-2030
- 4 priority focus areas:
- All children and families have the best start in life
 - Everyone has a healthy standard of living
 - Everyone lives in healthy & sustainable places and communities
 - Everyone lives long and healthy lives

- 2025-2030
- Aim: cut crime and save lives by reducing drugs supply and demand; and delivering a high-quality treatment and recovery system.
- Public Health ring-fenced, short-term funding to implement key components:
- (1) Supplementary grant to increase capacity for treatment services, strengthen links to criminal justice; prevent DRDs
 - (2) Inpatient detox grant for local medically managed provision; (3) Individual Placement Support grant employment as a motivational tool for recovery.



Local picture

Borough-wide data

Drugs

- Indicators on drug treatment, waiting times for treatment & mental health support for those in treatment are not significantly different to national average
- Deaths from drug misuse are higher than national average

Alcohol

- Alcohol-related mortality and hospital admissions are higher than national average – there are inequalities in the harm across communities
- However there are improving trends e.g. alcohol-related admissions are decreasing and closing the gap with England average

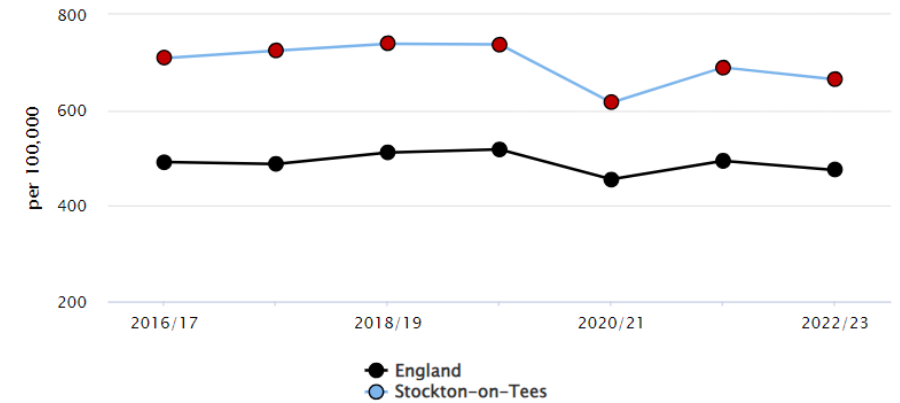
Regional & local dashboards in development e.g.:

- Alcohol consumption (age group, deprivation)
- Drug-related crime (distribution across borough)

Will enable more detailed analysis of activity, together with local service data.

Admission episodes for alcohol-related conditions (Narrow)

[Show confidence intervals](#) [Show 99.8% CI values](#)



Decreasing trend
Higher than England; narrowing gap

Local picture

Drug use is spread across the borough, but significantly concentrated in and around Stockton town centre.

Networks mean drug-related crime will extend beyond this (county lines etc.).

Alcohol misuse is spread across social groups; alcohol-related harm is greater in more disadvantaged communities. Violence linked to alcohol occurs across all socio-economic groups and may be hidden (e.g. domestic abuse).

Accessibility and price have an important impact on alcohol use and its links to violence e.g. cheap alcohol sold at off-license premises.

The nature of the impact of alcohol will look different across the 6 towns in the borough (e.g. impact of licensed premises / off-licenses); but there are many common drivers (price, accessibility, education). Delivery of support needs to be sensitive to individual need.

Our approach

Implementing policy & evidence



Local work is overseen by the Health and Wellbeing Board, with reports to SSP, TSAB and HSSCP. Fits with Powering our Future:

- Working alongside **communities** and **service users** to build on what is important to them and address need. Local services take a holistic approach to individual service users.
- Trialling **innovative** ways of working (peer advocacy approach to engaging people with multiple and complex needs; using work as a motivational factor for people in structured treatment for substance misuse).
- Strategic approach in place across **partners** for drugs and for alcohol, coordinating system-wide activity and spanning prevention through to treatment across adults, children and families. Working closely with partners and colleagues (CGL, NHS, businesses, VCSE, SBC), taking a holistic approach including employment support, mental wellbeing, housing etc.
- We will build on this through the early intervention & prevention **transformation** review, looking at a more joined up and person-centred approach to prevention and support in local places.
- Building **workforce** capacity across partners through support and training on substance misuse, to enable brief intervention, advice and support in a range of community settings (e.g. community wellbeing hub, hostels, The Moses Project, Hebron Church Food Bank).
- Working further with **regeneration** & other colleagues we are looking at how we shape healthy places, helping address inequality by ensuring access to support and services and designing environments that help people to be healthy e.g. planning.

Our approach

Alcohol Strategic framework

*Our communities:

Geographical: our residents
Frontline workforce: service providers
Service Users
Carers
Strategic decision makers
Elected members
Local businesses

We will work with communities* to address four priorities. We will:

1. Increase our understanding and **capacity** to **maximise our impact** across the system to
 - Support a vibrant and diverse night time economy and reduce the demand for alcohol
 - Promote responsible drinking
 - Protect frontline staff
 - Reduce the opportunity for alcohol-related harm
2. Increase **awareness** and understanding of alcohol and its related harms within our communities and **support our workforces** to respond
3. Create environments which promote Making Every Contact Count, **early identification** of risky drinking and smooth **pathways to support**
4. Implement **prevention strategies**; early intervention strategies as well as **effective treatment**, support and recovery for individuals and families. Includes promotion, pricing and availability of alcohol.

Our approach

Drugs – harm minimisation

- **Prevent drug addiction.** Recognise the shift in drug availability and risk-taking behaviours, to non-opioid drugs. Promote awareness and offer information and advice to general population and at-risk groups.
- **Improve community safety and reduce crime and disorder linked to substance misuse**
 - Ensure appropriate support for offenders, with access to housing, training and employment, financial aid, debt recovery and drugs and alcohol services
 - Enforce against persistent and prolific offenders who misuse drugs and/or alcohol
 - Address drugs, as a driver of crime, and associated criminalities through innovative initiatives
 - Make the night-time economy in Stockton-on-Tees a safer place
- **Reduce harm caused by drug trafficking and addiction.** Improve access to harm minimisation such as needle exchange and naloxone across the system
- **Reduce drug related deaths.** Prevent DRDs through monitoring and preventing overdoses, responding to DRD working with coroners and police, individual case reviews, support to families affected by DRD
- **Improve the capacity and quality of drug treatment services.** Increase the number of people in treatment including rehabilitation and ongoing support in community. Improve access to support for young people and service users with physical health issues through outreach approaches.
- **Support population groups at higher risk from harm.** Recognise and address the specific needs of young people at risk of or with drug addiction, people with multiple vulnerabilities and families affected by drug misuse and DRD

Services & support

Change, Grow, Live



Integrated Substance Misuse Service (alcohol & drugs)

- Provided by Change, Grow, Live (CGL), funded through public health ring-fenced grant
- Service approach: Treatment and recovery journey. Clinical, psychological, and social intervention including links to housing and employment support. Additional support e.g. blood-borne virus injections.
- Referrals: Slight spike early in the pandemic in opiate users accessing service, this levelled off in summer 2020 and has been steady since. Increase in alcohol and non-opiate users referred to service. Polydrug use has increased nationally.
- New criminal justice team embedded in the service.

Outcomes

Stockton-on-Tees has **significantly increased drug and alcohol treatment numbers** over the past 2 years, in-line with new National Drug Strategy targets. Progress recognised and shared by OHID regionally and nationally as good practice; selected through a deep-dive of 30 high-performing boroughs across England.

CGL have introduced a full-time walk-in offer this year with same-day prescribing, following a successful pilot. This has **improved accessibility, increased treatment numbers and reduced waiting times** across all substances.

Stockton-on-Tees recently confirmed as the **leading area in the NE for Continuity of Care performance** (prison leavers accessing community treatment services within 3 weeks of release), following significant local efforts to improve pathways with Criminal Justice colleagues over past 18 months.

Services & support

Outreach & partnerships

- Substance use treatment and recovery **outreach provision** was increased borough-wide this year via CGL, Recovery Connections, Wellington Square Wellbeing Hub, Hostels, North Tees Hospital (Secondary Care), Hartlepool & Stockton Health (Primary Care) and Alliance Psychology.
- Public Health working with CGL to better understand current service reach across the borough, based on where service users live: planning to further increase engagement and outreach in areas with lower access.
- Public Health, CGL and Recovery Connections involved in implementing the recent Public Space Protection Order (PSPO) and Stockton Angels projects, working closely with Stockton Bid and SBC Community Safety to engage local/affected communities and ensure people are supported to access help.
- Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) until March 2025: Spend focused on **reducing drug-related crime and harms**. Increasing staffing capacity within specialist substance misuse services, reducing case load, preventing drug related deaths. Key work includes physical health checks in hostel accommodation (HaSH); a criminal justice team (CGL); bereavement service for people affected by drug and alcohol related deaths (Cruse); increased capacity to respond to dual diagnosis (TEWV & CGL shared roles); naloxone in custody; long-lasting opioid substitution treatment for prison leavers.
- Public health across Teesside informed and collated the needs assessment for the Combatting Drug Partnership, shares a post to prevent Drug related Death, has a Tees Drug Related Death Oversight Group with membership from local authority, safeguarding and police and is engaged in the regional Substance misuse public health network.

Services & support

Further provision

Pharmacy-based services (public health funded): supervised consumption and needle exchange (opioid substitution treatment).

Specialist **Family Carer Service** (public health funded): Bridges provide a support service to families affected by substance misuse.

Overdose pathways: improving communication pathways between NEAS, A&E and CGL, to better support people returning to the community following overdose (risks of overdose combined with routine opioid substitute therapy).

Inpatient detox (North Tees & Hartlepool NHS Foundation Trust, public health funded) for inpatient alcohol detox. Exploring broadening the offer to include poly substance misuse.

Individual Placement Support (funded through OHID until March 2025): SBC is lead commissioner for Stockton-on-Tees and Hartlepool; provided by Recovery Connections. Evidence-based approach aiming for sustained employment through mainstream, competitive jobs, supporting anyone of working age engaged in structured treatment.

Alcohol Care Team (ACT), North Tees Hospital: respond to inpatients requiring detox support on-site due to admission for another reason. Liaises with primary care and specialist community-based services (e.g. CGL) to ensure continued care on return to the community. SBC link through public health team. New drug support team also being recruited in N. Tees hospital (temporary funding through SSMTRG).

Next steps

Through H&W Board (H&W Strategy delivery):

- Continue to develop & evaluate work on creating healthy places; further building links with businesses; work on planning & health
- Continued work on promotion, pricing and availability of alcohol; work on response to licensing applications
- Joint work to develop data & intelligence to inform local approaches to prevention & support
- Continue to develop early prevention work through 0-19 model and joint work to support children, young people and families
- Monitoring & evaluation of peer advocacy pilot; design work through early intervention & prevention review to inform future approach & model for people with multiple complex needs (will also inform commissioned services) – also informed by future of e.g. SSMTRG funding
- Continue to build on good outcomes delivered through commissioned services