

Draft - Supporting Information and Impact Assessment

Proposal:	Adult Substance Misuse Services
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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 adult substance misuse services by £100,000 in 2019/20, this would be further to the budget reductions of £318,000 that were achieved between 2016 and 2019.</p> <p>The 2018/19 budget for all substance misuse services (inclusive of NHS, private and pharmacy-based provisions) is c£2.47m. This proposal would result in a 4% reduction in expenditure in 2019/20 (budget total of £2.37m).</p> <p>There is a risk that the Police and Crime Commissioner will cease her contribution to the local authority in relation to criminal justice treatment pathways from 2019/20. This income is currently c£60,000, and would be in addition to the reduction proposed.</p> <p>The savings are expected to be found solely by the NHS provider – Torbay and South Devon NHS Foundation Trust.</p> <p>It is anticipated that the savings in 2019/2020 could be found through the following:</p> <ul style="list-style-type: none"> • Further streamlining of the management structure • 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 • Consideration whether certain populations can be offered safe and effective services which do not require regular or frequent contact with the treatment service e.g. implement a low-intensity treatment model.
2.	<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.

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 NHS substance misuse service in Torbay is currently commissioned from Torbay and South Devon NHS Foundation Trust (with a significant element further sub-commissioned from Devon Partnership NHS 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:

'...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.'

Source: Public health ring-fenced grant determination 2016/17: no 31/2719, page 6.

In Torbay, the current NHS substance misuse services provide:

- 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.
- Coordination of alcohol screening provision – coordination, training and deployment of volunteers to deliver alcohol (and smoking) screening in high impact areas on the hospital site.
- Drug service – an open access service where people can come into the community team (or required to attend criminal justice treatment) for treatment for their drug use, including use of prescription drugs, illegal drugs and novel psychoactive substances (aka 'legal highs', 'SPICE'). 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.
- Community based rehabilitation for addiction.

The current pharmacy-based substance misuse services provide:

- Needle Exchange – this service directly reduces harm to injecting drug users by providing 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

	<p>medication is taken as required and reducing the misdirection of medications into the community.</p> <p>The current private providers deliver:</p> <ul style="list-style-type: none"> • Provision of safe needle and syringe equipment and the safe removal of associated waste from pharmacies. <p>The current Community services provide:</p> <ul style="list-style-type: none"> • Training, volunteering and employment pathways for those who are socially disadvantaged, in particular substance misuse clients. • Coordination and administration of grants to community groups to initiate small community-driven initiatives specifically to improve the health and well-being of local populations. <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 previously contracted providers into one contract means that there is current potential to streamline medical provision, management, staffing and service delivery; although the 2019/20 reductions will 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>The overall reduction of funding to voluntary and community sector organisations may mean that this reduction is more acutely felt as there is less resource within the overall 'system' to support those in recovery from addiction.</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 already in place 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. There are no further permissible options under this strand of work.</p> <p>This service is expected to form part of the emerging vulnerable and complex adult redevelopment work; scoping currently being undertaken within the local authority and involving key strategic partners (e.g. Health, Police and Probation).</p> <p>Recommissioning of services through a procurement exercise is a viable option and could be completed within the next two years.</p> <p>As it is likely that this will form part of the multiple and complex needs redevelopment, regard will need to be given to officer capacity to manage any procurement required within this strand of work.</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>This proposal is the second year of a proposal that was consulted on for the 2018/19 budget.</p> <p>In addition to this, we consulted with the current services and Public Health England through the systematic review of substance misuse services in Torbay undertaken in 2017/18.</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 year 2019/20. • May create redundancy liabilities, if affected post holders cannot be redeployed into existing Torbay and South Devon NHS Foundation Trust or Devon Partnership NHS Trust provisions.
8.	<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</p>

	<p>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) 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, such as criminal justice agencies and Job Centre Plus. • 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 the wider Local Authority services and partner agencies.</p> <p>There is also a risk that the Police and Crime Commissioner will cease its contribution to the local authority in relation to criminal justice treatment pathways from 2019/20. This income is currently c£60,000 and would be in addition to the reduction proposed.</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 Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency.</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:

Public Health England: <http://www.nta.nhs.uk/who-healthcare.aspx>

National Institute of Health and Clinical Excellence (drugs):
<https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/drug-misuse>

National Institute of Health and Clinical Excellence (alcohol):
<https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol>

11. What are key findings from the consultation you have carried out?

Feedback from the budget questionnaire completed as part of 2018/2019 budget proposals (which included the 2019/20 drug and alcohol budget reduction) is provided below:

To reduce the Substance Misuse Service contract.

This proposal is to reduce the budget by £62,000 in 2018/19 and £100,000 in 2019/20.

These services provide treatment for people who use drugs and alcohol problematically and provide pharmacy based services e.g. needle exchange and supervised consumption of controlled medication. The proposed budget for next year would be £2,475,000.

	Do you support this proposal?		Do you feel this proposal will impact on you?	
	Number	Percent	Number	Percent
Yes	200	52.2%	92	24.0%
No	167	43.6%	242	63.2%
No answer	16	4.2%	49	12.8%
Total	383	100.0%	383	100.0%

Overall there was an overall majority who supported the proposal. Almost two-thirds of the respondents indicated that the proposal would not impact them.

The Local Authority also received one written representation on behalf of the Community Safety Partnership (CSP) in Torbay. The CSP raised concerns that budget reductions would have detrimental effects on the ability of Torbay to manage a population at risk of 'falling through the gaps' in services.

The CSP stated that the:

'....availability of effective drug, alcohol and mental health services that are accessible and reach out to individuals to address their behaviours are an essential component to achieving any impact on the issues outlined'.

	<p>The response also drew attention to particular issues that the CSP feared could be exacerbated by reducing the substance misuse service budget, including:</p> <ul style="list-style-type: none"> • Substance misuse being the most prevalent factor amongst those who engage in street-based anti-social behaviour (more often than not coupled with mental ill health, unstable accommodation and a history of current and/or historical abuse) – Torbay is witnessing increasing levels of crime, including shoplifting, street begging and street-based anti-social behaviour specifically in Torquay Town Centre. • Those close to dependency being absorbed into County Lines Activity - a 'new' phenomenon where reduced substance misuse services could create 'a fertile environment for organised crime groups to exploit'. • County Lines activity linked to the potential for more significant offence types occurring in the localities where County Lines are prevalent (violent robbery etc).
12.	<p>Amendments to Proposal / Mitigating Actions</p> <p>No amendments made to the proposal.</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	<p>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>	<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 with 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</p>	<p>The service is not applicable for under 18s and therefore these are not directly affected by this proposal.</p>

		<p>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>	
People with caring Responsibilities	A service for carers of substance misusers to support them whilst the individual 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, so as to mitigate against this.	
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</p>		It is not anticipated that those with a disability will be adversely impacted.

	among the substance misuse population.		
Women or men	The services will continue to provide access to treatment services on a basis of need not gender.	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%). Nationally there has been a slight increase in the proportion of females accessing the service. Services will continue to make themselves open and accessible to all genders although there might be less opportunities for seeing their keyworker and/or prescriber at convenient times as service capacity shrinks.	
People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	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.	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 the reduction of resources. 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.	
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	Services will continue to make themselves open and accessible, with established pathways between treatment and maternity services remaining in place.	

	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.	There might be less opportunities for seeing their keyworker and/or prescriber at convenient times as 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.	<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>	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)		<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 need it, but prioritising resources to those who need it most.</p>	
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 worsen the impacts identified above)	<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.
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