

Draft - Supporting Information and Impact Assessment

Proposal:	Adult Substance Misuse Services
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Section 1: Background Information

1. What is the proposal / issue?

The proposal is to reduce the budget for the substance misuse services by £62,000 in 2018/19 and a further £100,000 in 2019/20, this would be further to the budget reduction of £100,000 in 2016/17 and £156,000 in 2017/18.

It is also anticipated that the Police and Crime Commissioner will cease its contribution of income to criminal justice treatment pathways from 2018/19. This income is currently c£60,000 and will be in addition to the reduction on 2018/19 proposed above.

The 2017/18 budget for all substance misuse services (inclusive of NHS, private and pharmacy-based provisions) is c£2.53m which means the above proposals result in a 2.4% reduction in expenditure in 2018/19 (budget total of £2.47m) and 4% in 2019/20 (budget total of £2.37m).

For 2018/19 the savings will comprise of:

1. The budget for pharmacy-based services in 2018/19 has been increased by £15,000 due to increases in demand for the services; Needle Exchange and Supervised Consumption of controlled medications.
2. The NHS provider (Torbay and South Devon NHS Foundation Trust) is expected to find savings of £77,000.

The overall outcome of these two components is a total budget saving of £62,000.

For 2019/20 the savings are expected to be found by the NHS provider.

To assist with the delivery of these savings the Public Health team are undergoing a systematic review of current drug and alcohol services in Torbay in September 2017, alongside an external partner in Public Health England, with the aim to:

- Scrutinise the services plans for finding budget savings
- Critically appraise the service (both now and with regards to the future model) in terms of meetings its statutory obligations and being compliant with recently released new guidance and Government Drug Strategy,
- Identify current system costs and benchmark these against national comparators to identify areas where spend and/or expected outcomes are mismatched
- Consider how the service meets the wider objectives with regards to

	<p>families and vulnerable adults</p> <p>However it is anticipated that the savings in 2018/19 could be found through the following:</p> <ul style="list-style-type: none"> • Further streamlining of the management structure • 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. • 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.
<p>2.</p>	<p>What is the current situation?</p> <p>Drug use occurs in Torbay, as it does everywhere. Public Health England states the impact of drug use nationally is:</p> <ul style="list-style-type: none"> • £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. <p>Alcohol use also places significant burden on local public services. Public Health England state the impact of alcohol use nationally as:</p> <ul style="list-style-type: none"> • 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. <p>The NHS substance misuse service in Torbay is currently commissioned from Torbay and South Devon NHS Foundation Trust. Substance misuse services are not specifically mandated however there is a specific condition of the public health grant that states that the local authority must:</p> <p style="text-align: center;"><i>'...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.'</i></p> <p>Source: Public health ring-fenced grant determination 2016/17: no 31/2719, page 6.</p> <p>The current NHS substance misuse service provides:</p> <ul style="list-style-type: none"> • 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

	<p>appropriate, and signposting into recovery and peer support groups. In addition there is support for carers and families.</p> <ul style="list-style-type: none"> • 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. <p>The current pharmacy-based substance misuse services provide:</p> <ul style="list-style-type: none"> • Needle Exchange – this service directly reduced harm to injecting drug users by providing of sterile identifiable injecting equipment and sharps bins. The service aims to reduce the incidence and transmission of blood borne viruses such as hepatitis in the population. • Supervised Consumption of controlled medications – this service is key in supporting drug users to comply with their prescribing regime, ensuring medication is taken as required and reducing the misdirection of medications into the community. <p>The current commissioning and contract arrangements with the NHS provider 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; the 2018/19 reductions will almost 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 significant reductions in other areas of public health work such as public health nursing which are proposed to take effect over the following couple of years.</p>
<p>3.</p>	<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;</p>

	<p>scoping currently being undertaken within the local authority and involving key strategic partners (Health, Police and Probation for example).</p> <p>Recommissioning of services through an open tender have been considered and remains a viable option. However with three significant re-procurements either imminent or currently in-train (sexual health services, public health nursing with children's centres and needle and syringe provider) officer capacity to undertake a further procurement exercise (in respect to both public health and procurement teams) is significantly impacted and likely to be unachievable in 2018/19.</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 South Devon and Torbay Clinical Commissioning Group (SDTCCG) • Primary care colleagues in GP Practices • Torbay and South Devon NHS Foundation Trust • The general public. • Pharmacies?
6.	<p>How will you propose to consult?</p> <p>Substance misuse services were consulted on as part of the budget processes for 2017/18. The public will be consulted as part of the corporate budget consultation process for 2018/19 in relation to the proposed savings for 2019/20.</p> <p>In addition to this, we will consult with the current services and Public Health England though the aforementioned systematic review of substance misuse services in Torbay.</p>
Section 2: Expected Implications and Impact Assessment	
7.	<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 2018/19 and 2019/20 • May create redundancy liabilities, if affected post holders cannot be redeployed into wider Torbay and South Devon NHS Foundation Trust services

<p>8.</p>	<p>What are the <u>expected</u> risks?</p> <p>As the services 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 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. • 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>To be update following consultation.</p>
<p>12.</p>	<p>Amendments to Proposal / Mitigating Actions</p> <p>To be update following consultation.</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 will impact this group predominantly 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</p>	The service is not applicable for under 18s and therefore these are not directly affected by this proposal.

		<p>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>	
People with caring Responsibilities	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.	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.	
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>		It is not anticipated that those with a disability will be adversely impacted.
Women or men	The services will continue to	Men are predominant in treatment	

	<p>provide access to treatment services on a basis of need not gender.</p>	<p>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%). 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>	
<p>People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p>	<p>Substance misuse services will 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>The treatment population 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>	

Religion or belief (including lack of belief)	There is no information currently available to suggest that there are any impacts in relation to religion or belief.	Services will continue to make themselves open and accessible although there might be less opportunities for seeing their keyworker and/or prescriber at convenient times as service capacity shrinks.	This should not affect the service delivered as religion and belief are not criteria used to determine who receives this service.
People who are lesbian, gay or bisexual		Services will continue to make themselves open and accessible although there might be less opportunities for seeing their keyworker and/or prescriber at convenient times as service capacity shrinks.	This should not affect the service delivered as sexual orientation is not a criteria used to determine who receives this service.
People who are transgendered		Services will continue to make themselves open and accessible although there might be less opportunities for seeing their keyworker and/or prescriber at convenient times as service capacity shrinks.	This should not affect the service delivered as sexual orientation is not a criteria used to determine who receives this service.
People who are in a marriage or civil partnership	The service will continue to support positive relationships.	Services will continue to make themselves open and accessible although there might be less opportunities for seeing their keyworker and/or prescriber at convenient times as service capacity shrinks.	This should not affect the service delivered as relationships and marriage are not used to determine who receives this service.
Women who are pregnant / on maternity leave	Women who are pregnant or have small children will continue to be a priority group 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	Services will continue to make themselves open and accessible, with established pathways between treatment and maternity services remaining in place. There might be less opportunities for seeing their keyworker and/or prescriber at convenient times as	

	unborn child.	service capacity shrinks.	
Socio-economic impacts (Including impact on child poverty issues and deprivation)	There will continue to be a commissioned service focussed on getting substance misusers into training and volunteering opportunities through the community development/voluntary sector	Within the substance misuse treatment population unemployment is high. Access to paid employment for more than 10 days in the past 28 remains a challenge for the opiate using population locally.	The majority of service users will be from more deprived areas.
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)		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. This may be mitigated by contractually obliging Substance Misuse services to employ a proportionate universalism approach; providing a service to all who 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"> Any future reductions to Sexual Health services may mean increased numbers of people with blood borne viruses, which may impact on Substance Misuse services. Any future reductions to 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	<ul style="list-style-type: none"> The new models of care in the health system locally, plus the Sustainability and Transformation Plan (http://www.devonstp.org.uk/) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing. 	

	worsen the impacts identified above)	
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