

Proposed Decision to be made by the Portfolio Holder for Health on or after 17 March 2017

Drug & Alcohol Service Redesign - Proposed Consultation

Recommendation:

That the Portfolio Holder for Health approves the proposed consultation to inform the Drug & Alcohol Service redesign.

1.0 Background & Rationale

1.1 In 2011, Warwickshire County Council responded to the statutory requirements outlined in the national drug strategy 2010 by jointly commissioning a new drug and alcohol service with Coventry City Council. The outcome of the re-commissioning resulted in separate contracts for each local authority and Warwickshire's delivery model consisted of three core services, commissioned as three separate lots:

- Adult Community and Criminal Justice Substance Misuse Service and Inpatient Substance misuse service for adults. Current service delivered by Addaction.
- Children & Young People Targeted and Specialist service. Current service delivered by Compass UK.
- Commissioned in 2012, Adult Service User Involvement and Peer Mentoring service (for people aged over 18 years), which plays a vital role in facilitating a whole family approach to the delivery of recovery focused treatment services in Warwickshire. Current service delivered by ESH Works Ltd.

1.2 The current contracted service for substance misuse comes to an end on 30th March 2018. The proposals for the new service include significant changes both to the model of delivery and the financial commitment that supports the countywide service. In April & May 2016, Public Health carried out engagement work with stakeholders, service users and their families and current providers in preparation for the redesign of this service which has informed the updated Needs Assessment.

1.3 On 10 November 2016, Cabinet authorised the Strategic Director of Communities to proceed with an appropriate procurement process to enable the award of contract(s) for the provision of the drug and alcohol services with a contract start date of 1st April 2018.

1.4 This paper seeks permission to carry out further consultation on the new model of provision. The consultation activities and feedback will inform the service specification and is planned between May and July 2017. The consultation content and process will take account of the approved budget reductions agreed at Council on 2nd February 2017.

2.0 Proposed Consultation

2.1 The proposed 8 week consultation process will start on Monday 29 May and finish on Friday 21 July 2017. The aim of this consultation activity is to effectively engage with people with substance misuse problems, their families and other key stakeholders on the proposed service model and ensure there are opportunities to influence and shape the new service.

2.2 A range of engagement methods will be employed to maximise opportunities for service users and other key stakeholders to put forward their views, these include:

- survey (both on line, 'Ask Warwickshire' and paper format),
- focus groups with service users and their families, (facilitated by our commissioned providers)
- Public and partner roadshows across the county
- Provider engagement event

2.3 Where possible and appropriate, shared consultation activities will be held in conjunction with other Public Health commissioners who have similar time frames for consultation on service redesign. This approach will help to avoid over consulting and duplication of engagement with similar stakeholders as well as provide an opportunity for Public Health to promote and share information on a range of services to a wider audience. All Public Health consultations are part of our strategic and operational commissioning approach and any associated costs are embedded into the Public Health budget.

2.4 The consultation will be structured to allow for wide ranging views on the proposed service specification and include the appropriate reach to vulnerable groups and individuals as well as measure the potential impact of the proposed changes on service users, their families and wider stakeholders. In conjunction with the consultation plan, a communication plan is being developed to ensure that throughout the process we are actively informing our stakeholders about the consultation.

2.5 Public health has completed an Equality Impact Assessment attached as Appendix A. The EQIA will be reviewed and updated as part of this consultation process and will be made publicly available with the final consultation report.

3.0 Timescales associated with the decision and next steps

3.1 The table below sets out the critical milestones and timescales of the consultation process to ensure key deadlines are met to effectively tender and commission the Drug and Alcohol service.

Milestones	Deadline
Portfolio for Health consultation approval	17 March 2017
Consultation period (10 weeks)	29 May – 21 July 2017
Collate & analyse responses, prepare draft consultation report	22 July – 11 Aug
Seek cabinet approval of consultation report	7 Sept
Provide feedback to respondents by circulating final consultation report	18 Sept
Commence tender process	25 September

3.2 Providing feedback to respondents is a vital element of the consultation process and this will be undertaken by ensuring the final consultation report is made publicly available on 'Ask Warwickshire' and widely shared with all partners and stakeholders.

Background papers

Consultation Brief

Appendices

Appendix A - Equality Impact Assessment

	Name	Contact Information
Report Author	Amanda Burn	amandaburn@warwickshire.gov.uk Tel: 01926 743797
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Strategic Director	Monica Fogarty	monicafogarty@warwickshire.gov.uk Tel: 01926 412514
Portfolio Holder	Cllr Les Caborn	cllrcaborn@warwickshire.gov.uk Tel: 01926 413712

The report was circulated to the following members prior to publication:


Local Member(s): N/A

Other members: Councillors A.Webb, Perry, Holland, Rolfe

EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)

**Specifications for adults, children & young people's community
and inpatient drug and alcohol treatment services.**

Equality Impact Assessment/ Analysis (EqIA)

Group	Communities Group
Business Units/Service Area	Substance Misuse Team
Plan/ Strategy/ Policy/ Service being assessed	Specifications for adults, children & young people's community and inpatient drug and alcohol treatment services.
Is this is a new or existing policy/service?	Existing service
If existing policy/service please state date of last assessment	Date of last assessment: 12.01.11
EqIA Review team – List of members	Amanda Burn & Will Johnston
Date of this assessment	15.07.16
Signature of completing officer (to be signed after the EqIA has been completed)	Amanda Burn 
Are any of the outcomes from this assessment likely to result in complaints from existing services users and/ or members of the public? If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible.	No Initial assessment to support planning of consultation process on draft service specifications, EIA to be updated during and after consultation process.
Name and signature of Head of Service (to be signed after the EqIA has been completed)	Dr John Linnane 
Signature of GLT Equalities Champion (to be signed after the EqIA is completed and signed by the completing officer)	Phil Evans 

A copy of this form including relevant data and information to be forwarded to the Group Equalities Champion and the Corporate Equalities & Diversity Team



*Working for
Warwickshire*

Form A1

INITIAL SCREENING FOR STRATEGIES/POLICIES/FUNCTIONS FOR EQUALITIES RELEVANCE TO ELIMINATE DISCRIMINATION, PROMOTE EQUALITY AND FOSTER GOOD RELATIONS



High relevance/priority



Medium relevance/priority



Low or no relevance/priority

Note:

1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

Business Unit/Services:	Relevance/Risk to Equalities														
	Gender	Race	Disability	Sexual Orientation	Religion/Belief	Age	Gender Reassignment	Pregnancy/Maternity	Marriage/Civil Partnership (only for staff)						
State the Function/Policy /Service/Strategy being assessed:															
Specifications for adults, children & young people's community and inpatient drug and alcohol treatment services.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? If yes please explain how. There will be anticipated positive impacts of the service redesign to ensure wider community access to the service to all those people with substance misuse problems.															YES
Are your proposals likely to impact on a carer who looks after older people or people with disabilities? If yes please explain															YES

how. If the person or the person they care for has a substance misuse problem, the service will be accessible to them to support treatment and recovery.

Form A2 – Details of Plan/ Strategy/ Service/ Policy

Stage 1 – Scoping and Defining

(1) What are the aims and objectives of Plan/Strategy/Service/Policy?

In December 2010, the government launched a new National Drug Strategy: "Reducing demand, restricting supply, building recovery: supporting people to live a drug free life." The strategy presents a new approach to drug treatment by placing the focus of the recovery and outcomes rather than on harm reduction and maintenance. It also covers severe alcohol dependency and advocates an integrated approach to treatment provision.

In order to meet these statutory requirements, a new service was commissioned in 2011 and consisted of two core treatment and recovery services, to support adults, children and young people with substance misuse problems. The delivery model was explicitly designed to take account of a wide range of needs, in a bid to reduce the health inequalities and poor health outcomes traditionally associated with this group. Both contracts are due to expire on 30 November 2017 with an exemption from CSOs in place until 30 April 2018.

The Council has identified the need to make around £92million savings by 2018 and have developed a four year savings plan the 'One Organisational Plan' (2014 -18). With an anticipated 20% budget cut over the next 2 years, and in order to continue to meet the needs of people with substance misuse problems in Warwickshire the existing service will require remodelling with a focus on meeting outcomes, quality and value for money.

The aim of the service is to deliver an integrated, seamless provision of treatment and care for adults and their carers/families with a dependency on drugs and/or alcohol. The service will offer a range of clinical and non-clinical interventions aimed at promoting sustainable recovery and reintegration. The service will support objectives of tackling health inequalities and reducing levels of drug and alcohol related crime. The service will cover the local authority area of Warwickshire.

(2) How does it fit with Warwickshire County Council's wider objectives?

OOPs savings plan 2014-18

The council's core purpose is to 'develop and sustain a society that looks after its most vulnerable members, delivers appropriate, quality services at the right time, and seeks opportunities for economic growth and innovation.

To achieve the following outcomes:

- Our communities and individuals are safe and protected from harm and are able to remain independent for longer.
- The health and wellbeing of all in Warwickshire is protected.

Also fits with wider corporate objective of protecting the community and making Warwickshire a safer place to live.

This is one of the programmes which falls under the Public Health Warwickshire domains and is specifically outlined in the commissioning priorities for 2016.

The Public Health Domains are:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

In addition, the One Organisational Plan has also been recently reviewed and updated to include identified financial savings up to 2020.

<p>(3) What are the expected outcomes?</p>	<p>The expected outcomes of the service are:</p> <ul style="list-style-type: none"> ▪ Freedom from dependence on drugs or alcohol ▪ Prevention of drug related deaths and blood borne viruses ▪ A reduction in crime and re-offending ▪ Sustained employment ▪ The ability to access and sustain suitable accommodation ▪ Improvement in mental and physical health and well-being ▪ Improved relationships with family members, partners and friends ▪ The capacity to be an effective and caring parent ▪ Equality of opportunity in accessing the services for a more diverse group of people
<p>(4) Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)</p>	<p>Individuals and their families with a drug and/or alcohol dependency will benefit from the service. Indirectly, the service will benefit the wider community through a reduced risk of harm.</p>
<p><u>Stage 2 - Information Gathering</u></p>	
<p>(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?</p>	<p>National legislation/statutory guidance:</p> <ul style="list-style-type: none"> - National Drug Strategy 2010 - 'reducing demand, restricting supply, building recovery: supporting people to live a drug-free life' <p>Warwickshire's Drug and Alcohol needs assessment updated 2016.</p> <p>Local and national data from a variety of sources such as PHE, the treatment services themselves, data that looks at local and national trends in drug use and users has been used to identify gaps in service provision and to inform the service redesign.</p>

(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?

A short consultation exercise was undertaken during April and May 2016 with key stakeholders including existing service users and their families, partners, providers and practitioners to inform the updated needs assessment. Four on line surveys were developed for different stakeholders: customers/families, providers, practitioners and partners together with face to face engagement with service users and their families.

Following analysis of responses there were a number of emerging themes from the consultation process which included:

- Barriers to service users accessing mental health services and support.
- Cycles of dependency through generations of the same family.
- Need for flexible & responsive wraparound services available to meet individual's needs across the county.

This feedback was considered together with the findings of the updated needs assessment when developing the draft service specifications. Further planned, broader consultation will be undertaken to obtain stakeholders views on the proposed new service specifications and will take into account of a wide range of stakeholder views including customers, their families. The EIA will be updated with the outcomes of the broader consultation with specific detail once the consultation is completed.

(3) Which of the groups with protected characteristics have you consulted with?

To inform the Needs Assessment review, existing customers, their families, providers, practitioners, and partners from health, social care and voluntary and community sector organisations and agencies. This would have encompassed all protected characteristic groups supported with equality monitoring data collected during the consultation process.

The planned consultation process to gather views on the service specifications will involve a range of different engagement methods to ensure that all groups with protected characteristics have an opportunity to put forward their views with further equality data collected as part of the consultation process.

Stage 3 – Analysis of impact

(1) From your data and consultations is there any adverse or negative impact identified for any particular group which could amount to discrimination?

If yes, identify the groups and how they are affected, could add some detail here

RACE	DISABILITY	GENDER
BME & emerging populations Refugees and asylum seekers Gypsy and traveller populations		
MARRIAGE/CIVIL PARTNERSHIP	AGE Younger drinkers (aged 18-24) Student populations Older People (aged 55+years)	GENDER REASSIGNMENT
RELIGION/BELIEF	PREGNANCY MATERNITY Service users with dependent children	SEXUAL ORIENTATION Lesbian, gay, bisexual, and transgender communities

(2) If there is an adverse impact, can this be justified?

This initial EIA identifies the following groups/populations as potentially having an adverse impact based on the findings of the updated needs assessment and short consultation exercise, but this will be explored further through the wider planned consultation on the service specifications with targeted inclusion of these groups within the consultation plan to ensure that there are opportunities for these groups to put forward their views.

The new service specification places additional focus on meeting identified unmet needs. However, financial resources are limited and there will inevitably be people that cannot be reached by our services, particularly in the case of ensuring access across all urban and rural areas in Coventry and Warwickshire. Opportunities will be explored to provide outreach community provision in the urban and rural areas of most need to ensure that people are able to access the service.

(3) What actions are going to be taken to reduce or eliminate negative or adverse impact? (this should form part of your action plan under Stage 4.)

Ensure these groups are included in the consultation plan for wider consultation on the draft service specifications ensuring as many people as possible are able to put forward their views. This would provide further evidence as to which particular groups may be negatively impacted by the new service.

Ensure that the new service specifications include a number of new initiatives and working practices to increase service access thereby reducing any adverse impact. This will be closely monitored during quarterly contract review meetings with service providers and throughout the lifetime of the contract and if necessary action taken to address this issue with the provider.

(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?

Throughout the specification there are requirements for the service provider to be aware of and respond to the needs of under-represented and specific vulnerable groups, as listed on the previous page.

Specific requirements include:

- Prior to the commencement of the service, the provider will develop action plans (to be reviewed annually with commissioners) on improving treatment access, appropriateness and effectiveness for the listed under-represented and specific vulnerable groups
- Advice and information will be targeted at the under-represented and specific vulnerable groups
- Assessment and appointments will be available in a range of settings and at times to suit the needs of specific groups of service users e.g. those in employment, parents with childcare difficulties
- Outreach provision will increase access to a number of specific groups, particularly those in rural communities and with transport difficulties.
- Information will be made available in a variety of accessible formats
- Interpretation and translation services will be used when required

The provider is asked to undertake an Equality Impact Assessment on annual basis to identify further improvements required.

(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?

It is anticipated that the new service model will promote and advocate a community based recovery model which will support community cohesion and integration.

(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?

Location/geography – the rural nature of Warwickshire presents a challenge to the delivery of the service. Those without their own transport or access to public transport networks are particularly disadvantaged. The new service will address this barrier through the development of outreach provision.

Communication and information – historically, information and advice has been delivered in English and in written/verbal format. This may be a barrier to individuals accessing the service for whom English is not their first language, those who have a visual or hearing impairment or those with learning difficulties/disabilities. The new service will take this into account by preparing material in a variety of formats and by utilising interpreting and translation services when required.

Service operating times – current services operate during or slightly outside office hours. This goes against the recovery agenda as it can discriminate against people who are actively engaged in training or employment. The new service will be required to offer more flexible opening arrangements in order to achieve the recovery outcomes and provide greater accessibility for those with training and / or employment obligations.

(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?

The Drug and Alcohol Service will aim to have positive consequences for health and wellbeing for service users and their families, supporting a positive approach to recovery within the community, including a range of wraparound support to ensure they are able to lead healthy and more fulfilling lives.

(8) What actions are going to be taken to reduce or eliminate negative or adverse impact on population health? (This should form part of your action plan under Stage 4.)

See Needs assessment

(9) Will the plan/strategy/service/policy increase the number of people needing to access health services? If so, what steps can be put in place to mitigate this?

No, the aim of the service is a preventative approach of early identification of people with substance misuse problems and the offer of a range of community focussed treatment and recovery options to suit the needs of the individual. It is anticipated that this will lead to a reduction in the number of A & E and hospital admissions and subsequent need to access health services.

(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?

Yes, the service will be accessible to anyone who has a substance misuse problem and their families across Warwickshire. The recently updated needs assessment and data from Public Health England provides further evidence to support the commissioning of a community based recovery model.

Stage 4 – Action Planning, Review & Monitoring

If No Further Action is required then go to –
Review & Monitoring

(1) Action Planning – Specify any changes or improvements which can be made to the service or policy to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.

EqJA Action Plan

Action	Lead Officer	Date for completion	Resource requirements	Comments
Ensure broader consultation plan includes consultation with those protected characteristic groups who may potentially be negatively impacted by new service.	Amanda Burn/Will Johnston	Actual dates for consultation to be confirmed ? Sept 2016 – Jan 2017	Project team to support consultation process, analysis and interpretation.	
Ensure that the new service specifications include a number of new initiatives and working practices to increase service access thereby reducing any adverse impact.	Amanda Burn/Will Johnston	March 2017 - tbc	D & A commissioners	
Quarterly contract review meetings with service providers and throughout the lifetime of the contract to address any issue with the provider	Amanda Burn/Will Johnston	From March 2018 onwards	D & A commissioners	

(2) Review and Monitoring
State how and when you will monitor policy and Action Plan

The service will commence in March 2018. Performance management meetings will take place monthly where provision against the requirements of the service specification will be monitored and performance against key indicators will be challenged.

Annual Equality Impact Assessments will be undertaken by the service provider in conjunction with the commissioners.

Please annotate your policy with the following statement:

'An Equality Impact Assessment/ Analysis on this policy was undertaken on (date of assessment) and will be reviewed on (date three years from the date it was assessed).'

