



Financial Year	2016/17 – 17/18
Proposal no.	PH102
Directorate	Public Health
Service Name	Public Health
Area of Service	Drugs and Alcohol

Savings Programme consultation Report			
Subject:	Review of funding for Substance Misuse Services		
Report of:	Director of Neighbourhoods & Director of Public Health and Wellbeing	Author:	Wendy Meston
Cabinet Member:	Cllr J Emsley	Author Telephone:	01706 927089
Type of Consultation	Service Delivery with Workforce Implications	Author Email:	Wendy.Meston@rochdale.gov.uk

1 Recommendations

- 1.1 It is recommended that members consider the proposals and review the allocation of funding for substance misuse services that will achieve savings of **(detailed in table 1)**.
- 1.2 It is recommended that members consider the risks to customers and the impact on partner organisations, outcomes for residents and the voluntary sector **(detailed in table 2)**.
- 1.3 It is recommended that members support the commissioning intentions to review, redesign and then procure in 2016/17 a service that will provide value for money to commence April 2017 and that these proposals will be subject to further consultation and agreement.

Reason for recommendation

- 1.4 To support the local authority budget in realising savings whilst continuing to provide drug and alcohol services that address the needs of Rochdale residents.

2 Background

- 2.1 The Crime and Disorder Act 1998 set out statutory requirements for 'responsible authorities' in local areas to work together in partnership to develop, publish and

implement strategies to tackle crime and disorder and substance misuse in their area. The Community Safety Partnerships are made up of the Local Authority, Police Authority, Police Force, Fire and Rescue Authorities, Health and Probation, which are the 'responsible authorities'.

- 2.2 On behalf of the partnership, the Drug & Alcohol Action Team (DAAT) commission several services to treat and support drug & alcohol users to achieve recovery. Approximately 2,200 individuals per year access the services, many of whom only require advice, information or support. There are currently 1,150 in structured treatment and 280 in recovery support services. Approximately 30% clients also have mental health issues, 30% have a history of offending and the majority have other underlying social and economic issues.
- 2.3 The majority of funding is now from Public Health allocation (£4M), with a small contribution from the Police & Crime Commissioner. During 2013, the treatment system was redesigned and tendered.
- 2.4 In line with the commissioning strategy, it is the intention to fully review and evaluate all service provision in early 2016/17.

Options for savings

- 2.5 This proposal offers savings to the budget allocations, for consideration as part of the efficiency programme for 2016/17. The proposals make financial savings and identify the impact on service delivery and key performance indicators. The services will then proposed to be part of an overall redesign of the whole programme for 2017/18 and that any future proposal would be subject to further benchmarking and consultation of a revised service model.

Area / project details	Savings Proposals for consideration	2015/16 PH allocation £k	Proposed savings 2016/17 £k
Pathways Integrated Drug & Alcohol Treatment Service	This option proposes a 5% budget reduction and work with service to minimise impact on service delivery Pennine Care Foundation Trust hold this current contract. This service provides the core treatment and care service for drug, alcohol and other substance misuse problems.	1,854	93
Recovery and Reintegration service	This saving proposes a 5% budget reduction. High Level Northern Trust hold the current contract. This is a local charitable organisation. This service provides a recovery service to enable people to continue to manage their drug and alcohol recovery and prevent relapse	396	20
Young Peoples Substance Misuse Services	This saving proposes a 5% budget reduction. Early Break hold the current contract. This is a local charitable organisation. This service provides a substance misuse, treatment, care and support service for young people and families and provides education and prevention work	399	20
Prescribing	This budget pays for substitute drugs costs. This is slowly reducing as clients start to successfully	196	15

	complete treatment so the budget is proposed to reduce accordingly.		
Access& engagement service	This saving proposes a 29% reduction on this service. This service is provided by Rochdale Borough Council and provides the point of access to the system and also provides an engagement and outreach service and work with offenders.	356	105
Commissioning, Strategy and projects service	This saving proposes a 38% reduction to the drug and alcohol commissioning and strategy function within the Council. This function reviews and develops commissioning specifications, reviews service models, develops, strategies, manages performance and carries out project development and educational work	238	90
GM Framework for Inpatient Detox treatment	This proposes a 10% reduction on the budget. Length of stays and placements will need to be managed more efficiently.	300	30
Rehabilitation	Recommendation to terminate the block purchase contract with Redwood House, Acorn Treatment and Housing and utilise GM Rehabilitation Framework for spot purchase across all providers on the framework. The residential rehab overall budget had been increased to ensure that Rochdale residents continue to have access and gatekeeping should minimise impact on clients.	223	93
Drugs intelligence	End the dedicated intelligence service provided by Greater Manchester Police to the substance use work and utilise existing intelligence. This will reduce the intelligence and analysis possible.	38	38
Restriction on Bail (ROB) service	End the contribution by the Council to the specific service offered jointly with the Police and Crime Commissioner and the Council to offer referral to the integrated service for those that require support.	24	24
Alcohol Liaison Service	To end the Council contribution to the Alcohol Liaison service provided by Pennine Acute Trust now that services are commissioned by the CCGs.	42	42
Publicity/ promotions/ Events	Removing the budget within the council for publicity and other materials for awareness raising, promoting the services available, annual activities and events (i.e. recovery week and alcohol awareness week)	3	3
Non recurrent projects	To remove the Council run budget for non -recurrent projects	22	22
User involvement	User Involvement – no change proposed	2	0
	TOTAL	4,093	595

3 Financial Implications

The saving proposal is 26% of the total budget of the area of service affected.

3.1 Table 1 provides details of the Substance Misuse Service proposal realising £1194k

	Savings 2016/17 £k		Savings 2017/18 £k		Total savings £k	
	On-going	One off	On-going	One off	On-going	One off
Total savings	595		599		1194	

3.2 At this stage it is proposed that the budget be further reduced in 2017/18 by £599,000. This would be subject to a service redesign and further consultation in 2016/17.

Financial and potential staffing impact on another internal service?

3.3 There will be some impact on internal community safety work.

4 Asset implications

4.1 There are no asset implications arising from this report.

5 Voluntary Sector impact

5.1 This report does change the budgets for some contracts that are held with voluntary sector partners therefore the Council must be mindful of its obligations under the Borough of Rochdale Compact.

6 Consultation

6.1 Consultation on these proposals will be necessary with:-

- Rochdale Safer Communities Partnership members
- Police & Crime Commissioner
- All services affected
- CCG
- Public via the website
- Service user forums
- Voluntary Sector organisations including volunteers, service users and stakeholders

7 Alternatives considered

7.1 The following alternatives considered as part of this proposal are set out below:

7.2 Completely re-modeling and tendering the entire treatment system this financial year. This would not have been in line with the 3 year commissioning cycle and due to the timeframe for procurement would mean limited consultation, evidential research in specification development. This would also have a significant impact on all staff employed in substance misuse services and be disruptive to our vulnerable client group.

7.3 Equal reduction in contract value across all elements of service delivery to achieve the required saving. This is a simplistic option that would have unfair impact on some elements of service delivery and therefore a greater impact on vulnerable clients.

7.4 Members could decide not to take the proposal forward and identify alternative savings proposals.

8 Risk Assessment Implications

8.1 These proposals (some more than others), will have an impact on service delivery (both Local Authority and partners) and therefore on some Rochdale residents and their families. The negative impact on most clients can be mitigated by maintaining a wide range of services available however the ability to offer a rapid response to some vulnerable clients could be affected. There could be some wider impact, particularly on Police, probation services, health services, social services and GP's. This will be further assessed following consultation and the report updated accordingly.

8.2 The risks could include:

- Reduce numbers engaging and accessing the treatment system
- Reduced proactive and outreach work
- Waiting times to access some substance misuse services could increase.
- Those with complex medical / psychiatric needs could be at risk of waiting for the most appropriate supervised residential clinical withdrawal and treatment services and support. A gateway forum would manage the referral process and length of stay to ensure the most complex high risk and vulnerable patients receive appropriate care quickly
- Less work on evaluation, research and specifications. Consideration could be given to collaboration with other authorities
- There is a risk that project, prevention and education work are minimal
- Impact on waiting time to access structured treatment
- Reduced treatment completions
- Overall impact on broader issues of crime, health and domestic abuse
- Increased use of illegal drugs
- Increased attendance at urgent care centre, increased A & E and hospital admissions
- Increase in numbers contracting Hepatitis and HIV
- Reduced numbers gaining qualifications and employment impacting on benefits system
- Relapse into problematic alcohol drinking or drugs behaviour
- Reduction in number of clients triaged and engaging in structured treatment within criminal justice system
- Reduction in capacity to work with partners in addressing the issues of Offenders
- Less detailed substance misuse strategy
- Less robust performance monitoring and budget management
- Reduce engagement with partner agencies and reduced support to wider LA and GM priorities
- Reduction in drug related intelligence gathering may reduce convictions
- Reduction in area level analysis will impact on appropriate service delivery and targeted area work
- Increased in repeat presentation to urgent care centre and A&Es
- Reduced community awareness in harm reductions campaigns (eg Alcohol awareness week)
- No new pilot initiatives and developmental projects

All risks will be updated for the proposal following consultation.

9 Legal Implications

9.1 There may be implications in relation to the contracts we have in place with service

providers. However all contracts do have a clause that allows financial or delivery adjustments.

- 9.2 The Council must be mindful of its obligations under the Borough of Rochdale Compact to give at least 90 days' notice of any impending reduction in funding and consult and work with the voluntary sector to mitigate the impact in the reduction in funding.
- 9.3 In setting spending priorities local authorities must be mindful of the overall objectives of the Public Health Grant and the conditions of grant and the need to tackle the wider determinants of health through addressing the indicators within the Public Health Outcomes Framework such as violent crime, the successful completion of drug treatment etc.

10 Personnel Implications

- 10.1 The proposals outlined within this report may have personnel implications depending on the outcome of service consultation and Member decision making

11 Equalities Impacts

Workforce Equality Impacts Assessment

- 11.1 There are no workforce equality issues arising from this report at this stage

Equality/Community Impact Assessments

- 11.2 These would be assessed following revision of the EIA following consultation.

Appendix 1

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EQUALITY IMPACT ASSESSMENT FOR Drug and alcohol SAVINGS PROPOSALS

1. Please state the name of the officers leading the EIA
Wendy Meston
2. Who has been involved in undertaking this assessment?
DAAT Manager Community Services Manager
3. What is the scope of this assessment?
All impacts on users and providers of substance misuse services
4 a). What does the function currently do? b). Describe the needs which this service meets?
All locally commissioned substance misuse services and strategic supporting service that deliver access to integrated drug and alcohol treatment and ongoing recovery support to service users and their families (adults/children and young people).
5. What proposed changes do you wish to make?
The savings proposed are the ones that are judged to make a saving but which will have the least impact on services delivery in 2016/17
6. Who are the key stakeholders who may be affected by the proposed changes?
Substance misusing residents and their families/ carers Bury and Rochdale Magistrates Courts Greater Manchester Police Cheshire & Greater Manchester Community Rehabilitation Company National Probation Service Heywood Middleton and Rochdale Clinical Commissioning Group Pennine Acute NHS Hospitals Trust Pennine Care NHS Foundation Trust Rochdale Health & Wellbeing Board Rochdale Borough Council
7. What impact will this proposal have on all the protected groups?

Race Equality

In relation to Rochdale Borough, the 2011 Census confirms the following data on ethnicity. The overall population of Rochdale Borough is 211, 699. Of these, 166, 481 are classified as white British (79%); and 45,218 (21%) as BME. BME groups now account for a greater proportion of the population than was the case in 2001. Pakistani is the largest population among the BME groups and now accounts for 10.5% (22,265) of the total population in 2011, having grown by over 40% over the past decade.

During the consultation period it will be assessed whether the proposed cuts will have a negative effect on this group and the EIA will be updated accordingly.

Disabled People

The 2011 Census confirms that 21% of the Borough consider themselves to be disabled or their activities are limited due to a health-related issue. This is an increase of 4.8% from 2001. Rochdale Borough has higher rates of residents noting a long-term health problem or disability when compared to Greater Manchester or England and Wales. In general terms, therefore, the levels of disability and associated health issues are acknowledged to be of relevance to this Borough.

Some drug and alcohol users may have disability issues

During the consultation period it will be assessed whether the proposed cuts will have a negative effect on this group and the EIA will be updated accordingly.

Carers

It is not anticipated that the reduction in funding will have a significant impact on Carers but this will be assessed during the consultation and updated accordingly.

Gender

The 2011 Census provides the following breakdown of figures for the Borough:

- there are 103,642 males (an increase of 3.9% from 2001, when there were 99,705); and there are 108,057 females (an increase of 2.3% from 2001, when there were 105,652).

This seems to indicate an almost even split between male and female residents of the Borough but this will be assessed during consultation

Age

The Census 2011 gives the following breakdown of the Borough's population by age:

Age group	No in 2011	%age in 2011	Proportional change from 2001
0 – 14	41,827	19.7	-1.7%
15 – 29	42,541	20.1	+1.5%

30 – 44	42,914	20.3	-1.8%
45 – 64	53,601	25.4	+1.8%
65+	30,816	14.6	+0.3%
Totals	211,619		

These figures indicate that the Borough has a growing number of (i) young adults and (ii) persons aged 45 – 64.

It is not anticipated that the reduction in funding will have an impact on any specific age group.

Armed Forces and Ex-Armed Forces Personnel

There is no data relating to the prevalence of community centre use in relation to present or former military personnel.

Religion or Belief

The 2011 Census confirms the following religious groups in the Borough:

- Christian (128,186, or 60.6%, a decrease of 11.5% since 2001)
- No religion (40,014 or 18.9%, an increase of 8.1% from 2001)
- Muslim (29,426 or 13.9%, an increase of 4.5% from 2001)

Rochdale's proportion of Muslim residents exceeds the comparative figure for Greater Manchester (8.7%) and also England and Wales (4.8%).

There is no reason to think that this Protected Group is particularly affected by this proposal.

Sexual Orientation

The 2011 Census does not record this data directly. There is no reason to think that this Protected Group is particularly affected by this proposal.

Gender Reassignment

The 2011 Census does not record this data directly. There is no reason to think that this Protected Group is particularly affected by this proposal.

Pregnant Women or Those on Maternity Leave or Those who have given Birth in the Previous 26 weeks

The 2011 Census does not record this data directly. There is no data to suggest that this protected group is at particular risk.

Marriage or Civil Partnership

The 2011 Census shows that there are now fewer people in the Borough living as a married

couple. In 2001, 40.3% of the population were not living as a couple and that figure has risen to 44.4% in 2011. The prime reason for this is that a higher percentage of people are now living as single, the number of people living as single has risen by 23.8% over the past decade and increased by 3.9% proportionally.

There are now 5,625 fewer people in the Borough living as a couple in a married or civil partnership than in 2001; this equates to a drop of 7.4%. This is a proportionally greater decrease than across Greater Manchester (3.1%) and England and Wales (1%).

There is no data to suggest that this protected group is at particular risk.

8. Conclusions and Recommendations

What are the main conclusions and recommendations from this analysis?

The proposals are developed to reduce the impact on service users as much as possible.

It is proposed that savings are delivered over a two year period in order to reduce impact on services

The impact on those accessing the services of the organisations will be dependent on decisions taken at an individual organisation level. It is anticipated that the staged delivery of the savings will give organisations the time and opportunity to reduce the impact on delivery.

8. Conclusions and Recommendations

What are the main conclusions and recommendations from this analysis?

Impact expected to be minimal in 2016/17 but that the equality impact will be updated following consultation and conclusions updated if required.

9. In the box below please provide details of who you will consult with on the proposals, when you consult, and the methods which you will use to consult. In the box below

The Consultation and Inclusion Methodology Used

Meetings with providers
Service user forums
Public via the website

10. Produce an action plan detailing the mitigation measures that you propose to put in place to address any adverse impacts.

Mitigation Measure	Action	Responsible Officer	Implementation Date	Review Date	Evaluation Measure