

Supporting Information and Impact Assessment

Proposal:	Adult Substance Misuse Services
Executive Lead:	Councillor Derek Mills
Director / Assistant Director:	Caroline Dimond

Version:	3.0	Date:	February 2017	Author:	Nanette Tribble / Ian Tyson
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Section 1: Background Information

1.	<p>What is the proposal / issue?</p> <p>The proposal is to reduce the budget for the Substance Misuse Service by £156,000 in 2017/18. The current budget for this provision is c£2.4m which means the proposal is a 6.5% reduction.</p> <p>In 2018/19 the proposal is to reduce the budget by a further £77,000.</p> <p>The proposed budget for 2017/18 is £2,596,000.</p> <p>While negotiations and consultation will need to take place with Torbay and South Devon NHS Foundation Trust the savings in 2017/18 could be found through the following:</p> <ul style="list-style-type: none"> • Further streamlining of the management structure • Reduction in medical sessions for the prescribing of opiate substitute therapy (i.e. methadone) • Deleting of enhanced pathways, such as for criminal justice referrals into treatment, where service users receive an enhanced level of service and the criminal justice system receives regular attendance at management meetings and specialist reports for sight of the Court • A reduction in 'patient-facing' time • Reduction in the intensity of support for people, with a potential reduction in the frequency of appointments and specialist sub-services. <p>2018/19 further reductions could be found through:</p> <ul style="list-style-type: none"> • Reduced 'patient-facing' time, which has the potential to impact on practitioner roles. • Considering the ability to deliver a further reduction in medical sessions for the prescribing of opiate substitute therapy • Consider whether certain populations can be offered safe and effective services which do not require regular or frequent contact with the treatment service.
2.	<p>What is the current situation?</p>

Drug use occurs in Torbay, as it does everywhere. Public Health England states the impact of drug use nationally is:

- £26,000 of crime is committed by each heroin or crack user not in treatment
- The annual cost of looking after children of a drug using parent is £42.5m
- 29% of all serious case reviews have drug use as a risk factor
- Every £1 spent on drug treatment saves £2.50 to society.

Alcohol use also places significant burden on local public services. Public Health England state the impact of alcohol use nationally as:

- 27% of all serious case reviews mention alcohol misuse
- Deaths from liver disease have increased 15% between 2011 and 2013
- £7 billion pounds is lost due to reduced productivity.

The Substance Misuse Service in Torbay is currently commissioned from Torbay and South Devon NHS Foundation Trust. The Service has already absorbed a £100k reduction in funding during 2016/17, which has partly been achieved by re-configuring the contracting arrangements with no direct impact on the availability of services. The service is not mandated.

The current Substance Misuse Service provides:

- Community alcohol service – an open access service where people can be referred/self-refer for treatment for their alcohol consumption. Treatment includes group work, one to one work and prescribing where clinically appropriate, and signposting into recovery and peer support groups. In addition there is support for carers and families.
- Hospital Alcohol Liaison service – a specialist hospital team designed to screen and refer patients into community treatment for their alcohol use, and increase identification of people in Torbay Hospital whose drinking is above recommended levels and detrimental to their long-term health
- Drug service – an open access service where people can come into the community team for treatment for their drug use, including use of prescription drugs, illegal drugs and novel psychoactive substances (aka 'legal highs'). Treatment includes group work (including high intensity), one to one work and prescribing where clinically appropriate and signposting into recovery and peer support groups. In addition there is support for carers and families.
- Specialist detoxification from alcohol or drug use.
- Testing for blood borne viruses e.g. HIV and vaccination against Hepatitis B.

The current commissioning and contract arrangements have opened up the possibility of safely reconfiguring the delivery of the service. The re-commissioning of the three previous contracted providers into one contract means that there is current potential to streamline medical provision, management, staffing and service delivery; some of which will impact on 'patient-facing' time in 2017/18. The further reductions in 2018/19 will almost

	<p>certainly have an impact on patient facing time and therefore will impact on staff involved with direct care.</p> <p>The impacts of this proposal could be greater for families due to proposed reductions in other areas of public health work such as public health nursing.</p>
3.	<p>What options have been considered?</p> <p>The deletion of entire elements of this contract has been considered. However, for substance misuse services to be effective, each needs to work as an integral part of the wider 'system'.</p> <p>The re-contracting arrangements in 2015/16 have paved the way for commissioners to further reduce the financial value of this service by bringing three Substance Misuse Services for adults under one Local Authority contract.</p> <p>This service will form part of the emerging vulnerable and complex adult service; scoping currently being undertaken within the local authority and involving key strategic partners (Health, Police and Probation for example).</p>
4.	<p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>This proposal supports the following principles of the Corporate Plan:</p> <ul style="list-style-type: none"> • Use reducing resources to best effect • Reduce demand through prevention and innovation
5.	<p>Who will be affected by this proposal and who do you need to consult with?</p> <p>There is the potential for the following to be potentially affected by this proposal:</p> <ul style="list-style-type: none"> • Service users • Staff in the service • Other commissioners, for example Office of Police and Crime Commissioner (OPCC) and Torbay and South Devon Clinical Commissioning Group (CCG) • Primary care colleagues in GP Practices • Torbay and South Devon NHS Foundation Trust • The general public.
6.	<p>How will you propose to consult?</p> <p>It is proposed that Public Health team will consult on how to work in a more integrated and streamlined way, and to provide more cost-effective, high</p>

	<p>quality Substance Misuse Services by:</p> <ul style="list-style-type: none"> • Service users will be consulted through focus groups at existing sessions. • Facilitating access to the on-line corporate budget consultation • Focus groups with staff in the Substance Misuse Service to gauge views on how the service can work in a more integrated way and be streamlined. • Focus groups with people who have been in Substance Misuse Services in Torbay.
<p>Section 2: Expected Implications and Impact Assessment</p>	
<p>7.</p>	<p>What are the <u>expected</u> financial and legal implications?</p> <ul style="list-style-type: none"> • Will create financial savings for contract years 2017/18 and 2018/19 • May create redundancy liabilities, if affected post holders cannot be redeployed into wider Torbay and South Devon NHS Foundation Trust services • Risk of legal challenge to these proposals is anticipated to be on the low side as this is not a mandated service.
<p>8.</p>	<p>What are the <u>expected</u> risks?</p> <p>Should the services have to reduce the intensity of support and/or the enhanced provisions for specific client groups (e.g. criminal justice clients) there will be a potential impact on other services which these service users often use. These include Primary Care GP Practices, Accident and Emergency Department, Police, emergency accommodation provision, and the community and voluntary sector. There may be increased use of these services, should people wishing to access Substance Misuse Services not be able to get an appointment. However, at present, there are no waiting lists to access Substance Misuse Services.</p> <p>The following potential risks have been identified at this stage:</p> <ul style="list-style-type: none"> • Service models will describe a less-intense provision of support – for example, one-to-one support being replaced by group support, or less frequent appointments/reduced specialist clinics and sub-services. • Services are likely to report reduced numbers of people successfully completing treatment – meaning people get ‘stuck’ in the system, with sustained periods of dependence on services provided in Torbay, such as housing, Safeguarding (Children’s and Adult’s), Children’s Services, opiate substitute therapy prescribing <i>etc.</i> • Reduced successful recovery rates for those in treatment, which could lead to poorer outcomes for individuals in terms of employability, independence and economic activity. Increased periods of prescribing of

	<p>opiate substitute therapy (such as methadone <i>etc</i>) for people, as they take longer to journey through recovery, to the point of successful drug-free discharge.</p> <ul style="list-style-type: none"> • Increased risk of prolonged criminality for people using drugs, relating to both acquisitive <i>crime</i> and vulnerability offences like domestic abuse. • Decreased responsiveness between Substance Misuse Services and other services, like criminal justice agencies, Job Centre Plus <i>etc</i>. • Potentially a reduced ability of the service to maintain existing levels of service user monitoring of treatment compliance and capacity to address concerns. This in turn could lead to an increased risk of a serious event occurring e.g. children or vulnerable adult safeguarding or death in treatment. • Existing health inequalities across Torbay could widen and could lead to early mortality in this vulnerable and complex service user group. <p>While the risks are balanced by the fact that the numbers of people using this specialist service represent a small proportion of people in Torbay, the potential risks and impacts described above could create greater demand and cost pressures for partner agencies.</p>
<p>9.</p>	<p>Public Services Value (Social Value) Act 2012</p> <p>The (re)procurement of services is not relevant for this report.</p>
<p>10.</p>	<p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency.</p> <p>There are a range of guidance, recommendations and supporting documentation that underpins drug and alcohol commissioning and provision. These are summarised on the following websites:</p> <p>Public Health England: http://www.nta.nhs.uk/who-healthcare.aspx</p> <p>National Institute of Health and Clinical Excellence (drugs): https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/drug-misuse</p> <p>National Institute of Health and Clinical Excellence (alcohol): https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol</p>
<p>11.</p>	<p>What are key findings from the consultation you have carried out?</p> <p>Combined feedback from the general budget consultation and the public health specific budget questionnaire are shown below:</p>

Do you support this proposal?	Number	Percent
Yes	277	56.6%
No	185	37.8%
No answer	27	5.5%
Total	489	100.0%

The public health specific consultation also identified that:

- 57 (89.2%) people/organisations responding would not be affected by the proposal
- 11 (15.3%) people/organisations responding would be affected by the proposal
- 4 (5.6%) people did not respond to whether they would be affected by the proposal

There was a range of individuals and organisations who submitted written responses in relation to this proposal.

1. The impact on partners and society

Feedback identified broad areas of adverse impact of this scale of funding reduction which included:

- Crime
- Antisocial behaviour / drug littering
- Domestic abuse
- Hospital admissions
- Safeguarding children
- Avoidance of drug related/accidental deaths
- Worsening of health inequalities across Torbay
- Homelessness
- Troubled families
- Tourism

Other comments included:

- Proposal could increase costs in other parts of the system e.g. mental health.
- The reduction will affect transformational work already planned and will not be able to provide an optimum/enhanced service for the criminal justice pathways into treatment provision.
- There is a potential adverse impact to the council risk share relationship with the NHS if reductions are made, as costs can be increased due to increases in crime which will present in another part of the system e.g. A&E.

2. The impact on service users

- The proposal could affect waiting times being within national target for the alcohol service.
- There could be a reduction in patient care due to reduced appointments

	<p>and support for complex people and that this could increase opiate deaths, reduce employment opportunities, increase homelessness, increase pupil absence and reoffending levels.</p> <ul style="list-style-type: none"> • Feedback received that there will be no fast track into treatment for high risk groups e.g. criminal justice. • A comment was made that people should take personal responsibility. <p>General comments were made on the public health proposals overall:</p> <ul style="list-style-type: none"> • It will damage the progress made on a ‘joined up’ approach to the provision of health and social care. The proposals will also be against the agreement that decisions made in one part of the system do not have unintended adverse effects in another part of the system and also on the shift from a reactive to a proactive approach to health and social care. • It will have an adverse effect on the credibility of the community service model redesign and will damage the reputations of Torbay Council and Torbay and South Devon NHS Foundation Trust. • A statement was made regarding the local authorities responsibility to continue to meet the conditions of the public health grant. • Concerns were raised regarding the proposals potential impact on the aspirations of the Sustainability and Transformation Plans (STPs) with the NHS. • A statement was made that Torbay should look to understand how other local authority area which border Torbay are able to deliver services ‘smoothly’ without the same issues as Torbay.
12.	<p>Amendments to Proposal / Mitigating Actions</p> <p>None.</p>

Equality Impacts

13	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	Those engaged with the service who have contact with children and young people and present a risk to these will be more actively engaged with to ensure young people are safeguarded.	<p>Services will not specifically target older people and these could be affected, but the level of impact is not expected to be disproportionate compared to all other ages.</p> <p>Of the drug using population who are engaged with treatment services, young adults are underrepresented only 7% aged under-25. With the services being demand-led and not specifically targeting age groups, young adults could be affected.</p> <p>Older adults form the majority of people in drug treatment with 72% of the treatment population being 35 or over. It is possible that the reducing service capacity may impact this group as a consequence of being the most prevalent age group.</p>	

		<p>Pathways currently in place for the transition of young people into adult services could be impacted due to the capacity of the workforce but this should be mitigated by the assertive engagement of young people transitioning to adult services remaining in place.</p> <p>It is possible that there is some unmet treatment need in people aged 60 and over. 55.8% of alcohol attributable admissions to hospital were in people of that age group (2012 South West Public Health Observatory Report, Alcohol Attributable Admissions in Torbay) whereas only 14% of those in alcohol treatment were aged 60 and over.</p>	
<p>People with caring Responsibilities</p>	<p>A service for carers of substance misusers to support them whilst their care/for/loved one is in treatment will remain. Carers will continue to be involved in the design and development of the local services.</p>	<p>With an increasing number of older people with a history of long-term Opiate use, carers may be affected due to a shrinking workforce; the capacity to identify and refer those with caring responsibility to the carers service may be impacted. It will remain a specific strand of the contract which will be monitored for its effectiveness.</p>	

People with a disability	<p>The service will continue to make themselves accessible to customers with disabilities including wheelchairs etc. and other impairments such as sign language.</p> <p>The service provision is in part delivered by a mental health service provider due to the high rates of mental health problems in among the substance misuse population.</p>		
Women or men	<p>The services will continue to provide access to treatment services on a basis of need not gender.</p>	<p>Men are predominant in treatment services locally, as they are throughout the country; however the proportion of women in treatment in Torbay (c36%) is slightly higher than the national average (c30%).</p> <p>Nationally there has been a slight increase in the proportion of females accessing the service.</p> <p>Services will continue to make themselves open and accessible to women although there might be less opportunities for seeing their keyworker and/or prescriber at convenient times as service capacity shrinks.</p>	
People who are black or	Substance misuse services will	The treatment population	

<p>from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p>	<p>continue to work with people who are black or from a minority ethnic background (BME). There are currently no known access issues to treatment in Torbay.</p>	<p>reflects the ethnic mix of Torbay's wider population. However, language and cultural barriers and lack of knowledge of an unknown system can inhibit people who are black and from a minority ethnic background (BME) from accessing health services. The opportunity for substance misuse services to actively seek and target this population will be limited due to reduction of resources.</p> <p>In mitigation substance misuse services should continue to actively promote their services in all forms that people from a different culture or with a different language can interact with.</p>	
<p>Religion or belief (including lack of belief)</p>	<p>No differential impact</p>		
<p>People who are lesbian, gay or bisexual</p>	<p>No differential impact</p>		
<p>People who are transgendered</p>	<p>No differential impact</p>		
<p>People who are in a marriage or civil partnership</p>	<p>No differential impact</p>		
<p>Women who are pregnant / on maternity leave</p>	<p>Women who are pregnant or have small children will continue to be a priority group</p>	<p>Services will continue to make themselves open and accessible, with established</p>	

	to access treatment. The service provision for pregnant women is a priority as pregnancy is often a catalyst for change and will continue to be a priority group due to the harm substance misuse during pregnancy can have on an unborn child.	<p>pathways between treatment and maternity services remaining in place.</p> <p>There might be less opportunities for seeing their keyworker and/or prescriber at convenient times as service capacity shrinks.</p>	
Socio-economic impacts (Including impact on child poverty issues and deprivation)	The majority of service users will be from more deprived areas. There will continue to be a commissioned service focussed on getting substance misusers into training and volunteering opportunities through the community development/voluntary sector	<p>Within the substance misuse treatment population unemployment is high.</p> <p>Access to paid employment for more than 10 days in the past 28 remains a challenge for the opiate using population locally.</p>	
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)		<p>Substance Misuse services have a client group that is made up of disproportionately disadvantaged people already. Cutting capacity within this service could challenge the treatment system's ability to improve life expectancy in this vulnerable group.</p> <p>This may be mitigated by contractually obliging Substance Misuse services to employ a proportionate universalism approach; providing a service to all who</p>	

		need it, but prioritising resources to those who need it most.	
14	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	<ul style="list-style-type: none"> Proposed reductions within the Healthy Lifestyle services may mean that people will need to go tobacco free with non-specialist (or online) support. The relationship between tobacco and cannabis (or other smoked drugs) may reduce numbers of people successfully discharged from Substance Misuse services, and increase levels of people returning to treatment having relapsed. Proposed reductions within Sexual Health services may mean increased numbers of people with blood borne viruses, which may impact on Substance Misuse services. Proposed reductions within Public Health Nursing may mean increased responsibility for awareness of child safeguarding in Substance Misuse services and referrals in to Children’s and Adults Safeguarding generally. 	
15	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	<ul style="list-style-type: none"> The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan (http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing. 	